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Region 6

Healthcare Preparedness

Task Force Provides Guidance for Managing Mass Critical Care during a Disaster

Center for BioSecurity | May 2008 | Brooke Courtney

In a supplement to the May 2008 issue of the journal *Chest*, four articles offer guidance for hospitals, health professionals, & public health officials on providing mass critical care during a disaster. The documents were drafted by the Task Force for Mass Critical Care, which was convened in 2007 and is composed of 37 experts from various fields, such as bioethics, critical care, emergency medicine, infectious diseases, law, nursing, & government planning & response, including the U.S. Department of Health and Human Services. The Task Force documents are “intended to aid clinicians and disaster planners in providing a coordinated & uniform response to mass critical care...to do the greatest good for the greatest number.” Following is a brief summary of each article:

Document 1, *Current Capabilities and Limitations*, provides a review of U.S. and Canadian mass critical care disaster response capabilities and the rationale and context for the majority of the suggestions outlined in the other three documents. http://www.chestjournal.org/cgi/content/abstract/133/5_suppl/85

Document 2, *A Framework for Optimizing Critical Care Surge Capacity*, offers a set of critical care therapeutics and interventions for responding to mass critical illness, benchmarks for surge capacity, the EMCC framework for modified care, and criteria—or tiers—for when essential critical care should be used. http://www.chestjournal.org/cgi/content/abstract/133/5_suppl/185

Document 3, *Medical Resources for Surge Capacity*, outlines “medical equipment, concepts to expand treatment spaces, and staffing models for EMCC” based on clinical practice guidelines, medical resource utilization data, and, if needed, expert opinion. http://www.chestjournal.org/cgi/content/abstract/133/5_suppl/325

Document 4, *A Framework for Allocation of Scarce Resources in Mass Critical Care*, “provides guidance for standardized and fair means to distribute scarce critical care resources.” Specifically, rationing of critical care should occur only after all augmentation efforts have been exceeded. http://www.chestjournal.org/cgi/content/abstract/133/5_suppl/515



To view the full Article please above visit: http://www.upmc-biosecurity.org/website/biosecurity_briefing/archive/hosp_prep/2008-05-09-guidancecritcaredisaste.html

WHEN THE POWER GOES OUT TIPS FOR YOUR BUSINESS

When Outages Occur

To report an outage, your designated staff should call Seattle City Light Account Executive or the Customer Service Center at:

Account Executive Office
206-684-3097

Monday through Friday
8:00 AM to 5:00 PM
www.seattle.gov/light/key

For after hour emergencies
206-706-0451

Customer Service Center
206-684-3000

Outage Hotline
206-684-7400

To report an outage on our automated system

Seattle City Light
Account Executive Office
206-684-3331

Seattle City Light is improving its outage response and restoration efforts. You can help. **Be prepared. Know what to do —and what not to do —before, during and after power outage.**

Know Your Building

- Identify the location of your meter room and electric service entrance.
- Keep a portable lamp or flashlight, along with fresh batteries, in the meter room so you can see your equipment if the power goes out.

Know Your Equipment

- Develop and implement a written maintenance program for your electric equipment.
- Prepare a list of the equipment that will need to be reset after an outage.
- Contact your telephone, security and fire-protection systems service providers for information on how these systems will operate during, and after, power outage.

Take Steps to Prepare

- Establish the back-up personnel responsible for handling emergencies that occur after-hours, and develop an after-hours notification system.
- Install surge protection devices to protect sensitive electronic equipment.
- Develop a list of emergency phone numbers. Include suppliers, electricians, contractors, elevator services, computer services, managers at your business, and Seattle City Light. and post in a strategic locations for quick access when needed.
- Set up a safety committee. Appoint safety coordinators in each section of your business to provide information and direction to the employees in their work areas.

Check Your Back-up Systems

- For information on choosing a portable generator, talk to a qualified electrician.
- Contact Seattle City Light prior to installing a backup generator.
- Establish a regular maintenance program for your back-up generator.
- Test your back-up generator each month.
- Know how much fuel you have stored for the generator, and how long it will last during an outage.
- Establish quick fuel delivery arrangements in case you run out of fuel.

Steps to Take When Power Is Restored

- Wait for few minutes to make sure the power system is stabilized & the power has truly been restored.
- Close your circuit breakers one at a time.
- Shut down your back-up generator and transfer load back to your electric system, following manufacturer's instructions.
- Check and replenish the fuel supply for your back-up generator.
- Evaluate how the system worked and learn from it.



 **Seattle City Light**
700 5th Avenue, Suite 3300
PO Box 34023
Seattle, WA 98124-4023
www.seattle.gov/light

For More Information visit:

http://www.seattle.gov/light/neighborhoods/nh4_pout.htm

The Joint Commission Provides Grace Period on Emergency Management Standards

The Joint Commission Accreditation Committee has determined that non-compliance with some of the new emergency management standards will not count toward accreditation decisions during 2008, in order to allow organizations more time to implement these requirements. During an organization's review, the requirements will be surveyed and non-compliance will be documented, but the non-compliant standards will not be included in the total sum of non-compliant standards contributing to either a Preliminary Denial of Accreditation or Conditional Accreditation decision. For more information, including an outline of the specific standards that are included see:

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

Congressional Committee Debates Impacts of Medicaid Changes on Hospital Emergency Surge Capacity

The House Committee on Oversight and Government Reform is assessing the impact of three Medicaid regulations on hospital emergency surge capacity. The regulations in question reduce federal reimbursement to public and teaching hospitals, and according to the Congressional Budget Office will reduce federal spending by more than \$17 billion over five years. While testimony provided by Secretaries of the Departments of Health and Human Services and Homeland Security argue the solution to hospital emergency surge capacity does not lie in maintaining these federal funds, healthcare experts challenged that these cuts would significantly burden hospitals whose emergency departments are already at capacity and who are in a daily state of financial crisis. More information can be accessed here <http://oversight.house.gov/story.asp?ID=1929>

Federal government's 8-day terror drill to test disaster preparedness

Seattle Times Online | Haley Edwards | May 1, 2008

The Department of Homeland Security today will begin an eight-day disaster-preparedness drill, testing in part how federal, state and local government agencies would respond to a large-scale terrorist attack in Seattle. This drill, one of the largest emergency simulations ever planned in the Northwest, will center on three fictional events in Washington and Oregon. The first is a simulation of a terrorist attack on downtown Seattle today. The second is a release of toxic chemicals on May 5 at the Umatilla Chemical Depot in Oregon. And the third is an explosion of a chemical tanker truck on May 6 in Whatcom County. The U.S. Army, the Washington National Guard, the American Aerospace Defense Command, the U.S. Northern Command, the Federal Emergency Management Agency, the Washington Emergency Management Division, local governments and fire, police and sheriff's departments will all participate.

To view the article visit:

http://seattletimes.nwsourc.com/html/localnews/2004384752_terrordrill01m.html

RAPID PATIENT DISCHARGE Tool

From the NYC
DOHMH Surge
Capacity Toolkit

The Rapid Patient Discharge Tool (RPDT) is designed to assist hospital administrators and emergency managers in preparing for and responding to unexpected increases in patient volume by providing them with adaptable plans for rapid patient discharge based on promising bed surge capacity practices.

Click on graphic to access the toolkit:



"When people think of disasters, they tend to think of hospitals," says Chris Martin, of Seattle's Harborview Medical Center. Part of Martin's job as the hospital's administrative director of emergency services is to imagine worst-case scenarios—a big earthquake, pandemic influenza, or a chemical attack—and get ready for them. For Martin, it doesn't take a great deal of imagination. In December 2006, the Pacific Northwest experienced a devastating storm, with 80-mile-per-hour winds uprooting scores of trees in the heavily wooded area and leaving a million people without power. In the end, the storm claimed 14 lives.

Seven of the area's 17 hospitals had to run on backup generators that left them unable to perform crucial procedures, such as CT scans and cardiac catheterizations.

King County Healthcare Coalition

Recently, the federal government has said that it will require jurisdictions to pursue collaborative efforts in emergency preparedness in order to receive funds, though there are no specific mandates as to what the collaborations should look like. In terms of coalition building, Seattle is ahead of the curve—perhaps because of its experience in 1999 as host to the tumultuous World Trade Organization Ministerial Conference.

Emergency Preparedness: It Takes a Village



In 2005, community leaders formed the King County Healthcare Coalition, a voluntary organization that aims to build relationships and infrastructure to meet the medical needs of the community during a large-scale emergency. Members come from across the health care continuum, including ambulatory and specialty care, mental health care, long-term and home health care, and hospital and long-term care providers. The coalition is housed under the auspices of the Seattle and King County Public Health Department. To help others learn from their experience thus far, the King County Healthcare Coalition has created an emergency preparedness toolkit, which can be used to support the development of a health care coalition, or as a topic-specific reference to complement existing health response planning.

Seattle's healthcare coalition grew out of longstanding relationships between hospitals. "Hospitals have gotten more mileage out of pooling their resources than they would have on their own," says Cynthia Dold, M.P.P., M.P.H., the King County Healthcare Coalition program manager. "For example, we've been able to hire the technical experts we need to help hospitals address Joint Commission standards around emergency preparedness."

To view the Full Article visit: http://urgentmatters.org/346834/current_issue/318729

To view the King County Healthcare Coalition Toolkit visit: <http://www.kingcountyhcc.com/>

The State Enhanced 911 Office in cooperation with local telephone carriers reminds all citizens that during a disaster you should:

- Stay off the telephone unless you have a critical need to make a telephone call. Remember a FAX or a computer also uses a telephone line and its use may affect your ability to get immediate help in a life-threatening emergency.
- DO NOT call 9-1-1 unless you need an emergency response from police, fire or emergency medical personnel.
- DO NOT call 9-1-1 unnecessarily. 9-1-1 lines must be kept open for people who have a true emergency.
- If you pick up your telephone to make a call and do not hear dial tone, DO NOT HANG UP. Simply wait a few seconds, and you will get dial tone and be able to make your call.
- Do you have an out-of-area contact? In an emergency, local phone lines could be jammed. If you have a friend or relative to call long distance, you should be able to get through. Your family can leave messages for each other and let people know that you are safe.

Seattle - A Model for Emergency Medical Response

San Francisco Chronicle | Jim Doyle | Chronicle Staff Writer

For decades, Seattle has led the nation in 911 medical response with a strategy of basic life-support services by firefighters trained as emergency medical technicians, advanced care by paramedics when needed, and citizen participation in lifesaving.

The local ambulance system is "based on a medical model," said Michele Plorde, a section manager for strategic planning and data management at King County Emergency Medical Services, which includes Seattle and surrounding communities. "The design flowed from wanting to best serve patients with an appropriate amount of care."

With fewer paramedics than San Francisco, Seattle does not station them on fire engines; they are assigned to two-person ambulances. They are used sparingly to help those in need of advanced care such as special medications and intubation in cardiac arrest cases. "Our paramedics are not assigned to a fire engine because it waters down their skills," said Plorde, adding that King County's paramedics work in pairs. "We try to concentrate their response."

One result: Seattle has the highest survival rate for cardiac arrest cases among larger U.S. cities, saving 41 percent of those in 2006 who went into ventricular fibrillation, a type of sudden cardiac arrest characterized by a rapid, irregular heart rhythm. By contrast, San Francisco's cardiac-survival rate was 17 percent in 2004, when fire officials stopped tracking cardiac arrest data as a result of budget concerns.

In King County, paramedics are dispatched only when the most sophisticated, life-saving procedures for cardiac arrest victims and other critical care patients are needed, and these paramedics typically arrive minutes later than the first responders. One key to Seattle's success involves the education and participation of residents. In a majority of King County's cardiac survival cases, cardiopulmonary resuscitation and defibrillation of the victim by a bystander play a vital role.

Cardiac rescue

Record of saving those who suffer ventricular fibrillation, a type of cardiac arrest:

King County 41 percent

Boston 38 percent

San Francisco 17 percent



This article appeared in the San Francisco Chronicle

<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/04/13/MNC5VUI MJ.DTL>

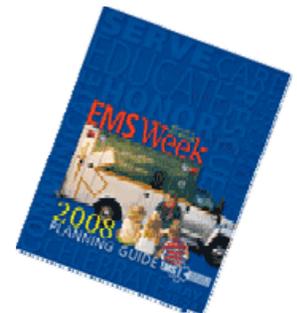
National EMS Week May 18-24

www.ACEP.org | Planning Kits Available online



EMS providers across the nation have used materials and ideas in this kit to educate the public about injury prevention and emergency medical services since 1974. It also contains tools to help EMS providers show appreciation to their very valuable employees. By providing this planning kit, we hope to

assist you in educating the public about the continuum of care for patients in your communities.



The theme for 2008 is "**Your Life is Our Mission.**" This statement was chosen to recognize the commitment that emergency medical personnel make to the communities they serve.

Thompson Releases Report on Security for Mass Gatherings

United States House of Representatives

May 13, 2008 (WASHINGTON) – Today, the Majority Staff of the Committee on Homeland Security, Chaired by Rep. Bennie G. Thompson (D-MS), released a comprehensive report examining homeland security challenges for mass gatherings. The report, entitled “Public Health, Safety, and Security for Mass Gatherings” details 30 recommendations for what should be done by Federal, State, and local governments, as well as the private sector to protect the public should an act of terrorism or disaster occur.

The report shows that mass gatherings such as the Super Bowl, NASCAR races, concerts, and political conventions could be terrorist targets. While the public health, first responder, law enforcement, and intelligence communities are doing the best they can with what they have – more can and must be done. The report’s recommendations focus on countering biological terrorism and other threats to human health, planning for emergencies, and sharing information and resources.

Chairman Thompson issued the following statement with the release of the report:

“First responders and their partners are working hard to ensure public health, safety and security at large-scale mass gatherings. The external threat to these venues is real and rising as interest in targeting mass gatherings grows. Without increased Federal support and guidance, they will remain vulnerable.”



To View the Report visit:

<http://homeland.house.gov/SiteDocuments/20080513105623-98169.pdf>

Myanmar Cyclone Nargis Victims Re-connected via Telecommunication

Press Release | International Telecommunication Union | May 16, 2008

The International Telecommunication Union has deployed 100 satellite terminals to help restore vital communication links in the aftermath of Cyclone Nargis that hit Myanmar on 2 May with devastating effect in Yangon and the low-lying Irrawaddy delta region. Thousands were killed, and thousands more are injured and missing. High winds cut electricity, destroyed roads and communications links, hampering the coordination and delivery of assistance.

With the restoration of communication links, designated government officials and other humanitarian agencies are able to more efficiently coordinate relief operations. The mobile terminals are easily transported by road and air to be used both by humanitarian workers and the victims of this disaster. The rapid deployment was made possible under the ITU Framework for Cooperation in Emergencies.

Emergency telecommunications is the key for government and humanitarian aid agencies involved in rescue operations, medical assistance and recovery. ITU invites humanitarian agencies, the private sector, and development partners to enter into sustainable partnership arrangements with ITU to finance the timely deployment of telecommunications/ICT resources aimed at saving lives across the globe.

To View Full Article Visit: <http://www.reliefweb.int/rw/RWB.NSF/db900SID/LSGZ-7EPJN?OpenDocument>



Disaster Preparedness for Long-Term Care Facilities

Annals of Long Term Care | Charles A. Cefalu, MD, MS

Hurricane Katrina of 2005 affected 120 of 300 nursing homes in the state of Louisiana, causing evacuation to other areas of the state. Many lessons were learned from this disaster. Disaster plans should be reviewed every year, and disaster drills practiced on a regular basis. The plan should include verification of the evacuation shelter with which the nursing home contracts. There should be a written bus service contract in place for evacuation of residents. Emergency tags should be available and in place for buses providing the transportation, since nonemergency transportation to or from a disaster area is likely to be restricted.

Emergency supplies should always be kept separate from regular supplies and regularly inspected. A pharmacy provider for the facility should be chosen that maintains backup electronic pharmacy records in a separate geographic location to enable access to vital information after the disaster.

Emergency kits for each bus should be prepared in advance. To notify families regarding the evacuation, notification technology can be used (www.notification.com). This phone service enables recording of a message and delivering it to hundreds of preprogrammed telephones.

More Tips can be found concerning the following topics:

- Triage & Resident Vital Medical Information
- Communication & Advance Notice of a Pending Disaster
- Incontinence
- Facility Security and Staying in a Facility During a Disaster
- Receiving Residents from Another Facility

To View the Full Article visit: <http://www.annalsoflongtermcare.com/article/6200>



Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist

The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist to help long-term care and other residential facilities assess and improve their preparedness for responding to pandemic influenza. Based on differences among facilities each facility will need to adapt this checklist to meet its unique needs and circumstances.



<http://www.pandemicflu.gov/planning/pdf/longtermcare.pdf>

National Nurse Emergency Preparedness Initiative - Hospice and Home Health Nurse

Department of Homeland Security

The following checklists were developed by the Independent Living Resource Center of San Francisco, with support from the American Red Cross Northern California Disaster Preparedness Response Network. Originally designed for earthquake preparedness, they offer useful disability preparedness information for any kind of emergency.

To View the Guides: http://www.nnepi.org/hospice_prepare.shtml

Photo Courtesy of Peter Becker Community Home

Study Examines State of Business Preparedness

Occupational Health & Safety | May 5, 2008

The majority of U.S. companies have a formal, written plan for emergency preparedness, according to a report released by The Conference Board. But a widely adopted certification standard for such plans does not exist yet. The analysis was sponsored by the U.S. Department of Homeland Security as part of an ongoing research project to assess the effectiveness of security in American companies.

The survey sample was intended to reflect the characteristics of American businesses as defined by size and industry. The sample was divided into three strata: small business (companies with \$5 million to \$50 million in annual sales); mid-market (\$50 million to \$1 billion in sales); and enterprise (\$1 billion or more in sales). Within these groups of companies, the survey polled executives with responsibility for security, business continuity, crisis management, and emergency response efforts.

A "voluntary" certification process for preparedness was adopted as part of the 2007 homeland security legislation (Public Law 110-53). The choice of standards that would permit certification under the law is currently under review. As this report goes to press, it is expected that several different standards may qualify for certification. As with the other procedures examined, the size of the company has a major impact on the level of preparedness. Roughly three-quarters of companies at the enterprise level conduct regular risk audits, mitigation, and activation of their backup facilities, and two-thirds undertake regular tabletop exercises. Annual risk audits are conducted by 69 percent of mid-market companies, and 53 percent of mid-markets report that they conduct regular mitigation activities and backup site activation. However, only 31 percent conduct tabletop exercises at least once a year. Fewer than half of small businesses report that they conduct any of these activities on an annual basis.

The most common item in emergency preparedness plans is crisis communications, which is included in 91 percent of the plans. Almost as common is inclusion of evacuation procedures, present in 89 percent of plans. Other common items are securing access to facilities in 77 percent of plans, locating employees in 75 percent, first aid in 65 percent, liaison with first responders in 64 percent, legal representation in 42 percent, and coping with stress and trauma in 39 percent.

Among the companies with emergency preparedness plans, 58 percent have had the plan approved by their board. Therefore, 43 percent of companies overall have written emergency preparedness plans that have been approved by the board. Among large companies, 92 percent of companies have a written plan, compared with 72 percent of mid-markets and 58 percent of small businesses. But only one-third of large companies have plans that have been formally approved by their board, compared to 49 percent of mid-markets and 44 percent of small firms.

To View the Full Article visit: <http://www.ohsonline.com/articles/62355/>

Disasters and Financial Planning: A Guide for Preparedness

Disasters and Financial Planning: A Guide for Preparedness is offered to you as a public service of the American Institute of Certified Public Accountants (AICPA), AICPA Foundation, the American Red Cross, and the National Endowment for Financial Education® (NEFE®). As you prepare for the possibility of a disaster, use this Web site for answers to financial questions you may have. You may not be able to do everything that is suggested - that's OK. Do what you can. Taking even some basic precautions will go a long way toward protecting you financially from a disaster.

<http://www.redcross.org/services/disaster/beprepared/FinRecovery/FinPlan/#top>

Virtual Safety Deposit Boxes

American Academy of Dermatology

A Virtual Safety Deposit Box is an online service that provides secure location (hard disk space) for offsite storage of critical electronic documents. The choices of services and costs vary widely. An applicable service can be found to match an individual's personal and/or business needs and budget.

This is not an all-inclusive listing. The products and companies identified below do not represent an endorsement by or imply that the products have been evaluated or approved by the American Academy of Dermatology.

www.cyberlockbox.com

www.websafe.com

www.theesafe.com

www.bigvault.com

www.mypersonalvault.com

www.storage.vmn.net

www.cryptoheaven.com

www.slingshotdigital.com

www.keeptoyouafe.com

Business Emergency Management Planning

A comprehensive plan for dealing with Disasters including specific instructions to building occupants, actions to be taken by facility management, and first responder notification procedures

<http://www.cdc.gov/niosh/topics/prepared/>

Clinical Policy: Critical Issues in the Management of Adult Patients Presenting to the Emergency Department with Acute Carbon Monoxide Poisoning

From the American College of Emergency Physicians Clinical Policies Subcommittee on Critical Issues in the Management of Adult Patients Presenting to the Emergency Department with Carbon Monoxide Poisoning:

This clinical policy focuses on critical issues concerning the management of adult patients presenting to the emergency department (ED) with acute symptomatic carbon monoxide (CO) poisoning. The subcommittee reviewed the medical literature relevant to the questions posed. The critical questions are: Should hyperbaric oxygen (HBO2) therapy be used for the treatment of patients with acute CO poisoning; and Can clinical or laboratory criteria identify CO-poisoned patients who are most or least likely to benefit from this therapy?

To View the Report Visit: <http://www.acep.org/WorkArea/downloadasset.aspx?id=33724>

Adapting Standards of Care under Extreme Conditions

American Nurses Association | Center for Health Policy | Columbia University School of Nursing



Policy makers and health professionals, including registered nurses, physicians and others, have asked a range of important questions regarding the ethics and standards that apply to decisions about care made during unusual or extreme circumstances such as those resulting from emergencies, disasters or pandemics.

The decisions include changes in usual practices due to changes in resources available, or practice in unusual settings, or practice in a setting or with patient care needs unfamiliar to the clinician.

The American Nurses Association, in response to these questions, convened a multidisciplinary expert panel to identify more precisely the significant policy questions that need to be addressed and to develop strategies that can guide health professionals, institutions and policy makers in such challenging situations. This White Paper is based on the deliberations of that panel, informed by feedback received from participants in a national meeting on care during disasters and a review of state and national guidelines for standards of care in other settings and professions.

To View the Guide visit:

<http://nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/DPR/TheLawEthicsofDisasterResponse/AdaptingStandardsofCare.aspx>

Management of Public Health Emergencies

A Resource Guide for Physicians and Other Community Responders

This Resource Guide provides quick access to current information on preparing for any emergency and accessing assistance. It is intended to help physicians and other health professionals recognize and respond to a potential mass casualty situation and notify appropriate authorities. The Guide promotes a comprehensive, all hazards approach to disaster planning, management, and response. The all-hazards preparedness concept allows agencies and individuals to prepare for multiple disaster or emergency situations in a uniform, coordinated, and consistent way.

To View the Guide visit: <http://www.ama-assn.org/ama/pub/category/18200.html>

Satellite Broadcast: Adapting Standards of Care Under Extreme Conditions

When:
June 12, 2008
Rebroadcast Time: 1-2:15 PM PT

Registration:
<http://www3.doh.wa.gov/waphtn/broadcast.asp>

KING COUNTY HEALTHCARE COALITION

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

TOPIC

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Workgroup & Project Updates

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

Alternate Care Facility Planning

- Equipment purchases for Alternate Care Facility development is in high gear. All equipment, signage, and systems are scheduled to be in place and exercised November 18th, 2008 as part of a full scale stockpile exercise called CHASER 2008. The Seattle Center Exhibition Hall will be our venue for establishing the Alternate Care Facility.
- The palliative care workgroup has made recommendations on medications and inventory requirements which are now part of the ACF structure. Further ACF support functions and actions include:
- Development of "Go Kit" Nextel radios and telephones



Workgroup & Project Updates Continued

Upcoming Meetings

KCHealthTrac Mental Health/Substance Abuse Workgroup
5/27/08 1:00-3:00pm

Business Resiliency Workshops for Non-hospital Healthcare Providers
5/28-5/29/08
9:00am-5:00pm

Vulnerable Populations Action Team Training
6/9/08
12:30 - 4:30pm

Chemical Dependency Provider Table Top Exercise
6/10/2008, TBA

Vulnerable Populations Operations Workgroup
6/12/08
12:00-2:00pm

Disaster Mental Health Train the Trainer for Mental Health Providers 6/18-6/20/08, TBA

Zone 5 - Seattle EOC meeting 6/19/08
2:30 - 4:00pm

Palliative Care Workgroup
6/20/08
10:00 am- 12:00pm

Home Care and Aging & Disabilities Table Top Exercise 6/24/08
9:30 am - 2:30pm

Region 6 Hospital Preparedness
6/26/08
7:30 - 10:00am

Alternate Care Facility Planning Cont.

- Sign development and instructions in 5 different languages to assist patients and vulnerable populations in getting care at the ACF
- Oxygen distribution plan and systems design
- Site Selection in each of King County's fire zones
- Tony Cebollero, PPM III, has accepted a permanent position with the Renton ECC, effective May 16, 2008 and we wish him the best in his future endeavors.

Behavioral Health

In an effort to strengthen our community's ability to respond to mental health needs during an emergency or disaster, the Public Health Reserve Corps is expanding to include Washington State licensed or registered mental health professionals. Qualified volunteers will receive specialized training and be deployed to provide psychological first aid and other crisis counseling services as required. For more information, contact Michelle McDaniel, Behavioral Health Planning Manager.

Healthcare Worker Survey

- This month the Public Health - Seattle & King County and the Healthcare Coalition are launching a healthcare worker survey in conjunction with Northwest Center for Public Health Practice at the University of Washington, to assess healthcare workers ability and willingness to report to work during an emergency or disaster. Information derived from this survey will help improve our regional understanding of impediments to healthcare workers' ability and willingness to report to work. Specifically, the survey will help identify:
 - Potential staffing shortages by healthcare sector
 - Regional and other barriers (such as transportation)
 - Mitigation strategies to address barriers, thereby increasing the likelihood of staff reporting to work during disasters
- This survey will be administered to healthcare workers in King County from all sectors represented within the Healthcare Coalition, with the goal of surveying both clinical and non-clinical healthcare workers. The survey will be implemented throughout Summer 2008 and findings are expected to be available in late fall or winter 2008.
- Healthcare workers will be sampled through the organizations they work with as well as through clinical licensure databases available through the State.

Regional Hospital Evacuation and Patient Tracking Mutual Aid Plan

- There have been a series of taskforce and special expertise meetings in March and April to further develop the draft regional evacuation plan.
- Version 3 of the plan has been distributed to all participants for comment.
- June 11 an executive meeting is being offered to brief an executive representative from each hospital to ensure that when the plan is sent to them for signature in the fall that there are no barriers.
- Over the summer hospitals will be working on revising their surge capacity estimates to ensure that the plan is built off of accurate estimates

Long Term Care

Aging and Disability Services (ADS) and the Home Care Emergency Preparedness Advisory Council are working to develop a list of criteria for identifying high-risk clients in order to prioritize client visits/welfare checks during emergencies

Workgroup & Project Updates Continued

Long Term Care Cont.

- Creation of a high risk criteria list is a component of the emergency response planning underway among home care providers and ADS and will provide the specific steps for activating, responding and coordinating services among home care agencies in King County responsible for vulnerable home care clients during emergencies. The 16 home care agencies contracting with ADS will share the same standards for responding to high-risk clients' needs and reporting the status of high risk client during emergencies.

Regional Medical Resource Center

- Healthcare Coalition staff are coordinating closely with Harborview Medical Center staff to complete the transition from the Hospital Capacity Website to KCHHealthTrac in King County. The live date for this transition is June 24, 2008 at 12:00 noon.
- Configuration of KCHHealthTrac has started for ESF-8 (Health, Medical and Mortuary) Regional Responders and Hospital Public Information Officers. In-depth training is slated for both groups this summer.
- Hospitals are currently beginning the survey process for the data needed to complete the hospital evacuation planning process. Survey topics include peak staffed beds, transportation equipment, and staffing resources. Surveys began in May 2008 and will continue through the summer.

Puget Sound Call Center Coordination

Work continues with Metro Transit and Public Health Communications to officially select the vendor who will provide a hosted solution for call routing and distribution. Qwest demonstrated their product on May 6th, allowing for specific questions, concerns and costs to be addressed. It is anticipated that a decision will be made by the end of the month.

Volunteer Management System

- Reviewed Everett's My State USA call out system. This is an automated system that will send out voice messages, text messages, emails and even scrolling warnings used during television broadcasts. This system or WASecure will be utilized in the near future for volunteer notification and deployment. What is really interesting is that it lets the volunteers choose which methods through which to be notified.
- CDC will be visiting Public Health Seattle and King County on May 13th in order to introduce Ed Murdoch. Mr. Murdoch will be the new CDC Strategic National Stockpile program manager for the Western Region. His visit is intended not only as an introduction to the Public Health staff but also as a review of our volunteer management system and Point of Distribution structure.
- Recruiting for volunteers is slated to start this fall! Mandi George and Bryan Heartsfield will be approaching our Executive Committee and Hospital Strategy groups to plan our message as well as target non-competing sources for volunteers.

Training Opportunities

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

ICS 300-400 Training

ICS 300 June 2-3 Zone I EM-Kirkland (MRyan@bellevuewa.gov)

ICS 300 June 2-3 Tacoma/Pierce County EOC (jharmon@co.pierce.wa.us)

Training Opportunities Continued...

Specimen Collection for Chemical Terrorism or Exposure Events

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

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

For more information contact: phl.training@doh.wa.gov

Tabletop Exercise Design Course

June 25-26, 2008

Location: Tumwater

Contact Dan Banks for more information: DanBanks@DOH.WA.GOV

Washington State Emergency Management Division NIMS Resource Management Course

Dates: July 16-17, 2008

Location: Burlington, WA

Concepts and principles of resource management, getting ready, resource management during an incident, complex incidents, reassessing your readiness: post incident

activities, and a tabletop exercise

To register Contact S.Glenn@emd.wa.gov

ERTI Train the Trainer

July 21, 22, 23

Location: Leavenworth, WA

A three day training for decon set-up/take-down, PPE donning/doffing, and radiation detection.

For more information contact: Peggi A.W. Shapiro, Washington Department of Health

Advanced HazMat Life Support

September 24-25, 2008

Location: Best Western Executive Inn- North Seattle

Cost: Provider Only: \$475

Provider/Instructor: \$595

Instructor Only: \$215

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

To Register contact: Jeff Nobbe at nobbe@wapc.org



Upcoming Conferences

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

WAMI Trauma Conference 2008

June 2-3, 2008

Location: Seattle, WA

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

To register visit:

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



Training Opportunities Continued...

11th Annual Emergency Management Higher Education Conference

June 2-5, 2008

Location: Emmitsburg, Maryland

For more information please visit:

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

Northwest Portland Area Indian Health Board Preparedness Conference

July 23-24, 2008

Location: Pendleton, OR

For More Information visit: <http://www.npaihb.org/calendar/event/772>

Upcoming Exercises

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

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

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

March 25th a logistical exercise of the **Alternate Care Facility** was held to test the set up and communications capabilities of the site. The exercise exceeded expectations. Set up happened much quicker than anticipated. Functional communications were successful. Lessons learned include: transportation equipment needed for supplies and patients up and down steep ramps; need a larger focus on pediatrics; and a complete formulary for the pharmacy needed to be developed (which was completed April 7, 2008). Future operational planning issues include: medical records management; forms/protocol development; admit/discharge procedures; waste management; visitation policy; medication distribution; and site security. Operational issues as well as logistical issues will be tested again in the fall.



Pictured Left : Seattle Center

The Alternate Care Facility exercise allowed Public Health to strengthen planning efforts around ACF set up and be better prepared for their full-scale exercise in November 2008, in which they will test the ACF Plan in more depth.

About this Newsletter...

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

To subscribe or to submit information to share, please contact Lydia Ortega at Lydia.Ortega@kingcounty.gov