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Region 6 Healthcare Preparedness

5th Annual Preparedness Month Sponsored by the U.S. Department of Homeland Security

Press Release | FEMA News

Wash. -- September is National Preparedness Month, and the U.S. Department of Homeland Security has joined with more than 2,700 national, regional, state and local agencies and organizations to encourage Americans to prepare their homes, businesses, schools and communities for disasters of all kinds. National Preparedness Month is a nationwide effort held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and schools. National Preparedness Month 2008 is sponsored by the U.S.

“This year’s themes focus on taking simple, but potentially life-saving steps to enhance preparedness, including: Get an Emergency Supply Kit; Make a Family Emergency Plan; Be Informed about the different types of emergencies and their appropriate response; and Get Involved in your community’s preparedness efforts”

Susan Reinertson, FEMA

Department of Homeland Security. The goal of the month is to increase public awareness about the importance of preparing for emergencies and to encourage individuals to take action. Throughout September, Homeland Security will work with a wide variety of organizations, including local, state and federal government agencies and the private sector, to highlight the importance of family emergency preparedness and promote individual involvement through events and activities across the nation. According to FEMA Regional Administrator Susan Reinertson, motivating individuals, businesses and communities across the country to plan and prepare for emergencies is the cornerstone of effective government response and recovery efforts. This September marks the fifth annual National

Preparedness Month observance, and involved citizens don't have to look far for solid information.

"A good place to start is by downloading our *Are You Ready? An In-depth Guide to Citizen Preparedness* from www.fema.gov/areyouready and there is a wealth of information at www.ready.gov. There is also a wide selection of preparedness resources on the Citizen Corps site, at: www.citizencorps.gov."

September is...
**National
Preparedness
Month**

Get a Kit, Make a Plan
Be Informed, Get Involved



The *Are You Ready* citizen's guide is also available from FEMA's publications warehouse by calling (800) 480-2520.

Tomorrow's heroes: Public Health Reserve Corps Seeks Volunteers for Disaster Response

Press Release | Seattle & King County | September 4, 2008

KING COUNTY, WA – In a public health emergency, every helping hand can make a difference in reducing illness and saving lives. To kick off National Preparedness Month, the Public Health Reserve Corps (PHRC) in King County is launching a new campaign to recruit volunteers who can serve in a public health emergency.

Medical and Non-Medical Volunteers NEEDED during major Disasters and public health emergencies!

"Whether you're a doctor, nurse, pharmacist or anyone who wants to help others in times of crisis, signing up for the Public Health Reserve Corps is an important way to serve," said Dr. David Fleming, Director and Health Officer for Public Health – Seattle & King County. Anyone who is 18 years old or older, works well in stressful situations, has good customer service skills, and works well in a team is eligible to serve.

To learn more about and sign up for the Public Health Reserve Corps, visit www.kingcounty.gov/health. The Public Health Reserve Corps is designed to complement emergency preparedness activities by local health organizations throughout the region. For emergencies that have broad impacts across the health care system and other sectors, the Public Health Reserve Corps expects that a person's first responsibility will be to his or her employer.

For more information on Medical Reserve Corps in the State of Washington visit: www.medicalreservecorps.gov/state.asp?state=56

THE 500 CHALLENGE!

500 is the number of volunteers Public Health Preparedness would like to see enrolled in the PHRC by the end of this year (currently, enrollment is 200).

The 500 Challenge is one element of the recruitment campaign which kicked off earlier this month. The campaign also includes transit ads on Metro buses, direct mail campaign, presence at recruitment fairs, and articles in local publications.

PUBLIC HEALTH RESERVE CORPS
Dedicated Volunteers Prepared To Respond

Disaster Aid Helps Washington Communities

Rebuild Flood-Damaged Property

Press Release | August 2008 | FEMA News

SEATTLE, Wash. -- Eight months after the December 2007 floods, disaster recovery work has made substantial progress. The floods, some of the largest to hit the state in decades, caused damage up and down the I-5 corridor, and inundated southwest portions of the state. According to FEMA Regional Administrator Susan Reinertson, the December floods marked the first major disaster to strike the Pacific Northwest since the enactment of Post-Katrina Emergency Management Reform Act implementation policies.

"Washington's disaster declaration enabled victims to begin to receive financial aid only days after the declaration," said Reinertson. "And, thanks to a lot of hard work and the concerted efforts of state and federal disaster program workers, we have already obligated funds for 98 percent of the public facilities that are eligible for state and federal disaster aid, and we're working closely with Washington State to help local governments through the appeal process for projects initially determined to be ineligible." A total of 10,735 individuals and families registered for disaster assistance, receiving over \$57 million in assistance ranging from rental housing and emergency repairs, to U.S. Small Business Administration disaster loans.

Article Reference: <http://www.fema.gov/news/newsrelease.fema?id=45463>

90-Day Summary

To find the detailed report on State Agency Responses to the December 2007 flooding in Washington State visit the Governor's website:

http://www.governor.wa.gov/news/90Day_StormSummary.pdf

Washington State Hospital Association to Recommend Standardized Hospital Codes

The Washington State Hospital Association (WSHA) has developed a list of standardized hospital codes that will be recommended for consideration by hospitals for voluntary implementation within one year of their release. The recommended codes will be consistent with national standards and will be out for review to the Patient Safety Committee by the end of September 2008 and communicated to hospital executives in October at the WSHA meeting. WSHA will provide a toolkit for implementation that includes a letter from the taskforce explaining the process used to develop the recommendations; poster templates; internal curriculum templates, including PowerPoint slides; Frequently Asked Questions; and training materials. The goal has been to develop standardized codes that are consistent across Washington and Oregon.

WATrac Right on Track

Washington Department of Health | Public Health Emergency Preparedness and Response Program | September 17, 2008

Implementation of the statewide Healthcare Emergency Management system WATrac is underway. Regional kickoff meetings were held in Regions 2, 3, and 5 and are scheduled for Regions 1 and 8. Regions 4, 7 and 9 will continue to use other bed tracking systems and won't make the switch to WATrac this year. The kickoff meetings have been very successful. Those attending have been impressed with the system's capabilities and potential for future use. Training and launch dates begin in will mid-September and run through the first week of December. We are on track to meet our Phase 1 implementation timeline, and to deactivate the Harborview Hospital Capacity Web site by the end of December.

The WATrac Users Group will be essential to the ongoing management of WATrac. The group will begin planning for Phase 2 and 2009 at its October meeting. The group will discuss issues such as the implementation workplan, system access protocols, and enhancement requests for new features. The Users Group will include representatives from healthcare, Emergency Medical Services and public health.

For additional information about the WATrac implementation, contact Barbara Andrews, Statewide Implementation Manager at Barbara.Andrews@kingcounty.gov or 206.263.8718, or Margaret Hansen at Margaret.Hansen@doh.wa.gov or 360.236.4026.

West Nile Virus Expands in Washington

Washington Department of Health | September 18, 2008

The state Department of Health announced the lab results today that indicate two state residents are "probable" West Nile virus infection cases. State health officials believe both people were infected in Washington.

A Yakima County woman in her 50s and a King County man in his 30s are considered probable West Nile infection cases after testing at the state's Public Health Laboratories in Shoreline. Samples have been sent to the Centers for Disease Control and Prevention (CDC) for confirmation.

To read the press release: http://www.doh.wa.gov/Publicat/2008_news/08-157.htm

Standardized Color Coded Wristbands

At the request of member hospitals, the Washington State Hospital Association Patient Safety Program developed a guide to implement nationally standardized color coded wristbands.

The guidelines are meant to provide consistency for those already using wristbands as a means to communicate important patient information, (e.g., allergy).

TOOLKIT:

http://www.wsha.org/files/82/wsha_wristband_toolkit.pdf

Standardization PowerPoint Presentation:

http://www.wsha.org/files/82/Wristband_presentation.ppt



New Bird Flu Vaccine may be on the Horizon

Novavax, Inc. a clinical stage biotechnology company, has said its bird flu vaccine elicited a powerful immune response in humans, helping to move the biotech company closer to licensing its new pandemic vaccine production system.

In its latest round of clinical trials, 160 patients received two vaccine injections, of 15 to 90 micrograms, one month apart. In patients who received the highest dosage, 94 percent produced antibodies that neutralized H5N1, an emerging strain of bird flu that been linked to 110 deaths.

Hope over 'quick' bird flu test

UK scientists say they are developing a portable testing machine that will detect cases of bird flu in two hours. Currently it takes about a week to identify the different flu strains.

Nottingham Trent University developers say their equipment is designed to be used at the scene of a suspected outbreak or taken to a patient. If identified within a few days, H5N1 can be treated using antiviral drugs and the chances of survival increase significantly.

<http://news.bbc.co.uk/2/hi/health/7559458.stm>

Federal Government Releases Final Guidance on Allocating Pandemic Influenza Vaccine

The U.S. Department of Health and Human Services and the U.S. Department of Homeland Security released the final version of Guidance on Allocating and Targeting Pandemic Influenza Vaccine. These guidelines were derived based on input from stakeholders and the public. The vaccine allocation strategy focuses on the following priorities: 1) Protecting those who are essential to the pandemic response and provide care for persons who are ill; 2) Protecting those who maintain essential community services; 3) Protecting workers who are greater at risk of infection due to their job; and 4) Protecting children. The prioritization scheme outlines four target population categories, and prioritizes within these based on specific occupation, type of service, age group and risk level. The target population categories are Homeland and National Security, Healthcare and Community Support Services, Critical Infrastructure and the General Population.

The full Guidance document can be accessed at: <http://www.pandemicflu.gov/vaccine/allocationguidance.pdf>



Cost-Effective Antiviral Strategy Could Halve Pandemic Deaths

Medical News Today | September 2008

Treatment with the oral antiviral oseltamivir combined with post-exposure prophylaxis (PEP) of people exposed to infected individuals could be one of the most cost-effective strategies for reducing illness and death during an influenza pandemic according to recent modeling research published in *Value in Health* by Beate Sander et al., University of Toronto, Ontario, Canada. The objective of the study was to analyze, from a US societal perspective, the potential economic impact of a number of key mitigation strategies that may be considered in the event of a pandemic. Combined targeted antiviral treatment / PEP is a cost-saving strategy and the most effective single approach for mitigating pandemic influenza.

This analysis is the first economic evaluation to be performed using a dynamic model to predict influenza transmission, the model being based on a "typical" American community of 1.6 million individuals. The study evaluated the use of 16 alternate strategies based on the use of oseltamivir for both treatment and post-exposure prophylaxis (PEP), the use of pre-vaccination in 70% of the population, the use of school closure to reduce the spread of disease and the absence of any intervention.

To a greater or lesser extent, all of the interventions studied reduced illness attack rate, morbidity and mortality. However, the combined use of oseltamivir for treatment and PEP was shown to be the most effective single approach, reducing the number of individuals infected by ~50%, the mortality rate by ~60% at the lowest cost to society (\$120 per capita). Extrapolation of these results to the broader US population (300 million) would indicate that such an intervention could result in the prevention of 81 million infections and 2.4 million deaths in the event of an influenza pandemic.

Full Article Reference: <http://www.medicalnewstoday.com/articles/121355.php>



Guidance for Bloodborne Pathogens after Mass-Casualty Events

OHS Online | August 2008

Noting that health authorities in Israel and London have reported hepatitis B-infected tissue and bone fragments were found after suicide bombings and could have infected survivors and rescuers, the Centers for Disease Control and Prevention has issued new guidance for using immunizations and post-exposure prophylaxis for tetanus and bloodborne pathogens (including HBV, hepatitis C, and HIV) in people wounded in bombings or other mass-casualty events, whether explosions or natural disasters.

The recommendations were published jointly in CDC's Morbidity and Mortality Weekly Report on Aug. 1 and in the American Medical Association's Disaster Medicine and Public Health Preparedness journal.

CDC said the recommendations represent the consensus of U.S. federal public health officials and reflect the experience and input of public health officials at all levels of government and the acute injury response community. They are available at www.cdc.gov/MMWR/preview/mmwrhtml/rr5706a1.htm and at www.dmphp.org

Full Article Reference: <http://www.ohsonline.com/articles/66201/>



Joint Commission Flu Vaccination Challenge

As flu season approaches, the Joint Commission Resources (JCR) challenges hospitals to increase the number of vaccinated health care workers.

Hospitals that achieve a vaccination rate of 43% or more for their staff, 1% higher than the national average of 42%, will be recognized by JCR for their dedication to helping keep their employees healthy and protecting their patients.

The Flu Vaccination Challenge begins September 1, 2008 and continues through the flu season to May 2009. Visit the vaccination challenge Web site to register a hospital.

<http://www.fluvaccinationchallenge.com/>



Required immunizations:

- **Hepatitis B:** Hepatitis B vaccine series for persons who will be performing direct patient care or otherwise expected to have contact with bodily fluids.
- **Tetanus:** In accordance with the current CDC guidelines, responders should receive a tetanus booster if they have not been vaccinated for tetanus during the past 10 years. Td (tetanus/diphtheria) or Tdap (tetanus/diphtheria/pertussis) can be used; getting the Tdap formula for one tetanus booster during adulthood is recommended to maintain protection against pertussis. While documentation of vaccination is preferred, it should not be a prerequisite to work.

There is **no** indication for the following vaccines for disaster responders in the United States:

- **Hepatitis A vaccine** (low probability of exposure). Vaccine will take at least one to two weeks to provide substantial immunity.
- **Typhoid vaccine** (low probability of exposure).
- **Cholera vaccine** (low probability of exposure, no licensed cholera vaccine available in the U.S.).
- **Meningococcal vaccine** (no expectation of increased risk of meningococcal disease among emergency responders).
- **Rabies vaccine series** (the full series is required for protection). Persons who are exposed to potentially rabid animals should be evaluated and receive standard post-exposure prophylaxis, as clinically appropriate.

Full Article: <http://emergency.cdc.gov/disasters/disease/responderimmun.asp>

Strong as the Weakest Link: Medical Response to a Catastrophic Event

National Health Policy Forum

Natural disasters and acts of terrorism have placed a spotlight on the ability of health care providers to surge in response to catastrophic conditions. This paper reviews the status of efforts to develop the capacity and capabilities of the health care system to respond to disasters and other mass casualty events.

Strategies for adapting routine medical practices and protocols to the demands posed by extraordinary circumstances and scarce resources are summarized. Existing federal roles, responsibilities, and assets relative to the contributions of state and local government and the private sector are described, including specific programmatic activities such as the Strategic National Stockpile, the National Disaster Medical System, and the Hospital Preparedness Program. Opportunities for federal policymakers seeking to strengthen and expedite preparations for medical disaster response are highlighted.

Full Article found: <http://www.nhpf.org/index.cfm?fuseaction=Details&key=706>



Hospital Surge Model – New Tool

HHS' Agency for Healthcare Research and Quality has released a new Web-based interactive tool to help hospitals and emergency planners identify resource requirements to treat an influx of patients due to major disasters such as an influenza pandemic or a terrorist attack.

For more details on the Hospital Surge Model, visit the AHRQ Web site at:

<http://hospitalsurgemodel.ahrq.gov>

New AHRQ Tool Helps Hospitals Evaluate Disaster Drills

AHRQ Press Release | August 20, 2008

Hospitals can now identify the most important strengths and weaknesses in their disaster response plans using a new tool from the U.S. Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ). Ensuring that hospitals are prepared to respond appropriately during any type of disaster situation—manmade or natural—is a priority for HHS.



Beginning in September, hospitals participating in the Hospital Preparedness Program, administered through HHS, will be required to provide executive summaries of the results of disaster drills they conduct. AHRQ's new Tool for Evaluating Core Elements of Hospital Disaster Drills can help hospitals meet this requirement.

Hospital disaster response drills are real-time tests of a facility's readiness to respond to a sudden demand for services resulting from a community-wide disaster.

Routine evaluation of these drills can help a hospital make sure it is ready to meet community needs and provide high-quality care during a disaster event.

The tool is a series of evidence-based modules that provide standardized checklists to document observations during a disaster drill. Using the observations, hospitals can identify areas for improvement, make appropriate changes and set benchmarks to track those changes over time.

The *Tool for Evaluating Core Elements of Hospital Disaster Drills* is available on the AHRQ Web site at: <http://www.ahrq.gov/prep/drillelements>. Single, free copies can be ordered by sending an E-mail to ahrqpubs@ahrq.hhs.gov or by calling 1-800-358-9295.

For more information about the Hospital Preparedness Program, visit <http://www.hhs.gov/aspr/oepo/hpp>

For more information, please contact AHRQ Public Affairs: (301) 427-1859 or (301) 427-1855.

Sexual Violence in Disasters

A planning guide for prevention & response

Written by Alisa Klein, Alisa Klein Policy Consulting

In 2005, Hurricane Katrina delivered a devastating blow to the Gulf Coast of the United States, destroying homes, and in some cases, entire communities. The 140 mph winds and rain that ravaged New Orleans

“The fault lines of American society, as much as the failings of its infrastructure, are shamefully on display in the aftermath of Hurricane Katrina. Race, class, age and disability are now at the heart of the public debate about vulnerability, preparedness and emergency response, but this is also a story, as yet untold, about women and men.”

~ Elaine Enarson PhD, Brandon University

destroyed a number of crucial levees, drowning over 80 percent of the city in flood waters; it took more than two weeks for the waters to drain and recede. But an even greater misery befell New Orleans when residents discovered that there was little help – timely and adequate disaster relief proved unattainable. This compound tragedy shocked the nation; a natural disaster made worse by human error, poor planning, discrimination, neglect, and apathy resulted in the destruction of lives, homes, and the infrastructure and economy of an entire city and region. Hurricane Katrina crippled the cultural and social well-being

of communities and cities, and ultimately had a profound effect on the entire country. In the chaotic aftermath of Hurricane Katrina, an increase in sexual violence became a tragedy within a tragedy. Women, children, and men who chose not to, or were unable to evacuate, often due to financial constraints, were trapped without safe drinking water, food, shelter, or sanitary facilities. Many people lost loved ones in the flooding that followed the storm; most lost their homes and possessions. A large majority of Gulf Coast residents lost their jobs, schools, and neighborhoods. Atop these atrocities, some women, children, and men became targets of sexual victimization by others, and suffered the additional pain and trauma of sexual assault. The sexual violence that occurred during and after Hurricane Katrina wasn't unique to this hurricane, but often and tragically accompanies disaster.



A Joint Publication of: Louisiana Foundation Against Sexual Assault (LaFASA) & National Sexual Violence Resource Center (NSVRC) <http://www.nsvrc.org/cms/fileUpload/Projects/NSVRC PUB SV Disaster web.pdf>



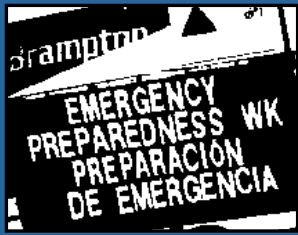
The Department of Homeland Security's (DHS) Federal Emergency Management Agency (FEMA) announced the interim release of the Comprehensive Preparedness Guide 301 (CPG-301): Emergency Management Planning Guide for Special Needs Populations. CPG-301 is designed to aid tribal, state, territorial and local governments in planning for individuals with special needs during an emergency.

Following an assessment of emergency operations plans in 2006, the DHS Nationwide Plan Review Phase 2 Report concluded that substantial improvement is necessary to integrate people with disabilities in emergency planning and readiness.

CPG-301 follows the approach taken by the National Response Framework in defining special needs populations. The guide outlines how involving special needs populations in planning, enables emergency managers to address the function-based needs of individuals.

CPG-301 outlines special needs considerations for: Developing Informed Plans; Assessments and Registries; Emergency Public Information/Communication; Sheltering and Mass Care; Evacuation; Transportation; Human Services/Medical Management; Congregate Settings; Recovery; and Training and Exercises.

The guide can be found here: <http://www.fema.gov/pdf/media/2008/301.pdf>



The Annie E. Casey Foundation, in collaboration with Grantmakers Concerned with Immigrants and Refugees, developed a framework for how local governments can incorporate LEP residents and immigrants into the emergency planning process, increase their preparedness, and develop capacity in key public agencies to communicate with and serve these residents.

To View the report in its entirety click on the graphic above

American Red Cross Clarifies Amateur Radio Policy

On September 3, the American Red Cross released a statement to clarify their policy as it concerns Amateur Radio operators.

To view the official policy visit:
<http://www.arrl.org/news/stories/2008/09/04/10314/?nc=1>

Developing Culturally Competent Patient-Centered Care Standards

Joint Commission News Briefs

In August 2008, The Joint Commission, with funding from The Commonwealth Fund, began developing accreditation standards for hospitals that will promote, facilitate, and advance the provision of culturally competent patient-centered care. This 18-month project will increase national attention to cultural competence, highlight its intersection with patient-centered care, and improve the safety and quality of care for all patients.

Additionally, The Joint Commission, in collaboration with the National Health Law Program, will design an implementation guide to prepare Joint Commission surveyors and accredited hospitals for the release of the new standards addressing culturally competent patient-centered care. The duration of the project is August 2008 through January 2010.

The project will explore how diversity, culture, language, and health literacy issues can be better incorporated into current Joint Commission standards or drafted into new requirements.

Article Reference:

http://www.jointcommission.org/PatientSafety/HLC/HLC_Develop_Culturally_Compentent_Pt_Centered_Stdts.htm

FEMA to Distribute 183,000 NOAA Public Alert Radios to Schools

IAEM News | August 2008

The U.S. Federal Emergency Management Agency (FEMA) announced that the Departments of Homeland Security, Commerce, Education and Health and Human Services are preparing to implement the next phase of the 2008 NOAA Public Alert Radio Distribution. This phase includes the distribution of approximately 183,000 NOAA Public Alert Radios to public and non-public pre-schools, K-12 nonpublic schools, K-12 public and nonpublic district offices, and public and nonpublic post secondary schools. The implementation of this program will place NOAA Alert Radios where they can communicate critical all hazard emergency information to school administrators across the United States. The program will also encourage all school leaders to work closely with their emergency managers to coordinate their school preparedness and response plans including their alert and warning systems with local emergency plans.

Full Article Found: <http://www.iaem.com/publications/news/EMNews.htm#FEMA081008>

Third Report and Order for Commercial Mobile Alert System Adopted

THE EIIPI VIRTUAL FORUM | <http://www.emforum.org/>

The Commercial Mobile Alert System Third Report and Order, developed by the Federal Communications Commission, is working to establish a Commercial Mobile Alert System (CMAS), under which Commercial Mobile Service (CMS) providers may elect to transmit emergency alerts to the public. This will aid in taking a significant step towards achieving one of our nations' highest priorities - to ensure that all Americans have the capability to receive timely and accurate alerts, warnings and critical information regarding disasters and other emergencies irrespective of what communications technologies they use.

Full Article Found: <http://www.emforum.org/news/08080701.htm>

FEMA Modification of Disaster Aid Rules Stuns Public Entities

Business Insurance Online | Dave Lenckus

Public entities susceptible to property damage in successive disasters of the same type no longer can count on federal aid to routinely cover their uninsured losses, following a policy adjustment at the Federal Emergency Management Agency. Under FEMA's modified approach, public entities without adequate insurance after sustaining losses in a national disaster face losing federal aid altogether in some cases and receiving assistance that would cover only a fraction of their uninsured damage in other instances.

FEMA, which distributes aid as provided by the Robert T. Stafford Disaster Relief and Emergency Response Act of 2000, began refining its financial assistance policy in a fact sheet it issued to applicants on June 4, 2007. But the agency rescinded that notice last August in the face of a firestorm of protest from public entities (BI, Sept. 3, 2007; Aug. 27, 2007). But as a FEMA official promised at that time, the agency did not abandon its goal of reducing public entities' dependence on federal financial assistance when disasters repeatedly damage the same properties.

But the agency rescinded that notice last August in the face of a firestorm of protest from public entities (BI, Sept. 3, 2007; Aug. 27, 2007).

But as a FEMA official promised at that time, the agency did not abandon its goal of reducing public entities' dependence on federal financial assistance when disasters repeatedly damage the same properties.

That means that after FEMA has covered the uninsured damages that a public entity sustained in a national disaster, the agency would limit its future assistance to that entity if its same properties were damaged in a subsequent disaster of the same nature. Under FEMA's formula, a public assistance after the second disaster only to the extent that the entity's insurance deductible for that second loss exceeds the entity's total damage in the first disaster - regardless how much of it FEMA had covered - and only if the damage total from the entity would be eligible for federal second disaster exceeds the earlier loss (see related story).

In addition, before receiving FEMA aid after the first loss, a public entity would have to demonstrate that it has insurance to cover a subsequent loss caused by the same type of peril. Public entities unable to obtain adequate coverage can avoid losing federal assistance if their state insurance department will certify that the FEMA-required coverage is not reasonably available.

That would include when either market capacity is inadequate or available capacity is unaffordable.

Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, and Related Authorities

FEMA 592, June 2007



The Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act) authorizes the President to issue major disaster declarations that authorize federal agencies to provide assistance to states overwhelmed by disasters

That would include when either market capacity is inadequate or available capacity is unaffordable. None of this would matter, however, if the same properties were damaged in different types of disasters - for example, a flood one year followed by an earthquake the next year - or if different properties were damaged in separate disasters of the same nature.

FEMA Fact Sheet:

www.BusinessInsurance.com/Documents

Full Article Found:

<http://www.businessinsurance.com/cgi-bin/article.pl?articleId=25545>



Public Health Preparedness Summit 2009

The 4th Annual Public Health Preparedness Summit will be held in San Diego, California on February 18-20, 2009

The Summit is the largest conference for public health and emergency preparedness professionals offering a variety of plenary, panel, and poster presentations, roundtable discussions, and interactive workshops all focused on building, enhancing, and sustaining our nation's ability to plan for, respond to, and recover from disasters and other public health emergencies.

KING COUNTY HEALTHCARE COALITION

THE COALITION IS A NETWORK OF HEALTHCARE ORGANIZATIONS & PROVIDERS THAT ARE COMMITTED TO COORDINATING THEIR EMERGENCY PREPAREDNESS & RESPONSE ACTIVITIES. THE PURPOSE IS TO DEVELOP & MAINTAIN A COMPREHENSIVE SYSTEM THAT ASSURES COORDINATION, EFFECTIVE COMMUNICATIONS, & OPTIMAL USE OF AVAILABLE HEALTH RESOURCES IN RESPONSE TO EMERGENCIES & DISASTERS.

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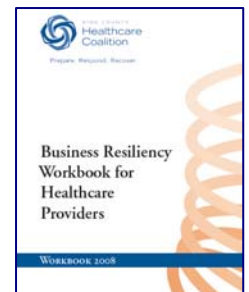
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Preparedness Workbook for Healthcare Providers

Published by the King County Healthcare Coalition & NWCPHP

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



[Click to download
A free copy](#)

Coalition Workgroup & Project Updates

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

Alternate Care Facilities

- Based on feedback from community agencies, providers and other responders the public name for regional Alternate Care Facilities will be "Health Care Centers."
- Feedback from volunteer and professional staff during the March ACF exercise resulted in significant findings regarding patient bed design and utilization. Our vendor has incorporated that feedback and has developed a second generation patient bed which will improve the quality of our current cache. A more sturdy design, simplified set up and storage, and ability to adjust bed height were improvements all incorporated into the new design.
- Recently, ACF planning has been focused on developing tools which will allow the facility to become fully operational in preparation for the full-scale exercise in November. This includes developing admittance packets, the formulary, medical records, and patient flow protocol.

Ambulatory Care

- Ambulatory Care Partners are reconnecting with the Healthcare Coalition after the hiring of the Ambulatory Care Project Manager. Meetings with former and potential partners are in process with the intent to organize fall workgroup meetings. Feedback is positive as the majority of former Ambulatory Care Workgroup Committee Members are enthusiastic to continue working with the Coalition.

Behavioral Health

- In an effort to expand our Public Health Reserve Corps Disaster Behavioral Health Response Team (BHRT), we will be offering the course "Disaster Behavioral Health: A Critical Response" October 24th & 25th at Evergreen Hospital.
- The Methadone Preparedness Workgroup is in the final stages of approving a Memorandum of Agreement (MOA) designed to assist opiate substitution clinics in providing mutual aid to each other during an emergency. This MOA is a major step in addressing continuity of care for over 3,400 individuals annually who would be impacted during an emergency, thus mitigating the impact on the patient, healthcare system and the community.

Hospital Preparedness

- Hospitals continue to prepare for the full-scale exercise. The Dispensing and Security Workshops were held recently. Each provided specific information about dispensing to staff, guidance on anti-virals, health alert information, soft target awareness training, coordinating security planning efforts with local law enforcement, and site security considerations for SNS.
- WATrac training for hospital PIO's was held in July/September. WATrac will be used to coordinate public information messaging during the full scale exercise in November. Another training for PIOs will be held October 3rd. Contact Allison Schletzbaum for more information – Allison.schletzbaum@kingcounty.gov
- SAVE THE DATE - A regional tabletop exercise is scheduled for October 22nd at Seattle City Hall to test the Regional Hospital Evacuation and Patient Tracking Mutual Aid Plan. At the exercise a brief overview of the plan will be provided and transportation needs, roles and responsibilities of responders, as well as communication coordination will be tested.

Upcoming Coalition Meetings

HAM Radio Training
October 14-15th, 2008
8:00-5:00pm

Regional Hospital
Evacuation Tabletop
Exercise
October 22, 2008
8:00-1:00pm

Hospital Emergency
Preparedness Meeting
October 23, 2008
7:30-10:00am

Legal Workgroup
November 5, 2008
2:00-4:00pm

Hospital Seattle EOC
Meeting
November 6, 2008
7:30-9:00am

Vulnerable Populations
Workgroup
November 13, 2008
12:00-2:00pm

Public Health Full Scale
Exercise, SNS
Distribution
November 13-18, 2008

Mass Fatality Management

- Public Health is developing additional mass fatality management guidelines for all healthcare facilities, including tools for managing and processing a surge in death certificates during pandemic influenza.

Palliative Care Workgroup

- The Palliative Care Workgroup has finalized educational and training materials for use by families to care for loved ones in the event of a pandemic or medical emergency. The materials will be translated into the top 3 languages in the county – Spanish, Vietnamese, and Russian.
- The workgroup continues to explore the feasibility of increasing local supplies of palliative care medications.

Pediatric Workgroup

- The Triage & Critical Care Task Force is currently conducting a survey of King County Emergency Departments to assess their current use of a length-based resuscitation tape in emergency management of pediatric patients.
- The Perinatal Task Force has completed a study of comparison of maternal residence versus site of childbirth by emergency coordination zone.
- The task force compiled and submitted a list of perinatal and newborn supplies and equipment to be included in Alternate Care Facility purchases.

Puget Sound Call Center Coordination

- On August 19-20, Joe Cropley of the Washington Poison Control Center and project manager for the call center coordination project, was one of four presenters invited to a national Pandemic Call Center Coordination stakeholder's meeting in Atlanta, convened by the CDC. Representatives of many professional medical and business associations, as well as subject matter experts and public health planners from around the country gathered to discuss best practices and start the development of a workbook for use by state and local health jurisdictions.
- The Puget Sound Call Center Coordination Project is unique in that it is engaging community partners, public and private, drawing upon the expertise, capacity, and resources that already exist in the region. This planning model was well received and provided much of the content for discussion during the plenary sessions. Of the other presenters, Denver Health discussed its model of scalability and staff cross-training using the three call centers within its scope of operations: Rocky Mountain Poison Center, Denver Health Nurse Line, and Drug Information Service. Madera County, California is reaching out to all nurses within their region and beginning telephone triage trainings, utilizing a consultant. Montgomery County, Maryland has invested in local dial tone capacity expansion within their health department, increasing the number of phones and trunk lines for their conference room. The attendees will continue to offer input as the CDC workbook is developed and finalized over the next twelve weeks.
- Locally, we just received word that the call center project was not awarded funding by way of the recent CDC competitive grant. In light of this disappointing news, we will continue to pursue state support so that all local health jurisdictions in Washington will benefit from the project.

Resource and Information Management

- As part of the Hospital Evacuation Planning process, the Healthcare Coalition is evaluating possible locations for medical staging areas for hospitals and healthcare to process and distribute critical medical supplies during an emergency.

Resource and Information Management Cont.

- This summer, hospitals completed a Transportation Equipment Survey and a Peak Staffed Beds Survey. Both of these data sets will assist in Evacuation Planning Process.
- The hospitals and EMS providers in King County have successfully made the transition to WATrac and are now using the system daily. Feedback has been positive and the additional ED Saturation data the system provides has been helpful to organizational and regional planning efforts.
- KCHHealthTrac has formally been adopted by DOH as the statewide bed tracking system and has been rebranded to WATrac as of September 2008.
- Mental Health Outpatient Providers have completed their configuration and will begin training on WATrac in late 2008/early 2009.
- Home health and hospice providers will begin the configuration process mid-October.

Volunteer Management System (VMS)

- The Public Health Reserve Corps has grown to 170 volunteers through word of mouth recruiting. A formal recruiting effort begins September of 2008 with the goal of registering 600 volunteers for 20 job categories ranging from logistics and housekeeping to a full range of medical specialties. An advertising campaign using media and posters on the metro bus system will kick off the campaign.
- We have a new Personnel Management System developed by Salamander Corporation that has been developed for staff tracking during an incident. The program will allow us to check in, assign, and track individuals and their hours within the facility. It then will generate an end of event report showing hours and location worked for all of our personnel. The system can swipe any government issued ID, drivers license etc. into the reader and it will print off an access badge and complete your job assignment within seconds. We are looking at using this same system to assist in tracking equipment location.
- Washington State has implemented the WAHVE credentialing and background check system as their system of choice for volunteer screening. This system will be incorporated into our spontaneous volunteer processing. This, in conjunction with the Salamander badging system will allow us to screen, verify licensure, accept, and badge spontaneous volunteers on site.

NEWSLETTER EDITORS

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Training Opportunities

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

Disaster First Aid – City of Seattle Office of Emergency Management

Date: October 18th and October 25th

Cost: \$35

Location: Warren G Magnuson Park

Eight hour class includes standard First Aid/CPR, certification valid for two years.

In addition, participants learn how to care for and deal with multiple injuries after a major disaster when 9-1-1 is overwhelmed and unavailable.

Space is limited. Register early!

For more information, please call 206-233-7123.

October 14 – 15, 2008
8:30am to 4:30pm

Course Objectives:

Introduce basics of radio communication
Outline FCC rules and regulations
Define how to use radios; how repeaters work; communicating on an emergency net; basic message handling; and how the healthcare communication system works

Target Audience:

Hospital and healthcare organizations with HAM radio capabilities

To register contact Danica Mann at
Danica.mann@overlakehospital.org or
(206) 947-5565

Training Opportunities Cont.

Surveillance Detection Training for Commercial Infrastructure

Operators and Security Staff (Department of Homeland Security Office for Bombing Prevention in cooperation with City of Federal Way Emergency Management)

Date: Oct 28 - 30, 2008

Location: Federal Way City Hall

The course provides participants with the knowledge to apply surveillance detection fundamentals and develop a surveillance detection plan.

Email s.christensen@emd.wa.gov for more information

FEMA G290 Basic Public Information Officer Training

Dates: October 29, 30, 31, 2008 (must attend all 3 days)

Location: King County Emergency Coordination Center

Participants must be employed in a Public Information position, with priority given to candidates who's duties include emergency response.

To Register- EMAIL ecc.kc@kingcounty.gov

Registration closes October 20th; course is limited to 20 participants.

For questions please contact Heather Kelly at KC OEM

206-205-4034 Heather.kelly@kingcounty.gov



Upcoming Conferences

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

California Hospital Association Disaster Planning Conference

Date: October 1-3, 2008

Location: Sacramento, CA

For More Information:

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

2008 National Association of Emergency Medical Technicians Annual Meeting and Emergency Medical Service Expo

Date: October 13-17, 2008

Location: Las Vegas, Nevada

For More Information: <http://www.publicsafetyevents.com/ems/index.po>

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

Date: October 26-29, 2008

Location: Richmond, Virginia

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

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

Date: Oct. 27-28, 2008

For More Information:

<http://www.governmenthorizons.org/SurgeCapacityConference/>

Conference Opportunities Cont.

International Earthquake Conference: Policy, Planning, and Preparedness

Date: November 12-14, 2008

Location: Los Angeles, California

For More Information: <http://www.iec.lacity.org/>

Public Health Preparedness 4th Annual Summit

Date: February 18-20, 2009

Location: San Diego, California

The Changing Face of Preparedness: Building and Sustaining Public Health Capacity for Disaster Response

For More Information:

<http://www.phprep.org/2009/?CFID=1310648&CFTOKEN=99934465>

3rd National Emergency Management Summit

Date: March 4 - 6, 2009

Location: Renaissance Washington DC Hotel -Washington, DC

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

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

Upcoming Exercises

Regional Medical Hospital Evacuation and Patient Tracking Mutual Aid Plan

Tabletop Exercise – October 22, 2008

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

Pandemonium - DOH Full Scale - November 17-19, 2008

- Each year the Washington State Department of Health chooses a Region in the State to hold their annual full scale exercise of the Centers for Disease Control Strategic National Stockpile (SNS) activation. Region 6/King County was chosen this year to host the annual exercise.
- Pandemonium will occur November 13, 14, 17 and 18, 2008. It will test an array of capabilities in response to a Pandemic Influenza event, including: Communicable Disease and Epidemiology Response within PHSKC; Health and Medical Area Command; MAC Group Decision Making; Public Information Coordination; Direct deployment of SNS to Hospitals; and Activation of the Alternate Care Facility/Healthcare Center. For more information about this exercise please contact Danica Mann at Danica.mann@overlakehospital.org

About this Newsletter

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

To subscribe or submit information, please contact Lydia Ortega Lydia.ortega@kingcounty.gov