

**2008 – 2011 ESF-8
STRATEGIC PLAN**

*A collaborative project of Public Health
Seattle & King County and its ESF-8 partners*

INTRODUCTION

Like all strategic plans, this is a dynamic work that will adapt to an ever-changing operating environment. It is also a work that establishes an enduring planning framework; documents core planning principles and assumptions; and provides a practical guide to action for the near term future. It is intended to inform, invite participation and focus the use of limited resources. Annual updates are expected.

Public Health Seattle & King County (PHSKC), as the lead agency for the County's and Seattle's Emergency Support Function (ESF-8) Health, Medical, and Mortuary Services, facilitated the development of this Strategic Plan with the help of an outside facilitator.

ESF-8 Agencies

LEAD: Public Health Seattle & King County	Mental Health and Substance Abuse Providers	King County Mortuary Service Providers
PRIMARY AGENCIES: Ambulatory Care Providers	Northwest Kidney Center and Other Dialysis Providers	King County Sheriffs Office
Behavioral Health Providers	Palliative Care and Hospice Providers	Local Emergency Management
Community Health Clinics	Pediatric Providers	Local Law Enforcement Agencies
Dialysis Providers	Public and Private Emergency Medical Services Providers	Seattle Fleets and Facilities Division
Home Health and Home Care Providers	Puget Sound Blood Center	Seattle Human Services Department
Hospitals	Tribal Clinics	Seattle Parks and Recreation Department
King County Department of Community and Human Services	SUPPORT AGENCIES: Airlift NW	Washington Poison Center
King County Healthcare Coalition Executive Council	Amateur Radio Medical Services Team	Washington State Department of Health
King County Hospital Control	American Red Cross, Seattle Chapter	Washington State Hospital Association
King County Mortuary Services Providers	King County Department of Natural Resources and Parks	
Long-Term Care Providers (Nursing Homes, Boarding Homes, Adult Family Homes)	King County Department of Transportation, Metro Transit Division	

Figure 1a. ESF-8 Agency Members

Community review of this Plan is welcome. Comments should be directed to:

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SECTION 1.0: EXECUTIVE SUMMARY

The development of system-wide capability to respond to disasters and emergencies with the greatest potential severity of impact and/or the greatest likelihood of occurrence is the central focus of this Plan.

This Plan provides documentation of the threat environment, a model for responding to that threat environment, a capabilities assessment relative to threat response and a detailed plan for strengthening capabilities.

The horizon for this plan is a three-year period spanning 2008-2011. The process used produced a highly current work product, extensive documentation and a framework for future planning. The principles of collaboration, leverage of field experience, interagency partnership and focus on the entire community, especially our most vulnerable, guided this collaborative process.

An environmental assessment was conducted that studied six key areas of influence and action. These are Policy and Funding; Communications, Response Capabilities, Vulnerable Populations, Partnerships, and Training and Exercises. The assessment concluded that adaption to a changing funding environment, aligning response capabilities more closely with likely threat scenarios, and taking work-in-process with regard to communications, vulnerable populations and partnership to the next level would be very important in the years ahead.

This assessment included significant qualitative and quantitative analyses which are documented throughout. An updated Hazard Identification and Vulnerability Analysis and Real World Activation History provided a basis for codifying threat potential. This threat potential was then mapped against a detailed model for ESF-8 response, identifying strengths and weaknesses in response capability.

ESF-8 goals and objectives were developed in eight key areas based on the results of the environmental assessment. These goals and objectives provide a framework for both inter and intra-agency planning and the development of agency specific action plans.

The overarching conclusion is that significant progress has been made toward ensuring a highly effective response under ESF-8, and that collaborative, inter-agency planning to achieve the goals and close the gaps over the next 6-36 months would be highly effective if the funding environment can be stabilized.

SECTION 2.0: CONTEXT FOR PLANNING

2.1 Strategic Planning and ESF-8

The ESF-8 Strategic Plan is designed to develop a common vision for the response functions that comprise the King County Emergency Support Function 8: Health, Medical and Mortuary Services (ESF-8). The Plan will assist Public Health – Seattle & King County (Public Health), its partners including individual healthcare, community based organizations, government organizations, and others across King County to strengthen their preparedness and response capabilities to advance this vision. Further, this plan will be used to help develop and sustain new, system-wide infrastructure, capacity and capabilities.

ESF-8 is one of fifteen Federally-designated Emergency Support Functions intended to provide the structure for coordinating interagency response to disasters and emergencies. **ESF #8 Health, Medical and Mortuary Services** spans public health, medical, mental health and mass fatality management.

Public Health Seattle & King County is the lead agency for preparing the region’s health, medical, and mortuary capabilities. It is in this role that Public Health facilitated the preparation of this Plan with the help of an outside facilitator. The other ESF-8 responding agencies are listed below.

ESF-8 Agencies

LEAD: Public Health Seattle & King County	Mental Health and Substance Abuse Providers	King County Mortuary Service Providers
PRIMARY AGENCIES: Ambulatory Care Providers Behavioral Health Providers Community Health Clinics Dialysis Providers Home Health and Home Care Providers Hospitals King County Department of Community and Human Services King County Healthcare Coalition Executive Council King County Hospital Control King County Mortuary Services Providers Long-Term Care Providers (Nursing Homes, Boarding Homes, Adult Family Homes)	Northwest Kidney Center and Other Dialysis Providers Palliative Care and Hospice Providers Pediatric Providers Public and Private Emergency Medical Services Providers Puget Sound Blood Center Tribal Clinics	King County Sheriffs Office Local Emergency Management Local Law Enforcement Agencies Seattle Fleets and Facilities Division Seattle Human Services Department Seattle Parks and Recreation Department Washington Poison Center Washington State Department of Health Washington State Hospital Association
	SUPPORT AGENCIES: Airlift NW Amateur Radio Medical Services Team American Red Cross, Seattle Chapter King County Department of Natural Resources and Parks King County Department of Transportation, Metro Transit Division	

Figure 1b. ESF-8 Agency Members

More information about Emergency Support Functions at the national and local level can be found at: <http://www.fema.gov/pdf/emergency/nrf/nrf-esf-intro.pdf>

2.2 Strategic Plan Scope

It is recognized that in a disaster or emergency, a very broad range of individuals, agencies and organizations working together will comprise the most effective response *for all* who live, work and travel in Seattle & King County.

This Plan defines strategic goals and objectives specifically for enhancing the preparedness of ESF-8 organizations throughout King County. The Plan focuses on measures that directly affect system-wide performance as well as organizational performance by setting goals and objectives for individual agencies working together toward a higher level of preparedness.

2.3 Regional and Organizational Capability

The development of system-wide capability to respond to disasters and emergencies with the greatest potential severity of impact and/or the greatest likelihood of occurrence is the central focus of this Plan.

This Plan provides documentation of the threat environment, a capabilities assessment relative to that threat environment and a detailed plan for strengthening capabilities. Two levels of preparedness and response capabilities are addressed. These are King County Regional Capabilities and Organizational Capabilities. King County Regional capabilities are created through the coordinated work of several partner organizations. Organizational capabilities are created through a single organization, and contribute to the effectiveness of the entire response system. Overall, the purpose of this Plan is to integrate both toward maximum effectiveness.

2.4 Planning Horizon

The horizon for this Plan is a three year period spanning 2008-2011. The Plan direction is based on key assumptions and the results of an environmental assessment conducted and concluded in the first half of 2008. The Plan will be updated annually or more frequently if environmental changes require.

2.5 Planning Methodology

The planning methodology employs a five-step process designed to ensure a well-informed work product; dialogue and collaboration; and leverage of the field experience, technical capacity and prior planning efforts of process participants. The intent of the methodology is to produce a Plan that is current; that provides an ongoing planning framework; and that sets forth clear, practical priorities and direction. The process steps are illustrated and described in Figure 2.



The work of planning was performed by a Steering Committee and Planning Work Groups comprised of individuals representing PHSKC and its ESF-8 partners. The structure is illustrated below. A roster of participants is included in Section Six, Document 6.1

*Figure 2. ESF-8
Planning Process*

2.6 Guiding Principles

The core principles that guide the Plan development process are:

1. **Collaboration** between and among agencies and organizations charged with emergency and disaster planning and response is essential.
2. Interagency **partnerships** and the engagement of diverse segments of the community for disaster planning and response leads to the most cohesive, accepted, and informed tactical plans.
3. Ensuring that all aspects of the Plan serve the entire community, with special consideration for **vulnerable populations**, is essential.
4. **Leverage** of what we have already experienced, and **foresight** in anticipating what we have not, provide the strongest context for planning.

2.7 Priority Areas of Influence and Action

The planning environment is complex and a wide range of factors and conditions can be considered as inputs to the planning process. The Planning Work Group chose to classify these many variables into six areas of influence and action:



Figure 4: Priority Areas of Influence and Action

2.8 Context Models and Frameworks

This Plan was developed in the context of, and leveraged PHSKC's work on the following:

Hazard Identification and Vulnerability Assessment (HIVA). HIVA provides insight into the *probability and intensity* of a wide range of disaster and emergency event categories. The Plan places special attention on preparing for those events most likely to occur and those events that pose the most intensive threat. *The complete HIVA document is included in Section 6.0, Document 6.2.*

Real World Activation History. Activation history and post-event debriefings and lessons learned are important inputs to the strategic plan. This Plan is informed by the experiences of PHSKC, of its response partners and others. *The complete Real World Activation History document is included in Section 6.0, Document 6.3.*

Preparedness Strategy Model. The Preparedness Strategy Model provides a framework for classifying and managing the capabilities needed to effectively perform essential public health response functions in the event of a disaster or emergency. This framework and classifications were used to ensure the consistency among ESF-8 and PHSKC internal planning processes. *The Preparedness Strategy Model is included in Section 6.0, Document 6.4.*

SECTION 3.0: ENVIRONMENTAL ASSESSMENT

The Big Picture

The environmental assessment began with a review of the big picture of Emergency Response in Seattle and King County. That big picture included:

- Understanding the threat potential, through conducting a comprehensive HIVA and assessing Real World Activation History.
- Evaluating the strengths and weaknesses of the ESF-8 Emergency Response Model relative to threat potential.
- Understanding the environmental forces affecting response capability and the ability to sustain and grow the ESF-8 structure.
- This assessment took place in the context of the planning principles of working through partnerships and ensuring that the needs of vulnerable populations would be met.

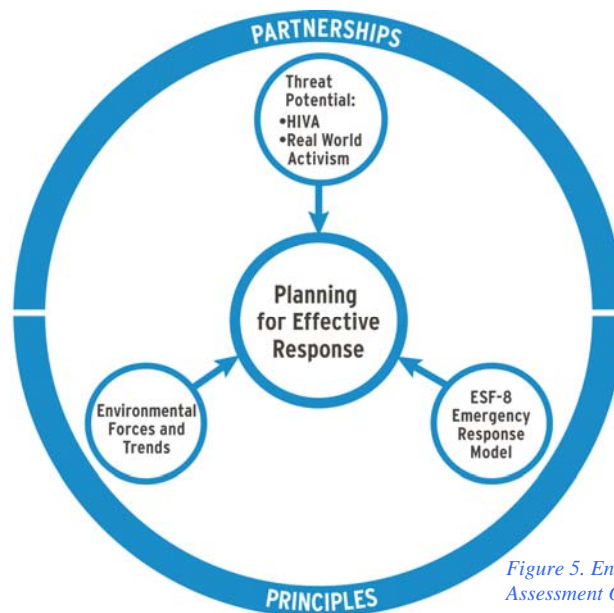


Figure 5. Environmental Assessment Overview

3.1 Core Big Picture Finding: Understanding Threat Potential.

In an effort to begin a dialogue about health-specific hazards and vulnerabilities, preparedness planners at Public Health – Seattle & King County inventoried health-specific event risks and performed a HIVA. The real world history of ESF-8 activation in response to disasters was also reviewed and key conclusions were reached. It is an objective of this Plan to ensure health events are added to the current focus of hazard identification efforts – which includes natural disasters, accidents and intentional events – and are adequately prepared for.

The Need For Health Hazard Identification and Vulnerability Analysis

A review of existing Hazard Identification and Vulnerability Analysis (HIVA) documents revealed that health-specific events such as those listed below are not currently included in most jurisdictional plans:

- Pandemic disease outbreaks (e.g. pandemic influenza)
- Communicable disease outbreaks (e.g. measles, pertussis, tuberculosis)
- Zoonotic and vector-borne disease outbreaks (e.g. avian flu, west Nile virus)
- Emergent disease outbreaks (SARS)
- climate change-related disease outbreaks (e.g. malaria, denque, yellow fever)
- Sick ship/sick plan incidents (Norwalk virus)
- Biological terrorism – communicable agent (e.g. smallpox, plague)

These events should be considered in planning by all emergency responders, not only those involved in health and medical response, because of the associated likelihood of fatality, ease of transmission from person to person, probable implementation of protective health measures, likely need for mass treatment, and significant non-medical logistical support issues involved.

Regional HIVA

The “Public Health – Seattle & King County: Health Hazard Identification and Vulnerability Analysis 2008” integrates health-specific hazard events with other hazard events and quantifies relative event probability and impact severity. *See Section 6.0, Document 6.2 for the full table and associated analysis.*

Since numbers used in the HIVA are subjective, conclusions based on HIVA data should influence but not dictate decision making, and should always be tested against real world judgment.

Based on the HIVA, the region is most vulnerable to the threats cited in the Table below.

	HIGH FREQUENCY	HIGH IMPACT	HIGH CONCERN ¹
Communicable Disease Outbreak	●		
Earthquake		●	●
Landslide	●		
Pandemic Disease Outbreak		●	●
Severe Weather (Snowstorm, Windstorm, Flooding)	●		
Structural Fire	●		
Terrorism (Chemical, Biological, Radiological, Nuclear, or Explosive)		●	●
Transportation Accident (Airplane/Car/Bus/Truck)	●		●
Volcanic Eruption		●	
Zoonotic or Vector-Borne Disease Outbreak			●

Table 2. Threat Risk by Category

¹ Whether or not a certain threat event has a high level of real impact, the level of perceived impact or risk can vary widely and vary across different groups. These perceptions of risk greatly affect the extent to which ESF-8 public information response activities may be needed, including media releases, risk reduction message development, or Public Information Call Center (PICC) operation.

Real World Activation History

In addition to developing an inventory of prospective risks, PHSKC also reviewed the real world history of ESF 8 activation in response to disasters.

The most frequent threats to which Public Health responded were (1) environmental health threats such as sewage spills, oil spills, and potential zoonotic disease outbreaks, and (2) disease outbreaks such as SARS, flu, and TB.

The most frequently activated response functions include Public Information (20 activations), and the EOC and/or ICS capabilities for planning and coordination of the response (14). Disease Surveillance (11) and Environmental Hazard Identification and Mitigation (10) are also commonly activated in response to emergency incidents.

Summary

The ESF-8 strategic plan for 2008-2011 sets a goal of ensuring the full capability to respond to high frequency and high impact events, and sets forth complementary objectives for ensuring the readiness of frequently utilized functions. The following table identifies hazards that will generate frequent or massive response efforts from the health and medical community. It also lists capabilities that will most often be used to respond to those hazards. The following list of hazards and capabilities will guide preparedness efforts for ESF-8 partners through 2011.

Events	
	<ul style="list-style-type: none"> • Communicable Disease Outbreaks • Earthquakes • Pandemic Disease Outbreak • Severe Weather • Structural Fires • Terrorism • Transportation Accidents • Zoonotic and Vector-borne Diseases
Capabilities	
	<ul style="list-style-type: none"> • Disease Surveillance • Emergency Operations Center • Environmental Health • Incident Command System • Medical Surge • Public Information

*Table 3. 2008-2011 ESF-8
Event and Capability Focus*

This objective assessment of the threat environment demonstrates that the majority of Public Health responses have been to naturally occurring or accidental events. A primary focus should be placed on the ability for Public Health to surge Disease Surveillance and Environmental Hazard Identification and Mitigation.

ESF-8 partners also need the capability to work with the Healthcare Coalition to achieve Medical Surge in the event of less frequent but high impact natural disasters, such as the Hanukkah Eve Storm in Western Washington in December 2006.

For all risks described above, ESF-8 partners need to sustain the capability to activate and run a robust Emergency Operations Center, implement Incident Command / Area Command, and coordinate between and among Emergency Management and other response partners.

Over the next three years, the ESF-8 partners will build those capabilities and support systems that will enable a highly effective response to the hazards our community faces.

3.2 Core Big Picture Finding: Model for ESF-8 Emergency Response

The ideal model for ESF-8 Emergency Response planning accommodates participation, provides for an appropriately structured assessment of the operating environment and provides codification of the core capabilities needed for effective emergency response and metrics for their relative strengths and weaknesses.

Strategic planning for ESF-8 is relatively new, with no national planning models on which to draw. However, in 2004 PHSKC developed a department-wide operating plan that included a discrete model for emergency preparedness planning. In recent years, that model has been refined and field-proven. It was therefore adapted for use as the ESF-8 Model for Strategic Planning in Seattle and King County.

The foundation for the model is simple. The overarching functions of public health are provision, promotion and protection. The overarching goal is to add healthy years to the lives of ALL King County residents. Clearly, effective response to disease, environmental disaster, terrorism and other natural and man-made threats is essential to achieving this aim.

ESF-8 calls upon a region's emergency responders to work together to assure coordinated planning, capacity-building and response. PHSKC adapted its model to fit this collaborative approach. The purpose is unchanged from 2004, "to anticipate and respond to the public health consequences of local emergencies."

The Figure below illustrates the model.

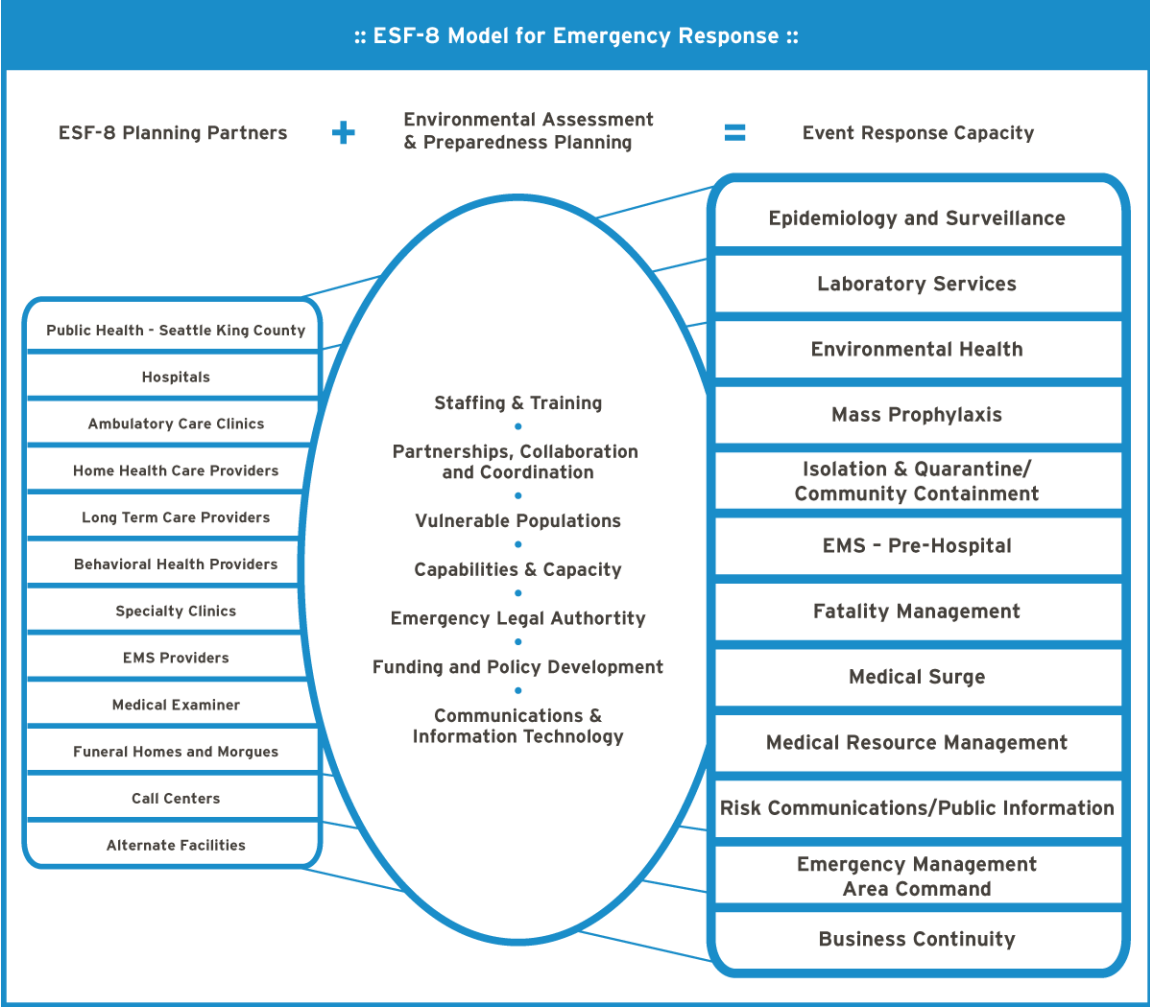


Figure 6. ESF-8 Model for Emergency Response

The left side of the figure is a representative list of ESF-8 planning partners, all of which have essential County-wide response roles. The center of the figure lists key factors in the operating environment and key planning variables. The right side of the figure lists twelve essential capacities that may be differentially called upon depending on the nature and severity of a threat event.

In applying this model, PHSKC first engaged ESF-8 partners in the planning process, from the formative stage through agency-specific plan development. The process included an assessment of each of the key environmental factors cited.

3.3 Core Big Picture Finding: Environmental Forces-6 Fundamentals Assessment

In addition to the big picture framework, the environmental assessment included the systematic analysis of six fundamental forces that affect response capability. Environmental Assessment Teams were chartered to study each of the following six priority areas of influence and action:

- Policy and Funding
- Communications
- Capabilities
- Vulnerable Populations
- Partnerships
- Training and Exercises

Each team worked to assess the strengths, weaknesses, opportunities and threats in each of these topical areas that were necessary to consider in developing a strategic plan. The following provides details on findings.

Policy and Funding

The Policy and Funding environmental assessment encompasses a review of the current and projected policy and funding environment. Among the factors considered were:

- Source and scope of current emergency preparedness and response funding
- Trends related to sources of funds
- Current and anticipated direction of federal and state policy and funding environment
- Current and anticipated direction of County and PHSKC policy and funding environment

Critical funding and policy issues identified by the Policy and Funding assessment are:

- Overall reduction of CDC, ASPR (non-competitive), and Homeland Security Funding while expectations are increasing
- Public Health, VPAT and Healthcare Coalition Preparedness and Response capabilities are contingent on grant funded positions
- Uncertainty about federal, state and local funding and planning trends and on what priorities funding will be based
- Trend toward competitive funding opportunities and decrease in non-competitive funds
- Funding previously allowed focus on building core infrastructure; new trend toward short-term competitive project based funds
- Trend toward federal grantors requiring a local funding match

The resulting implications for planning are summarized as follows:

- Ensure scope and diversity of funding sources, including public, philanthropic and competitive grant funding
- Ensure collaboration and partnership in the funding and delivery of services, e.g. Coalition and VPAT models
- Ensure the ability to compete effectively for competitive grant funding, e.g. focus on Centers of Excellence, best practices, metrics, etc.
- Ensure that core Emergency Preparedness Section and ESF-8 leadership functions are sustainably funded through PHSKC operating budget

Communications

The Communications environmental assessment focused on those aspects of communications that have the greatest influence on planning and response effectiveness before, during and after an event.

The assessment included a review of key strengths, weaknesses, opportunities and threats, a review of current and previous projects, a review of experience from past events and consideration of over-arching planning priorities.

The key focus areas for the Communications assessment were:

- Understanding target audiences, including vulnerable populations
- Communications plans and systems
- Staffing
- Translations
- Appropriate technology

The key conclusions reached by the Communications assessment were:

- The audiences are diverse, distribution methods and content must be researched and adapted by audience.
- Communications plans and systems can be strengthened, with some new systems needed. Integration and coordination with external partners, as well as internal collaboration can be enhanced.
- Staffing must be adapted to fit emerging communications plans, with commensurate training and effective use of volunteers
- Translation policies and procedures must be continuously updated and resources expanded to meet growing demand
- The use of appropriate technology to meet the needs of diverse audiences, as well as the progressive use of new media should be expanded

The implications for planning are:

- Ensure that audiences are profiled, research conducted and communications content and distribution methods are appropriately adapted
- Ensure that communications plans are updated and coordinated with external partners and integrated within Public Health
- Ensure that communications staffing is adequate to implement plans, training is appropriate and volunteers are used effectively

- Ensure that translation policies and procedures are updated and resources expanded to meet growing demand
- Ensure the use of appropriate technology to meet the needs of diverse audiences, including both low tech, high tech and emerging social media

Capabilities

The Capabilities Environmental Assessment studied trends, issues, threats and opportunities related to capabilities that span the cycle of:

- Prevention
- Mitigation
- Planning
- Response
- Recovery

The results of this assessment included general as well as specific findings.

Data tables and models can be found in Section 6.0, Documents 6.6.

The key implications for planning were identified as:

- Ensure that Public Health can lead the countywide health, medical and mortuary response to all hazards that threaten King County
- Ensure the ability to activate and mobilize the most frequently utilized response functions
- Ensure as a priority the ability to respond to the greatest consequence events, however infrequent (e.g. earthquake, pan flu)
- Ensure that preparedness planning spans the Prevention-Mitigation-Response-Recovery cycle
- Ensure that the broader healthcare system is engaged in the planning and response effort
- Ensure participation in the Catastrophic Planning effort occurring in 2008-2009 across the UASI Region
- Ensure implementation and utilization of WaTrac across the healthcare system
- Ensure that recovery plans are developed in time for Sound Shake 09
- Ensure that each response function addresses relevant vulnerable populations

Vulnerable Populations

The Vulnerable Populations environment assessment profiled key trends, issues, threats and opportunities.

The assessment process used the existing structure of the King County Vulnerable Populations Steering Committee and Operations Workgroup.

The environmental assessment profiled the following attributes of successful preparation to meet the needs of vulnerable populations.

In the area of communications:

- Delivery of messages at different levels in an emergency, in different languages and delivery confirmed
- Routinely engage and train staff and clients on emergency plan

- Government and NGO have confidence that CBO met agreed upon baseline standard for agency emergency preparedness

In the area of continuity of community based organization (CBO) business operations:

- Community based organizations have developed emergency plans and trained staff on policies and procedures
- CBOs maintain business operations during an emergency or quickly return to service provision
- Enhanced community preparedness and an increase in the number of agencies providing response and recovery services

In the area of public education and outreach:

- All community members are self-reliant and more resilient in a disaster and CBOs are engaged to reach all clients with preparedness messages (3Days 3Ways)

In the area of coordination of service providers and local government:

- Communities work in tandem with local government in a coordinated response

The assessment identified the following opportunities and needs:

- Awareness and support of vulnerable populations needs exists at many levels
- Tailor messages to reach Vulnerable Populations communities
- Conduct training and exercises with partners and CBOs to test systems & capabilities
- Increase internal (PHSKC) coordination and leverage existing programs and expertise

The assessment also identified the following threats to be addressed:

- Communication back must address insufficient system for receiving and organizing information reports & resource requests from community agencies
- Continuity of community based organization (CBO) business operations must address sustainable funding for community agencies to do preparedness planning
- Coordination of service providers and local government must address lack of regional coordination and role clarity between the emergency management/first responder community and human service agencies/CBOs; expectations about response and services

The assessment reached key conclusions that the strategic plan can build on strong awareness and support of vulnerable populations issues and infrastructure; ability to leverage existing partnerships and committees; lack of regional coordination and role clarity; lack of sustainable funding; and expectations of partners that are inconsistent with ESF 8 capabilities.

Partnerships

The Partnerships environmental assessment took a pan-agency view of formal and informal emergency preparedness partnerships in King County. The assessment considered strengths, weaknesses, opportunities and threats and assessed the status of specific partner relationships as to their maturity and strength.

The assessment identified the following important issues and trends:

- Continued departmental and provider leadership support for partnership efforts
- Need for clarity around government's ability to sustain critical operations during preparedness and response times
- Level of ability of partners to offer technical support, assets or other resources for response
- Classification of roles of partners as regular/daily vs. in an emergency
- Lack of clarity around partnership product/service and expectations
- Clear expectations by partners for Public Health to take lead in communicable disease, vector-borne (WNV) and other types of emergencies

The assessment also identified the following risks and threats:

- Lack of clarity around roles and responsibilities especially related to role of partners in disaster response
- Lack of departmental and section coordination and communications strategy (how to reach all providers)
- Lack of sustainable funding (unfunded mandates)
- Clarity regarding Public Health as a partner and facilitator vs. funder and contractor
- Dependency on Public Health staffing and leadership – should local EM play a bigger role for long term sustainability
- Assumptions regarding capabilities of partners to support the health and medical response preceding directions
- Surge capacity

The assessment also identified the following areas of opportunity:

- Increased internal coordination/leveraging of partner relationships in other Public Health programs
- Partnership integration opportunities to improve efficiencies and enhance communication internally and externally
- Clarity around partnership scope and setting expectations
- Further work with Zone 1 & 3 to clarify coordination and roles
- Business leadership circle has focused solely on pan flu – opportunity to broaden to all hazards
- Opportunity to expand coordination and integration with private industry
- Assessment of non-monetary partner resources and assets that could be leveraged in a response
- Improve relationships & collaboration with partners (WA Dept of Ag, DFW—started through avian flu planning)
- Develop working relationships with new partners (WA State Veterinary Disaster Response Committee)
- Develop & improve technology for surveillance of and reporting during non emergencies will help during emergencies

While all priority area of decision must consider the impact on Vulnerable Populations, partnerships are among the most pivotal.

The plan for partnerships to ensure effectiveness with vulnerable populations should:

- Clarify CBO opportunity for input into the strategic plan
- Require partnerships to demonstrate impact on addressing vulnerable populations planning
- Address the need for translated materials and messages during emergencies
- Include planning to utilize CBOs and “providers” to help get messages to vulnerable populations

Training and Exercises

The Training and Exercises environmental assessment team focused principally on the PHSKC operating environment and its interface with ESF-8 partners. The assessment provided insight into key trends and issues, including:

- The development of new entities such as the Healthcare Coalition and linkages in regional medical resource management create new multi-organizational training challenges and opportunities, with new opportunities for leverage and efficiency of training resources.
- Training will play an increasingly important role in meeting funder’s growing expectations for accountability.
- Maturation of PHSKC’s response capacity requires training to fulfill prospective demand and accommodate prospective increasing or surge demand.
- Significant growth of training/exercise programs in PHSKC and HCC, the connection of PHSKC and HCC with local emergency response partners and collaborative, engaged hospital partners provide a context for creating more effective cross-organizational training systems.

The environmental assessment also identified the following opportunities:

- The training environment can be strengthened by building on achievement in:
 - Public Health Reserve Corps
 - Developing targeted response teams (PICC, logistics)
 - NIMS training compliance
 - IT Infrastructure improvements
- Regional partners’ growing understanding of new ESF-8 and regional medical resource management protocols and strong willingness to participate in training and exercises provides a positive context for system-wide staffing and training initiatives.
- PHSKC’s partner and CBO relationships provide a further context for system wide training and capacity development.
- A developing consensus around a preferred model for training programs also contributes to the positive context for system-wide staffing and training initiatives.

The environmental assessment also profiles a number of risks, threats, and gaps to be addressed. These include:

- The need to systematize current ad-hoc activities:
 - training assessment

- coordinating training objectives with community partners
- The need to adopt a set of desired competencies
- The need to work through organizational barriers that hinder achievement of training goals
- The need to invigorate and complete PHSKC's workforce deployment project
- The need to deepen lines of succession (response & continuity)
- The need to balance a dynamic, flexible training program with benefits of standardizing goals and practices across partners
- The need to include professional development for PHSKC preparedness staff as part of training program

The staffing and training assessment reached the following key conclusions:

- Training and exercise programs are robust and successful. In order to strengthen them, the strategic plan should include action steps for:
 - Working through organizational barriers
 - Identifying desired competencies and standardize across health sector partners
 - Conducting more frequent assessments of training needs
 - Achieving greater depth through cross training

SECTION 4.0 ESF-8 GOALS AND OBJECTIVES

The preceding Section Three provides the foundation for the following goals and objectives. Simply summarized, environmental assessment and capacity assessment yielded an understanding of strengths, weaknesses, opportunities and threats (SWOT) which resulted in goals and objectives to improve, maintain and/or leverage response effectiveness.

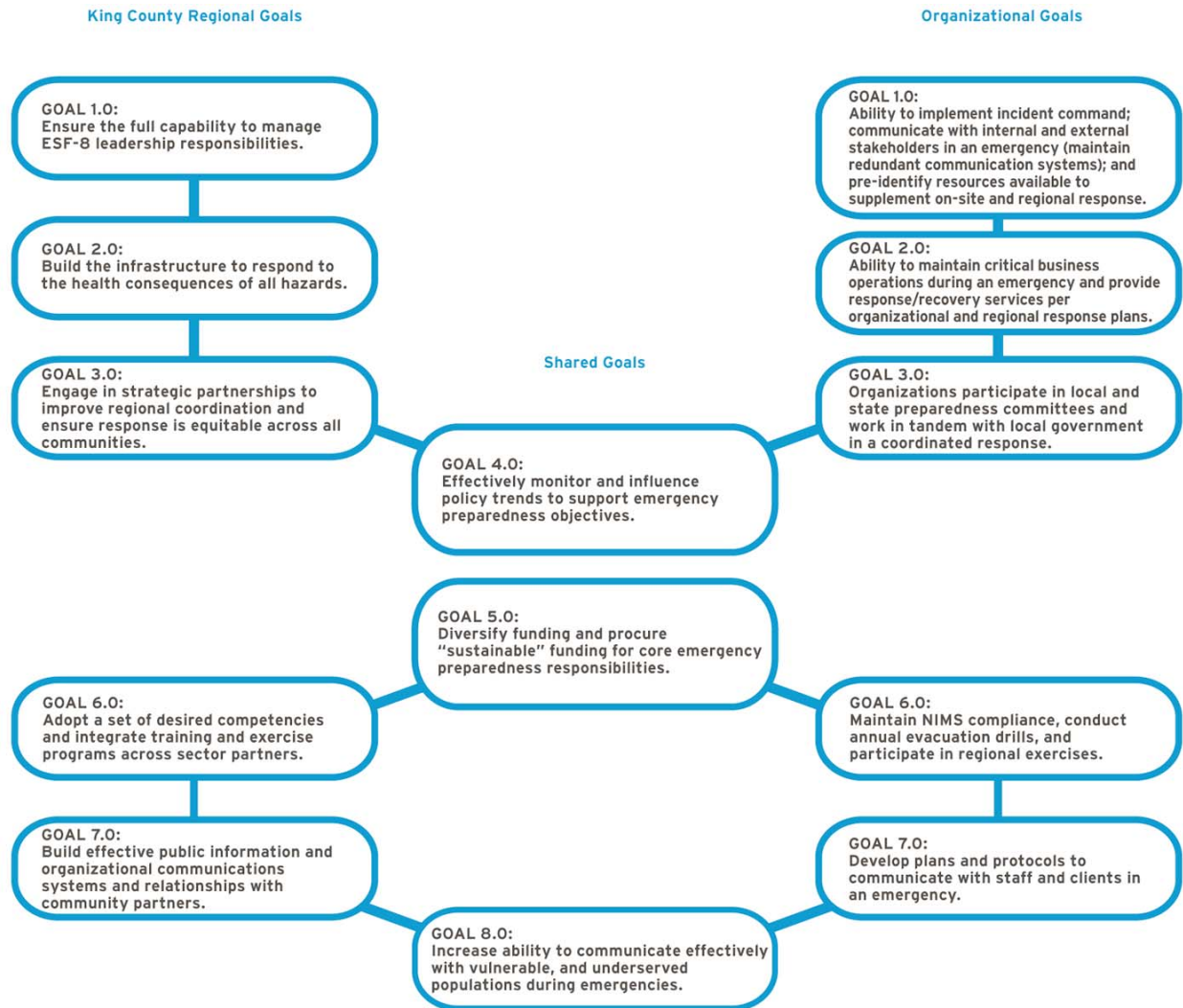


Figure 8. Combined Goal Framework

There is an understandably strong similarity and interdependence between and among the overarching ESF-8 Goals and Objectives and those of participating agencies.

The preceding Figure illustrates that interdependence.

This Section 4.0 presents ESF-8 Goals and Objectives. Goals and objectives of member agencies are found in Section 7.0.

4.1 Goal and Objective Framework

The following presents the Goal and Objective framework for both collaborative and agency-specific planning. These goals and objectives should be used to provide direction and for setting priorities. Specific agency action plans based on these Goals and Objectives are found in Section 7.0.

GOAL 1.0: Ensure the full capability to manage ESF-8 leadership responsibilities. The ESF framework supports comprehensive, integrated preparedness planning and response. Public Health is expected to serve as the lead agency for ESF 8 preparedness and response and ensure the effectiveness of the ESF-8 partnership.

GOAL 2.0: Build the infrastructure to respond to the health consequences of all hazards. The environmental assessment for this strategic plan included a Hazard Identification and Vulnerability Analysis, or HIVA. The HIVA identified a range of health events by likelihood and impact. Details on the HIVA may be found in [Section 6.0, Document 6.2](#). This goal reflects that preparing for high frequency and high impact events is a key strategic priority.

GOAL 3.0: Engage in strategic partnerships to improve regional coordination and ensure response is equitable across all communities. This Plan recognizes that partnerships are essential to fulfilling the full spectrum of ESF-8 response and to meeting the needs of the diverse communities served. This goal focuses on creating and implementing an effective partnership strategy.

GOAL 4.0: Effectively monitor and influence policy trends to support emergency preparedness objectives. Emergency preparedness and response funding and Plan implementation can be significantly influenced by federal, state and regional policy. This Plan reflects the need for appropriate engagement in shaping policy in the public interest with regard to emergency response.

GOAL 5.0: Diversify funding and procure “sustainable” funding for core emergency preparedness responsibilities. Emergencies and disasters are bound to occur. The HIVA and other assessments profile scores of potential threats to the region. Being prepared includes the ability to count on stable multi-year levels funding to staff, in order to equip and maintain response capabilities ready for immediate implementation. At present, sustainable funding is not guaranteed. Diversifying funding for emergency preparedness will complement strategic work to respond to and influence the policy environment and procure sustainable core funding.

GOAL 6.0: Adopt a set of desired competencies and integrate training and exercise programs across sector partners. The environmental assessment revealed significant collaboration and desire to collaborate among sector partners. Some competency gaps and redundancies were noted. This Plan addresses the opportunity to create competency standards across a range of partners. ESF-8 agencies have strong training traditions, yet there is some variation in training models, approaches and contents. This Plan addresses the opportunity to leverage current training curricula and to establish training priorities and collaborate on the efficient, shared delivery of training.

GOAL 7.0: Build effective public information and organizational communications systems and relationships with community partners. A major crisis will create extraordinary demands for information and coordination. While systems and processes are in place to respond to a surge in demand, further strengthening is

needed. This Plan seeks to maximize the effectiveness of the network of communication resources available through ESF-8 and community partners and to make highest and best use of the existing WATrac system.

GOAL 8.0: Increase ability to communicate effectively with vulnerable, and underserved populations during emergencies. The increasing diversity of King County and the public health and healthcare system’s desire to ensure that every community is equally served, prompts additional action addressed in this Plan.

SECTION 5.0 SUMMARY AND CONCLUSIONS

Emergency preparedness is a continuous process. The work of preparation is never concluded. It is simply refined, adapted and improved. In the past five years, significant gains have been made in fostering inter-agency collaboration, engaging the community and adding capability and capacity. However, it is clear that there is still significant work to be done to ensure that we have anticipated, prepared for, can respond to and can recover from the threats most likely to befall our region.

This Plan makes it clear that policy and funding uncertainties can be de-stabilizing and should be mitigated however possible.

It sets bold goals that can only be achieved through partnership and collaboration, and provides a context for guiding and facilitating that collaboration.

It provides extensive documentation about current capabilities, and the strengths and the gaps that must still be closed. It urges that those gaps are closed using best practices in emergency preparation, new and emerging technology, and by building the skill of staff and community-based partners.

In conclusion, this is a Plan of scope, depth and engagement. Its achievement signals that emergency preparedness is a priority, and a function that spans virtually every aspect of City, County, and agency operations.

Continued support for emergency preparedness activities is most welcome. The stewardship and responsibility with which the ESF-8 agencies are entrusted will be honored, and the strongest possible response capability will be created.

SECTION 6.0 REFERENCE DOCUMENTS

Document 6.1: ESF-8 Planning Process Participant List

Document 6.2a: Hazard Identification and Vulnerability Assessment

Document 6.2b: HIVA Health Impacts Definitions

Document 6.3a: Real World Events - Table

Document 6.3b: Real World Events - Narrative

Document 6.4: Preparedness Strategy Model

Document 6.5: Health Capabilities Analysis

Document 6.6: Sample Capability Statement: Medical Resource Management

Document 6.7: Training & Exercise Calendar

SECTION 7.0 AGENCY-SPECIFIC PLANS TAB

Partner agency plans should be forwarded to PHSKC for inclusion in this document. PHSKC's agency action plan follows.

GOAL 1.0: Ensure the full capability to manage ESF-8 leadership responsibilities. The ESF framework supports comprehensive, integrated preparedness planning and response. Public Health is expected to serve as the lead agency for ESF 8 preparedness and response and ensure the effectiveness of the ESF-8 partnership. These objectives are responsible to this mandate.

Objective 1.1: Develop training plan that addresses key skills and performance competencies to achieve full capabilities.

- List training needs
- List exercise needs
- Develop timeline by priority

Objective 1.2: Develop, train to and test the Area Command and MAC Group protocols.

- Finalize Protocol
- Expand Medical Liaison information
- Develop training curriculum
- ID staff to fill Area Command roles
- Develop tabletop scenario and questions
- Exercise AC Protocol

Objective 1.3: Expand available space for Area Command (AC), BC, PICC and other functions.

- Identify more space
- Develop floor plans for alternate area command centers
- Work with King County leadership to secure permission to utilize more space during emergency activation
- Build out space as necessary

Objective 1.4: Develop depth in AC staffing roles.

- Revise and update the Area Command EOC manual (roles and responsibilities, job cards, org charts, etc.)
- Recruit to fill area command roles 3 deep
- Conduct training and exercises

Objective 1.5: Improve Resource and Information Management across entities.

- Strengthen resource management coordination and support with SEA and KC OEM
- Develop and test resource management protocols

- Develop and test information management protocols, which include the use of WATrac

GOAL 2.0: Build the infrastructure to respond to the health consequences of all hazards. The environmental assessment for this strategic plan included a Hazard Identification and Vulnerability Analysis, or HIVA. The HIVA identified a range of health events by likelihood and impact. Details on the HIVA may be found in [Section 6.0, Document 6.2.](#) This goal reflects that preparing for high frequency and high impact events is a key strategic priority.

Objective 2.1: Sustain efforts to build frequently utilized functions.

- Identify most utilized / foundational functions and prioritize them for continuation
- Address call out/volunteers/mutual aid for each function

Objective 2.2: Assure capability to respond to events of high concern to public, health professionals, or media.

- Identify functions and sustain them
- Develop & improve technology for surveillance/situation assessment/intel
- Implement WATrac across the healthcare system

Objective 2.3: Identify infrequently utilized but needed functions in a catastrophic event.

- Identify specific response capabilities needed in response to catastrophic healthcare consequences
- Assess feasibility of building and maintaining capabilities
- Identify partners, resource needs and linkages to response plans for each capability
- Participate in regional catastrophic planning

Objective 2.4: Explore integration of an ESF-6 and ESF-8 Response to coordinate health and human services issues.

- Identify functional needs
- Identify interested partners
- Develop Health and Human Service Branch Operations Manual (ESF-8 and ESF-6) to include roles and responsibilities, protocols, job cards

Objective 2.5: Fortify staffing capability through strengthening ESF-8 Workforce Deployment and sustaining a robust Volunteer Management Program.

- Complete a surge staffing model
- Develop and implement spontaneous volunteer training & tracking systems
- Create Volunteer Management Program that complies with the federal Emergency System of Advanced Registration of Volunteer Health Professionals
- Develop, publish and sustain written volunteer management program meeting federal ESAR-VHP guidelines
- Implement Washington State WAHVE or similar credentialing system in support of volunteer credentialing and management

- Move PHSKC Reserve Corps into the Volunteer Management Program
- Grow the volunteer management program
 - Consolidate all King County Medical Reserve Corps under the one system
 - Increase volunteer staffing from 120 personnel to 600
 - Identify and train 20 volunteer team leads on Incident Command System and specific Public Health medical surge capabilities.
- Identify and form additional response teams to train and exercise based on developed plans and identified capabilities.
- Increase Surge Staffing to include Workforce/Volunteer Management System
- Complete Memorandum of Agreements with volunteer groups in support of ESF-8 operations (such as Baptist Volunteer Feeding teams)

Objective 2.6: Expand and enhance capacity to meet surge demand for critical emergency risk communications.

- Build core staff to serve in emergency risk communications functions
- Increase capacity of health call centers to meet local and regional public demands in an emergency
- Identify and train additional Public health and volunteer staff to serve in Public Information Call Center (PICC)
- Identify and acquire new call center technology
- Develop system of regional network partners for integrated call center system; advocate for statewide expansion
- Participate in CDC grant (through UW) to research most effective uses of call centers with limited English speaking populations

Objective 2.7: Develop and implement effective public communications for mass care and dispensing centers.

- Develop signage and educational materials for Alternate Care Facility
- Develop system for rapid mobilization of signage and materials
- Identify and train staff to implement plan

Objective 2.8: Develop systems to communicate with public when traditional communications channels fail.

- Conduct research on promising practices for low-technology emergency communications
- Engage community partners to develop model for low-technology disaster outreach
- Conduct pilot project and exercise to evaluate system model

GOAL 3.0: Engage in strategic partnerships to improve regional coordination and ensure response is equitable across all communities. This Plan recognizes that partnerships are essential to fulfilling the full spectrum of ESF-8 response and to meeting the needs of the diverse communities served. This goal focuses on creating and implementing an effective partnership strategy.

Objective 3.1: Assess ESF 8 partner strategy: purpose, roles, objectives, communications.

- Effectively manage principal ESF-8 partnerships to improve regional coordination and role clarity
- Selectively expand community partner engagement to address gaps (e.g. faith based)
- Increase internal PHSKC coordination and leverage existing programs and expertise
- Ensure effective public education and outreach with vulnerable communities
- Integrate private industry into relevant preparedness and response activities

Objective 3.2: Engage partners (business, healthcare, CBO) in planning.

- Support partners in:
 - Developing organizational response plans
 - Developing Continuity of Operations plans
 - Connecting to the regional response
- Incorporate partners (e.g. private industry) directly into health and medical response plans capitalizing on expertise, assets and interest

GOAL 4.0: Effectively monitor and influence policy and funding trends to support emergency preparedness objectives.

Emergency preparedness and response funding and Plan implementation can be significantly influenced by federal, state and regional policy. This Plan reflects the need for appropriate engagement in shaping policy in the public interest with regard to emergency response.

Objective 4.1: Maintain ongoing assessment of local, state and federal policy planning activities.

- get on departmental legislative monitoring lists
- integrate policy information/monitoring into preparedness steering committee meetings and ongoing strategic planning meetings, including preparedness management team meetings
- identify staff to serve as point person (s) on policy tracking/monitoring
- Monitor annual JCAHO emergency preparedness standards
- Monitor Center for Medicare Services for emergency preparedness requirements

Objective 4.2: Maintain or increase as needed ESF 8 visibility and involvement in policy forums.

- participate in NACCHO workgroups; assess value of current participation levels
- Identify ongoing committees that staff participate in/assess value of time/impact
- maintain participation on DOH PHEPR steering committee
- maintain PHSKC participation on EMAC; support healthcare coalition representative/participation on emac
- ensure PHSKC director (or delegate) participation on Seattle mayor's cabinet, in particular their quarterly preparedness meetings
- maintain ESF 8 participation on Seattle Disaster Management Committee
- Assess staffing and strategy for ESF 8 representation at zone 1 and zone 3 monthly meetings
- ensure consistent ESF 8 participation on regional disaster plan committee
- participate in county strategic planning process
- participate in state strategic planning process – ensure advocacy for PH, Healthcare and vulnerable population concerns
- participate in county EMAC workgroups including planning, training and exercise, MEPG, sheltering and others as needed or appropriate
- improve access to policy level process in the department
- maintain executive council access/support for healthcare coalition
- ensure executive PHSKC participation on healthcare coalition executive council
- maintain participation/support of VPAT steering committee
- Assess membership of PHPG Steering Committee to ensure proper representation from each division

Goal 5.0: Diversify funding and procure “sustainable” funding for core emergency preparedness responsibilities.

Emergencies and disasters are bound to occur. The HIVA and other assessments profile scores of potential threats to the region. Being prepared includes the ability to count on stable multi-year levels of funding. At present, sustainable funding is not guaranteed. Diversifying funding for emergency preparedness will complement strategic work to respond to and influence the policy environment and procure sustainable core funding.

Objective 5.1: Maintain ongoing assessment of local, state and federal funding activities.

- Monitor funding opportunities across all levels of government
- Identify, analyze, and capitalize on emerging trends

Objective 5.2: Maintain or increase as needed ESF 8 visibility and involvement in funding forums

- Catalog available funding forums
- Identify those funding forums where ESF 8 is currently represented
- Reassess funding forum participation strategy based on value of time/ impact
- Implement new funding forum participation strategy

Objective 5.3: Procure “sustainable” funding for core emergency preparedness responsibilities

- Define core staff functions for VPAT, HCC and PHSKC needed to meet our ESF 8 obligations
- Develop prioritization list and criteria for what projects get funding and how decisions are made
- Advocate for continued Seattle funding for VPAT planning
- Identify funding mechanism/strategy to ensure support for HCC administration costs
- Develop strategy for obtaining a portion of county EMPG funds to support a core PHSKC Preparedness position
- Expand core funding (County General Fund) for public health preparedness

Objective 5.4: Maintain and expand public grant funding.

- Maintain current grant funding as appropriate
- Diversify funding sources:
 - Seek government funding opportunities as available
 - Continue to monitor, evaluate and apply for competitive grant opportunities
 - Seek expanded funding opportunities through homeland security grants
 - Develop strategy for addressing grant “soft match” requirements
 - Develop ongoing list of “ready” project proposals to be considered for funding as opportunities are available
 - Build depth in grant writing expertise w/in Preparedness Section

Objective 5.5: Cultivate private/philanthropic funding and support.

- Develop strategy for expanding engagement of private sector and philanthropic partners to leverage funding or in-kind support for preparedness initiatives
- Develop strategy for private sector engagement
- Re-evaluate current business engagement model – refine, or develop new model for engagement
- Reassess CBPH role in connecting with private partners
- Identify current or potential projects that have possible public/private partnerships
- Assess options for philanthropic engagement/funding
- Seek philanthropic funding or support as appropriate

GOAL 6.0: Adopt a set of desired competencies and integrate training and exercise programs across sector partners. The environmental assessment revealed significant collaboration and desire to collaborate among sector partners. Some competency gaps and redundancies were noted. Although ESF-8 agencies have strong training traditions, there is some variation in training models, approaches and contents. This Plan addresses the opportunity to create competency standards across a range of partners; leverage current training curricula; establish training priorities; and collaborate on the efficient, shared delivery of training.

Objective 6.1: Develop training and exercise program consistent with desired competencies and strategic direction.

- Incorporate grant, PHOMP and regional requirements into training and exercise plan(s).
- Identify training priorities that are closely linked with current planning activities and/or requested by healthcare partners.
- Increase collaboration between ESF-8 training programs.
 - Identify ESF-8 trainers and training activities
 - Develop training tracking tool for all ESF-8 trainers
 - Set quarterly meetings with trainers to collaborate – setting group objectives (long and short term)
 - Provide system reporting and documentation (Smart PH?)
 - Identify outside organization training and exercise opportunities to leverage (EMS, Fire)

Objective 6.2: Increase cross sector preparedness knowledge base.

- Create core function competencies for ESF-8
- Create sector specific competencies

Objective 6.3: Increase NIMS compliance throughout PHSKC and ESF-8.

- Gain support from ESF-8 leadership to enhance NIMS compliance broadly
- Identify and train ESF-8 responders on Area Command/Multi Agency Coordination Group

Objective 6.4: Identify content experts within ESF-8/PHSKC to broaden workforce development and enhance training capabilities.

- Leadership to determine training priorities for PHSKC Workforce beyond existing capabilities
- Ensure inclusion of Medical Examiner's office in ESF-8 training and planning activities

Objective 6.5: Identify JIT training needs associated with existing response plans and design curricula and tracking systems to meet those needs.

Objective 6.6: Increase participation of health system staff in preparedness training, exercises, and response.

- Match ESF 8 response plans to specific responders to be trained
- Develop response specific job cards
- Supervisors develop specific training plans for staff which include professional development and ESF 8 competencies
- Increase visibility of training and exercise program outcomes
- Identify a funding source to support preparedness training and response participation for revenue-generating or grant funded staff

GOAL 7.0: Build effective public information and organizational communication systems and relationships with community partners.

A major crisis will create extraordinary demands for information and coordination. While systems and processes are in place to respond to a surge in demand, further strengthening is needed. This Plan seeks to maximize the effectiveness of the network of communication resources available through ESF-8 and community partners and to make highest and best use of the existing WATrac system.

Objective 7.1: Leverage new and underutilized technologies for preparedness and rapid emergency messages.

- Research and develop preparedness and rapid emergency response applications for text messaging.
 - Apply for multi-year CDC grant (through UW) to research text messaging use, identify potential health applications, create model for message delivery and/or surveillance and pilot system interventions
 - Identify infrastructure support for sustained text-messaging applications
- Expand capacity for and use of multi-media to deliver preparedness and emergency response messaging.
 - Research rapid video production and dissemination technology and strategies
 - Research technology and strategies for rapid production and dissemination of audio files
 - Develop video and/or audio content in advance for emergency response messaging (e.g, Medication Centers, ACF)
- Utilize social network tools to deliver preparedness and emergency response messaging.
 - Research capacity of social network tools (e.g., Facebook) to disseminate preparedness and response message

Objective 7.2: Create effective messages and policies through public engagement.

- Conduct public engagement process to better understand public values and priorities related to delivery of altered standards of medical care during a severe influenza pandemic.
- Conduct audience research for preparedness and response messaging with targeted populations
- Complete analysis of pandemic flu audience research; document model for future audience research efforts
- Apply findings to future outreach with studied populations

Objective 7.3: Expand and enhance capacity to meet surge demand for critical emergency risk communications.

Objective 7.4: Develop system through WATrac for Public Health and health system PIOs to share information during emergencies.

- Develop module

- Train PIOs to system

Test system as part of November 2008 exercise

GOAL 8.0: Increase ability to communicate effectively with vulnerable and underserved populations during emergencies.

Objective 8.1: Develop coordinated system for translation of risk communications materials for the public by establishing policies and procedures for effective and efficient translation

Objective 8.2: Enhance and sustain relationships with media that serves ethnic populations by maintaining and refining ethnic media contact lists.

Objective 8.3: Utilize a variety of communication methods and mediums, including those preferred by individuals with sensory disabilities.

Objective 8.4: Utilize ASL interpreters, and minimal text with graphic pictograms for signage at public emergency sites

Objective 8.5: Provide relevant preparedness and response content to community based partners and their clients.

Objective 8.6: Continue to maintain and enhance Community Communication Network

Objective 8.6: Develop, create and translate graphic novels that reach ethnic and youth populations with preparedness messages.

Objective 8.7: Continue to maintain and enhance PHSKC's website for emergency updates and information