ESF 8 PROCEDURAL HAZARD-SPECIFIC ANNEX

Pandemic Influenza Response Plan

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Public Health
Seattle & King County

Record of Changes

Version No.	Description of Change	Date Entered	Posted By
15	Updated to reflect lessons learned from the spring H1N1 activation.	Oct-09	M. Loehr Preparedness Dir. PHSKC
16	Updated to reflect lessons learned from the fall H1N1 activation. Changes were made throughout the document, with substantive changes in the Responsibilities, Concept of Operations Sections and in the Attachments.	Dec-10	M. Loehr Preparedness Dir. PHSKC

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Purpose

The Pandemic Influenza Response Plan for King County (Plan) provides guidance to Public Health – Seattle and King County (PHSKC) and regional partners regarding detection, response and recovery from an influenza pandemic. The Plan describes the unique challenges posed by a pandemic that may necessitate specific leadership decisions, response actions, and communications mechanisms. Specifically, the purpose of the plan is to:

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the response, coordination and decision making structure that will incorporate PHSKC, the healthcare system in King County, other local response agencies, and state and federal agencies during a pandemic.
- Define roles and responsibilities for PHSKC, local healthcare partners and local response agencies during all phases of a pandemic.
- Describe public health interventions in a pandemic response and the timing of such interventions.
- Serve as a guide for local healthcare system partners, response agencies and businesses in the development of pandemic influenza response plans.
- Provide technical support and information on which preparedness and response actions are based.

During an influenza pandemic, PHSKC and regional partners will utilize the plan to achieve the following goals:

- Limit the number of illnesses and deaths.
- Preserve continuity of essential functions (government and business).
- Minimize social disruption.
- Minimize economic losses.

The plan will be coordinated with other PHSKC preparedness plans and activities, and will be coordinated with the plans of community, state and federal partners.

Scope

The Plan is an annex to Emergency Support Function 8 (Health, Medical and Mortuary Services) of the King County Emergency Management Plan, the City of Seattle Emergency Management Plan, and the Regional Disaster Plan. Emergency Support Function 8 and its annexes are referenced in the Plan as they provide a broad description of the responsibilities, authorities, and actions associated with public health emergencies.

The Plan primarily focuses on the roles, responsibilities, and activities of PHSKC and the command structure, ESF 8 Area Command (led by PHSKC) in preparing for and responding to an influenza pandemic. However, specific responsibilities for key response partners are included to highlight points of coordination between agencies during an influenza pandemic. It is expected that healthcare facilities and healthcare professionals, essential service providers, local government officials, and business leaders will develop and incorporate procedures and protocols addressing influenza preparedness and response activities into their emergency response plans.

This plan also addresses measures that would be taken to contain an outbreak of avian influenza virus in birds or other animal populations occurring in King County. Federal and state departments of agriculture

are primarily responsible for surveillance and control of influenza outbreaks in domestic animals, although agricultural control measures interface with public health actions to prevent transmission into humans. Attachment 8 to this plan identifies the roles and responsibilities of local, state and federal agencies in response to an avian influenza threat to King County.

Phases of a Pandemic

The World Health Organization (WHO) has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement.

Pandemic Phases	Public Health Goals
Interpandemic Period ***Phase 1*** – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low. ***Phase 2*** – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.	Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data. Minimize the risk of transmission of animal influenza virus to humans; detect and report such transmission rapidly if it occurs.
Pandemic Alert Period ***Phase 3*** – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. ***Phase 4*** – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans. ***Phase 5*** – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases. Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development. Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.
Pandemic Period	

Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population.	Implement response measures including social distancing to minimize pandemic impacts

The King County Pandemic Influenza Response Plan acknowledges the WHO pandemic phases and, for each phase, identifies potential response measures. Each phase within the Plan is subdivided into two components, "affected" and "not affected" depending upon whether human infection is occurring within the local region. Appropriate preparedness and response measures are identified for each phase, with implementation based in part on whether King County is affected.

Pandemic Phases	Sub Phase
Phase 1	No sub phases.
Phase 2	A. Local area is affected or has extensive travel / trade links with affected areas
	B. Not affected
Phase 3	A. Local area is affected or has extensive travel / trade links with affected areas
	B. Not affected
Phase 4	A. Local area is affected or has extensive travel / trade links with affected areas
	B. Not affected
Phase 5	A. Local area is affected or has extensive travel / trade links with affected areas
	B. Not affected
Phase 6	A. Not yet affected
	B. Local area is affected or has extensive travel / trade links with affected areas
	C. Subsided
	D. Next wave

Situation Overview

Seasonal influenza epidemics recur yearly due to subtypes of influenza that circulate worldwide. These epidemics are responsible for an average of 36,000 deaths annually in the United States. Seasonal influenza primarily impacts those in the community with weaker immune responses (the very young, old and chronically ill) since most people develop some degree of immunity to the viruses through annual illness or vaccine. This immune response helps protect from the serious consequences of influenza. Influenza pandemics, however, are distinct from seasonal influenza epidemics and represent one of the greatest potential threats to the public's health. Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus. A pandemic virus strain can spread rapidly from person to person and, if severe, can cause high levels of disease and death around the world. Pandemic severity, based on mortality rates, is classified by the federal government according to a Pandemic Severity Index, ranging form mild to severe. In addition, a pandemic virus may have a low to moderate overall case fatality rate yet have higher case-fatality rates in certain subgroups in the population. These considerations should inform pandemic response measures in real-time to the extent possible.

Pandemic viruses develop in two main ways. First, wild birds are the reservoir for all influenza viruses. Most avian influenza viruses do not infect or cause significant disease in humans. However, new pandemic influenza viruses can arise when avian influenza viruses acquire the ability to infect and cause disease in humans, and then spread rapidly from person to person. Second, all influenza viruses experience frequent, slight changes to their genetic structure over time. This necessitates a change in annual vaccines to protect against seasonal influenza. Occasionally, however, influenza viruses undergo a major change in genetic composition through the combination of an avian and human virus.

The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunity to the disease. It also means that new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

During the last century, four influenza pandemics occurred that spread worldwide within a year. The influenza pandemic of 1918 was especially virulent, killing a large number of young, otherwise healthy adults. It is now known that this pandemic was caused by an avian influenza virus that suddenly developed the ability to infect humans and to easily spread from person to person. The pandemic caused more than 500,000 deaths in the United States and more than 40 million deaths around the world. Subsequent pandemics in 1957-58 and 1968-69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant morbidity and mortality around the world. These two pandemics were caused by an influenza virus that arose from genetic reassortment between human and avian viruses. As of this plan edition, data are still being compiled assessing the overall impact of the 2009-2010 H1N1. However the pandemic will likely fall into the lowest pandemic severity category.

The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 200,000 and 1,900,000 deaths. The worldwide public health and scientific community is increasingly concerned about the potential for a pandemic to arise from the widespread and growing avian influenza A (H5N1) outbreak across several continents.

Table 1. Estimated number of Episodes of Illness, Healthcare Utilization, and Deaths Associated with Moderate and Severe Pandemic Influenza Scenarios for the US Population and King County [1, 2]

Characteristic	Moderate (1958/68–like)		Severe (1918 – like)	
	US	King County	US	King County
Illness	90 Million	540,000	90 Million	540,000
Outpatient Care	45 million	270,000	45 million	270,000
Hospitalization	865,000	5,190	9,900,000	59,400
ICU Care	128,750	773	1,485,000	8,910
Mechanical Ventilation	64,875	389	742,500	4,455
Deaths	209,000	1,254	1,903,000	11,418

[1] Estimates are based on extrapolation from past pandemics in the US, and do not include the potential impacts of interventions not available during the 20th Century pandemics.

[2] The calculations used to determine the figures in Table one are based on the following assumptions:

- King County accounts for 0.6% of the total US population.
- Susceptibility to the pandemic influenza subtype will be universal.
- The clinical disease attack rate will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- Of those who become ill with influenza, 50% will seek outpatient medical care.

There are several characteristics of an influenza pandemic that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the healthcare system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as healthcare, law enforcement, fire, emergency response, communications, transportation, and utilities, could be disrupted during a pandemic. Finally, the pandemic, unlike many other emergency events, could last for several weeks, if not months.

Key Pandemic Preparedness and Response Principles Addressed in this Plan

A. Develop countywide disease surveillance programs, coordinated with state and federal efforts, to detect pandemic influenza strains in humans and animals.

   1. Global surveillance networks identify circulating influenza strains, including novel strains that have the potential for causing a pandemic outbreak among domestic animals and persons in several countries.

2. A heightened local surveillance system, coupled with state, national and international surveillance efforts and laboratory testing, serves as an early warning system for potential pandemics and a critical component of pandemic response plans.
3. Local surveillance during a pandemic outbreak provides important information regarding the severity of disease, characteristics of the affected population, and impacts on the healthcare system.

B. Ensure mass vaccination plans and protocols are in place to rapidly administer vaccine and monitor vaccine effectiveness and safety.

1. When a pandemic virus first emerges vaccine will not be available for six months or more.
2. Demand for vaccine may significantly exceed supply during the pandemic, and may not be available at all for the first several months. Therefore, priority groups must be established by Public Health – Seattle & King County (PHSKC), based on national recommendations from the Department of Health and Human Services (HHS) and in collaboration with The Washington Department of Health, to provide guidance regarding the use of vaccine in King County when supplies become available. During a pandemic, however, PHSKC will consider national guidelines and local epidemiological data to adjust and finalize priority groups as necessary.
3. As vaccine supplies increase, PHSKC will coordinate with healthcare providers and other partners to vaccinate the entire county population.
4. PHSKC, in collaboration with community based organizations, healthcare providers, and the media, will work to assure that residents best reached through non-traditional forms of communication will have access to vaccine information.

C. Establish guidelines for the utilization of antiviral medications by medical staff for treatment and prevention of influenza.

1. Antiviral medications can both prevent and treat influenza infection. Prophylaxis of health care providers can be either post-exposure (likely necessitating repeated courses over the duration of a pandemic) or outbreak-long (continue throughout the period of exposure, possibly weeks to months). Treatment can decrease the severity of illness and resulting complications of infection. For optimal impact, treatment needs to be started as soon as possible and within 48 hours of the onset of illness.
2. The current supply of influenza antiviral medications accessible to King County is capable of treating approximately 30% of the entire resident county population, based on one treatment course per person.
3. Educating physicians, nurses, and other healthcare workers before and during the pandemic on the appropriate use of antiviral drugs will be important to maximize the effective use of antiviral medications.
4. Local protocols for prioritizing the use of antiviral medicines will be developed by PHSKC in consultation with the Washington Department of Health, and will incorporate federal guidelines from the Centers for Disease Control (CDC).
5. PHSKC will work with healthcare providers and community based organizations to ensure that those targeted for antiviral medications that can not afford to pay will have access to antivirals.

D. Develop capabilities to implement non-medical measures to decrease the spread of disease throughout King County as guided by the epidemiology of the pandemic.

1. Emphasizing infection control measures in healthcare facilities, including hospitals, out-patient care settings and long-term care facilities, as well as workplaces, other community settings and the home can limit the spread of influenza among high-risk populations and healthcare workers.
2. Voluntary isolation of ill persons either in a healthcare facility or at home is an infection control measure that will be implemented throughout all stages of a pandemic.
3. Due to the fact that influenza is highly infectious and can be transmitted by people who appear to be well, quarantine of exposed individuals may be a viable strategy for slowing the spread of the disease in the community only during the first stages of a pandemic.
4. Social distancing measures such as limiting public gatherings and closing schools, colleges, universities, large child care centers, libraries, houses of worship, stadiums, and recreational facilities are intended to decrease opportunities for close contact among persons in the community, thereby decreasing the potential for influenza transmission among people and possibly slowing the spread of a pandemic. Decisions makers must consider the scope of their legal authorities, social and economic impacts, anticipated effectiveness and current epidemiology of the pandemic prior to implementing these measures.
5. During a pandemic, PHSKC may recommend that people use public transportation only for essential travel, or use alternative means of transportation if available. There is no intention to restrict or close public transportation systems, other than partial service reductions necessary due to a potential shortage of drivers or limitations on fuel supply.
6. PHSKC will work in collaboration with the Healthcare for the Homeless Network (HCHN) to assure planning includes strategies to reduce the spread of illness in congregate settings serving homeless persons where challenges to social distancing exist.
7. PHSKC will work with healthcare providers to consider the implementation of visitor guidelines at healthcare facilities to minimize unnecessary exposure.

E. Assist local healthcare system partners, response agencies, elected leaders, the business community, and community based organizations with pandemic preparedness planning aimed at maintaining the provision of healthcare services, addressing a potential surge in patients, sustaining essential community services, and limiting the spread of disease throughout the duration of a pandemic.

1. An influenza pandemic may place a substantial burden on inpatient, outpatient and home based healthcare services. Demands for medical supplies, equipment, and treatment may exceed available resources for an extended period of time.
2. Strategies to address an increase in demand for healthcare services during a pandemic include deferring elective procedures, implementing more stringent criteria for admission, creating alternate triage locations, opening alternate care facilities, and providing additional call center capabilities to address patients needing care and people seeking information.
3. As demands for healthcare resources and services increase sharply, illness and absenteeism among healthcare workers will further strain the ability to provide quality care.
4. Absenteeism during a pandemic among critical infrastructure agencies, first response agencies, businesses, and community based organizations must be accounted for in business continuity plans.
5. Training and technical support will be provided by PHSKC and others agencies to healthcare organizations and community based organizations serving vulnerable populations to help assure they are able to sustain their critical services and assist the clients they serve in their preparedness efforts.

F. Communicate with and educate the public, healthcare providers, business community, local government and the media about the consequences of an influenza pandemic and what each person can do to prepare.

1. Influencing public behavior toward basic infection control measures (hand washing, using alcohol hand gel, respiratory etiquette, staying home when sick, and avoiding unnecessary contact with other persons during a pandemic) will be a key factor in limiting the spread of influenza during a pandemic.
2. Communicating clear, concise and accurate information about influenza, the course of the pandemic, and response activities will increase awareness, limit public panic and speculation, and sustain confidence in the public health system, utilizing the PHSKC website, Public Information Call Center, Community Communication Network, and social media tools.
3. Ensure information is translated according to PHSKC translation policy.
4. Providing technical assistance to public, private and non-profit sector organizations on business continuity planning and social distancing in the workplace will enhance community preparedness.

Planning Assumptions

The ability of ESF 8 agencies to respond to an influenza pandemic is dependent upon the scope and severity of the event and the status of the preparedness and organizational response capabilities. With these factors in mind, a response must account for the following:

- Planning will focus on a severe influenza pandemic resulting in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously. However, because it is not possible to predict in advance the severity and impact of a future pandemic, response plans must be re-evaluated and recalibrated if necessary in response to the actual epidemiological features, including case fatality rate and differential impacts on subgroups of the population.
- There will be a need for heightened global, national and local surveillance.
- Birds with an avian influenza strain may arrive and cause avian outbreaks in King County prior to the onset of human cases, significantly impacting domestic poultry, wild and exotic birds, and other species *[Note: Response protocols for avian influenza outbreaks are contained in Attachment 8 of this plan]*.
- Current World Health Organization pandemic phases do not take into account severity of illness, so actions triggered by WHO pandemic phases will need to be flexible depending on the severity observed locally and nationally.
- King County will not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts.
- Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized by PHSKC for use in hospitalized influenza patients, healthcare workers providing care for patients, and other priority groups based on current national guidelines and in consultation with the Washington Department of Health (DOH).
- Ensure access to antiviral medications and vaccines for those who cannot afford to pay.
- A vaccine for the pandemic strain will likely not be available for 6 to 8 months following the emergence of a novel virus.
    - As vaccine becomes available, it will be distributed and administered by PHSKC based on current national guidelines and in consultation with Washington DOH.

  - Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing, infection control, and public education to control the spread of the disease in the county.
- A mild pandemic may not generate patient loads sufficient to exceed capacity of local healthcare facilities and sectors. However, public demand for lab testing, vaccine, antiviral medications and health information may overwhelm day-to-day local public health and healthcare systems, providers and facilities. This may necessitate activation of specific medical surge plans.
- The number of ill people requiring outpatient medical care, hospitalization and home care could overwhelm the local healthcare system.
  - Healthcare facilities and providers may need to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.
  - The healthcare system may have to respond to increased demands for service while the medical workforce experiences 25-35% absenteeism due to illness.
  - Resource management and conservation strategies may need to be implemented.
  - Infection control measures specific to management of influenza patients will need to be developed and implemented at healthcare facilities and for those providing care in the home.
  - PHSKC may need to implement alternate care facilities to relieve demand on inpatient and outpatient facilities in order to care for persons not ill enough to merit hospitalization but who cannot be cared for at home.
  - Emergency Medical Service responders may face extremely high call volumes for several weeks, and may face 25% - 35% reduction in available staff.
  - The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of the Medical Examiner's Office, hospital morgues, and funeral homes.
  - The demand for social services may increase dramatically.
- There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, agriculture and communications.
- Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gather points and canceling public events may be implemented during a pandemic.
- Some persons will be unable or unwilling to comply with isolation directives. For others, social distancing strategies may be less feasible (for example, homeless populations who live or are sheltered in congregate settings). It will be important to develop and disseminate strategies for infection control appropriate for these environments and populations.
- It will be important to coordinate pandemic response strategies throughout counties in the Puget Sound area and the State due to the regional mobility of the population.
- The general public, healthcare system, response agencies, and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the steps Health and Medical Area Command are taking to address the incident, and steps response partners and the public can take to protect themselves.

Authorities

Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Board of Health, the State Secretary of Health, the County Executive, the local Board of Health, the executive heads of cities and towns, and the Local Health Officer each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including

increasing social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between elected leaders and the Local Health Officer to ensure decisions and response actions are clear and consistent.

A. Governor of Washington State

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

B. State Board of Health

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

C. The State Secretary of Health

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

D. King County Executive

The King County Executive may proclaim a state of emergency within the County when, in the judgment of the Executive, extraordinary measures are necessary to protect public peace, safety and welfare K.C.C. 12.52.030.A. Under a state of emergency, the Executive may impose curfews, close any or all private businesses, close any or all public buildings and places including streets, alleys, schools, parks, beaches and amusement areas, and proclaim any such orders as are imminently necessary for the protection of life and property K.C.C. 12.52.030.B.

E. King County Board of Health

The jurisdiction of local Board of Health is coextensive with the boundaries of the county. RCW 70.05.035. The local Board of Health shall supervise all matters pertaining to the preservation of the life and health of the people within its jurisdiction. RCW 70.05.060. The Board shall enforce through the Local Health Officer the public health statutes of the state and the rules promulgated by the State Board of Health and the Secretary of Health. RCW 70.05.060(1). The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations. RCW 70.05.060(3).

F. Mayor of Seattle

The Mayor of Seattle may proclaim a state of civil emergency within the City when, in the judgment of the Mayor, extraordinary measures are necessary to protect public peace, safety and welfare. SMC 10.02.010.A. Under a state of civil emergency, the Mayor may impose curfews, close any or all business establishments, close any or all public buildings and places including streets, alleys, schools, parks, beaches and amusement areas, direct the use of all public and private health, medical and convalescent facilities and equipment to provide emergency health and medical care for injured persons, and proclaim any such orders as are imminently necessary for the protection of life and property. SMC 10.02.020.

G. Suburban City Executive Heads

Each political subdivision is authorized to exercise emergency functions. RCW 38.52.070. Suburban cities throughout King County may have explicit emergency powers and authorities in their municipal codes.

H. Local Health Officer

The Local Health Officer acts under the direction of the local Board of Health. RCW 70.05.070. The Local Health Officer enforces the public health statutes, rules and regulations of the state and the local Board of Health. RCW 70.05.070(1). The Local Health Officer has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction. RCW 70.05.070(3). The Local Health Office may have the following responsibilities:

1. The Local Health Officer shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. WAC 246-100-036(3). The Local Health Officer may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations. WAC 246-100-040 through -070.
2. The Local Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a healthcare provider, and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease. The Local Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary, and require notification of additional conditions of public health importance occurring within the jurisdiction. WAC 246-101-505(11).
3. The Local Health Officer shall establish, in consultation with local healthcare providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease. WAC 246-100-036(1).

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

Responsibilities

A. Public Health- Seattle & King County (PHSKC)/Health and Medical Area Command (HMAC)

1. Facilitate countywide pandemic planning and preparedness efforts.
2. Coordinate the community's emergency public health response through Emergency Support Function 8 (Health and Medical Services), and the Regional Disaster Plan (*Reference: ESF 8 Basic Plan*).
3. Provide trainings for HMAC staff and responders on their role and topics such as ICS, HMAC operations, WATrac, and ESF 8 plan and functional annexes.
4. Educate the public, healthcare system partners, response partners, businesses, schools, child care centers, community based organizations and elected leaders about influenza pandemics, expected impacts and consequences, and preventive measures (*Reference: Emergency Communication Plan*).
5. Provide training and technical support to local agencies, community based organizations, and government entities serving vulnerable populations to assist their preparedness planning.
6. Conduct county-wide surveillance to track the spread of the human disease and its impact on the community. Through liaison with agriculture and wildlife agencies, facilitate influenza surveillance in animals in King County and monitor surveillance data (*Reference: Surveillance and Epidemiology Response Plan*).
7. Identify and declare diseases of public health significance, and communicate such declarations to health system partners.
8. Establish a common set of operational objectives and implementation strategies (Incident Action Plan) for the countywide health and medical response.
9. Jointly coordinate the accuracy and dissemination of health and medical information to the public through a Joint Information System.
10. Coordinate medical resource ordering and management through the ESF 8 Area Command Center.
11. Ensure the collection and development of situational awareness information for the health and medical response (*Reference: Area Command Centers Procedures Manual*).
12. Coordinate planning for and implementation of disease containment strategies and authorities.
13. Provide ongoing technical support within established expectations to the healthcare system including current surveillance guidelines, recommendations for clinical case management, infection control measures and laboratory testing.
14. Through the Healthcare Coalition, support the healthcare system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents (*Reference: Region 6 Hospital Emergency Preparedness and Response Plan*).

15. Support the development and management of local antiviral medication stockpiles (*Reference: Strategic National Stockpile Plan*).
16. Develop and implement protocols for the use of limited supplies of influenza vaccine and antiviral medicines consistent with national guidelines and in consultation with the Washington DOH.
16. In conjunction with hospitals, healthcare providers, pharmacies and commercial vaccinators, develop plans to direct distribution and administration of vaccine accounting for vaccine supply levels ranging from extremely constrained to abundant.
17. Provide effective communications to the public, the media, elected officials, healthcare providers, business and community leaders throughout public health emergencies.
18. Direct specific operational components of the health and medical response including the activation and management of alternate care facilities and activation of medical call center and web-based information management systems (WATrac).
19. Collect information from healthcare system and provide situational awareness on the status of the health and medical response and the functionality of the healthcare system.
20. Manage and prioritize medical resource distribution.

B. Multi-agency Coordinating (MAC) Group

1. Provide policy-level guidance and establish overall direction and priorities for the health, medical and mortuary response across King County. The following parties within the King County healthcare system will participate on the MAC:
   - Local Health Officer
     - See responsibilities outlined under Authorities, Section H.
   - Healthcare Coalition Executive Council
     - Comprised of chief executives from the healthcare systems.
     - Informs and advises the Local Health Officer on issues and resource needs within the healthcare system.
   - EMS Medical Directors
     - Comprised of the EMS Medical Directors for King County and the City of Seattle.
     - Direct the implementation of response protocols for all paramedics and Emergency Medical Technicians in King County.
     - Direct the implementation of the Emergency Medical Services Infectious Disease Response Plan, September 2009.
   - King County Medical Examiner
     - Directs the county-wide response to mass fatalities events.
     - Maintains legal authorities governing the identification, transportation and final disposition of human remains during mass fatalities events.
   - MAC Coordinator
     - Develop briefing materials and communications for MAC Group
     - Facilitate conference calls and in-person meetings
2. An organizational structure utilizing Area Command and MAC to lead the health and medical response across King County will ensure that each agency involved in the response is aware of the plans, actions and constraints of all others. No agency participating under Area Command will compromise their legal authorities or requirements. Participating agencies will minimize inefficiency and duplication of effort, improve information flow, and combine efforts toward achieving a single set of response objectives.

C. Local Hospitals, Clinics, Providers and other Health System Partners

1. During a pandemic, all efforts will be employed to sustain the functionality of the healthcare system while maintaining an acceptable level of medical care. In order to accomplish this, healthcare system partners may need to:
   - Limit the provision of healthcare services to patients with urgent, health problems.
   - Take steps to increase healthcare system capacity for patients who would normally require inpatient care.
   - Mobilize, reassign and deploy staff within and between healthcare facilities to address critical shortfalls.
   - Implement patient triage and resource management processes.
   - provide alternative mechanisms for patients to address non-urgent healthcare needs such as telephone and internet-based consultation.

2. Working through the Healthcare Coalition administered by PHSKC, maximize the healthcare system's ability to provide medical care during a pandemic. Specific steps include:
   - Identify and prioritize response issues and resources affecting the county-wide health system during a pandemic.
   - Develop mechanisms to efficiently share information and resources between the healthcare system and Health and Medical Area Command and relevant emergency operations centers, as appropriate. Centralize and consolidate requests as needed.
   - Through the Multi Agency Coordinating Group, coordinate with the Local Health Officer regarding policy level decisions affecting the operations of healthcare system.
   - Assure that healthcare professionals receive relevant communications from Area Command in a timely and efficient manner.
3. Hospitals and other healthcare facilities will develop pandemic response plans consistent with the healthcare planning guidance contained in the Health and Human Services Pandemic Influenza Plan. Healthcare facility pandemic response plans will address medical surge capacity and resource management and conservation to sustain healthcare delivery and communication capabilities when routine systems are overwhelmed.
4. Hospitals will screen and may limit individuals from entering the hospital. Attachment 9: Regional Guideline for Development of Hospital Visitor Policies for Influenza contains more information on visitor policies.
5. Healthcare facilities and healthcare providers will participate in local influenza surveillance activities.
6. Hospitals will develop infection control plans to triage and isolate infectious patients and protect staff from disease transmission.

D. State Department of Health (DOH)

1. Coordinate statewide pandemic planning and preparedness efforts.
2. Coordinate statewide surveillance activities.
3. Operate a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing.
4. Coordinate submission of pandemic epidemiological data to CDC and dissemination of statewide data and situation updates to local health jurisdictions.

5. Provide state assistance, when available, and request federal assistance to support the local health and medical response.
6. Receive antiviral medicines and other medical supplies from the Strategic National Stockpile (SNS) and immediately deploy these supplies to local health departments based on population.
7. Educate and inform the public on the course of the pandemic and preventive measures.

E. Department of Health and Human Services (HHS)
1. Provide overall guidance on pandemic influenza planning within the United States.
2. Coordinate the national response to an influenza pandemic.
3. Provide guidance and tools to promote pandemic preparedness planning and coordination for States and local jurisdictions.
4. Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.

F. Centers for Disease Control and Prevention (CDC)
1. Conduct national and international disease surveillance.
2. Serve as a liaison to the WHO.
3. Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.
4. Develop, evaluate, and modify disease control and prevention strategies.
5. Lead for recommendations regarding administration of pandemic vaccine and guidance for implementation of vaccination programs; monitor vaccine safety.
6. Investigate pandemic outbreaks; define the epidemiology of the disease.
7. Monitor the nation-wide impact of a pandemic.
8. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.
9. Activate the SNS when the WHO raises the Global Pandemic Alert Level to Phase 4 and deploy antiviral supplies to each state.
10. Coordinate the implementation of international – U.S. travel restrictions.
11. Under federal authority, implement isolation, quarantine and social distancing measures on tribal lands, as needed.

G. World Health Organization (WHO)
1. Monitor global pandemic conditions and provide information updates.
2. Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.
3. Declare global pandemic phase and adjust phases based on current outbreak conditions.

Specific Responsibilities of PHSKC Divisions and Sections

A. Director and Local Health Officer (Local Health Officer)

1. Communicate and coordinate directly with the King County Executive, executive heads of cities and towns, Local Board of Health, and the Healthcare Coalition regarding pandemic preparedness and response activities.

2. Coordinate directly with Healthcare Coalition partners and make decisions regarding strategies, thresholds and methods for reallocating resources and temporary restructuring of healthcare system operations in response to a pandemic.
3. Authorize and communicate public health directives regarding social distancing strategies and other protective actions to elected leaders, the business community, schools, healthcare facilities and other partners.
4. Assign responsibilities to PHSKC staff for planning and responding to the pandemic.
5. Ensure business continuity of critical PHSKC functions during all phases of the pandemic (i.e. Jail Health healthcare services, King County Medic One, MEO).
6. Direct isolation and quarantine of individuals and groups, as needed, based on recommendations from the Chief, Communicable Disease Control Section.

B. Public Information Officer (PIO)

1. Develop key public education and information messages addressing potential consequences and response measures at all phases of a pandemic.
2. Provide accurate, timely information to the public regarding preparations for a pandemic, the impacts of the outbreak, local response actions and disease control recommendations.
3. Educate the public on how they can protect themselves from becoming infected and infecting others.

C. Communicable Disease Control, Epidemiology and Immunization Section

1. Carry out countywide surveillance, epidemiological investigation and disease control activities.
2. Provide information and technical support on surveillance, epidemiology and clinical issues, including case identification, laboratory testing, treatment guidelines, and infection control to healthcare providers and facilities.
3. Provide guidance on local use of pandemic vaccine, including interpretation of federal guidelines on vaccine use.
4. Collaborate with Preparedness Section on implementation of community-wide vaccination strategy.
5. Make decisions regarding the need for individual and group isolation and quarantine.
6. Work with the PHSKC PIO to develop and disseminate risk communications messages to the public.
7. Provide recommendations to the Local Health Officer regarding measures to sustain the functionality of the local healthcare system.
8. Advise the Local Health Officer regarding the need for and potential consequences of social distancing measures.
9. Coordinate receipt of vaccines in conjunction with the Chief of Pharmacy, and develop strategies for storage, distribution and allocation of vaccines among healthcare system partners.
10. Develop protocols for prioritizing limited supplies of antiviral medicines and vaccines in King County.

D. Preparedness Section

1. Lead pandemic planning and preparedness efforts for PHSKC in conjunction with local, state and federal response partners.

2. Conduct training, drills and evaluated exercises to enhance PHSKC's readiness to respond to a pandemic.
3. Through the Healthcare Coalition, coordinate planning and response activities with healthcare providers, the Communicable Disease Section and Community Health Services Division.
4. Coordinate activation and management of the Health and Medical Area Command Center.
5. Advise the Local Health Officer regarding the potential social and economic impacts of social distancing measures, and the extent to which implementation of such measures is feasible.
6. Coordinate department-wide business continuity efforts specific to the potential impacts of a pandemic.
7. Activate and direct the management of a regional call centers focused on providing health information and medical triage information to the public.
8. Activate and direct the management of alternate care facilities.
9. Receive, manage and distribute medications, antivirals, personal protective equipment, and other medical materials as part of a Strategic National Stockpile activation.
10. Incorporate all PHSKC divisions, pharmacies, healthcare providers, commercial vaccinators and other partners into mass dispensing and mass vaccination response activities.
11. Through the Vulnerable Populations Action Team, in coordination with emergency managers and other governmental agencies, provide culturally appropriate technical assistance and training to local agencies, community based organizations, faith-based organization and large informal networks serving vulnerable populations.

E. Community Health Services Division

1. Participate in planning activities focused to develop capacity for community-based influenza evaluation and treatment clinics.
2. Lead efforts with community partners to manage a client care call center (Isolation and Quarantine Response Center).
3. Develop infection control plans for PHSKC sites, with technical assistance from the Communicable Disease Control Section, to protect staff and clients.
4. The Healthcare for the Homeless Section, with assistance from the Preparedness Section and Vulnerable Populations Action Team, will help coordinate countywide pandemic planning, education and outreach efforts with homeless service agencies. Please see Attachment 10: Influenza Recovery Center for Homeless Persons contains more information on procedures for establishing a shelter for homeless persons.
5. Provide technical assistance to licensed child care centers regarding preparedness for pandemic influenza.

F. Medical Examiner's Office

1. Lead mass fatality planning and response efforts.
2. Coordinate mass fatality planning and response with hospitals, funeral homes in conjunction with the Healthcare Coalition.
3. Incorporate funeral home directors into planning efforts for pandemic response.
4. In conjunction with community partners coordinate planning and development of victim assistance centers.
5. Coordinate with the Communicable Disease Section on surveillance for influenza deaths.

G. Emergency Medical Services Division

1. Facilitate pandemic planning and response activities with countywide EMS providers, 911 dispatch centers and Hospital Control (Harborview Medical Center).
2. Develop protocols for maintaining critical EMS response capability during a pandemic generating high call volumes and reducing available EMS resources.

H. Environmental Health Services Division [See Attachment 8]

1. Assist in surveillance for animal influenza viruses through liaison with the State Departments of Agriculture and Fish & Wildlife.
2. Work with the PHSKC PIO to develop and disseminate risk communications messages to the public concerning zoonotic influenza virus transmission, food safety, and animal waste disposal issues.

I. All Divisions and Sections

1. Identify mission critical functions that must be maintained during all hazards including a pandemic (*Reference: Business Continuity Plan*).
2. Identify staff who can be cross trained to perform emergency response functions.
3. Identify functions that could be temporarily discontinued or performed via telecommuting for several weeks.
4. Be prepared to mobilize all necessary staff to support the PHSKC pandemic influenza response, as directed by the PHSKC Incident Commander.

Concept of Operations

A. Overview

1. Through the King County Healthcare Coalition, PHSKC will develop strategies for:
    - Preparing the healthcare system response during a pandemic and other public health emergencies;
    - Assuring the most effective use of available healthcare system resources during health emergencies; and
    - Advising the Local Health Officer regarding the impacts of the pandemic on the healthcare system, on the need for changes in healthcare system operations to respond to the pandemic, and on strategies to implement necessary changes.

2. PHSKC will authorize the acquisition of state or federal medical resources in support of healthcare system partners.
3. PHSKC will coordinate response actions with the Washington DOH and neighboring local health jurisdictions.
4. PHSKC's response actions will emphasize disease surveillance and investigation, social distancing measures to reduce the spread of infection, implementing alternate care facilities if needed, provision of antiviral medicines and vaccine to eligible populations, and providing frequent communication and education messages to the public about the pandemic, the public health response, and steps the public can take to reduce the risks of infection.

5. Throughout a pandemic, the PHSKC Chief of Staff, Chief of the Communicable Disease Control Section, Director of Public Health Preparedness, Public Health Veterinarian and the Public Information Officer will advise the Local Health Officer regarding public health response activities, social distancing measures and management of PHSKC resources.

B. Direction and Control

1. The public health response will be managed per the guidance and protocols included in this Plan and ESF 8 of the Regional Disaster Plan.
2. PHSKC and all ESF 8 response partners will operate under Area Command throughout the duration of the pandemic response to manage and coordinate healthcare system information, resources and decisions (*Reference: Area Command Center Procedures Manual*).
3. PHSKC will activate and staff the ESF 8 Area Command Center to coordinate the countywide public health and medical response during a pandemic.
4. King County, Seattle, and other cities may activate their EOCs during a pandemic to coordinate consequence response.
5. PHSKC will lead health and medical preparedness efforts for a pandemic response, working in conjunction with the Healthcare Coalition.
6. PHSKC will assess the viability of social distancing measures and establish criteria for their implementation.
7. Upon reaching WHO Pandemic Phase 4 PHSKC will:
    - Activate the King County Pandemic Influenza Response Plan and ESF 8 under Area Command to coordinate the healthcare system response.
    - Activate the Multi-agency Coordination Group to advise the Local Health Officer.
    - Provide regular briefings to the King County Executive, the Mayor of Seattle, other local elected officials, and regional response partners. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, actions that response partners should implement to protect critical functions, and health information being shared with the public and healthcare providers.
    - Activate an internal policy group to brief the Local Health Officer, coordinate and discuss policy issues, and receive direction from the Local Health Officer.

C. Public Health-Seattle & King County

1. Health and Medical Preparedness During Phases 1, 2, 3
    - PHSKC will educate healthcare organizations and providers about influenza pandemics and involve them in community pandemic response planning through the Healthcare Coalition.
    - Hospitals and healthcare organizations will develop pandemic influenza response plans addressing at a minimum medical surge capacity, resource management and conservation, triage, infection control, communications and staffing issues.
    - PHSKC will develop and maintain business continuity and workforce mobilization plans prioritizing PHSKC functions during a pandemic and defining how staff will be mobilized to support critical public health and medical needs.

- PHSKC Emergency Medical Services Division will revise and maintain the Emergency Medical Services Infectious Disease Response Plan, September 2009.
- Through the Healthcare Coalition, PHSKC will work with hospitals and healthcare facilities to ensure that processes are in place to collect critical data that informs resource needs and the status of facilities.

D. Health and Medical Area Command

1. Response During Phases 4, 5, 6
    - Activation of ESF 8 Area Command for the countywide health and medical response. .
    - ESF 8 Area Command will coordinate with the Communicable Disease Section, and hospitals and healthcare providers to improve situational awareness during a pandemic through the collection and analysis of critical data. Area Command will generate a healthcare impact report for distribution to all healthcare organizations.
    - ESF 8 Area Command will continually monitor the impact of a pandemic on healthcare facilities and systems and make recommendations to the MAC Group and Local Health Officer, as needed.
    - PHSKC will assess the need to mobilize current public health staff, hire additional staff, activate Public Health Reserve Corps volunteers, or contract for temporary staff to support the ESF 8 Area Command response. The Finance and Administration Section in the Area Command will coordinate with King County Human Resources Division to expedite this process (*Reference: Volunteer Management System Plan*).
    - Communicable Disease Section will provide case identification criteria, laboratory testing and treatment protocols, and other clinical and infection control resources to healthcare providers in the region (*Reference: Surveillance and Epidemiology Response Plan*).
    - Area Command will work with the Communicable Disease Section on communicating with the healthcare system to assure appropriate use of antiviral medicines.
    - The PHSKC Medical Director for Clinical Operations will develop and disseminate instructions for the care of patients who can be treated at home.
    - The ESF 8 Area Command will evaluate the need for alternate care facilities to support patient triage, clinical evaluation and patient care. The Area Command will develop criteria for activating and deactivating such facilities (*Reference: Alternative Care Facilities Plan*).
    - The ESF 8 Area Command will coordinate with the MAC Group on the development of standardized criteria for implementing the following strategies countywide, and will recommend implementation of any or all of these strategies to the Local Health Officer when pandemic conditions warrant:
        - Canceling elective admissions and elective surgeries.
        - Requiring all hospitals in the county to receive and treat any patient whose condition warrants hospitalization, regardless of medical insurance coverage.
        - Implementing protocols to expand healthcare system capacity.
        - Activating alternate care facilities to conduct triage of flu patients or to provide expanded bed capacity.
        - Implementing early discharge protocols for patients not requiring inpatient care.
        - Implementing protocols for enhanced infection control in all medical facilities.
        - Vaccine management and distribution.

        - SNS and other resource management and distribution.
        - Monitoring and reporting of hospital-acquired influenza infections.
        - The Local Health Officer, through the King County and Seattle EMS Medical Directors, will direct implementation of the King County and Seattle EMS Infectious Disease and Pandemic Plan, as appropriate.
        - Healthcare Coalition members will identify and prioritize staff to receive antiviral medications and influenza vaccine according to the protocols established by PHSKC.
            - Through a Public Health Order, the Local Health Officer may direct the compliance of healthcare providers with PHSKC protocols for use of antiviral medications and influenza vaccine.

2. Logistical Support
    - Coordination and mobilization of countywide medical resources in support of ESF 8 Area Command agencies will occur through the Logistics Section.
    - Requests for State and Federal medical support, including the Strategic National Stockpile, will be managed by the Logistics Section.
    - Upon receiving direction from the MAC Group, the Logistics Section will coordinate with healthcare facilities and local Emergency Operations Centers as needed, to identify and activate Alternate care facilities. This includes coordinating with government agencies, schools and businesses as needed to locate appropriate facilities and identify and mobilize appropriate staffing, supplies, security resources, transportation resources and other logistical support issues consistent with Alternate care facilities plans developed by PHSKC.
    - Local EOCs throughout the county will be relied upon, consistent with policies established in the Regional Disaster Plan, to provide non-medical logistical and resource support to the ESF 8 Area Command.
    - During a pandemic response, the State Secretary of Health will direct and ensure the licensing of alternate care facilities, points of dispensing and screening centers established by local health departments and hospitals.
3. Planning
    - The Planning Section of the ESF 8 Area Command will develop an incident action plan for each operational period during a response. The Section will also develop and implement systems for tracking, at regular intervals, health and medical resources, field response facilities and personnel, and the status of health and medical facilities.
        - Section staff will coordinate planning activities between multiple facilities including the ESF 8 Area Command, local EOCs and EMS operations centers.
        - Section staff will collect and disseminate information regarding the situation and response efforts.

D. Communications

1. PHSKC serves as the lead agency in King County for risk communications messaging and public education regarding pandemic influenza. All King County jurisdictions will coordinate with PHSKC to ensure consistency of communications and education messaging regarding pandemic influenza (*Reference: Emergency Communication Plan*).
2. Area Command will coordinate two-way communication with healthcare organizations, pharmacies, schools, emergency management and other partners primarily via conference calls and video conference throughout the duration of a pandemic.

3. Health and medical public information messages will be coordinated among all healthcare partners through a Joint Information System consistent with policies defined in the Regional Disaster Plan.
4. The ESF 8 Area Command will oversee activation and management of a regional call center with 24-hour telephone consulting nurse service and web-based information systems.
5. Communications with healthcare providers, government, business, community organizations, the media and the public will be a critical component of the pandemic response. This plan's communications goals are to:
   - Provide accurate, consistent, and comprehensive information about pandemic influenza including case definitions, treatment options, infection control measures, and reporting requirements.
   - Instill and maintain public confidence in the County's public health and healthcare systems and their ability to respond to and manage an influenza pandemic.
   - Ensure an efficient mechanism for managing information between PHSKC, healthcare system partners and response agencies.
   - Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.
   - Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.
6. Communications During Pandemic Phases 1, 2, 3
   - The PHSKC Communications Section will:
     - Assess the public information needs of healthcare organizations and providers, local government, business, and community organizations.
     - Identify logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
     - Intensify public education efforts about influenza pandemics, animal influenza and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts.
     - Coordinate with CDC, the Washington DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials.
   - The Communicable Disease and Preparedness Sections educate providers, public officials, businesses and emergency responders about influenza pandemics and steps they should take to plan for pandemic outbreaks.
   - Through the Healthcare Coalition, Communicable Disease and Preparedness sections will educate and work with healthcare providers and organizations about influenza pandemics and the steps they should take to manage an outbreak.
   - The Preparedness Section will convene appropriate internal staff and facilitate the Regional Vulnerable Populations Steering Committee to develop a communications strategy for vulnerable populations including identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless citizens. The PHSKC Vulnerable Populations Action Team will assist the efforts of the PHSKC PIO in assuring this information reaches agencies serving vulnerable populations.
7. Communications During Phases 4, 5, 6
   - PHSKC Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response

partners. A JIC will be activated in support of the Area Command when the PHSKC PIO deems it necessary based on specific characteristics of the pandemic.

- The PHSKC PIO and ESF 8 Area Commander will evaluate the need to establish a public information call center to respond to public inquiries.
- The Area Commander will activate liaisons to coordinate information with schools, child care centers, local emergency management, and emergency medical services partners.
- The PHSKC PIO will work with the Healthcare Coalition and the Communicable Disease Section to develop public information messages related to the utilization of the healthcare system and other resources (alternate care facilities, call centers, etc).
- Area Command will support the Communicable Disease Section in initiating regular communication briefings with healthcare providers, schools and other partners. The Section will also regularly communicate with experts at the CDC and Washington DOH.
- The Preparedness Section will conduct regular briefings with key response partners, utilizing the emergency zone structure, to inform EOC staff, business leaders, community based organizations, first response agencies, schools and critical infrastructure agencies on the status of the pandemic and local response actions.
- As the pandemic expands, the PHSKC PIO will provide daily updates on the pandemic and will organize regular media briefings.
- The PHSKC PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

D. Mitigation

Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. PHSKC's pre-event mitigation activities include:

1. Planning, exercising, evaluating and revising the Pandemic Influenza Response Plan.
2. Training and equipping PHSKC staff to assure competencies and capacities needed to respond to a pandemic outbreak.
3. Through the Healthcare Coalition, building strategic partnerships and facilitating capacity building with local healthcare organizations and providers.
4. Partnering with tribes, local, state and federal response agencies and their staff.
5. Partnering with private industry including pharmacy chains, independent and ethnic pharmacies, commercial vaccinators, large employers and critical infrastructure providers.
6. Educating response partners, the media and public about the consequences of influenza pandemics and recommended preparedness measures.
7. Provide preparedness training and technical assistance to local agencies, Community Based Organizations and large informal networks serving vulnerable populations.
8. Informing and updating local elected officials about the potential impacts of an influenza pandemic on essential services and infrastructure in King County.
9. Stockpiling necessary medications and equipment that will be needed to respond to an influenza pandemic.

E. Surveillance

1. Influenza is not a mandated notifiable disease under Washington Administrative Code. During a pandemic response, the PHSKC Disease Control Officer in the Communicable Disease Section may declare the circulating strain of influenza causing the pandemic a Disease of Public Health Significance, requiring healthcare providers and laboratories to report cases (*Reference: Surveillance and Epidemiology Response Plan*).
2. As a pandemic outbreak progresses, the Communicable Disease Section will enhance existing surveillance efforts, including gathering relevant available clinical data (i.e. admission and discharge diagnosis) from hospitals in the county and from selected large medical group practices, such as the University of Washington, Virginia Mason and Group Health.
3. Surveillance During Pandemic Phases 1, 2, 3
   - The Communicable Disease Section will conduct daily influenza tracking activities [reviewing incoming data on emergency room visits for influenza-like illness, school absenteeism, pneumonia and influenza deaths submitted weekly by Vital Statistics, nursing home reports, homeless shelter reports and sentinel providers].
   - The Communicable Disease Section and Public Health Veterinarian will coordinate surveillance activities with the disease control activities of the CDC, state agencies, and health departments in adjacent jurisdictions.
   - Syndromic surveillance data will be collected and assessed [chief complaint and hospital admission and discharge data, when available, from King County hospitals, Emergency Medical Service dispatch data, and daily death reports from the Medical Examiner's Office].
   - The Communicable Disease Section will work with clinicians, hospitals, and infectious disease specialists to enhance case detection, according to CDC screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the clinical criteria for influenza.
   - PHSKC will coordinate with key employers to track absenteeism in the event of a flu pandemic [City and county government, large employers].
   - PHSKC Laboratory may support the Washington DOH Laboratory in conducting influenza testing, as resources allow. The PHSKC Laboratory will <u>not</u> perform viral culture.
4. Surveillance During Pandemic Phases 4, 5, 6
   - PHSKC may require healthcare providers and institutions to report influenza and to send specimens from these cases to the State DOH Laboratory or the PHSKC Laboratory for testing, as requested.
   - PHSKC will engage commercial laboratories, as needed, to ensure private laboratory testing is available to healthcare providers in addition to DOH and PHSKC laboratory services.
   - PHSKC will inform community healthcare providers regarding recommendations for influenza laboratory testing based on consultation with Washington DOH and CDC.
   - The Communicable Disease Section will comply with CDC and Washington DOH guidelines to facilitate monitoring of the influenza pandemic strain for antiviral resistance.
   - The Communicable Disease Section will activate tracking of employee absenteeism with certain sentinel employers, where feasible.

F. Public Education

1. Public education through all phases of a pandemic may involve any or all of the following elements:
   - Dissemination of printed and web-based information in multiple languages.

- Active outreach to traditionally underserved populations, in cooperation with community organizations and other local entities serving them.
- Frequent use of radio, television and print media.
- Coordination with other healthcare providers and care-givers to ensure consistent messaging.
- Implementation of a public information call center.

2. Government agencies, businesses, schools, healthcare system partners, community based organizations and other agencies within King County will promote and disseminate pandemic influenza educational messages to their staff.
3. PHSKC leads efforts to strengthen support, outreach and training for vulnerable populations in King County. Specific actions include:
   - Conduct needs assessments identifying types of resources and information vulnerable populations need during emergencies.
   - Provide training and job aids for community leaders, Community Based Organizations, medical interpreters and other local entities to serve as information conduits to vulnerable populations during emergencies.
   - Partner with cultural leaders and medical interpreters across the county to build sustainable preparedness capabilities within communities.

G. Vaccine

1. Vaccine serves as the most effective preventive strategy against outbreaks of influenza, including pandemics. However, dissemination of an effective influenza vaccine during a pandemic faces several challenges:
   - A pandemic strain could be detected at any time, and production of vaccine could take six to eight months after the virus first emerges.
   - The target population for vaccination will ultimately include the entire U.S. population.
   - It is expected that demand for vaccine will initially outstrip supply and administration of limited vaccine will need to be prioritized based on national guidelines and in consultation with the Washington DOH.
   - It is possible that two doses of vaccine occurring two to four weeks apart may be required.
   - Protocols for ordering, managing, prioritizing and distributing influenza vaccine in King County during a pandemic are included as Attachment 1a to this plan.
2. Vaccine Management During Phases 1, 2, 3
   - PHSKC will incorporate healthcare organizations and providers, pharmacies, including ethnic pharmacies, commercial vaccinators, schools and EMS providers into regional mass vaccination plans (see Attachment 1b).
   - The Communicable Disease Section, in consultation with Washington DOH and based on national guidelines, is developing and refining recommendations for use of available vaccine based on local priority groups, and include as Attachment 1a to this plan.
   - PHSKC has developed plans for administration of vaccine to priority groups, and eventually the entire county population, including activation of mass vaccination clinics. Vaccination plans will require modification based on current information regarding the epidemiology of the pandemic including severity of illness, impact on subgroups of the population and the supply and availability of vaccine.

- The Communicable Disease Section will coordinate with Washington DOH to report adverse reactions to the vaccine.
- Regional mass vaccination plans will include close coordination and involvement from healthcare facilities, healthcare providers, pharmacies, commercial vaccinators, schools, first response agencies, homeless organizations and community based organizations.
- Mass vaccination plans will include protocols for vaccinating priority group persons who are also highly vulnerable including homeless populations, limited English and immigrant communities, incarcerated persons and those who are impoverished.

3. Vaccine Management During Phases 4, 5, 6
   - PHSKC will notify healthcare organizations and providers, pharmacies, commercial vaccinators and EMS providers of the expected date of availability of pandemic vaccine, and the strategy and timing for mass vaccination activities.
   - The Local Health Officer and the Chief of Communicable Disease Control will coordinate with DOH and neighboring local health departments to establish consistency, where necessary, across vaccine prioritization strategies.
   - In consultation with Washington DOH, the Communicable Disease Section will provide updated recommendations to the Local Health Officer regarding priority groups to receive vaccination based on CDC guidelines.
   - The Local Health Officer will coordinate with the Multi-agency Coordinating Group on vaccine prioritization and management decisions.
   - The PHSKC Chief of Pharmacy and PHSKC Logistics Section, in collaboration with the Communicable Disease Section will prepare to receive, store and transport vaccine as needed.
   - PHSKC will distribute and administer vaccine as soon as possible after receipt according to local priorities and CDC guidelines, including activation of mass vaccination plans as appropriate.
   - PHSKC will administer vaccine through existing programs including: JHS will vaccinate patient population at Regional Justice Center and King County Correctional Facility; CHS clinics will vaccinate existing patients and may serve as points of dispensing; and Healthcare for the Homeless Network and Medical Reserve Corps staff will vaccinate persons who are homeless.
   - PHSKC will work with pharmacies and community health centers to serve as points of dispensing to administer vaccine.

H. Antiviral Medications

1. Antiviral medications may be useful for treating and preventing influenza, particularly prior to the availability of vaccines. However, there is a limited supply of antiviral drugs.
2. PHSKC has developed protocols for allocating and prioritizing limited government supplies of antiviral medications during a pandemic. These protocols are included in Attachment 2a to this Plan.
3. Antiviral distribution protocols will account for the provision of medications to all persons in need of treatment across the county including persons who are uninsured, unable to pay for the medication, and unable to receive a prescription prior to presenting for treatment.
4. Antiviral Medication Management During Phases 1, 2, 3

- PHSKC will maintain a regional stockpile of antiviral medications, and will prepare to receive additional supplies from the CDC Strategic National Stockpile (SNS) if activated.
- PHSKC will support the efforts of appropriate healthcare organizations, public and private industry response partners to acquire organizational stockpiles of antiviral medications.
- The Communicable Disease Section will provide current guidelines for medical providers regarding the use of antiviral medications.

5. Antiviral Medication Management During Phases 4, 5, 6
   - The CDC will activate the SNS when the World Health Organization raises the Global Pandemic Alert Level to Phase 4. At Phase 4, CDC will immediately distribute allocations of antiviral medications to each state.
   - At Phase 4, DOH will immediately activate the Reception, Storage and Staging (RSS) facility and prepare to receive the state's allocation of antiviral medications from the SNS.
   - DOH will immediately notify all local health departments to prepare to receive local allocations of SNS antiviral medications. Allocations will be disseminated to local health departments proportionally based on population.
   - At Phase 4, PHSKC will immediately activate the ESF 8 Area Command and the Multi-agency Coordinating Group, and prepare to receive, store and redistribute SNS antiviral medications according to this Plan and the PHSKC SNS Plan.
   - ESF 8 Area Command will coordinate with hospitals and other healthcare providers, pharmacy partners and pharmaceutical distributors to continually monitor the supply of commercially available antiviral medications.
   - ESF 8 Area Command will begin distribution of regional antiviral supplies to appropriate healthcare facilities, public health centers and pharmacies according to Attachment 2a of this plan.
   - Regional antiviral supplies will remain distributed to key healthcare partners throughout the duration of the pandemic supply permitting.

I. Personal Protective Equipment (PPE)

1. Personal protective equipment in the form of N-95 respirators and surgical masks are maintained in local stockpiles by PHSKC and EMS providers in King County, and within the SNS.
2. PHSKC will consider guidance from the CDC, WHO and other reputable sources when developing and communicating guidance to healthcare and response partners regarding the appropriate use of PPE during a pandemic event.
3. PPE protocols during Phases 1, 2, 3
   - PHSKC will store and manage a cache of N-95 respirators specifically acquired for hospitals; a cache of surgical masks acquired by PHSKC for department medical staff; and a cache of PPE received from the SNS.
   - PHSKC will develop protocols for prioritizing and rationing limited supplies of cached PPE during a pandemic.
   - PHSKC will develop protocols for monitoring supply chain levels during a pandemic.
   - Through the Healthcare Coalition, PHSKC will coordinate with healthcare organizations and providers on the development of resource management and conservation strategies for PPE during a pandemic.
5. PPE Protocols during Phases 4, 5, 6

- Receive and store PPE supplies from the SNS when mobilized by CDC.
- The LHO, in consultation with the MAC will direct the prioritization of PPE managed by ESF 8 Area Command.
- Area Command will recommend healthcare organizations and providers implement resource management and conservation strategies.
- Receive, prioritize and process requests from healthcare facilities for PPE supplies based on prioritization and rationing protocols approved by the LHO.
- Monitor supply levels within healthcare facilities and in the supply chain.

J. Isolation and Quarantine

1. During all phases of a pandemic, persons ill with influenza will be directed to remain in isolation in healthcare settings or at home, to the extent possible.
2. For persons living or staying in congregate settings, PHSKC will assist sponsoring agencies with exploring and planning for alternatives to isolation and quarantine aimed at reducing the rate and degree of influenza spread.
3. Hospitals will implement appropriate isolation protocols, based on CDC guidelines and PHSKC recommendations, for all hospitalized patients suspected of being infected with pandemic influenza strain.
4. Quarantine of contacts of influenza cases may be beneficial during the certain circumstances early in a pandemic, and during the pre-pandemic phase with an influenza virus that has not achieved the ability to spread easily from person-to-person.
5. Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases is presumed to be of limited value in preventing further spread of the disease.
6. PHSKC will work collaboratively with the CDC Division of Quarantine Station at Seattle-Tacoma International Airport and the Port of Seattle on management of passengers requiring isolation, quarantine or follow-up.
7. The CDC will be the lead agency regarding recognition and management of ill and exposed travelers, including quarantine of exposed persons and isolation of ill persons, entering the country at ports of entry. PHSKC will not have resources available during a severe pandemic to support screening of travelers at ports of entry or quarantine of exposed passengers in centralized facilities.
8. Isolation and Quarantine During Phases 1, 2, 3
   - The Preparedness Section will coordinate planning efforts for isolation and quarantine with Washington DOH, neighboring local health jurisdictions, community based organizations and local law enforcement.
   - PHSKC follow CDC guidelines in developing and implementing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.
9. Isolation and Quarantine During Phases 4, 5, 6
   - The Communicable Disease Section will coordinate with healthcare providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (homes, hospital, alternate care facility).
   - The Communicable Disease Section will develop protocols for quarantine of close contacts of persons infected with a potential pandemic strain.

- The Communicable Disease Section will provide technical assistance to healthcare providers and hospitals regarding infection control options for healthcare workers who come in contact with influenza patients or who develop influenza.
- The PHSKC Isolation and Quarantine Response Plan will be activated as needed to ensure availability of isolation and quarantine facilities and support systems for patients.

K. Social Distancing Strategies

1. Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. Currently available information suggests that early and aggressive use of social distancing measures may provide the greatest benefit toward slowing the spread of an influenza pandemic. Specific social distancing strategies could include: closing public and private schools; minimizing social interactions at colleges, universities, houses of worship and libraries; closing non-essential government functions; implementing emergency staffing plans for the public and private sector including increasing telecommuting, flex scheduling and other options; and closing public gathering places including stadiums, theaters, community centers and other facilities. Attachments 3, 4, 5, 6, and 7 contain more information on social distancing determinants and measures.
   - The effectiveness of social distancing strategies is not known with certainty, nor is the degree of public compliance with measures that is necessary for success.
   - Implementation of social distancing strategies in King County may create social disruption and significant, long-term economic impacts. It is unknown how the public will respond to these measures.
   - It is assumed that social distancing strategies may be most beneficial when applied on a countywide or statewide basis in order to maximize effectiveness.
   - Decisions about social distancing measures must also take into account severity of illness, and impact on subgroups in the population.
2. The Local Health Officer will consult with the Disease Control Officer for Communicable Disease, the Director of Preparedness and the Public Health Veterinarian throughout all phases of a pandemic regarding the epidemiology and impact of the pandemic in and around King County. The Multi-agency Coordinating Group (MAC) may also be convened to support decision making by the Local Health Officer, particularly in the case of altered standards of care or in a resource constrained environment.
3. As a pandemic emerges, the Local Health Officer will consider CDC recommendations and guidance when determining the need and value of implementing social distancing measures.
4. The Local Health Officer will review social distancing strategies and current epidemiological data during each phase and coordinate with the King County Executive, the Mayor of Seattle, and executive heads of other cities and towns regarding social distancing actions that should be implemented to limit the spread of the disease.
5. Decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing stadiums, theaters, houses of worship, community centers, and other facilities where large numbers of people gather will be made by the Local Health Officer and coordinated with the King County Executive, the Mayor of Seattle and all executive heads of cities and towns in King County.
6. Decisions regarding the closing of one or more public or private schools, licensed child care centers, and minimizing social interaction at colleges, universities and libraries in King County

will be made by the Local Health Officer after consultation with local school superintendents, child care center operators, school presidents and elected officials.

7. The Local Health Officer will coordinate in advance the timing and implementation of social distancing decisions in King County with Pierce, Snohomish, Kitsap and Thurston Counties as well as the state Department of Health and the U.S. Department of Health and Human Services (see Attachment 5).
8. Social Distancing Strategies During Phases 1,2, 3
   - The Preparedness, Communicable Disease, and Communications Sections will educate elected officials, government leaders, school officials, response partners, homeless services agencies, businesses, the media and the public regarding the consequences of pandemics, the use of social distancing strategies, the associated impacts they cause and the process for implementing these measures.
   - The Preparedness Section and Healthcare for the Homeless will coordinate with the Communicable Disease Section and the PHSKC Medical Director to provide guidance and instructions regarding infection control strategies to homeless service agencies that operate congregate care facilities.
9. Social Distancing Strategies During Phases 4, 5, 6
   - Social distancing measures directed by the Local Health Officer will be documented by the Prosecuting Attorney's Office, in coordination with ESF 8 Area Command, in the form of a Public Health Order.
   - The Local Health Officer will inform elected officials regarding decisions made and implementation of social distancing strategies affecting their jurisdictions.
   - Specific strategies that may be implemented by the Local Health Officer include:
     - Notify government agencies and the private sector to implement emergency pandemic flu plans to reduce disease transmission in the workplace, educate and inform staff, and maintain critical business functions. Plans may include maximizing the use of telecommuting, flex schedules, and alternate work site options.
     - Recommend that the public use public transit only for essential travel.
     - Advise King County residents to defer non-essential travel to other areas of the country and the world affected by pandemic influenza outbreaks.
     - Suspend public events where large numbers of people congregate including sporting events, concerts, and parades.
     - Close one or more public or private schools, licensed child care centers.
     - Implement measures to limit social interaction at libraries, houses of worship, colleges and universities.
     - Close all theaters, community centers, and other places where large groups gather.
     - Suspend government functions not involved in pandemic response or maintaining critical continuity functions.
   - It is assumed that social distancing measures addressing the closure of facilities and restriction of functions and services would be most effective and necessary when implemented during a moderate and severe pandemic, and applied on a county-wide or state-wide basis. However, there are circumstances when limited closure of specific facilities or groups of facilities (school districts) may be implemented in conjunction with CDC guidance.
   - The Local Health Officer will participate in conference calls with neighboring counties, the state Department of Health and the U.S. Department of Health and Human Services to

coordinate the timing, public announcement, and impacts of social distancing measures in the Puget Sound Region (see Attachment 5).

- The Local Health Officer will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will advise appropriate decision-makers when social distancing strategies should be relaxed or ended.

Maintenance of Essential Services

A. One of the critical needs during a flu pandemic will be to maintain essential community services.

1. With the possibility that 25-35% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.
2. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, healthcare, transportation, communications, and public utility personnel are unable to carry out critical functions due to illness.

B. Government agencies and private businesses, particularly those that provide essential services to the public, must develop and maintain continuity of operations plans and protocols that address the unique consequences of a pandemic.

C. Local emergency management agencies in King County will participate in and support logistical and non-medical infrastructure planning with healthcare facilities within their jurisdictions.

D. PHSKC will develop and maintain continuity of operations plans that address, at a minimum:

1. Line of Succession for the agency.
2. Approval of continuity of operations plans by the King County Board of Health.
3. Identification of mission essential services and priorities.
4. Procedures for the reassignment of employees to support public health functions essential during a public health emergency.
5. Redundancy of mission critical communication and information systems.
6. Physical relocation of critical PHSKC functions including the ESF 8 Health and Medical Area Command Center.
7. Additionally, the following may take place:
   - During a pandemic, PHSKC may suspend routine Department operations to provide staff for flu clinics, triage centers, and telephone triage services.
   - The Local Health Officer will assess the need to reprioritize Department functions and will direct the mobilization of staff to meet emerging needs of the pandemic.
   - PHSKC staff with clinical training and licensure may be reassigned by the Medical Director to support the Department's critical clinical functions during a pandemic, or to assist in pandemic response activities.
   - PHSKC will continue to provide healthcare services to the King County Jail during a pandemic, but may temporarily suspend preventive care services.

E. Maintenance of Essential Services During Phases 1, 2, 3

1. Preparedness Section works with all divisions and sections in PHSKC to develop plans for maintaining essential departmental services during a pandemic.

2. Preparedness Section will brief government agencies, healthcare organizations, non-profit organizations and businesses that provide essential community services about the need for continuity planning in advance of a pandemic.
3. All PHSKC Divisions and sections will:
   - Participate in business continuity planning to identify mission critical systems and functions that must remain operational during a pandemic.
   - Identify PHSKC services and functions that can be suspended during a pandemic thereby freeing up staff members for reassignment.
   - Participate in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions.
4. The Community Health Services Division Director and Medical Director will identify sites and functions within the Department's clinical services that will remain operational during a pandemic and specify the minimum level of resources needed to remain operational.
5. The King County Medical Examiner's Office (KCMEO) will coordinate mass fatality planning efforts with hospitals and funeral homes in conjunction with the Healthcare Coalition.

F. Maintenance of Essential Services During Phases 4, 5, 6

1. PHSKC will update its essential services plans and will request that its community partners update their plans.
2. The Local Health Officer will determine the appropriate time to implement the Department's continuity of operations plans and protocols and will advise community partners to implement their plans as needed.
3. The Local Health Officer will determine the need to suspend routine Department operations in order to reassign staff to critical duties. The timing of this decision will be coordinated with similar actions taken by other clinical facilities in the healthcare system.
4. Critical functions activated within PHSKC may include:
   - Utilizing some or all Public Health clinics as "flu clinics" to triage, evaluate and / or treat influenza patients not requiring hospital care.
   - Establishing and supporting a health and medical call center that provides information and medical advice over the telephone, including information on how to access healthcare services.
   - Distributing vaccine to healthcare system facilities and activating mass vaccination clinics to vaccinate priority groups.
5. The KCMEO may activate the Public Health Mass Fatalities Plan. Activation of the plan will be coordinated with hospitals and funeral homes throughout the county.
6. Based on the numbers of actual or anticipated fatalities during a pandemic, the KCMEO may implement emergency protocols regarding:
   - Identification and documentation of victims.
   - Activation and management of temporary temperature controlled holding facilities.
   - Release of remains to family members.
   - Temporary internment of mass fatalities.
   - Cremation and burial of mass fatalities.

Recovery

A. Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources, and response system capacity exists to manage ongoing activities without continued assistance from pandemic response systems.

B. In consultation with the Multi-agency Coordinating Group and local elected leaders, the Local Health Officer will recommend specific actions to be taken to return the healthcare system and government functions to pre-event status.

C. PHSKC will assess the impact of the pandemic on the community's health as measured by morbidity and mortality and report findings to all response partners.

D. PHSKC staff will support partners in King County government and the healthcare and business communities in assessing the economic impact of the pandemic. This may include supporting eligible organizations with information and technical assistance related to reimbursement.

E. Preparedness Section will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Plan.

Plan Development and Maintenance

This document will be reviewed and updated by the lead agency at least every two years and after every influenza-related Health and Medical Area Command activation. The document is housed in electronic format in Public Health—Seattle & King County's Preparedness Section's shared drive, as well as with the King County Office of Emergency Management.

Target Capabilities

This plan meets the following target capabilities:

Department of Homeland Security Target Capabilities List (TCL) 2007

- Epidemiological Surveillance and Investigation
- Emergency Operations Center Management
- Mass Prophylaxis (which includes vaccination strategies)
- Epidemiological Surveillance and Investigation
- Medical Surge
- Medical Supplies Management and Distribution
- Critical Infrastructure Protection
- Volunteer Management and Donations
- Emergency Public Information and Warning

HHS National Health Security Strategy NHSS 2009

- Epidemiological Surveillance and Investigation
- Community Interventions for Disease Control
- Medical Surge
- Application of Clinical Practice Guidelines

- Onsite Incident Management and Multi-agency Coordination
- Sufficient Public Health, Healthcare, and Emergency Management Workforce
- Legal Protections and Authorities
- Administration of Medical Countermeasures
- Management and Distribution of Medical Countermeasures
- Fatality Management
- Public Education to Inform and Prepare Individuals, Communities