

BOARD OF COUNTY COMMISSIONERS
COUNTY OF KITTITAS
STATE OF WASHINGTON

A RESOLUTION APPROVING THE KITTITAS COUNTY
PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATION PLAN

RESOLUTION No. 2014- 121

WHEREAS, Kittitas County, through the Kittitas County Public Health Department (“KCPHD”), is charged with the preservation, promotion, and improvement of health in the County; and

WHEREAS, RCW 70.05.060 empowers the Kittitas County Board of Health to provide for the control and prevention of any dangerous, contagious, or infectious disease within its jurisdiction; and

WHEREAS, the Kittitas County Board of Health has unanimously adopted the KCPHD Emergency Operation Plan as a guide for KCPHD staff to organize, mobilize, coordinate, and direct public health and medical resources and support in a medical emergency or disaster; and

WHEREAS, Kittitas County recognizes the need for a plan to prepare for, mitigate, and recover from medical emergencies and disaster conditions; and

WHEREAS, Kittitas County’s Board of County Commissioners authorized the approval of the KCPHD Emergency Operation Plan by action taken at a regular meeting; and

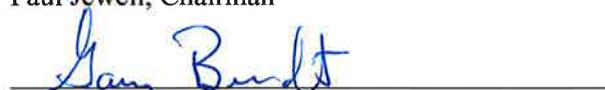
NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Kittitas County, Washington that the KCPHD Emergency Operation Plan attached hereto is hereby approved; and

IT IS FURTHER RESOLVED that the Director of the KCPHD, or their designee, is authorized to implement, to maintain and revise as necessary, and to provide regular training to KCPHD staff regarding the KCPHD Emergency Operation Plan.

ADOPTED this 5th day of August 2014.

BOARD OF COUNTY COMMISSIONERS
KITTITAS COUNTY, WASHINGTON

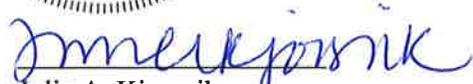

Paul Jewell, Chairman


Gary Berndt, Vice-Chairman

Absent
Obie O’Brien, Commissioner



ATTEST:
CLERK OF THE BOARD


Julie A. Kjorsvik

Kittitas County Public Health Department

Emergency Operation Plan

(Updated: 6/2014)

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

The Kittitas County Public Health Department on this day hereby adopts this Kittitas County Public Health Department Emergency Operations Plan for emergency preparedness by majority vote of the Board of Health.

Paul Jewell, Chair
Board of Health

Rich Elliott, Vice Chair
Board of Health

Gary Berndt
Board of Health

Obie O'Brien
Board of Health

Dr. John Asriel
Board of Health

Date _____

It is the responsibility of the Kittitas County Public Health Department to prepare and maintain procedures and guidelines in order to provide KCPHD emergency preparedness staff training, exercises, and an updated emergency operation plan.



To Protect and Promote the Health and the Environment of the People of Kittitas County

June 2014

The Kittitas County Public Health Department Emergency Operation Plan is a practical guide that helps you prepare for an emergency and defines your role and responsibilities as a department employee in the event of an emergency or disaster. The 2014 updated plan supersedes all previous emergency operation or emergency response plans.

As a Kittitas County Public Health Department employee, you are a vital and important member of the department's Emergency Response Team. Without you, the careful plans and preparations we have made to provide assistance to our residents may not succeed.

This plan is designed to guide you in how to respond to emergencies and disasters as a first responder under the public health agency. As an employee, you are required to know the goals, roles, and responsibilities assigned to the public health department in the event of a disaster.

Even though we may not be able to prevent a disaster such as a catastrophic earthquake, we can be prepared. When disaster strikes, the speed and efficiency with which the department responds and the skill with which we perform our assigned duties will lessen the impact on the people of Kittitas County.

Your help and cooperation is greatly appreciated!

A handwritten signature in black ink that reads "Mark Larson M.D." The signature is written in a cursive, flowing style.

Dr. Mark Larson
Health Officer

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I. PURPOSE:

The purpose of the Kittitas County Public Health Department's (KCPHD) Emergency Operation Plan (EOP) is to provide guidelines for coordinated preparedness and response to emergency incidents that may have public health implications in Kittitas County.

II. SCOPE:

The plan is specific to KCPHD employees. KCPHD emergency response works in conjunction with the Kittitas County Comprehensive Emergency Management Plan (CEMP) in coordination with the Kittitas County Emergency Management Department as well as under the Regional lead of Public Health Emergency Preparedness and Response Region 7, including Chelan, Douglas, Grant, Okanogan, and Kittitas County.

III. SITUATION OVERVIEW:

A. Population estimates by the Office of Financial management as of April 1, 2013 put Kittitas County at 41,900. According to the US Census, approximately 7,400 residents are persons under the age of eighteen. In addition, Central Washington University (CWU) has 10,750 enrolled students. For People with Access and Functional Needs (PAFN), KCPHD has identified some general numbers, which will be annually updated and expanded:

1. Non native English Speakers: approximately 3,700
2. Dialysis patients: approximately 14

B. According to the Hazard Identification and Vulnerability Assessment (HIVA) 2012, completed by the Kittitas County Emergency Management, focus areas of potential emergency incidences range from civil disturbance to wildland fire.

C. There is not adequate KCPHD staff to respond to a community wide epidemic. KCPHD expects to receive assistance from local emergency management located within the Kittitas County Sheriff's Office (KCSO), in addition to partners within Region 7. In the event of a pandemic or large incident, local response will be quickly overwhelmed and require mutual aid, state, and possibly federal assistance. If an incident results in the need for equipment or personnel, request are made to the Kittitas County Emergency Operation Center (EOC) (Emergency Contact List in Annex E)

Limitations for requests for personnel or equipment include the following:

1. Damage to facilities and infrastructure
2. Transportation services
3. Staff availability
4. Damage to or disruption of communication systems
5. Fiscal constraints
6. Possible civil unrest
7. Other County/Local Agency Limitations

8. Other hazards may exist that are not addressed by this plan

D. The use of Memorandums of Understanding (MOU) and Mutual Aid Agreements (MAA) can mitigate some of the incident limitations. However, each situation or incident will dictate the extent that agreements will be implemented.

IV. PLANNING ASSUMPTIONS:

A. There is a surveillance system in place for the prompt detection, identification, and reporting of epidemic disease or a bioterrorism incident.

B. Individuals/institutions required to report disease are doing so within the time frame required by law.

C. Potential outbreaks/epidemics of disease are being investigated promptly and as required by statute.

D. KCPHD, Emergency Management, healthcare, law enforcement, emergency medical response, and other agencies will work cooperatively to reduce the impact of epidemic disease/bioterrorism in the community.

E. KCPHD staff is adequately trained to respond to epidemic disease.

F. Responders will be properly trained and issued the appropriate personal protective equipment, and are aware of the threat of a secondary incident.

G. Governmental agencies and officials will respond as outlined in the appropriate Revised Code of Washington (RCS) and Washington Administrative Code (WAC) (EOP page 7).

H. In situations not specifically addressed in this plan, KCPHD and other emergency management officials will improvise and carry out their responsibilities to the best of their abilities using the Kittitas County Comprehensive Emergency Management Plan/Emergency Operations Plan.

I. Memoranda Agreements and Mutual Aid Agreements will be in place and honored between the organizations named in this plan and between neighboring governmental agencies.

J. As KCPHD may not have sufficient staff to respond adequately to an emergency situation, local agencies such as Kittitas Valley Fire and Rescue (KVFR) may partner with KCPHD to provide both staff support and logistical support.

V. CONCEPT OF OPERATIONS:

A. The Pre-Incident Phase

The pre-incident phase of an incident may be activated in the following ways:

1. National Terrorism Advisory System (NTAS)

- a. Elevated – no specific information about timing or location of credible threat.
- b. Imminent – if the threat is impending or very soon.
- 2. Kittitas County Sheriff's Department/Emergency Management
- 3. KITTCOM – Kittitas County 911
- 4. Kittitas County Public Works
- 5. Complain from the general public

B. Response Phase

Notification of a potential incident or epidemic disease could happen in several ways:

- 1. Notification from regional, state, or national level authorities.
- 2. Notification by healthcare provider.
- 3. Notification by general public.
- 4. Notification by a law enforcement agency.
- 5. Detection by KCPHD staff.
- 6. KCPHD staff will notify Washington State Department of Health (DOH) in a timely manner of events or disease findings indicative of an emergency incident or an epidemic.
- 7. Increased surveillance may be necessary to confirm existence of an incident.
- 8. If indicated, KCPHD may activate its Emergency Coordination Center (ECC) to coordinate activities. The Incident Commander will determine the appropriate activation level, staffing, and roles.
- 9. If agencies other than KCPHD are needed to participate in disease control, the Health Officer/Commander may request activation of the county Emergency Operation Center.
- 10. Patient isolation and quarantine may be used per WAC 246-100-040 "Procedures for Isolation or Quarantine." (Annex B).
- 11. Procedures for requesting laboratory support for establishment of diagnoses and to help determine the scope of the potential bioterrorism incident/epidemic disease are found in Functional Annex A.
- 12. Healthcare support and mass casualty management: The Incident Commander will coordinate with Kittitas Valley Healthcare (KVH) and Emergency Medical Service providers to determine the ability of the local community to respond to the disease. If community resources are about to be or are already overwhelmed, the Incident Commander may request assistance through the Emergency Management Division. Request for assistance is completed through the Emergency Management office via the Kittitas County Sheriff's Office. (Emergency Contact List in Annex E)

C. Recover Phase

- 1. Environmental Restoration. Steps for environmental restoration may be determined at the time of the incident by the Incident Commander and the Command Staff, based on the Centers for Disease Control and Prevention (CDC) protocols for the organism or agent involved. The County Health Officer will give final approval for all protocols performed.
- 2. Re-entry Authorization. Re-entry authorization will be determined at the time of the incident by the County Health Officer. Determination will be based on CDC protocols for the organism or agent involved. The County Health Officer will give final approval for all protocols performed.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES:

All emergency response activities will follow the National Incident Management System (NIMS) guidelines.

Health Officer: The Health Officer assumes a leading role during an incident involving bioterrorism, infectious disease, or other medical emergency. The Health Officer will decide policy, maintain contact with other agencies, and develop public health priorities. In all other emergency incidences, the Health Officer provides information and support to the Incident Commander as needed.

Other KCPHD Staff: Other KCPHD staff or trained volunteers, including Medical Reserve Corps (MRC) volunteers, will assume the appropriate NIMS roles

Kittitas Valley Healthcare: KVH will activate its Emergency Operations Center (EOC) and will be responsible for the coordination of the overall operations of the hospital in any disaster situation. KVH will have primary responsibility for staffing the hospital and will assist with any auxiliary areas created to manage the medical needs of the public during an emergency (i.e., mass casualties, quarantine and isolation, etc.). KVH will support an alternate care facility, if possible, through provision of medical expertise and resources.

KITTCOM (911): In a bioterrorist incident or other public health emergency in Kittitas County, the primary emergency service agencies, including public health, shall be notified of the situation by KITTCOM.

Kittitas County Emergency Medical Services System (EMS): Kittitas County Emergency Medical Services (EMS) System will facilitate the county's transportation and pre hospital medical needs. The system consists of 11 licensed EMS agencies (primarily local fire departments) and 5 affiliated-level services. Coordination between licensed EMS agencies to meet the local EMS needs will be facilitated through KITTCOM and based on the Regional County Patient Care Operating Procedures and the Kittitas County Mass Casualty Incident Plan (MCI Run Cards). These documents are part of the South Central Region Trauma Plan, available through Kittitas County EMS.

Emergency Management: If a bioterrorism incident is suspected, KCPHD will make prompt notification to the Kittitas County Sheriff as the Director of Emergency management for Kittitas County. The Sheriff or his designee will direct the county EOC with the Health Officer assisting with direction, control, and management of the emergency as appropriate. Emergency Management will attempt to acquire the resources and supplies need to respond to an incident when local resources are exceeded.

Local, County, and State Law Enforcement: Local and county law enforcement, Search and Rescue (SAR), and Fire District #1 will assist KVH and KCPHD with site security, perimeter control, and facility access. In an evacuation of the hospital, local, county, and state law enforcement agencies may be called upon to assist in the coordination of the evacuation. Should the need for an alternate care facility (quarantine or mass vaccination, etc.) or mass dispensing operations arise in Kittitas County, local, county, and state law enforcement may be requested to assist with site security, perimeter control, facility access, isolation and quarantine orders, and for the maintaining of order.

Washington State Department of Health (DOH): DOH will coordinate statewide emergency planning and preparedness efforts and statewide surveillance activities. Samples collected by KCPHD will be tested by the public health laboratory network operated by DOH. DOH will coordinate with CDC and disseminate appropriate data and situation updates to KCPHD. DOH will coordinate development and implementation of disease containment strategies across multiple counties and regions within the state. DOH will supplement and support local effort to educate and inform the public about public health emergencies and preventative measures.

VII. DIRECTION, CONTROL, AND COORDINATION:

A. Kittitas County Public Health Department

1. During a bioterrorism, chemical, or radiological incident; communicable disease outbreak or public health emergency; KCPHD will respond based on the complexity of the incident.
2. KCPHD may activate the Emergency Coordination Center (ECC). However, there may be situations where KCPHD ECC is not activated. If the KCPHD ECC is not activated, the Kittitas County EOC will be used for operations.
3. All communications with the general public will be distributed through the Public Information Officer (PIO) to the County EOC.
4. Shifts during operation of Kittitas County Public Health Department ECC will normally be 12 hours during activation.
5. Security for the ECC will be provided by the Ellensburg Police Department, Kittitas County Sheriff's Office, or Search and Rescue (SAR) if needed.
6. KCPHD will provide support to, and take guidance from, the Kittitas County EOC in public health emergencies. All public health activities will be coordinated with the Kittitas County EOC if KCPHD's ECC is functioning.

B. Kittitas County Public Health Department Representation In On Scene Incident Command System

1. On-scene Incident Command representation will depend on which agency will have the lead in the incident.
2. If the incident is an actual bioterrorism incident, communicable disease outbreak, or public health emergency where a crime has been committed, law enforcement will be the

lead agency. In this case, KCPHD will be represented on the Command Staff by the County Health Officer/Public Health Administrator, or their designee, who will be involved in various aspects of the response.

C. Coordination with Region 7 Public Health Agencies

KCPHD will immediately notify Chelan-Douglas Health District, headquarters for Region 7 Public Health Agencies, when a bioterrorism incident is suspected or confirmed in Kittitas County. The Administrator of KCPHD will coordinate with Chelan-Douglas in determining when support personnel from the regional partners may be needed in Kittitas County.

D. Coordination with Region 7 Hospital Network

KVH will notify its Region 7 partners when a bioterrorism incident is suspected or confirmed in Kittitas County.

E. Coordination with Kittitas County Emergency Medical Services

Kittitas County falls under the South Central Region (SCR) Trauma Plan for regional planning and coordination. The request for resources from outside the county will be made through KITTCOM.

F. Coordination with Kittitas County EOC

Requests for assets to support a local emergency are made through the Kittitas County EOC. If the request cannot be handled locally, or through mutual aid, they are then sent to the Washington State Emergency Operations Center at the Washington State Emergency Management Division, Camp Murray, Washington. If the request is specific to Emergency Support Function (ESF) 8, Public Health and medical, that desk will then address the issue as appropriate, working with the requisition agency to best meet that need. Washington State Department of Health serves as the lead for ESF 8 along with other state agencies in a supporting role.

G. Health Officer

The Health Officer or their designee may assume the role of Incident Commander during an epidemic disease or bioterrorism event. The Health Officer will be in consultation with others to decide policy, maintain contact with other agencies, develop public health priorities, lead incident response, and delegate tasks.

VIII. INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION:

Critical information that will be collected includes client or patient identification, location of client or patient, the identified potential or confirmed disease or health risk, date of onset, any related symptoms associated with the potential or identified disease, as well as individuals who may also have been potentially exposed. Sources of information may include local law enforcement, local healthcare providers, laboratories, KITTCOM, a complaint from the general public, national, state, or regional partner.

Collected information will be used only for the investigation and response of any identified disease threats or health risks. Information will be shared in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. Only emergency responders who are required to comply with HIPAA regulations will receive confidential medical information relating to the investigation or response.

IX. COMMUNICATIONS:

Communications procedures are outlined in the Communications Annex, Annex E.

X. ADMINISTRATION, FINANCE, AND LOGISTICS:

Memorandum of Understandings as well as local resources will be utilized first in response to emergencies. KCPHD and Kittitas County polices for financial accounting and auditing will be adhered to in regards to financial records, reporting, and tracking resources. All financial records will be kept in accordance with archiving requirements.

XI. PLAN DEVELOPMENT AND MAINTENANCE:

A. Training regarding this plan will be performed regularly as staff time and personnel permit.

B. This plan will be exercised, evaluated, and updated at least once annually.

C. Recommended changes to this plan should be submitted to the Local Emergency Response Specialist at KCPHD, located at 507 N Nanum Street Suite 102 in Ellensburg, Washington, 98926. The phone number is 509-962-7515. Post exercise and or/incident debriefing will be

utilized to review effectiveness and need for revision of this plan. The report will recommend changes, which will be incorporated immediately.

D. At a minimum, this plan will be reviewed by the Kittitas County Emergency Management Council after annual review and the Local Emergency Response Specialist is responsible for the annual review of the Emergency Operation Plan. Updated plans must be sent to the Region 7 Emergency Response Coordinator and to the Kittitas County Emergency Management via Kittitas County Sheriff’s Office (KCSO).

XII. AUTHORITIES AND REFERENCES:

Primary State Statutes Governing Public Health

KCPHD Program Specific Revised Code of Washington (RCW) and Washington Administration Code (WAC)			
COMMUNICABLE DISEASES			
Revised Code of Washington (RCW)	Washington Administration Code (WAC)/ Kittitas County Code (KCC)	Title	Purpose
43.20 State Board of Health 43.20.050 – powers and duties of state board of health	246-100 communicable and certain other diseases	Communicable and Certain other Diseases	To protect the health and well-being of the public by controlling communicable and certain other diseases.
43.20.050	246-100-040	Isolation and Quarantine	Local Health Officer may issue an emergency detention of a person or group of persons.
49.17 Washington Industrial Safety and Health Act	296-823 Occupational Exposure to Blood borne Pathogens	Blood borne Pathogens	Requires that all employees with occupational exposure participate in a training program that is provided at no cost to them and conducted during compensated working hours.
18.79 Nursing Care	246-840-700 246-840 Practical and Registered Nursing	Standards of Nursing Conduct or practice	Identify responsibilities of the professional registered nurse and the licensed practical nurse in health

			care settings and as provided in the Nursing Practice Act.
26.44 Abuse of Children 26.44.030		<p>Reports — Duty and authority to make — Duty of receiving agency — Duty to notify — Case planning and consultation — Penalty for unauthorized exchange of information — Filing dependency petitions — Investigations — Interviews of children — Records — Risk assessment process.</p>	<p>When a healthcare professional has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department.</p>
	246-840	Practical Registered Nursing	Licensing process and requirements of registered nurses.
RCW 43.20.050	WAC 246-110-020	Control of Communicable disease	Guidelines specific to controlling outbreak within a school and/or daycare.
ENVIRONMENTAL HEALTH			
Revised Code of Washington (RCW)	Washington Administration Code (WAC)/ Kittitas County Code (KCC)	Title	Purpose
Food Service			
43.20.050 (d and f)	246-215 WAC	Food Service	The purpose of chapter <u>246-215</u> WAC is to

			<p>establish state board of health standards for food service under RCW <u>43.20.050</u> to promote and protect the health, etc. Chapter 246-215 includes 11 sections specific to food service.</p>
<p>43.20.050 RCW 69.06 Food and beverage establishment workers' permit</p>	<p>246-217 WAC</p>	<p>Food Worker Cards</p>	<p>The purpose of chapter <u>246-217</u> WAC is to establish state board of health standards for the issuance of food worker cards (food worker permits) under chapter <u>69.06</u> RCW and RCW <u>43.20.050</u>. Chapter 246-217 includes 8 sections specific to food worker cards. RCW 69.06 includes 9 sections regarding service workers' permits including validity, diseased persons, and limited duty permit.</p>
	<p>KCC Title 8: Health, Welfare, and Sanitation WAC 246-215</p>	<p>Chapter 8.04: Food Handling Rules and Regulations</p>	<p>The Board of County Commissioners hereby adopts by reference the Washington State Board of Health Rules and Regulations for Food Service Standards (Chapter <u>246-215</u> WAC) effective May 2, 2005, and as hereafter amended.</p> <p>8.04.020 Penalty section regarding violation of 246-215 WAC.</p>
	<p>KCC Title 8: Health, Welfare, and Sanitation</p>	<p>Chapter 8.08: Health Permits – Food Handling Establishments</p>	<p>Establishes standards for permitting food establishments.</p>

On Site Sewage			
40.20.050 43.70.310	246-272A WAC On-Site Sewage Systems WAC coordinates with RCW 18.210 and WAC 196-33 for design and RCW 36.70 and 58.17 for land use. 246-270 through 246-274 Sewer System WACS	On-Site Sewage	The purpose of the chapter is to protect the health by minimizing and regulating onsite sewage systems.
	KCC Title 13: Water and Sewers	Chapter 13.04: On-Site Sewage Disposal Systems	Protect public health by minimizing potential for public and ground water exposure to sewage from on-site sewage systems. Chapter 13.04 contains 31 sections from permitting to health hazards and health emergencies.
	KCC Title 13: Water and Sewers	Chapter 13.08: Private Sewage Disposal Systems in Plats	Chapter 13.08 contains 9 sections pertaining to plats connecting to septic tanks from applications to plat size requirements.
Drinking Water and Regulation of Wells			
43.20 Public Law 93-523, the Federal Safe Drinking Water Act of 1974, and Public Law 99-339, the Safe Drinking Water Act Amendments of 1986, and certain provisions of Public Law 104-182, the Safe Drinking Water Act Amendments of 1996.	246-290 WAC	Public Water Supplies	Protect the health of consumers using public drinking water supplies by establishing requirements for persons operating small public water systems. (1) The purpose of this chapter is to define basic regulatory requirements and to protect the health of consumers using public drinking water supplies. (2) The rules of this chapter are specifically designed to ensure: (a) Adequate design, construction, sampling, management, maintenance, and

			<p>operation practices; and</p> <p>(b) Provision of safe and high quality drinking water in a reliable manner and in a quantity suitable for intended use.</p> <p>(3) Purveyors shall be responsible for complying with the regulatory requirements of this chapter.</p>
<p>43.20.050 70.116 70.119A</p>	<p>246-291 WAC</p>	<p>Group B Public Water Systems</p>	<p>Protect the health of consumers using public drinking water supplies by establishing requirements for persons operating public water systems.</p> <p>(1) The purpose of these rules is to define basic regulatory requirements to protect the health of consumers using Group B public drinking water supplies. These rules are specifically designed to ensure the provision of high quality drinking water in a reliable manner and in a quantity suitable for intended use.</p> <p>(2) The rules set forth are adopted under chapter <u>43.20</u> RCW and owners of Group B public water systems shall be responsible for ensuring compliance with these rules. Other statutes relating to this chapter are:</p> <p>(a) RCW <u>43.20B.020</u>, Fees for services -- Department of health and</p>

			<p>department of social and health services;</p> <p>(b) Chapter 43.70 RCW, Department of health;</p> <p>(c) Chapter 70.05 RCW, Local health departments, boards, officers -- Regulations;</p> <p>(d) Chapter 70.116 RCW, Public Water System Coordination Act of 1977; and</p> <p>(e) Chapter 70.119A RCW, Public water systems -- Penalties and compliance.</p> <p>(3) Prior to expanding a Group B public water system to a Group A public water system, the entire system shall be brought into compliance with chapter 246-290 WAC</p>
<p>70.116 Public Water System Coordination Act of 1977</p>	<p>246-293 WAC</p>	<p>Water System Coordination Act</p>	<p>This chapter is promulgated pursuant to the authority granted in the Public Water System Coordination Act of 1977, chapter 70.116 RCW, for the purpose of implementing a program relating to public water system coordination within the state of Washington, for evaluation and determination of critical water supply service areas,</p>

			and assistance for orderly and efficient public water system planning.
Revised Code of Washington (RCW)	Washington Administration Code (WAC)/ Kittitas County Code (KCC)	Title	Purpose
70.54.010		Polluting Water Supply	<p>Authority to act when well, spring, stream, river or lake used for drinking water source is being polluted.</p> <p>Authority to act when landlord is furnishing impure water.</p> <p>Every person who shall deposit or suffer to be deposited in any spring, well, stream, river or lake, the water of which is or may be used for drinking purposes, or on any property owned, leased or otherwise controlled by any municipal corporation, corporation or person as a watershed or drainage basin for a public or private water system, any matter or thing whatever, dangerous or deleterious to health, or any matter or thing which may or could pollute the waters of such spring, well, stream, river, lake or water system, shall be guilty of a gross misdemeanor.</p>
18.104		Water Well Construction	<p>The regulation and licensing of well contractors and operators and for the regulation of well design and construction.</p> <p>The legislature declares that the drilling, making or constructing of wells within the state is a business and activity of vital interest to the public. In order to protect the public health, welfare, and safety of the people it is necessary that provision be made for the regulation and licensing of well contractors and operators and for the</p>

			regulation of well design and construction.
	KCC Title 13: Water and Sewers	Chapter 13.20 WELL CONSTRUCTION, RECONSTRUCTION AND DECOMMISSIONING REQUIREMENTS	Allows the developer of a plat to bond for completion of the water system infrastructure.
	246-272A-0320 WAC	OSS Regulations- Developments, subdivisions, and minimum land area requirements	<p>Well Setbacks:</p> <p>Prior to approving any development, the health officer shall require establishment of a 100 foot radius water supply protection zone to fit within the lot lines OR</p> <p>Establishes a wellhead protection zone around each existing or proposed well site.</p> <p>(1) A person proposing a subdivision where the use of OSS is planned shall obtain a recommendation for approval from the local health officer as required by RCW <u>58.17.150</u>.</p> <p>(2) The local health officer shall require the following prior to approving any development:</p> <p>(a) Site evaluations as required under WAC <u>246-272A-0220</u>, excluding subsections (3)(a)(i) and (4)(d);</p> <p>(b) Where a subdivision with individual wells is proposed:</p> <p>(i) Configuration of each lot to allow a one hundred-foot radius water supply protection zone to fit within the lot lines; or</p> <p>(ii) Establishment of a one hundred-foot protection zone around each existing and proposed well site;</p> <p>(c) Where preliminary approval of a subdivision is requested, provision of at least one soil log per proposed lot, unless the local health officer determines existing soils information allows fewer soil logs;</p>
	KCC Chapter 17A.08.025	Well head protection areas	Well Setbacks: Wellhead protection areas. All

			<p>noncommunity wells must be placed a minimum of fifty feet from property lines.</p>
	<p>246-290-135 WAC & 246-291 WAC</p>	<p>Source Water Protection</p>	<p>Well Head Protection Zones:</p> <p>1) The department may require monitoring and controls in addition to those specified in this section if the department determines a potential risk exists to the water quality of a source.</p> <p>(2) SCA.</p> <p>(a) The purveyor shall maintain an SCA around all sources for the purpose of protecting them from existing and potential sources of contamination.</p> <p>(b) For wells and springs, the minimum SCA shall have a radius of one hundred feet (thirty meters) and two hundred feet (sixty meters) respectively, unless engineering justification demonstrates that a smaller area can provide an adequate level of source water protection. The justification shall address geological and hydrological data, well construction details, mitigation measures, and other relevant factors necessary to assure adequate sanitary control.</p> <p>(c) The department may require a larger SCA than specified in (b) of this subsection, or additional mitigation measures if land use, geological, or hydrological data support the decision. It shall be the purveyor's responsibility to obtain the protection needed.</p> <p>(d) The purveyor shall prohibit the construction, storage, disposal, or application of any source of contamination within the SCA without the permission of the purveyor.</p> <p>(e) The SCA shall be owned by the purveyor in fee simple, or the purveyor</p>

			<p>shall have the right to exercise complete sanitary control of the land through other legal provisions.</p> <p>(f) A purveyor, owning all or part of the SCA in fee simple or having possession and control, shall send to the department copies of legal documentation, such as a duly recorded declaration of covenant, restricting the use of the land. This legal documentation shall state:</p> <p>(i) Constructing, storing, disposing, or applying any source of contamination is prohibited without the permission of the purveyor; and</p> <p>(ii) If any change in ownership of the system or SCA is considered, all affected parties shall be informed of these requirements.</p> <p>(g) Where portions of the control area are in the possession and control of another, the purveyor shall obtain a duly recorded restrictive covenant which shall run with the land, restricting the use of the land in accordance with this chapter and provide the department with copies of the appropriate documentation.</p>
	<p>246-290-221 WAC</p>	<p>Water Demand Criteria</p>	<p>Minimal Daily Production of Well Water:</p> <p>(1) Except as provided in this section, expanding systems shall use water demand design for average day demand (ADD), and peak periods of demand such as maximum day demand (MDD), and peak hourly demand (PHD) that are based upon actual metered water use records. The data collected shall be sufficient to account for seasonal or other cyclic changes in water demand, and shall correlate to the maximum number of full-time or part-time equivalent residential units in service at any time.</p>

			<p>(2) For seasonally used, transitory noncommunity, or recreational developments the design for ADD, MDD, and PHD shall be based upon metered water uses whenever such data is available. The data must account for the daily population using the water over the time that records are collected, and must reflect the uses associated with maximum occupancy for the development. The design demands for these developments apply only to part-time uses, and may not be applied to structures or dwellings that can be permanently occupied.</p> <p>(3) In the absence of metered use or other comparable information, the following sources of design information may be used:</p> <p>(a) Comparable metered water use data from analogous water systems. Analogous systems are those with similar characteristics, such as demographics, housing sizes, income levels, lot sizes, climate, water pricing structure, water use efficiency practices, use restrictions, and soils and landscaping; or</p> <p>(b) Design criteria or guidelines in the most recent edition of the department manual for design of Group A public water systems.</p> <p>(4) The design for water systems based upon metered water use records shall have an MDD no lower than three hundred fifty gallons per day per equivalent residential unit (ERU), except for the design of any expansion to an existing water system that has a minimum of two years of meter records that clearly demonstrate that a lower design value for MDD may be used without significant risk of pressure loss. The meter records must correlate the</p>
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			<p>demand data to the actual level of occupancy for the periods covered by the records.</p> <p>(5) The minimum water demand and duration required for fire flow and/or fire suppression storage shall be determined by the local fire control authority or chapter <u>246-293</u> WAC for systems within the boundaries of a designated critical water supply service area (CWSSA). Public water systems that are not required to comply with minimum fire flow standards shall coordinate with the local fire control authorities to ensure that any hydrants on the system, if they can possibly be used in the course of fire suppression activities, do not create adverse pressure problems within the water system as a result of fire control actions.</p>
Water Availability & OSS: Land Development and Building Permit Approval			
Land Development Preliminary and Final Approval			
90.44		Regulation of public ground waters (exempt wells)	Allows withdrawal of public ground waters for stock watering purposes, or the watering of a lawn or a noncommercial garden not exceeding ½ acre in area or for single or group domestic uses in an amount not exceeding 5000 gallons a day. Authority granting Department of Ecology to require water metering as well.
58.17.150		Plats, Subdivisions, Dedications	Local health department or other agency must provide recommendations for approval or disapproval as to the adequacy of the proposed means of sewage disposal and water supply (before final plat approval).
58.17.060		Short plats& short subdivisions – summary approval – regulations – Requirements	The legislative body shall provide that a short plat and short subdivision may be approved only if written findings that are appropriate as provided in RCW 58.17.110
Revised Code of Washington (RCW)	Washington Administration Code (WAC)/	Title	Purpose

	Kittitas County Code (KCC)		
58.17.110		Approval or disapproval of subdivision and dedication- Factors to be considered – Conditions for approval – Finding – Release from damages	A proposed subdivision and dedication shall not be approved unless the county legislative body makes written findings that (a) appropriate provisions are made for the public health, safety, and general welfare and for potable water supplies .
	246-272A-0320 WAC	OSS Regulations- Developments, subdivisions, and minimum land area requirements	OSS regulations for developments, subdivisions and minimum land areas.
	KCC Chapter 16.12.150	Road, sewer, water and fire system recommendations	The county health officer shall certify to the planning commission prior to the hearing their recommendations as to the adequacy of the proposed sewage disposal and potable water supply systems .
	WAC 173-539A		Moratorium on use of ground water in upper Kittitas County. Requires water budget neutrality for land subdivisions.
	KC Resolution 2004-36	CDS administrative policy related to potable water supply for subdivisions	<ol style="list-style-type: none"> 1. Public Water Supplies – must be constructed, letter from purveyor 2. Group B Public Water Supply – Well site inspection provided, Group B Workbook submitted and approved, well tag ID assigned approval from WA DOH. 3. Individual wells – well log or hydrogeological report required.
	AGO 1997 No. 6, October 10, 1997	WATER - WATER RIGHTS - WELLS - Status in water rights system of exempt ground water withdrawals	Provides interpretation of use of exempt ground water for subdivisions of land.
Building Permit Approval			
19.27.097		Building permit application – Evidence of an adequate water supply – Applicability – Exemption	Each building permit applicant of a building needing potable water shall provide evidence of an adequate water supply for the intended use of the building in the form of a water right permit from Ecology, letter from an approved water purveyor, another form sufficient to verify the existence of an adequate water supply.

	365-196-825 (GMA)	Potable Water	Each building permit applicant shall provide evidence of an adequate water supply consistent with RCW 19.27.097 for a building needing potable water. If Ecology has adopted rules on this subject, or any part of it, local regulations should be consistent with those rules.
Revised Code of Washington (RCW)	Washington Administration Code (WAC)/ Kittitas County Code (KCC)	Title	Purpose
	AGO 1992 No. 17-July 28, 1992	GMA – DOH- BOH- Buildings – Counties – State Building Code – Water – Requirement of Adequate Water Supply before a Building Permit is Issued	The local building department must satisfy itself that the potable water source is reliable, of sufficient quality and quantity. This requires demonstration that water actually will be made available to the building for a reasonable period of time.
	WAC 173-539A		Moratorium on use of ground water in upper Kittitas County. Requires <u>water budget neutrality</u> for building permits and requires metering for new residential connections and/or new use of exempt groundwater.
	AGO 2002 No. 70279-9 28-March, 2002	Campbell & Gwinn	Decision made by the Attorney General related to a case between Washington State Department of Ecology and local government about contiguous plats and use of exempt wells.
Other Environmental Health Programs: Schools, Camps and Parks, Water Recreation Facilities, Smoking in Public Places			
43.20.050	246-366 WAC	Primary and Secondary Schools	Maintain minimum environmental health and safety standards for school facilities until legislative action.
43.20.050	246-376 WAC	Camps	Requirements for environmental conditions in camps.
70.90.120 43.20.050	246-260 WAC	Water Recreation Facilities	Protect the health, safety, and welfare of users of water recreation facilities.
70.160		Smoking in Public Places	To protect the health and welfare of all citizens, including workers in their places of employment, by prohibiting smoking in public places and workplaces.

	KCC Title 8: Health, Welfare and Sanitation	Chapter 8.24: Smoking in Public Places	
Solid Waste			
70.05, 70.95	Chapter 173-351 WAC	2. Criteria for municipal solid waste landfills	Establish minimum statewide standards for all municipal solid waste landfill (MSWLF) units
70.05, 70.95	Chapter 173-303 WAC	3. Dangerous Waste Regulations	Establishes and designates siting, design, operation, tracking, and handling responsibilities for hazardous waste management.
70.05, 70.95			
43.21A.080 91.11.090 70.95	173-312 WAC	Coordinated Prevention Grant	Provides guidance and funding to local health for monitoring and enforcing solid waste violations.
64.44	Chapter 246-205 WAC	Decontamination of Illegal Drug Manufacturing and Storage Sites	Requires local health agency to post warnings and supervise clean-up of contaminated properties
Revised Code of Washington (RCW)	Washington Administration Code (WAC)/ Kittitas County Code (KCC)	Title	Purpose
General Sanitation and Environmental Health Issues			
	Chapter 246-203 WAC	General Sanitation	Establishes rules for public or common nuisances that are set up, maintained or continued so as to be injurious to the health or an obstruction to the use of property including disposal of dead animals.
59.18		Residential Landlord Tenant Act	Requires local health jurisdiction to respond to complaints
70.94		Washington Clean Air Act	Preserve, protect, and enhance the air quality for current and future generations
ENFORCEMENT			
	KCC Title 18:	Chapter 18.	Establishes enforcement actions for violations.

XIII. FUNCTIONAL ANNEXES:

**Kittitas County Public Health Department
Laboratory Procedures Plan
Annex A
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I. INTRODUCTION:

The use of laboratory services refers to sending biological specimens to state and or private laboratories in the incident of a disease outbreak in order to identify disease agents as well as confirm a patient's status. Access to laboratory services will assist KCPHD in the surveillance of diseases affecting Kittitas County during outbreaks and emergency incidences.

II. PLANNING ASSUMPTIONS:

This plan applies to events requiring services that exceed the capacity of our local health care providers and local hospital. Local laboratory services will be overwhelmed in the case of an outbreak. The Washington State Department of Health Public Health Laboratories in Shoreline, Washington will be the main laboratory contact. Spokane Health District may provide backup services or services related to a bioterrorist specimen. During a statewide disaster, KCPHD may utilize out of state laboratory services.

III. RESPONSIBILITIES:

A. KCPHD will be responsible for the following activities:

1. Initiating the use of laboratory services.
2. Choosing the appropriate laboratory site to utilize for testing.
3. Coordinating with the laboratory regarding supplies, shipping, and results.
4. Receive testing samples including, but not limited to, samples involving stool, blood, sputum, and or nasal swabs.
5. Act as courier for shipping and handling of specimens.

IV. CONCEPT OF OPERATIONS:

A. The local Health Officer, Community Health Supervisor, and/or Public Health Administrator will authorize the use of laboratory services.

B. The above staff will initiate request and the appropriate laboratory site.

C. In suspected bioterrorism situations, a law enforcement agency may transport the specimen directly to the laboratory site.

Attachment A: General Packing and Transportation Procedures

1. The points of contact for shipping of laboratory samples for KCPHD are:
 - Primary: Community Health Supervisor
 - Alternate: Public Health Nurse
2. The following are the general procedures for packaging and transportation of suspected bioterrorism and other infectious laboratory samples to the Washington State Department of Public Health Laboratory (WSPHL).
 - a. All suspected specimens that meet the criteria for submission must be coordinated with KCPHD first and then the Public Health Laboratory by calling (206) 418-5400 during business hours or (206) 418-5500 a 24-hour emergency phone number. ***No specimens will be accepted unless the Public Health Laboratory has been contacted prior to arrival of the specimen.***
 - b. In suspected bioterrorism situations, local law enforcement, HAZMAT, Washington State Patrol, or an FBI representative will transport the specimen directly to the Public Health Laboratory at 1610 150th Street NE, Shoreline, WA 98155 (north of downtown Seattle). However, public health employees may also transport specimens as indicated.

Driving directions to the Washington State Department of Health Public Laboratories:

I-5 Northbound

Take NE 145th St. exit (Exit #175). After exiting, move to the far right lane. Turn right at the traffic light onto NE 145th St. (eastbound). Proceed in the left lane on 145th St. to the next traffic light at 15th Ave. NE. Turn left onto 15th Ave. NE, travel four blocks on 15th Ave. NE (northbound) to NE 150th St. Turn right onto NE 150th. You will see the state laboratories on the left at the intersection of 17th Ave. NE and NE 150th St.

I-5 Southbound

Take NE 145th St. exit (Exit #175). After exiting, stay in the left lane of the off ramp. Turn left at the traffic light onto NE 145th St. (eastbound). Proceed in the left lane on 145th St. to the next traffic light at 15th Ave. NE. Turn left onto 15th Ave. NE and travel four blocks until you reach NE 150th St. Turn right onto NE 150th St. You will see the state laboratories on the left at the intersection of 17th Ave. NE and NE 150th St.

- In cases where the specimen is shipped by commercial carrier, State and Federal shipping regulations pertaining to infectious substances must be followed.

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

1. Infectious substances must be packaged and labeled according to certain specifications as outlined by the Washington State DOH Public Health Laboratories “packing and shipping of infectious substances.” Material must be packaged “to withstand leakage of contents, shocks, pressure changes and other conditions incident to ordinary handling in transportation.” The figure below shows how to triple package (primary receptacle, watertight secondary packaging, and durable outer packaging) according to the regulations.
 - a. **Primary Package**

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

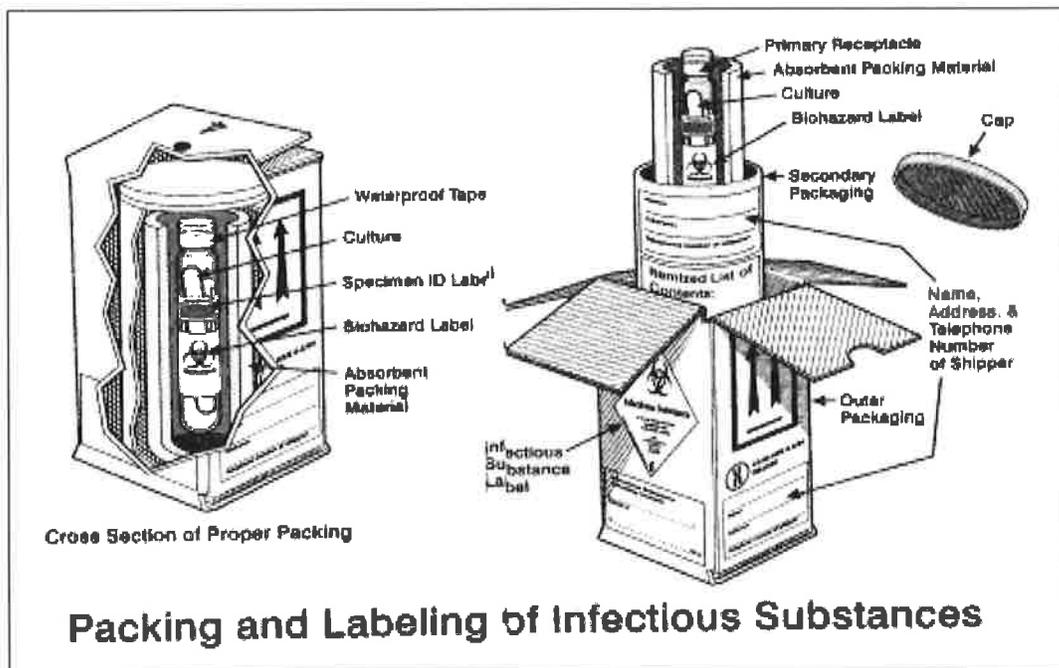
b. Secondary Package

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

c. Outside Package

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

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



Environmental Samples

Collection of environmental samples of concern is normally done by HAZMAT teams as part of their response to a contaminated scene. HAZMAT teams should follow their normal procedures for sampling and packaging of the materials.

B. Clinical Samples

1. Collection of diagnostic samples is normally done in clinical facilities. Confirmatory testing is done by WPHL. WPHL will perform confirmatory testing for the following diseases: Anthrax, Botulinum toxin, Tularemia, Plague, Brucellosis, Melioidosis, and Vaccinia.
2. Confirmatory testing for smallpox is currently performed only by the CDC.
3. Currently, DOH has guidelines for clinical laboratories for the following diseases: Smallpox, Anthrax, and Plague, Tularemia, and Botulinum toxin.

- C. Questions on shipping of environmental and clinical samples should be directed to the Washington State Public Health Laboratory at (206) 418-5400 during business hours or (206) 418-5500, a 24-hour number.

Kittitas County Public Health Department
Isolation and Quarantine
(Adapted from: Public Health – Seattle & King County Isolation and Quarantine Response Plan
Version 2)
Annex B
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I. INTRODUCTION:

Isolation is the separation of infected persons from others during the period of communicability. Quarantine is the limitation of freedom of movement of well persons who are suspected to have been exposed to an infectious agent. Quarantine lasts as long as the usual incubation period of the infectious agent. Persons assigned to care for infectious or potentially infectious individuals must be protected as well as patients.

II. PURPOSE OF THE ISOLATION AND QUARANTINE RESPONSE PLAN:

- A. Establish the decision making criteria used by the County Health Officer to determine when isolation and/or quarantine beyond the capacities of communicable disease practices is necessary to minimize health impact of a disease outbreak.
- B. Identify the authorities, roles, and responsibilities of KCPHD and partner agencies in the situation of a disease outbreak requiring isolation and quarantine (I & Q) of one or more individuals.
- C. Describe procedures and activities for accomplishing I & Q of large numbers of individuals in the county.
- E. Describe procedures for staffing a dedicated facility for I & Q of persons who cannot stay in their homes or who do not have a suitable home environment.
- F. Define roles and responsibilities for KCPHD, local health care partners, and local response agencies during an outbreak requiring isolation and/or quarantine.
- G. Describe how communications and coordination will occur between KCPHD, local and state entities during such an incident.
- H. Assist KCPHD and response partners to limit the spread of infectious diseases, illness, and death within Kittitas County.

III. PLANNING ASSUMPTIONS:

This plan applies to communicable disease occurrences requiring isolation and quarantine that may exceed day to day capabilities. While I & Q are techniques used in the everyday management of infectious disease, this plan does not apply to the prevention and control of sexually transmitted diseases, or routine operation of communicable disease management.

- A. Isolation and quarantine planning efforts must incorporate and address the unique needs and circumstances of vulnerable populations including the homeless, limited English proficiency populations, persons with special medical needs, etc.

B. All policies and procedures to assure the care of protected health information apply. Policies and procedures recognize that KCPHD may make necessary disclosures to protect the health of the public.

C. Isolation and quarantine may be necessary beyond Kittitas County; therefore KCPHD will coordinate with other counties and regions, but is not responsible for planning or execution of I & Q efforts beyond county lines.

D. Large scale I & Q incidences will require many public health resources and volunteers as well as coordination with multiple communities, health care, and first responder agencies.

E. KCPHD may utilize I & Q as one of several tools to reduce the spread of communicable disease; KCPHD will focus on gaining voluntary compliance from ill or exposed persons and implementing the least restrictive means possible to reduce the spread of infection.

F. KCPHD will coordinate closely with healthcare providers and healthcare facilities to assist with achieving voluntary compliance of ill or exposed persons.

G. I & Q may require the involuntary detention of individuals who may pose a threat to the public's health and whom do not cooperate with requests from the Health Officer.

H. An individual's cooperation with voluntary isolation and quarantine will be assumed in good faith unless there is evidence to the contrary. Depending on the circumstances, information collected by KCPHD during monitoring may be used as evidence of non-cooperation.

VII. RESPONSIBILITIES:

A. In the event of a reported or suspected case of a communicable disease, which requires isolation or quarantine, the Health Officer may at his or her sole discretion issue an emergency detention (health order) causing a person or group of persons to be immediately detained for purposes of isolation or quarantine. The local Health Officer has three options for initiating the quarantine or isolation of an individual including issuing a voluntary request, an emergency involuntary detention order, or a court order for an involuntary isolation or quarantine. KCPHD will be responsible for the following activities:

1. KCPHD will be the lead agency in the management of a communicable disease outbreak.
2. The Health Officer will assess the public health threat, evaluate potential consequences based on established criteria, and determine whether isolation and/or quarantine are necessary in any given outbreak situation.
3. The local Health Officer may initiate the isolation or quarantine of individuals as a protective action to limit the spread of infectious agents or contaminants to others.
4. When possible, KCPHD will seek the cooperation and compliance of infected or exposed individuals in abiding by I & Q requests. However, under specific circumstances, KCPHD may immediately order or seek a court order to detain infected or exposed individuals and place them in isolation or quarantine.

5. In all cases where I & Q are considered, KCPHD will ensure basic needs are addressed.
6. KCPHD will implement local and regional surveillance and disease and health management services that comply with clinical protocols and federal, state, regional and local regulations, laws and guidelines.
7. KCPHD will be the lead clinical and administrative manager of any non-hospital isolation or quarantine facilities that are established.

B. Local Law Enforcement agencies will be responsible for the following activities:

1. Assist with service of Notice of Civil Detention to clients, if needed.
2. Consult with KCPHD for cases requiring transportation for the purposes of involuntary isolation or quarantine.
3. Execute arrest warrants related to I & Q cases.

C. The Prosecuting Attorney's Office will be responsible for the following activities:

1. Petition the court *ex parte* to authorize involuntary detention, once need is determined by the local Health Officer.
2. Represent KCPHD in any petition or appeal hearings required to carry out involuntary isolation or quarantine of individuals.
3. Coordinate with KCPHD and local law enforcement to serve notice necessary to achieve isolation or quarantine.

D. Community based organizations may be requested to assist with personal needs of patients affected by I & Q.

VIII. CONCEPT OF OPERATIONS:

Determination of Need for Isolation or Quarantine

A. The local Health Officer will determine the need for and authorize the use of isolation and/or quarantine as strategies to control or slow a communicable disease outbreak.

B. The Incident Commander with advice from the local Health Officer will determine whether an isolation or quarantine facility should be activated.

C. KCPHD will seek voluntary compliance with requests for isolation or quarantine, unless the local Health Officer determines the following conditions are present, making it necessary to immediately initiate involuntary detention for the purposes of isolation or quarantine:

1. There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not take; and

2. There is a reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not isolated or quarantined; and
3. Seeking voluntary compliance would create a risk of serious harm.

D. Initiation of Requests for Voluntary Compliance with Isolation or Quarantine

The Communicable Disease (CD) Investigations Team (consisting of the Community Health Supervisor, other public health nurses, regional epidemiologist, public health clerk, and other staff as necessary) will:

1. Initiate contact with the individual or group suspected of being infected or exposed.
2. Determine whether interpretation services are needed to facilitate communication with the person; if so, coordinate this issue with interpreter services to provide a certified medical interpreter.
3. Maintain documentation related to cases including dates and times of all verbal and written communications.
4. Verbally communicate the following information to the individual or group:
 - a. Explain the circumstances regarding the infection or exposure, the nature and characteristics of the illness, and the potential for infection of others. (Provide written material when available.)
 - b. Request that the individual or group isolate or quarantine themselves.
 - c. Explain the process isolation and quarantine, what is expected of each individual, how KCPHD will support their needs, and how long they must remain under isolation or quarantine.
 - d. If necessary, explain that the local Health Officer has authority to issue an emergency detention order or petition the court *ex parte* for an order authorizing involuntary detention if the individual or group does not comply with the request for isolation or quarantine.

E. If an individual is a patient in a hospital, make contact with hospital staff as well as the patient to ensure hospital-based isolation and appropriate infection control measures are practiced, if indicated.

F. Complete a written request for voluntary compliance with isolation or quarantine instructions to include the location and dates of isolation or quarantine, suspected disease, medical basis for isolation or quarantine, and relevant patient information. Provide copies to the local Health Officer, Prosecuting Attorney, and patient.

G. Alert the local Health Officer and Prosecuting Attorney about situations in which a person or group indicate unwillingness to comply. Recommend consideration of the initiation of involuntary detention if warranted.

H. Coordinate with the Regional Epidemiologist regarding the issuance of requests for voluntary compliance with isolation or quarantine instructions.

I. Contact the identified individual to evaluate the suitability of their residence for isolation or quarantine; determine whether evaluation can be implemented using a telephone questionnaire or if an in-person review is necessary.

J. Immediately deliver an informational packet to the individual placed in isolation or quarantine. Provide appropriate instructions and training, if needed, regarding the packet contents, KCPHD expectations, and infection control measures [Note: patients isolated within healthcare facilities may only require an informational packet; the healthcare facility may address training needs and infection control issues for the patient].

K. Verify that the individual is at a specific location and monitor their health status.

1. Develop a schedule of daily check-in calls for each individual under isolation or quarantine.
2. Continue conducting daily check-in calls with each individual until they are released from isolation or quarantine.

L. Record information gathered during check in calls.

M. Respond to irregularities such as changes in health status and failure to response to call(s) [e.g. request law enforcement or KCPHD staff to drive by; make contact with the patient's healthcare provider, personal contacts or employer, etc.].

If repeated attempts to locate individuals subject to isolation or quarantine, including telephone calls and site visits, are unsuccessful, coordinate with the Incident Commander, Prosecuting Attorney, and the local Health Officer regarding the need to pursue involuntary detention.

N. Document all requests for assistance. Include the nature and specific type of assistance requested, and the date and time the request was made, including contact and phone number. Reasonable requests for assistance could include food, water, clothing, shelter, means of communication, medication, medical care, special needs related to cultural and religious beliefs, and legal representation.

O. Follow up with referral agencies on requests for assistance as staffing and time allow.

P. Coordinate with hospital discharge planners to provide KCPHD with appropriate notice regarding the discharge of isolated patients.

Q. Ensure that patients are aware of the continuing requirements of isolation and appropriate infection control measures.

R. Involuntary Detention for Purposes of Isolation or Quarantine.

The local Health Officer may authorize initiation of involuntary detention for the purposes of isolation or quarantine under the following conditions:

1. There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not take; and
2. There is reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine; and
3. KCPHD has made reasonable efforts, which have been documented, to obtain cooperation and compliance from the individual or group with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, or inspection and closure of facilities, or the local Health Officer has determined that seeking voluntary compliance would create a risk of serious harm.

S. The local Health Officer may petition the Superior Court for an order authorizing continued detention for up to 30 days following the initial 10-day detention, pursuant to WAC 246-100-040(5). In order to grant the petition, the court must find clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others. If necessary, the local Health Officer may petition the Superior Court for one additional 30-day period of detention, pursuant to WAC 246-100-040(6).

T. The Kittitas County Prosecuting Attorney's Office will represent the local Health Officer in court proceedings for involuntary detention.

U. The Kittitas County Prosecuting Attorney will coordinate with and brief law enforcement officials for the jurisdiction(s) in which emergency detention orders or court orders will be served. If necessary, the Prosecuting Attorney will request law enforcement support for enforcement of detention orders.

V. The Communicable Disease Investigation Team Leader will provide technical information to law enforcement regarding the nature of the illness and appropriate protective actions and equipment to be used during enforcement of orders.

W. The Incident Commander, local Health Officer, Prosecuting Attorney, and logistics will resolve issues related to locations for detained persons. Detentions will occur in the least restrictive settings possible that do not endanger the health of the public.

X. KCPHD will provide monitoring and support services to persons involuntarily detained, using the protocols applicable to persons who are voluntarily complying with requests for isolation or quarantine. Modified protocols may be necessary if the location for detention is a correctional facility or other secure residential facility.

Y. Release from Isolation or quarantine will include the following:

1. The local Health Officer will release an individual or group from voluntary compliance with isolation or quarantine when isolation or quarantine is no longer necessary as a strategy to control a communicable disease.
2. The local Health Officer will release an individual or group from involuntary detention for purposes of isolation or quarantine based on if the individual is no longer suspected to be infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent; or the individual is no longer deemed to pose a serious and imminent risk to the health and safety of others if released from isolation or quarantine.
3. If release of a detained person is authorized before the expiration of a detention order, the Prosecuting Attorney's office will coordinate the activities necessary to accomplish release.

**Kittitas County Public Health Department
Medical Countermeasures and Material Management
Annex C
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I. PURPOSE:

This plan describes the process for requesting, receiving, managing, distributing, and dispensing medication in an emergency, including any supplies from State, Federal, or private sources. The US Department of Homeland Defense and US Centers for Disease Control and Prevention (CDC) manage the Strategic National Stockpile (SNS) at the national level; the Washington State Department of Health (DOH) manages the SJNS at the Washington State level, and KCPHD manages the SNS within Kittitas County.

II. ASSUMPTIONS AND LIMITATIONS:

A. From the time DOH receives the request for supplies, it will take approximately 6 to 18 hours to distribute its contents to the local health jurisdiction (LHJ). Managed inventory deployed from the federal level would take from 12 to 24 hours.

B. Additional staffing, supplies, and logistical resources will be needed in a large scale emergency in Kittitas County to implement medical countermeasures.

C. A successful large-scale distribution of medical resources requires the involvement and participation of a wide-range of community organizations, businesses, and volunteers.

D. Deployment of medical countermeasures is dependent on an accurate and timely identification of the disease or bio-terrorist agent that constitutes the public health threat.

E. The number of medical personnel qualified to administer vaccine or dispense pharmaceuticals, and the number of available volunteers to perform support functions, will dictate the rate at which residents are treated.

F. KCPHD lacks the staffing needed to operate all Points of Dispensing (PODs) required in immunizing or administering chemoprophylaxis to Kittitas County residents.

G. When chemoprophylaxis supplies are limited, KCPHD will develop a prioritization plan in accordance with recommendations from the CDC and/or from DOH. The health officer will coordinate this prioritization.

III. COMMAND AND CONTROL:

A. Specific recommended policies for LHJs and Tribes for the State of Washington concerning emergency medical countermeasures are listed as follows:

1. State of Washington policy dictates that only the Governor or the Governor's designee may request the assistance of the Centers for Disease Control and Prevention's Division of Strategic National Stockpile. Local jurisdictions should request specific assistance or resources from the state. The state process and determines the source of the needed resources.

2. DOH recommends to LJHs that a single family member may be allowed to pick up a regiment of emergency medical countermeasures for each family member or household member listed on the screening and dispensing form(s). The age and weight of each person under 75 pounds must be listed.
3. DOH recommends that an unaccompanied minor is any minor over the age of 15 and may be allowed to pick up any needed emergency medical countermeasures for themselves and their immediate family members as described above in 2.
4. DOH recommends that the identification needed to receive emergency medical countermeasures is the name, age, and address recorded on the screening and dispensing form(s). Proof of residency is not recommended and should not be used to determine the need of a medical countermeasure, which may save the life of the citizen in question.
5. DOH is not a law enforcement agency and recommends that the use of force should be at the discretion of law enforcement professionals and their agencies. Any use of force should be as a last resort in order to control an aggressive situation, protect citizens from harm, or to protect the lifesaving resources.
6. DOH policy is that all victims of any public health emergency will be treated with respect, dignity, and equality. In an incident that the needed countermeasures are in short supply, medical countermeasures received will be supplied on a prorated allocation based on the epidemiology of the disease agent.
7. Our nation's military members and their family members are included in population estimates and will be provided emergency medical countermeasures based on their exposure to the disease agent. The US Department of Defense may provide countermeasures to active duty troops initially. In an event that the needed countermeasures are in short supply, medical countermeasures will be supplied on a prorated allocation.

IV. RESPONSIBILITIES:

A. KCPHD is the lead agency in Kittitas County for medical countermeasures and medical material management and distribution. KCPHD is also responsible for an annual review and update of this plan, for training mass dispensing/vaccination personnel, and for exercising the medication distribution plan.

B. Other Kittitas County agencies may perform support functions as requested in accordance with the Kittitas County Emergency Management Plan (CEMP). Specific responsibilities may include:

1. Law enforcement may provide security and traffic control at PODs. Law enforcement officer posts will be determined based upon need.
2. The Kittitas County Public Works Department or Kittitas County Search and Rescue may assist with traffic control.
3. Kittitas County Medical Reserve Corp volunteers will assist with vaccine/and or administer medicine.
4. Emergency Management will direct the County EOC and coordinate emergency response activities in accordance with existing procedures.

5. Transportation for people with function or access needs may be available through Hopesource and Ellensburg School District.
6. Fire and Emergency Medical Services and WAserv volunteers may support clinic operations, as needed.

V. OPERATIONS:

A. KCPHD (Via Kittitas County Emergency Management) will request deployment of resources as circumstances warrant when the local Health Officer or designee determines it is necessary to protect the public health.

The determination to request resources from the state will be based upon the local Health Officer's assessment of the need for additional medical materials based upon coordination with the local hospital and other healthcare entities including pharmacies, healthcare providers, and local officials.

Requests to the state would be in broad terms, for example, "prophylaxis medical countermeasures for 30,000 against Tularemia."

B. Within Kittitas County, the following individuals may request the deployment of SNS material and/or resources:

1. Local Health Officer, KCPHD Administrator, or designee
2. Local Emergency Response Coordinator (LERC) for KCPHD
3. Emergency Management Director for Kittitas County
4. Kittitas County Board of Health

C. Resupply of medical materials will be initiated as circumstances warrant. Any resupply request will be coordinated by the Inventory Leader and will be approved by the Health Officer. Requests for additional supplies will also be forwarded to the EOC for records.

D. Receiving SNS Material

1. The Washington State Department will be responsible for the following SNS activities:
 - a. Formally request the SNS from federal authorities
 - b. Receive and breakdown the SNS, repackage into unit doses, and affix labels.
 - c. Ship SNS resources to the POD locations designated by KCPHD
 - d. Assess resource request from KCPHD or Emergency Management Agency for supplemental medications, vaccines, medical supplies, and equipment.
2. The Kittitas County Public Health Department will be responsible for the following medication distribution activities:
 - a. Request needed resources via Kittitas County Emergency Management
 - b. Identify POD locations to be utilized
 - c. Prepare POD locations for operation
 - d. Dispense medications to and/or immunize residents

- e. Coordinate security and management for resources deployed to Kittitas County
- f. Follow guidelines from DOH and the CDC regarding dissemination of resources and medication including priority distribution.

E. KCPHD will utilize local and county law enforcement for POD site security, perimeter control, and facility access.

F. POD site selection will be determined by the local Health Officer. Because several locations in Kittitas County are identified for possible consideration as medical countermeasure Points of Dispensing sites (Attachment A) a list of POD site/agency partnerships from previous POD sites is supplied (Attachment B). These sites provide for distribution of medication/vaccines and other supplies in both the upper and lower portions of the county.

Depending upon the disease being addressed and the overall situation, the local Health Officer, or designee, may decide to immunize or provide chemoprophylaxis for populations at risk or the entire population of Kittitas County. The decision to use any of the mass vaccination/mass dispensing sites or PODs will be dictated by the needs of the emergency, the population to be served, staffing requirements, and the availability of sites.

Incident Command staff, in conjunction with the local Health Officer may also consider utilizing alternative push and pull dispensing methods, such as a drive-thru pharmacy, drive thru clinic, in-house dispensing (large employers, hospital, etc.) or on-site dispensing (jail, nursing homes, etc.)

G. Site setup will be handled by the appointed Medical Countermeasure Coordinator. The Medical Countermeasure Coordinator will manage reception, storage, and maintenance of the supplies provided to the PODs. The number of vaccination/dispensing stations needed at a site may change depending on the affected population.

H. Certain pharmaceuticals require proper storage in order to maintain potency. All vaccines will be kept at the advised temperature, ensuring no breaks in the temperature chain.

Refrigeration for pharmaceuticals will be accomplished by utilizing refrigerators on site at facilities, by utilizing mobile refrigeration units, or by using temperature monitored (with a thermometer) styrofoam containers containing ice packs. The method will vary based on POD location.

I. The Reception, Storage, and Staging (RSS) facility operated by the Washington State Department of Health will be responsible for labeling pharmaceuticals. Individual unit of use bottles are pre-labeled and any bulk material will be repackaged at the RSS or a contractor and appropriate labeling affixed prior to shipment. The local Health Officer or designee will be identified as the prescriber.

J. Tracking pharmaceuticals and/or vaccines with recipients will be accomplished using the Patient Registration Form (Attachment C). The form will be used to obtain a patient's health history, consent for treatment, and to track drugs/vaccines after distribution

A family member may pick up medication only for other members in their immediate family. (Recommendations from DOH suggest the widest definition of immediate family member such as spouse, child, parent, partner, etc.) Situations requiring special consideration will be

reviewed by the Clinic Function Leader, pharmacist, or designee at the time of dispensing. Persons age 15 and up are considered adults. Minors (age 14 and under) must be accompanied by a parent/guardian to receive medication/vaccination. The parent/guardian will be asked to sign a consent statement prior to the minor receiving medication/vaccination. Unaccompanied minors will be evaluated on a case-by-case basis. Specific direction from DOH or CDC may preempt local plans for distribution.

K. Dispensing may have a predetermined prioritization. Medical and emergency responders, public health staff, and other critical personnel may receive their immunizations or chemoprophylaxis before the general public in accordance with a prioritization determined by the local Health Officer, the Centers for Disease Control and Prevention (CDC), and/or the Washington State Department of Health.

Any adverse reactions to medication will be noted on the Patient Registration Form and any adverse reactions to vaccinations will be entered through the Food and Drug Administration (FDA) Adverse Event Reporting System (FAERS).

L. The decision to cease medical countermeasures operations and to return to normal operations will be determined by the local Health Officer, or designee, following consultation with the local hospital, healthcare professionals, and community partners on the status of the event that caused activation of the medication distribution.

M. All staff and volunteers must be credentialed prior to responding to an incident. Volunteers must first register with Kittitas County Emergency Management as an emergency worker prior to assisting in an emergency. Currently, credentialing of staff and volunteers will be conducted through the Sheriff's Office in conjunction with WAServ (Emergency System for Advance Registration of Volunteer Health Professionals) and Washington State Department of Health. All staff is required to wear their county name badges when participating in a dispensing/vaccination clinic.

Spontaneous volunteers may be utilized only upon verification of identification and credentialing, and only if the nature of the crisis exceeds current staff and Medical Reserve Corps (MRC) capacity. Spontaneous volunteers shall be subject to the same requirements as all previously credentialed volunteers.

All volunteers will be required to show photo identification upon check-in at each venue. Volunteers with professional credentialing should bring their licenses. If available, a photo copy of each license will be made and stored in the volunteer's file. License numbers and expiration dates will be recorded.

N. Volunteer training will be provided to personnel using just in time (JIT) training during the initial debriefing. JIT will be performed by the Incident Commander or designee and will include relevant safety information as well as other necessary instructions.

O. Sanitation such as medical wastes will be disposed of following the guidelines provided by the Washington State Department of Health. All sharps will be disposed of in rigid sharps containers that will be sealed following use. Appropriate medical waste will be "red-bagged," and placed in watertight, puncture-resistance containers for transportation. Other wastes will be disposed of in the trash at the clinic site. If regular trash service is not provided at the clinic site,

KCPHD will contract with a commercial sanitation provider for a dumpster and collection service.

Attachment A: Medical Countermeasure Points of Distribution

Area	School/Facility	Address	City	Zip Code	Phone	Contact
Central	Kittitas County Public Health Department	507 N Nanum Street	Ellensburg	98926	509-962-7515	Administrator
Central	Grand Meridian	504 East Mountain View	Ellensburg	98926	(509) 962-1992	Private Owner(s)
Central	Kittitas County Teanaway Hall	512 N. Poplar	Ellensburg	98926	(509) 962-7639	Event Center Director
Central	Ellensburg High School	1203 E Capital Ave	Ellensburg	98926	(509) 925-8013	School Superintendent
Upper	Cle Elum/Roslyn School District Walter Strom Middle School	2694 SR 903	Cle Elum	98922	509-649-4850	School Superintendent
Upper	Cle Elum Senior Center	719 E Third	Cle Elum	98922	509-674-7530	President

Attachment B: POD Site/Agency Partnerships

Name	Role	Contact Person	Status
Kittitas County Fairgrounds	Use of Facility	962-7639	9.6.13 spoke to Event Center Director. No MOU needed.
Kittitas County Public Works	Traffic control/security	962-7253	
Ellensburg School District	Facility usage and Transportation support	925-8000	
Cle Elum/Roslyn School District	Facility usage	649-4850	MOU signed
ARES/RACES	Coordination of local operators	933-8218	
Hopesource	Transportation assistance	925-1448	
Kittitas County Sheriff	Security and traffic control at all facilities Search and Rescue Volunteer	509-962-7525	CEMP
Grand Meridian Cinema	Parking lot usage for triage in an emergency	929-5000 925-7757	Verbal agreement and previous use of location.
Upper Kittitas County Senior Center	Facility Usage (designated emergency shelter)	674-7530	MOU Signed
Kittitas County Pharmacies	Assistance distributing medical countermeasures		

Attachment C: Patient Registration

<u>Client Information:</u>				
Last Name		First Name		Middle Initial
Street Address	City	State/Zip Code	Race/Ethnicity (Mark all that apply) <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	
Mailing Address (if different)	City	State/Zip Code		
Phone #1 May we leave a message? N <input type="checkbox"/> Y <input type="checkbox"/>	Phone #2 May we leave a message? N <input type="checkbox"/> Y <input type="checkbox"/>			
Birthdate (Month/Day/Year)	Sex <input type="checkbox"/> M <input type="checkbox"/> F Other	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered		
Primary Language	Do you need an interpreter?	Regular Family Doctor or Clinic		
<u>If client is a minor or dependent, please fill in information about parent or legal guardian:</u>				
Last Name		First Name		Middle Initial
Address		City		State/Zip Code
Phone #1 May we leave a message? N <input type="checkbox"/> Y <input type="checkbox"/>	Phone #2 May we leave a message? N <input type="checkbox"/> Y <input type="checkbox"/>		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:	
<u>Health Insurance Information (mark all that apply):</u>				
<input type="checkbox"/> No insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Tricare <input type="checkbox"/> Other				
Does the insurance cover immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				
Is there more than one health insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is health insurance provided through an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PLEASE PRESENT INSURANCE CARDS AT TIME OF APPOINTMENT				

**Kittitas County Public Health Department
Pandemic Flu Response
Annex D
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I. INTRODUCTION:

Pandemics are distinct from seasonal influenza epidemics that happen nearly every year. Seasonal influenza epidemics are caused by influenza viruses that circulate around the world. Over time, people develop some degree of immunity to these viruses and vaccines are developed annual to protect people from serious illness. 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 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. Secondly, all influenza viruses experience frequent, slight changes to their genetic structure over time.

The development 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 created and are not likely to be available for months.

Flu pandemics have occurred throughout history. The influenza pandemic of 1918 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 US, but caused significant morbidity and mortality around the world. In 2009, the first US case of H1N1 (swine flu) was diagnosed. The CDC estimates that 43 million to 89 million people had H1N1 between 2009 and 2010 with 8,870 and 18,300 H1N1 related deaths.

Severe influenza versus pandemic influenza:

Pandemic Flu	Seasonal Flu
Rarely happens (three times in 20th century)	Happens annually and usually peaks in January or February
People have little or no immunity because they have no previous exposure to the virus	Usually some immunity built up from previous exposure
Healthy people may be at increased risk for serious complications	Usually only people at high risk, not healthy adults, are at risk of serious complications
Health care providers and hospitals may be overwhelmed	Health care providers and hospitals can usually meet public and patient needs
Vaccine probably would not be available in the early stages of a pandemic	Vaccine available for annual flu season
Effective antivirals may be in limited supply	Adequate supplies of antivirals are usually available
Number of deaths could be high (The U.S. death toll during the 1918 pandemic was approximately 675,000)	Seasonal flu-associated deaths in the United States over 30 years ending in 2007 have ranged from about 3,000 per season to about 49,000 per season.
Symptoms may be more severe	Symptoms include fever, cough, runny nose, and muscle pain
May cause major impact on the general public, such as widespread travel restrictions and school or business closings	Usually causes minor impact on the general public, some schools may close and sick people are encouraged to stay home
Potential for severe impact on domestic and world economy	Manageable impact on domestic and world economy

II. PLANNING ASSUMPTIONS:

A. An influenza pandemic will result in the rapid spread of infection with outbreaks throughout the world. Communities across the state and country may be impacted at the same time.

B. Localities may not be able to rely on timely or effective mutual aid resources, State, or Federal assistance to support local response efforts.

C. An influenza pandemic may occur in waves and last for 12 to 24 months.

D. Residents may be required to stay in their homes for a significant period during an influenza pandemic; thus, residents will need public information, education and tools, so they are prepared to take responsibility for basic needs (food, water, prescription medications, etc.)

E. Antiviral medication will be in extreme short supply. Administration of local supplies of antiviral medication will be prioritized by KCPHD in accordance with CDC and DOH guidelines.

F. A vaccine for the pandemic influenza strain may not likely be available for the first wave following the emergence of the novel virus.

G. The number of ill people requiring care may overwhelm the local healthcare system.

1. KVH and clinics may have to modify their operational structure to respond to high patient volumes.

2. The healthcare system may have to respond to increased demands with a decreased workforce due to illness.

3. Demand for inpatient beds and assist ventilators could increase ten-fold and patients will need to be prioritized for services.

4. There will be tremendous demand for urgent care services.

5. Infection control measures specific to management of influenza patients will need to be developed and implemented in all healthcare facilities.

6. The health system may need to develop alternative care sites to relieve demand on the hospital emergency department.

7. Emergency Medical Service responders will face extremely high call volumes.

8. The number of fatalities may overwhelm the resources of the Kittitas County Coroner's Office and funeral home.

H. There will likely be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, and communications.

I. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points, and canceling public events will likely be implemented during a pandemic.

J. Some persons will be unable or unwilling to comply with isolation directives. For others, social distancing strategies may be less feasible. It will be important to develop and disseminate strategies for infection control appropriate for these environments and populations.

K. Risk communication will be critically important during all phases of planning and implementation of a pandemic influenza response. 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 being taken to address the incident, and steps the public can take to protect themselves.

III. IMPACTS OF A PANDEMIC:

Using the CDC's FluAid 2.0 model, calculations are based on current estimates based on predictions from FluAid 2009.

	Moderate Pandemic	Severe Pandemic
Total Population in Kittitas County	41,900	41,900
Total Outpatients	4,815	11,200
Total Hospitalizations	88	222
Total Deaths	28	67

IV. PHASES OF A PANDEMIC:

PHASE	DESCRIPTION	MAIN ACTIONS
1	No circulating animal influenza virus has been reported to have spread to humans.	<u>Plan:</u> Develop, exercise, and revise national influenza pandemic preparedness and response plans.
2	A circulating animal influenza virus can spread to humans and is considered a threat.	<u>Monitor & Assess:</u> Collaborate with other agencies to develop a national surveillance system. <u>Communicate:</u> Communicate real and potential risks of the virus. <u>Reduce Spread of Disease:</u> Promote healthy behaviors in people for self-protection. Plan for the use of vaccines.
3	A circulating animal virus has caused disease in some people.	<u>Health Care Continuity:</u> Prepare the health system to scale up.
4	A community-level outbreak has been verified.	<u>Plan:</u> Lead rapid pandemic containment activities to limit the spread of infection. <u>Monitor & Assess:</u> Increase surveillance and share findings. <u>Communicate:</u> Promote and communicate recommended interventions to prevent and reduce risk. <u>Reduce Spread of Disease:</u> Implement rapid pandemic containment operations and other activities. <u>Health Care Continuity:</u> Activate contingency plans.
5	The virus has caused community-level outbreaks in two or more countries in one WHO region.	<u>Plan:</u> Coordinate and lead resources to reduce overall impacts of the outbreak. <u>Monitor & Assess:</u> Continue surveillance to detect ensuing waves. <u>Communicate:</u> Regularly update the public on any changes to the status of the pandemic.
6	The virus has caused sustained community-level outbreaks in at least one other country in another WHO region.	<u>Reduce Spread of Disease:</u> Implement individual, societal, and pharmaceutical measures. <u>Health Care Continuity:</u> Implement contingency plans for health systems at all levels.
POST PEAK PERIOD	Levels of influenza have dropped below peak levels in most countries.	<u>Plan:</u> Plan for additional resources for possible future waves. <u>Monitor & Assess:</u> Continue surveillance to detect subsequent waves. <u>Communicate:</u> Regularly update the public on any changes to the status of the pandemic. <u>Reduce Spread of Disease:</u> Evaluate the effectiveness of the measures used to update guidelines and protocols. <u>Health Care Continuity:</u> Rest, restock, revise plans, and rebuild.
POST PANDEMIC PERIOD	Levels of influenza have returned to the levels seen for seasonal influenza in most countries.	<u>Plan:</u> Review lessons learned. Share experiences. Replenish resources. <u>Monitor & Assess:</u> Evaluate the pandemic characteristics for next time. <u>Communicate:</u> Acknowledge contributions of all communities, communicate the lessons learned. <u>Reduce Spread of Disease:</u> Evaluate all interventions used. <u>Health Care Continuity:</u> Evaluate the response of the health system. Share the lessons learned.

V. CONCEPT OF OPERATIONS:

Key response actions by phase as identified by the World Health Organization (WHO), specifically “phase 4” when “community-level outbreaks has been verified.”

A. PHASE 4

1. Disseminate surveillance guidelines to physicians, clinics, and hospitals
2. Track possible cases identified in Kittitas County
3. Establish case definition that aligns with Department of Health and Human Services (HHS), CDC, and DOH.
4. The Public Information Officer (PIO) or designee will develop information related to pandemic influenza activity and forward to media and news sources.
5. KCPHD will develop and disseminate guidelines regarding antivirals based on guidance from CDC and DOH.
6. Develop public information messaging based on expected amounts of vaccine and priority groups.

B. PHASE 5

1. Develop or refine protocol for active surveillance at KVH and other facilities.
2. Provide healthcare sites with instructions about gathering samples from individuals who display symptoms of influenza like illness (ILI) and who are at increased risk for infection according to established guidelines.
3. PIO or designee will disseminate information regarding status of outbreak to all healthcare providers and other facilities at regular intervals.
4. Implement plans for requesting any available drugs through state, federal, or private sources.
5. Monitor adverse reactions to antiviral medications under the guidance of CDC and DOH.
6. Distribute antivirals to priority groups.

C. PHASE 6

1. Screen and/or quarantine international travelers recently arriving in Kittitas County from an area known and/or suspected to be infected, following federal guidelines.
2. Continue to monitor workforce absenteeism within the community through reporting from major employers.
3. Review surveillance data for potential risk factors that either prioritize or deprioritize infected individuals for receiving antivirals and/or vaccine, following state and federal guidelines.
4. Set up an unpublished call-in line for healthcare professionals to answer questions relating to the pandemic.
5. Distribute antivirals to priority groups.
6. Monitor adverse reactions as resources permit.
7. Monitor any cases of resistance to antivirals.

8. Coordinate the processing of mass fatalities with Kittitas County Prosecuting Office and Coroner's Office.

D. WORKFORCE MANAGEMENT AND SUPPORT

It is estimated that 30 to 50 percent of the workforce could be impacted by an influenza pandemic. Likewise, an emergency on the scale of an influenza pandemic will have an inevitable psychosocial impact not only on the individuals tasked with directly responding to the outbreak, but the broader population as well. The stresses placed on the workforce by illness-induced absenteeism, the long term nature of the emergency, and the mental health consequences will need to be addressed.

1. Ensure that administrators, managers, and supervisors are familiar with and actively encourage the use of tools and techniques for supporting staff and their families during times of crisis.
2. Educate all staff on Mental Health First Aid.
3. Identify additional recourse that can be available to employees and their families during and after a pandemic.

**Kittitas County Public Health Department
Communication Plan
Annex E
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Be first. Be right. Be credible.

I. PURPOSE:

The purpose of communication from KCPHD is to issue information and respond to requests in a timely manner. KCPHD will strive to maintain consistency of information distributed and preserve department credibility as well protect patient confidentiality and be sensitive to issues within the community.

II. SCOPE:

Information may be shared with various audiences including members of the public, community partners, Board of Health members, Board of Health Advisory Committee (BOHAC) members, KCPHD, members of the media, the Washington State Department of Health, and other local health jurisdictions.

III. SITUATION OVERVIEW:

The department has a designated Public Information Officer (PIO) and a designated back-up PIO. The PIO is responsible for the following during an emergency:

- A. Under the direction of the Administrator or Health Officer, the PIO is responsible for all emergency communications.
- B. Represent KCPHD at a Joint Information Center (JIC) if one is activated.
- C. Coordinate message release with community partners if a joint release is issued.
- D. Create all department press releases in emergency situations, even if the Incident Command System (ICS) has been initiated.

IV. PLANNING ASSUMPTIONS:

During a large scale incident, technology and certain communications may be unavailable. If systems are down, the PIO will post regular updates at the front desk of KCPHD.

V. CONCEPT OF OPERATIONS:

- A. Reports from the public regarding potential health emergencies can be communicated to KCPHD staff during business hours (9am to 5 pm, Monday through Friday) by calling the front desk. After hours, the public should be directed to call 911. KITTCOM (911) has the emergency contact numbers for KCPHD.
- B. Reports from key stakeholders such as healthcare providers or other agencies (law enforcement, hospital, emergency services, school personnel, etc.) should have access to the emergency contact number for KCPHD. Communications to KCPHD key stakeholders may also occur during business hours by fax or reporting through the Next Gen electronic medical records system. Staff may also receive SECURES messaging alerts from Washington State DOH.

C. Responding to reports should be completed within 15 minutes of notification. All information that is reported to KCPHD should be reviewed and analyzed as soon as possible. Staff should follow the appropriate department confidentiality processes to assure data are maintained in a secure and confidential manner.

Attachment A: Press Release Template and Tips

[ON AGENCY LETTERHEAD]

MEDIA RELEASE

Date: Month day, year

Contact: Name, Title, (509) 962-XXXX

[Title – Size 14 font, Bold]

Your title should capture the essence of your news to give media a “handle” for what information will be in the news release.

[Lead sentence – Size 12 font, Times New Roman]

Your lead sentence is critical. You need to succinctly summarize the key elements of your news. Some examples:

- A dead crow found in Snohomish County has tested positive for West Nile Virus (WNV), according to local health officials.
- Now is the time for families in King County to prepare for going back to school, and Public Health - Seattle & King County recommends that the best place to start is by making sure that all of your child's immunizations are up to date.
- Several Walla Walla residents are being treated for possible exposure to rabies after confirmation of the first case of rabies in a cat in Washington State since 1976.
- The Centers for Disease Control and Prevention (CDC) today released new guidelines that advise the use of alcohol-based hand rubs to protect patients in health care settings.

[Second and third paragraph]

Use a quote in your second or third paragraph to support your news and to convey some key messages. The person quoted should be a leader or expert on the topic. Some examples:

- “The chance of human infection is very low – less than one percent of people who are bitten by an infected mosquito will become severely ill,” said M. Ward Hinds, MD, MPH, head of the county’s health department. “We knew that West Nile Virus would arrive in western Washington, it was only a matter of when,” he said.
- "This campaign will help more residents access this model program which offers culturally-sensitive diabetes education and services," said King County Executive Ron Sims.
- "Fortunately in Washington, rabies among both humans and animals is extremely rare, but it is still a very frightening illness to many people," said Dr. Jo Hofmann, Department of Health Communicable Disease Epidemiologist. "But rabies in humans can be prevented if treatment begins soon after exposure."

-more- [indicates more pages follow]

The following paragraphs should provide important supporting information. Your news release should usually be one page, but can be up to two pages. Sometimes a second quote can be used to convey additional key messages or to incorporate a second person's perspective.

(indicates end of release)

Attachment B: List of Fax Machine Speed Dial Numbers

To Send a Fax: (Must place 1 page in fax)

Press Search/Speed Dial and “#”; enter 3-digit speed dial number. Press start.

Group 1: Health Care Providers **Speed Dial #089**

002	Valley Clinic	9-9254382
003	Family Health Clinic	9-9622003
004	Community Health Care	9-9621408
005	Cle Elum Medical Center	9-6745034
006	Dr Wells	9-9259358
007	Ellensburg Peds	9-9625438
008	EMS Coordinator	9-6742947
009	KVIM	9-9257604
010	Harris/O’Brien	9-9256948
011	Dr Sand	9-9258468
012	CWU Health Center	9-9631886
013	KVCH ER	9-9337510
014	KVCH CEO	9-9258485
015	KVCH Lab	9-933-8795
016	Cle Elum Urgent	9-6747794
017	Valley Natural	9-9251526
024	Planned Parenthood	9-9256732
098	Alpine Lakes Family	9-6745704
102	Sakura	9-9338705
103	Coroner’s Office	9-9627022
104	Swedish Cle Elum	9-6746806

Group 2: Region 7 **Speed Dial #090**

018	Chelan Douglas	8-5098666449-3110949
019	Okanogan HD	8-5094227142-3110949
020	Rita Konzal (DOH)	8-5093976914-3110949
021	Grant HD	8-5097666519-3110949
022	Region 7 Risk Comm.	8-4253398706-3110949

Group 3: Kittitas Co Media **Speed Dial #091**

023	KXLE	9-9627882
025	NKC Tribune	8-5096745571-3110949
026	Daily Record	9-9255696
027	KCWU	9-9631688
028	CWU Observer	9-9631027

Group 4: Non Local Media **Speed Dial #092**

029	Spanish Radio	8-5094520541-3110949
030	KAPP TV	8-5094533623-3110949
031	KIMA News	8-5095755526-3110949
032	Yakima Herald	8-5095777767-3110949
033	KNDO	8-5092252330-3110949
034	KNWR	8-5093366577-3110949
035	KNDA	8-5098542223-3110949
097	KCYU FOX 41	8-5094579903-3110949

Group 5: Emergency Response **Speed Dial #093**

036	BOCC	9-9627679
037	Cle Elum Fire	9-6745771
038	Cle Elum/Roslyn Police	9-6742918
039	Craig Wilson	9-9337535
040	CWU Police	9-9632750
041	Ellensburg Police	9-9627281
008	EMS Coordinator	9-6742947
014	Eric Jensen	9-9258485
043	Fire District #1	9-9642022
044	Fire District #2	9-9337240
045	Fire District #4	8-5098562802-3110949
046	Fire District #51	8-4254346355-3110949
047	Jackie Dawson	8-5098866449-3110949
048	Prosecutor Office	9-9627022
049	KITTCOM	9-9258540
050	Fire Marshall	9-9627682
051	Sheriff	9-9627599
052	Kittitas Fire	9-9680223
053	Red Cross	9-9259156
054	Washington State Patrol	8-5096654007-3110949
055	Fire District #3	8-5096560121-3110949
056	Fire District #7	8-5096747263-3110949
057	Kit Valley Fire/Rescue	9-9627254
058	Rich Elliott	9-9337240
059	KC Hospital District #2	9-9627351
061	Comprehensive Mental Health	9-9251277

Group 6: Pharmacies **Speed Dial #094**

062	Bimart Pharmacy	9-9625322
063	Cavallini's Pharmacy	9-6745622
064	Cle Elum Drug	9-6745660

065	Downtown Pharmacy	9-9251545
066	Fred Meyer Pharmacy	9-9620527
067	RiteAid Pharmacy	9-9256063
068	Safeway Pharmacy	9-9256044
069	Super One Pharmacy	9-9627785

Group 7: Veterinarians	Speed Dial #095
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070	Critter Care	9-9255935
071	Ellensburg Animal Hospital	9-9257714
072	Mt Stuart Animal	9-9629220
073	Valley Veterinary	9-9256148

Group 8: Schools	Speed Dial #096
-------------------------	------------------------

074	Ellensburg School Dist	9-9258025
075	Ellensburg High School	9-9258305
076	Lincoln Elementary	9-9258056
077	Morgan Middle School	9-9258200
078	Mt Stuart Elementary	9-9258407
079	Valley View Elementary	9-9258134
080	Kittitas School Dist	9-9684730
081	Kittitas Elementary	9-9683630
082	Kittitas MS/HS	9-9680342
083	Thorp School Dist	9-9642313
084	Cle Elum School Dist	9-6492404
085	Cle Elum HS	9-6493563
086	Cle Elum MS/Elem	9-6493634
087	Damman School Dist	9-9252591
088	Easton School Dist	9-656-2585

Long Term Care Facilities	No Group Available
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099	Hearthstone	9-9254772
100	Kittitas Valley Rehabilitation	9-9257794
101	Royal Vista	9-9628276

Revised 7/1/2014

Attachment C: Emergency Contacts List

Kittitas County Emergency Contacts List		
Kittitas County Information Services	(509) 962-7510	Jim Goeben
Central Washington University (CWU) Police	(509) 963-2959	Mike Luvera
CWU Public Affairs	(509) 963-1384	Linda Schactler
Kittitas Valley Healthcare Public Affairs	(509) 933-7593	Amy Diaz
Kittitas County Sheriff/Emergency Management	(509) 933-8206	Darren Higashiyama
Kittitas County Emergency Operation Center	(509) 962-7678	
Kittitas County Emergency Medical Services	(509) 962-7683	Cheryl Burrows
Kittitas County Fire	(509) 962-7274	John Sinclair
Kittitas County Fire District #7	(509) 649-3381	Richelle Risdon
Kittitas County Red Cross	(509) 929-0331	Martha Read
Central Washington Comprehensive Mental Health	(509) 925-9861	Dr. Harry Kramer
Ellensburg Police Department	(509) 962-7280	Dale Miller
ARES/RACES	(509) 962-3820	Gloria Sharp
Washington State Department of Health Risk Communications	(360) 236-4070	Laura Blaske
WA DOH Epidemiology and surveillance	(206) 418-5518	Mike Boysun
Last updated 7/1/2014		

Attachment D: Regional Satellite Phone Numbers

Regional Satellite Phone Numbers		
Kittitas County Emergency Management	(254) 241-5879	Ellensburg
Region 7 Public Health		
Kittitas County Public Health Department	(254) 204-0588	Ellensburg
Kittitas County Public Health Department-fixed	(254) 377-7046	Ellensburg
Chelan-Douglas Health District	(254) 204-0589	Wenatchee
Chelan-Douglas Health District-fixed	(254) 377-2969	Wenatchee
Grant County Health District	(254) 204-0620	Moses Lake
Grant County Health District-fixed	(254) 377-7250	Moses Lake
Okanogan County Public Health	(254) 204-0626	Okanogan
Okanogan County Public Health-fixed	(254) 377-5227	Okanogan
Region 7 Hospitals		
Kittitas Valley Healthcare	(254) 387-9399	Ellensburg
Okanogan Douglas Hospital	(254) 387-3385	Brewster
Quincy Valley Med	(254) 387-5984	Quincy
Samaritan Healthcare	(254) 387-5985	Moses Lake
Wenatchee Valley Med Center	(254) 387-3383	Wenatchee
Cascade Medical Center	(254) 387-3388	Leavenworth
Coulee Comm. Hospital	(254) 387-5783	Grand Coulee
Central Washington Hospital	(254) 387-5784	Wenatchee
Columbia Basin Hospital	(254) 387-7599	Ephrata
Lake Chelan Community Hospital	(254) 387-3389	Chelan
Mid Valley Hospital	(254) 387-5781	Omak
North Valley Hospital	(254) 387-5780	Tonasket
Moses Lake Community Health	(863) 200-5297	Moses Lake
Last updated 12/9/10		

Attachment E: Common Media Questions

(Reprinted from: Covello, V.T., Keeping Your Head In A Crisis: Responding To Communication Challenges Posed By Bio-terrorism And Emerging Infectious Diseases. Association of State and Territorial Health Officers (ASTHO), 2003 in press)

Journalists are likely to ask six questions in a crisis (who, what, where, when, why, how) that relate to three broad topics: (1) what happened; (2) what caused it to happen; (3) what it means. Specific questions include:

1. What is your name and title?
2. What are your job responsibilities?
3. What are your qualifications?
4. Can you tell us what happened?
5. When did it happen?
6. Where did it happen?
7. Who was harmed?
8. How many people were harmed?
9. Are those that were harmed getting help?
10. How certain are you about this information?
11. How are those who were harmed getting help?
12. Is the situation under control?
13. How certain are you that the situation is under control?
14. Is there any immediate danger?
15. What is being done in response to what happened?
16. Who is in charge?
17. What can we expect next?
18. What are you advising people to do?
19. How long will it be before the situation returns to normal?
20. What help has been requested or offered from others?
21. What responses have you received?
22. Can you be specific about the types of harm that occurred?
23. What are the names of those that were harmed?
24. Can we talk to them?
25. How much damage occurred?
26. What other damage may have occurred?
27. How certain are you about damages?
28. How much damage do you expect?
29. What are you doing now?
30. Who else is involved in the response?
31. Why did this happen?
32. What was the cause?
33. Did you have any forewarning that this might happen?
34. Why wasn't this prevented from happening?
35. What else can go wrong?
36. If you are not sure of the cause, what is your best guess?
37. Who caused this to happen?

38. Who is to blame?
39. Could this have been avoided?
40. Do you think those involved handled the situation well enough?
41. When did your response to this begin?
42. When were you notified that something had happened?
43. Who is conducting the investigation?
44. What are you going to do after the investigation?
45. What have you found out so far?
46. Why was more not done to prevent this from happening?
47. What is your personal opinion?
48. What are you telling your own family?
49. Are all those involved in agreement?
50. Are people over reacting?
51. Which laws are applicable?
52. Has anyone broken the law?
53. How certain are you about whether laws have been broken?
54. Has anyone made mistakes?
55. How certain are you that mistakes have not been made?
56. Have you told us everything you know?
57. What are you not telling us?
58. What effects will this have on the people involved?
59. What precautionary measures were taken?
60. Do you accept responsibility for what happened?
61. Has this ever happened before?
62. Can this happen elsewhere?
63. What is the worst case scenario?
64. What lessons were learned?
65. Were those lessons implemented?
66. What can be done to prevent this from happening again?
67. What would you like to say to those that have been harmed and to their families?
68. Is there any continuing the danger?
69. Are people out of danger? Are people safe?
70. Will there be inconvenience to employees or to the public?
71. How much will all this cost?
72. Are you able and willing to pay the costs?
73. Who else will pay the costs?
74. When will we find out more?
75. What steps need to be taken to avoid a similar event?
76. Have these steps already been taken? If not, why not?
77. What does this all mean?

Attachment F: Recording Hotline Greetings

The contact at Fairpoint Communications for additional phone tree assistance is Jackie Bostick. Phone, 962-0318. Email, jbostick@fairpoint.com. In addition to the phone numbers below, 933-8245 can be used for a hotline, with password 84250.

*Dial 962-0300, press *, enter 9627515, password is 7515. Select 3 to change the greeting, then 1 to change the greeting, and 2 to record a new mailbox greeting.*

Hello, you have reached the Kittitas County Public Health Department.

If you have questions A, B, or C press one now. (Transfers to 9627589)

For all other public health questions press 2 now or stay on the line. [Pause up to four seconds, then press #] (Rings through to 9627515)

*Dial 962-0300, press *, enter 9627589, password is 7589. Select 3 to change the greeting, then 1 to change the greeting, and 2 to record a new mailbox greeting.*

Please listen to the following three options before making your selections:

For information about A, press one. (Transfers to 5559621)

For information about B, press two. (Transfers to 5559622)

For information about C, press three. [Pause up to four seconds, then press #] (Transfers to 5559623)

*Dial 962-0300, press *, enter 5559621, password is 1269. Select 4 for personal options, then 3 for greetings, then 1 to change the greeting, then 2 to record the greeting.*

Topic A

During business hours, you will have the opportunity to talk to a staff member at the end of this call, but please listen to this message first as it may answer your questions.

Message here.

If you would like to speak to a front desk staff member, please press 0 now. [Pause up to four seconds, then press #] (Transfers directly to 9627515 without initial message again)

*Dial 962-0300, press *, enter 5559622, password is 2269. Select 4 for personal options, then 3 for greetings, then 1 to change the greeting, then 2 to record the greeting.*

Topic B

During business hours, you will have the opportunity to talk to a staff member at the end of this call, but please listen to this message first as it may answer your questions.

Message here.

If you would like to speak to a front desk staff member, please press 0 now. [Pause up to four seconds, then press #] (Transfers directly to 9627515 without initial message again)

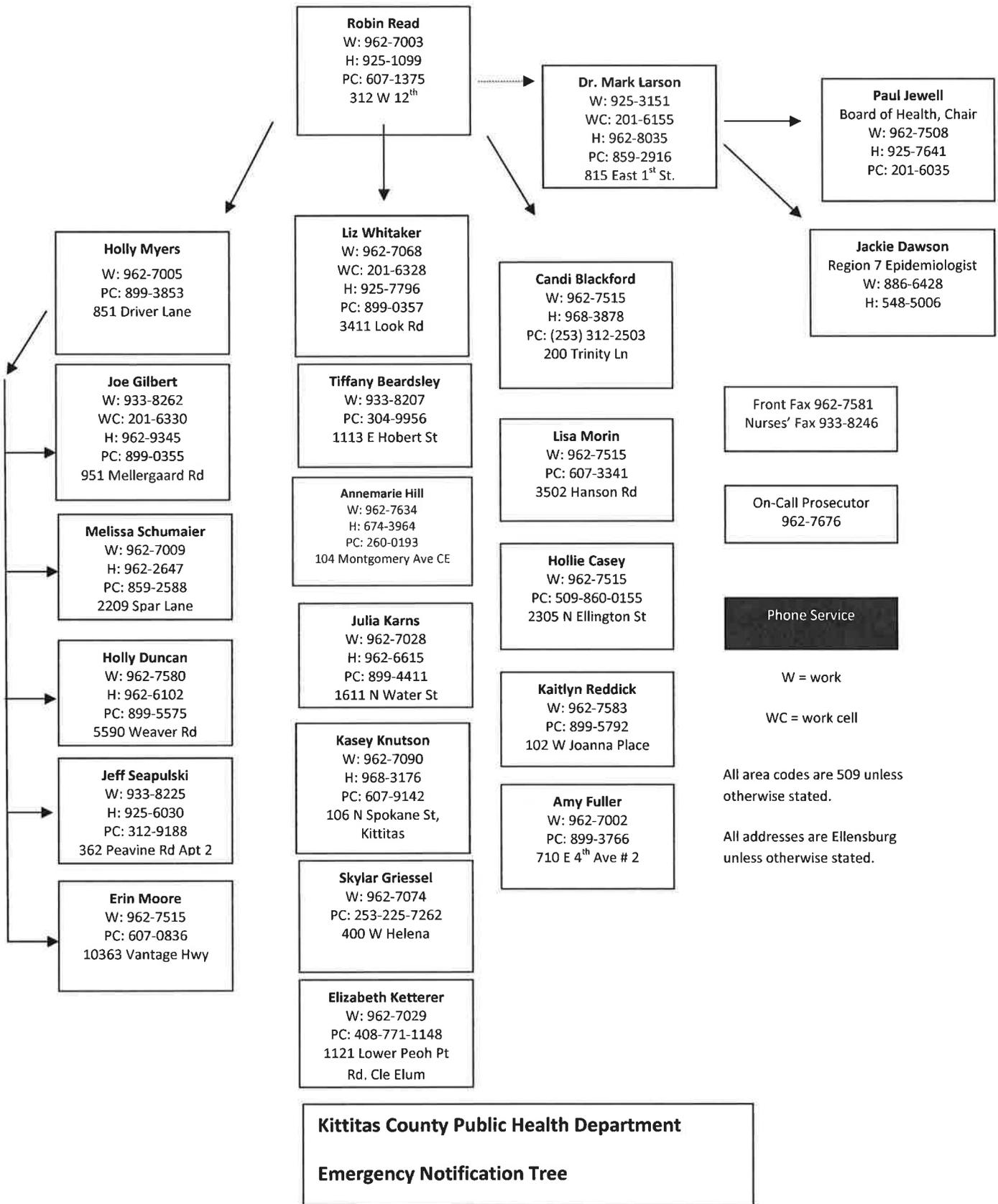
*Dial 962-0300, press *, enter 5559623, password is 3269. Select 4 for personal options, then 3 for greetings, then 1 to change the greeting, then 2 to record the greeting.*

Topic C

During business hours, you will have the opportunity to talk to a staff member at the end of this call, but please listen to this message first as it may answer your questions.

Message here.

If you would like to speak to a front desk staff member, please press 0 now. [Pause up to four seconds, then press #] (Transfers directly to 9627515 without initial message again)



**Kittitas County Public Health Department
Shelter/Mass Care Plan
Annex F
Table of Contents**

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I. PURPOSE:

KCPHD will be responsible for assessing conditions of emergency shelter facilities during disasters, which include shelters for displaced individuals or for emergency workers responding to the incident in order to protect the occupants of the shelter.

II. SCOPE:

Shelters include temporary housing for individuals who are displaced from their homes due to an emergency or the temporary housing of individuals responding to the emergency that operate within the local jurisdiction.

III. CONCEPT OF OPERATIONS:

KCPHD will ensure shelters meet appropriate health and safety standards. Staff will utilize the Centers for Disease Control and Prevention (CDC) standard evaluation form (Attached) to identify priority health and safety issues along with recommendations for improvements if needed.

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS

For Rapid Assessment of Shelter Conditions during Disasters



I. ASSESSING AGENCY DATA	
1 Agency / Organization Name _____ 90 Immediate Needs Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 Assessor Name/Title _____	
3 Phone _____	4 Email or Other Contact _____
II. FACILITY TYPE, NAME AND CENSUS DATA	
5 Shelter Type <input type="checkbox"/> Community/Recovery <input type="checkbox"/> Special Needs <input type="checkbox"/> Other _____ 6 ARC Facility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA 7 ARC Code _____	
8 Date Shelter Opened ____/____/____ (mm/dd/yr) 9 Date Assessed ____/____/____ (mm/dd/yr) 10 Time Assessed ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm	
11 Reason for Assessment <input type="checkbox"/> Preoperational <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Other _____	
12 Location Name and Description _____	
13 Street Address _____	
14 City / County _____ 15 State ____ 16 Zip Code _____ 17 Latitude/Longitude _____ / _____	
18 Facility Contact / Title _____ 19 Facility Type <input type="checkbox"/> School <input type="checkbox"/> Arena/Convention center <input type="checkbox"/> Other _____	
20 Phone _____ 21 Fax _____ 22 E-mail or Other Contact _____	
23 Current Census _____ 24 Estimated Capacity _____ 25 Number of Residents _____ 26 Number of Staff / Volunteers _____	
III. FACILITY	VIII. SOLID WASTE GENERATED
27 Structural damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	66 Adequate number of collection receptacles <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
28 Security / law enforcement available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	67 Appropriate separation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
29 Water system operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	68 Appropriate disposal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
30 Hot water available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	69 Appropriate storage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
31 HVAC system operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	70 Timely removal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
32 Adequate ventilation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	71 Types <input type="checkbox"/> Solid <input type="checkbox"/> Hazardous <input type="checkbox"/> Medical <input type="checkbox"/> Unk/NA
33 Adequate space per person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	IX. CHILDCARE AREA
34 Free of injury /occupational hazards <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	72 Clean diaper-changing facilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
35 Free of pest / vector issues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	73 Hand-washing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
36 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	74 Adequate toy hygiene <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
37 Electrical grid system operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	75 Safe toys <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
38 Generator in use, ³⁹ If yes, Type _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	76 Clean food/bottle preparation area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
40 Indoor temperature _____ °F <input type="checkbox"/> Unk/NA	77 Adequate child/caregiver ratio <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
IV. FOOD	78 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
41 Preparation on site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	X. SLEEPING AREA
42 Served on site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	79 Adequate number of cots/beds/mats <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
43 Safe food source <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	80 Adequate supply of bedding <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
44 Adequate supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	81 Bedding changed regularly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
45 Appropriate storage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	82 Adequate spacing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
46 Appropriate temperatures <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	83 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
47 Hand-washing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	XI. COMPANION ANIMALS
48 Safe food handling <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	84 Companion animals present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
49 Dishwashing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	85 Animal care available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
50 Clean kitchen area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	86 Designated animal area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
V. DRINKING WATER AND ICE	87 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
51 Adequate water supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	XII. OTHER CONSIDERATIONS
52 Adequate ice supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	88 Handicap accessibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
53 Safe water source <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	89 Designated smoking areas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
54 Safe ice source <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	XIII. COMMENTS (List Critical Needs on Immediate Needs Sheet)
VI. HEALTH / MEDICAL	_____
55 Reported outbreaks, unusual illness / injuries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____
56 Medical care services on site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____
57 Counseling services available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____
VII. SANITATION	_____
58 Adequate laundry services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____
59 Adequate number of toilets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____
60 Adequate number of showers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____
61 Adequate number of hand-washing stations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____
62 Hand-washing supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____
63 Toilet supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	_____

Kittitas County Public Health Department

Continuity of Operations

Annex G

Table of Contents

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I. PURPOSE:

Continuity of operations ensures that KCPHD is capable of conducting its essential mission to protect and promote the health and environment of the people of Kittitas County during emergencies and disasters.

II. SITUATION OVERVIEW:

KCPHD must continue to supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction, even during an emergency or disaster. KCPHD has evaluated its daily operations as well as staffing needs, which are found within the attachments, the policy Working with a Public Health Emergency and the Emergency Succession Plan.

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

DEPARTMENT POLICY & PROCEDURES

Working in a Public Health Emergency

I. Purpose

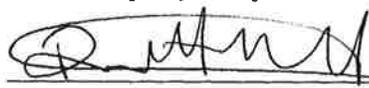
The purpose of this policy is to provide Kittitas County Public Health Department (KCPHD) employees with guidelines for working in a public health emergency.

II. Policy

- A. Expectations: KCPHD employees may be expected to work during times of public health emergencies. During a public health emergency, KCPHD shall make efforts to assist employees in meeting this expectation.
- B. Communication: Employees shall be informed in advance of where and when to report to work. If the employee is unable to get to the assigned work site, the employee must contact their supervisor as soon as possible.
- C. Responsibilities: During a public health emergency, employees are expected to make every effort possible to get to the assigned work site after caring for their own immediate needs.
- D. Compensation: Employees shall be compensated in accordance with Kittitas County Personnel Policies.

III. Applicability

- A. This policy applies to all KCPHD staff.
- B. This policy is effective on the date both the Public Health Administrator and the Health Officer have signed.
- C. This policy is subject to review at least every five years.



Public Health Administrator

12/13/13

Date



Health Officer

1/19/14

Date

Revised November 2013

Policy Number: MT2010-1
Kittitas County Public Health Department
Policy and Standard Operating Procedures

EMERGENCY SUCCESSION PLAN

Purpose: In order to ensure the continuous coverage of executive duties critical to the ongoing operations of Kittitas County Public Health Department (KCPHD) and its services, the Board of Health must adopt policies and procedures to guide an emergency succession plan in the event of an unplanned and/or extended absence of the Administrator.

While the Board acknowledges that such an absence is highly improbable, it also believes that due diligence in exercising its governance functions requires that an emergency executive succession plan should be in place to ensure continuity in external relationships and in department functioning.

Policy: Ensure organizational continuity in the event of an unplanned absence of the Administrator.

Definitions:

Temporary unplanned absence: a temporary unplanned absence is one that arises unexpectedly where the Administrator is expected to return to his/her position once the events precipitating the absence are resolved. Temporary is defined as 12 weeks or less.

Extended unplanned absence: an absence meeting the definition of a temporary unplanned absence which extends beyond 12 weeks in duration.

Standard Operating Procedures:

I. Authority:

- a. **Board of Health:** The Board of Health authorizes the Chair of the Board to implement the terms of this emergency plan in the event of the unplanned absence of the Administrator and to make modifications as he/she deems appropriate. Kittitas County Personnel Policies shall also apply.
- b. **Health Officer:** According to RCW 70.05.070, the local health officer, acting under the direction of the local board of health or under direction of the administrative officer appointed under RCW 70.05.040 or 70.05.035, if any, shall:
 - Enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70.119A.030 and 70.118.130, the confidentiality provisions in RCW 70.24.105 and rules adopted to implement those provisions, and filing of actions authorized by RCW 43.70.190.
 - Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;

II. Communication of Event:

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- a. Upon learning of the necessary unplanned absence of the Administrator, the Community Health Services Supervisor or Environmental Health Supervisor shall immediately inform the Chair of the Board of Health.
- b. As soon as feasible, the Chair of the Board shall convene a meeting with KCPHD Management team to affirm the procedures prescribed in this policy or to make modifications as appropriate. The KCPHD Management Team includes:
 - o Administrative Assistant II
 - o Assessment Coordinator
 - o Business Manager
 - o Community Health Services Supervisor
 - o Environmental Health Supervisor
 - o Health Promotion Manager

III. Assignment of Duties and Responsibilities:

When the Administrator is unable to perform the duties of the position due to a **temporary unplanned absence**, the management team will share responsibilities for operations. The key functions and duties of the Administrator will be accomplished as follows:

Function	Staff Responsible
Communication	
<ul style="list-style-type: none"> ▪ Serve as the organization’s principal leader, representative, and spokesperson to the greater community. 	Health Officer with support from: <ul style="list-style-type: none"> ▪ Assessment Coordinator I ▪ CHS Supervisor ▪ EH Supervisor ▪ HP Manager
<ul style="list-style-type: none"> ▪ Ensure that key funders/contractors are aware of the change in KCPHD lead contract staff as appropriate. 	CHS Supervisor EH Supervisor HP Manager
<ul style="list-style-type: none"> ▪ Ensure that accurate information relating to the condition of the agency is communicated to department staff. 	Health Officer with support from: <ul style="list-style-type: none"> ▪ Assessment Coordinator I ▪ CHS Supervisor ▪ EH Supervisor ▪ HP Manager
<ul style="list-style-type: none"> ▪ Ensure communication between Board of Health and the Management Team. 	Health Officer with support from: <ul style="list-style-type: none"> ▪ CHS Supervisor ▪ EH Supervisor ▪ HP Manager
Support the Board of Health	
<ul style="list-style-type: none"> ▪ Assist with preparation of Board of Health agendas, develop executive reports, and facilitate Board of Health meetings. 	Health Officer with support from: <ul style="list-style-type: none"> ▪ Administrative Assistant II ▪ Assessment Coordinator I ▪ CHS Supervisor ▪ EH Supervisor ▪ HP Manager
<ul style="list-style-type: none"> ▪ Address Board issues related to clarity of role, 	CHS Supervisor

Function	Staff Responsible
governance, bylaws, policies, board structure and membership.	EH Supervisor HP Manager
<ul style="list-style-type: none"> ▪ Assist with recruitment and orientation of new Board members. 	CHS Supervisor EH Supervisor HP Manager
Management Team Support	
<ul style="list-style-type: none"> ▪ Convene and lead the management team. 	Health Officer with support from: <ul style="list-style-type: none"> ▪ CHS Supervisor ▪ EH Supervisor ▪ HP Manager
<ul style="list-style-type: none"> ▪ Ensure fiscal oversight 	Business Manager
<ul style="list-style-type: none"> ▪ Maintain accountability for financial performance of department. 	Business Manager with support from: <ul style="list-style-type: none"> ▪ CHS Supervisor ▪ EH Supervisor ▪ HP Manager ▪ Administrative Assistant II
Operations	
<ul style="list-style-type: none"> ▪ Ensure administrative level support of the overall management of the department. 	Chair of the Board of Health
<ul style="list-style-type: none"> ▪ Ensure continuity of service operations 	CHS Supervisor EH Supervisor HP Manager Administrative Assistant II
<ul style="list-style-type: none"> ▪ Ensure ongoing fiscal integrity and operations 	Business Manager
<ul style="list-style-type: none"> ▪ Authorize major expenditures 	Business Manager
<ul style="list-style-type: none"> ▪ Ensure timely billing/collections 	Business Manager
<ul style="list-style-type: none"> ▪ Ensure human resources compliance 	HR Director with support from: <ul style="list-style-type: none"> ▪ CHS Supervisor ▪ EH Supervisor ▪ HP Manager ▪ Administrative Assistant II
<ul style="list-style-type: none"> ▪ Prepare, submit and present department program information to the BOCC Agenda as required. 	CHS Supervisor EH Supervisor HP Manager <ul style="list-style-type: none"> ▪ With support from Administrative Assistant II
<ul style="list-style-type: none"> ▪ Ensure contract compliance 	
<ul style="list-style-type: none"> o Processing new contracts through Kittitas County Prosecutor, Auditor and BOH/BOCC Systems including presentations at BOCC Agenda and BOH meetings. 	Administrative Assistant II
<ul style="list-style-type: none"> o Fiscal reporting 	Business Manager
<ul style="list-style-type: none"> o Program Tracking/Reporting 	Assessment Coordinator I CHS Supervisor EH Supervisor

Function	Staff Responsible
	HP Manager

IV. Authority for Decision Making:

- a. The Board of Health shall continue to provide support and oversight during the unplanned absence with the Chair of the Board taking the lead role. The Chair will have responsibility for directly monitoring the work of staff completing the functions of the Administrator and will be alert to the special administrative support needs for the duration of the unplanned absence.
- b. The staff identified as the lead for the functions listed in the table above will have the ability to take independent action in those areas in a manner which parallels that of the Administrator's authority.

V. Extended Absences:

- a. The Board of Health will follow Kittitas County Policy during extended absences and may modify the emergency succession plan accordingly.

VI. Applicability

- 1. This policy is effective immediately and is subject to review every three (3) years or as needed.

Catherine Bambauer 8/23/10
 Administrator Date

Mark Johnson MD 8/24/10
 Health Officer Date