

Ready to Respond

Health Security, Preparedness and Response

Fall/Winter 2015

Director's message

It is hard to believe that 2015 is almost over. We get in to our work, but it isn't until we pause for a moment to look back that we see the massive amount of ground we covered. Most recently the Health Security, Preparedness and Response (HSPR) program has partnered with HHS, the Oregon Health Authority Director's office and a variety of local associates in response to the tragic events that occurred at Umpqua Community College in Roseburg, Oregon. HHS deployed a Behavioral Health Strike Team that was on the ground in Roseburg within 32 hours of the Oregon Health Authority's request.



Beth Depew and DeWayne Hatcher at the Umpqua Wellness Center

Inside this issue:

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<u>SERV-OR Updates</u>	5	HSPR has begun the process of filling four of our vacant positions including our region 6 and 9 preparedness liaison, region 6 and 7 hospital preparedness liaison, medical countermeasures coordinator and an administrative support position. Our staff have done an outstanding job in the meantime filling these critical gaps and I thank each of you for your efforts. With that being said all of us look forward to welcoming the latest members to our HSPR team.
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<u>A Summer Institute Experience</u>	8	In mid-November, HSPR welcomed federal, state and local partners to a patient movement workshop titled Noble Lifesaver. The conversation was honest, productive and a giant step toward a more prepared and resilient Oregon. Thank you to all of our public and private partners who attended.
<u>Outbreak Museum - Now Online</u>	9	We continue to plan for the June 2016 Cascadia Rising exercise with our local, state and federal partners. This is a unique opportunity to discuss scenario details, review the updated Cascadia Playbook and build out pre-scripted missions. All participants have or are developing exercise objectives and we are coordinating with health care systems as well.
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Director's Message - continued

destroyed 26 homes. We monitored air quality, communicated with our partners and supported local efforts.

The state public health incident management team for University of Oregon Meningitis was able to take a short break over the summer, but reconvened at the start of the new school year. The university focused on vaccination messaging for incoming freshmen, new and returning students. We continue to monitor statewide vaccination rates, building relationships and making vaccines accessible to all Oregonians.

The fall was a busy time for us as well. September was [National Preparedness month](#) and this was our most active Preparedness month to date. We had a new four poster campaign, a redesigned preparedness month website and our first ever staff emergency kit recipe contest and cook off. Take a look at the [contest cookbook](#) on our website. We hosted our annual [ECHO Summit](#) in early October and participated in the Great Oregon Shakeout. With all of that behind us we are ready for what the future brings. Remember [winter weather safety](#) as you enjoy all that Oregon has to offer.

Stay safe, stay focused, Mike Harryman

Welcoming the New Oregon State Public Health Lab Director

In June, Tom Eversole, Center for Public Health Practice Administrator, announced the new Oregon State Public Health Lab Director in an email to staff.

I am very pleased to announce that Dr. John Fontana has accepted the director position at Oregon State Public Health Laboratory. Dr. Fontana joined us on Aug. 17, 2015.

Dr. Fontana has directed public health laboratory services for more than 25 years. He holds a doctoral degree in biomedical sciences from Worcester Polytechnic Institute and is certified by the American Board of Bioanalysis as a clinical laboratory director, specializing in microbiology and molecular diagnostics.

Dr. Fontana was the director of the Connecticut Public Health Laboratory. Prior to that, he worked in the Massachusetts State Laboratory Institute, leading initiatives in PFGE testing, directing the Centers for Disease Control and Prevention PulseNet Area Laboratory, antimicrobial resistance testing, and hospital-based MRSA outbreak investigations. He has published or co-authored numerous articles on molecular diagnostics, infectious diseases, foodborne outbreaks, emergency preparedness and public health applications of genomic sequencing.

Dr. Fontana is an active member of the Association of Public Health Laboratories, advocating for public health laboratories on pending FDA regulatory guidance on laboratory-developed tests. Dr. Fontana has collaborated with numerous federal agencies, including the CDC, the Food and Drug Administration, the Environmental Protection Agency and the Federal Bureau of Investigation.

I want to express my gratitude to Ms. Chris Biggs for serving as interim director after the retirement of Dr. Mike Skeels, and to all OSPHL staff members for their outstanding work and engagement during this transition. I know that Dr. Fontana is eager to get started later this summer, and I am looking forward to having him on our team.



Emergency kit cook off participants from left to right: DeWayne Hatcher, Christina Stenerson, Sue Woodbury, Julie Black, Sara Sloan, Robin Stanton and Sandra Smith

"I am very pleased to announce that Dr. John Fontana has accepted the director position at Oregon State Public Health Laboratory."



Dr. John Fontana

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More News from the Oregon State Public Health Lab

By Rob Nickla

The [Oregon State Public Health Laboratory's \(OSPHL\) Laboratory Response Network \(LRN\)](#) Program has been busy lately! Recent activities include:

- Conducting [LRN Sentinel Lab](#) site visits
- Providing regional packaging and shipping trainings
- Assisting the OHA [Acute and Communicable Disease Program \(ACDP\)](#) with soil sampling in search of [Coccidioides](#) in the northeast part of our state
- Revising the national guidance for biothreat organism identification
- Participating in the Oregon Ebola Assessment Hospital consultations
- Participating in the Association of Public Health Laboratories ([APHL](#)) [Emerging Leader Program](#)

The OSPHL LRN understands the importance of face-to-face meetings. The interactions allow for more insightful guidance, as well as making bidirectional communications easier. This is a long standing tradition we are proud and enthusiastic to continue. We've been developing an annual visitation schedule with all identified [LRN Sentinel Laboratories](#) to ensure we visit each site at least once every other year. The [state CLIA Program](#), also helps with Sentinel Lab site visits by inquires during CLIA inspections. We've conducted nine visits in the last two months and will continue throughout the year.

Thank you to everyone who completed the Regional Packaging & Shipping Training Needs Assessment Survey a few months ago. We've reviewed all of your responses and the OSPHL has been working with the HSPR group to create a regional and seasonal training map and schedule. The OSPHL has already provided regional packaging and shipping trainings in Northeast and Northwest Oregon, and these will continue on a routine basis. We're working to confirm locations and dates for the SW and S. Central regions. For more information, or general questions about Division 6.2 Infectious Substance Shipping (Category A or B), please contact the OSPHL LRN Coordinator, Rob Nickla at Robert.E.Nickla@state.or.us.

The OHA ACDP team has been very actively investigating recent [Coccidioides](#) activity in the northeast region of our state in collaboration with the CDC, and the Washington and Idaho Departments of Public Health. [Coccidioides](#) is commonly referred to as "valley fever" and believed to only be endemic to the Southwest United States. Finding these fungal spores in the Northwest would be significant news! The OSPHL LRN was excited for the chance to assist ACDP by collecting soil samples from suspected regions during a recent Northeast Oregon LRN site visit. For more information or questions about [Coccidioides](#) please contact OHA State Veterinarian, Dr. Emilio DeBess at Emilio.E.DEBESS@state.or.us.

Standardized National Sentinel Lab Guidance is currently being revised. Please be on the lookout from the OSPHL LRN about a revised lab guidance manual expected to be finalized before the end of the year.

The OSPHL has been providing the laboratory subject matter expert role in the Oregon Ebola assessment hospital consultations. This has been a very positive effort between local health departments, hospital infection control and emergency preparedness personnel, EMS, CDC, state Public Health and all others involved. Oregon currently has six identified Ebola assessment hospitals, and all the teams have been working extremely hard to ensure best practices are shared and that everyone is prepared.



OSPHL LRN coordinator, Rob Nickla, in the field assisting with [Coccidioides](#) soil sampling

"Thank you to everyone who completed the Regional Packaging & Shipping Training Needs Assessment Survey a few months ago."



Oregon State Public Health Lab

Oregon Health Authority

Oregon Noble Lifesaver Patient Movement Workshop 2015

By Larry Torris

An education group from our federal partners at Health and Human Services has been working with us over the last few months to plan a patient movement workshop for large-scale events. A successful workshop was held last spring in Virginia, and the group wanted to leverage the planning for Cascadia Subduction Zone events to drive further discussion on patient movement in the Pacific Northwest.

Oregon and Washington were approached in September with the concept of conducting the same type of workshop here before the end of the year. Both states took them up on the offer and planning teams gathered. The objective was to explore the current state of planning and knowledge on patient movement from the local, state and federal perspective. The focus was to have key participants and representatives present at this first discussion to gather overarching information to drive future planning at the state and local level.

The workshop took place on November 17 with about 60 attendees present. Local, state and federal partners from various disciplines were able to openly and freely share their questions, information and concerns. Information that may have been isolated to smaller groups was shared and many questions voiced. Overall impressions of the workshop were very positive and further discussion desired. Gaps in planning are present, but the feeling from federal partners is that Oregon is in much the same place as the rest of the nation in planning efforts.

The Oregon Health Authority will be continuing discussions on patient movement and has a specific plan to create a working operations guide. States such as New Jersey and Florida have advanced plans that we will be modeling. Look for further engagement on the subject. We want to make it workable in large-scale and smaller incidents as well. The final after action report will be available in December.

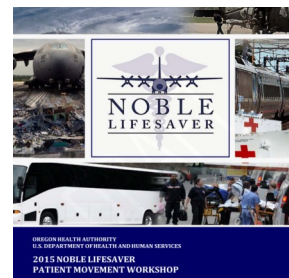
Operation Pathfinder Minuteman - August 4–5, 2015

By DeWayne Hatcher, SERV-OR systems coordinator

Wow! What was that? In August 2015, SERV-OR participated in an exciting, high energy, live exercise that generated a great deal of interest from our coastal communities, SERV-OR volunteers, county, state and military emergency preparedness and response organizations. The exercise simulated a Cascadia Subduction Zone (CSZ) earthquake and tsunami with Incident Command Operations at Camp Rilea in Warrenton, Oregon.

Exercise participants included:

- Oregon Health Authority SERV-OR Volunteers
- Oregon Disaster Medical Team (ODMT)
- 173rd Fighter Wing, Air National Guard
- 194th Air Guard Medical Group
- 124th Air National Guard Medical Group
- 304th Rescue Squadron
- Nevada Air National Guard Medical Group/CERFP
- Oregon Medical Reserve Corps units



Noble Lifesaver Workshop

“The objective was to explore the current state of planning and knowledge on patient movement from the local, state and federal perspective.”



Participant briefing

Operation Pathfinder Minuteman - continued

- Oklahoma Aero Evacuation Group
- MEDCOM Army National Guard Medical Group
- 125th Special Tactics Squadron
- 142nd Air National Guard Medical Group/CERFP
- Portland OHSU Regional Hospital
- Oregon ARES
- Clatsop County Emergency Management
- Oregon Department of Transportation
- Clatsop County Fire & EMS
- Oregon Emergency Management

SERV-OR dispatched 40 medical and behavioral health providers, along with 14 incident command staff to assist with exercise medical operations, planning, exercise control, safety and logistics. Our volunteer medical and behavioral health providers were initially deployed in strike teams that included physicians, nurses and nurse practitioners, EMS personnel, pharmacists, psychologists and other licensed health care providers. Our SERV-OR MRC strike teams were intended to augment and integrate into larger 12 person multi-organizational Medical Rapid Response Teams (MRRT) including the Oregon Disaster Medical Team (ODMT) and the various specialized military first responder groups listed above. An additional 55 SERV-OR personnel made themselves available and were placed on a stand-by list. We had the capacity to run this exercise operation in multiple shifts, which will be needed in the case of a real disaster. We were successful.

What will made us successful? Our main overall objective for this exercise was relationship-building and discovering ways we can work together most effectively and efficiently. Specifically, the combined and integrated teams trained together for one full day on general safety, systems and environment, medevac, field triage, equipment, communications and safety around aircraft. On the live exercise day, teams practiced together establishing medical staging areas and patient collection points, performing primary and secondary triage, establishing a field hospital to hold patients and support medical evacuation. There was plenty of shared technical information, but all that takes a back seat to building relationships between responder organizations, civilian, state, county and military first responders.

We're in a great position to continue to build upon what we've learned to provide basic training to those who will volunteer to help in our communities when disaster strikes. As registered SERV-OR volunteers, you embody our shared values of service and responsibility. You are learning new skills, meeting new friends, helping those who are vulnerable and making our communities stronger. Together we can accomplish extraordinary things to restore our communities during times of great need.

SERV-OR updates and whirlwind 2015 trainings!

by DeWayne Hatcher, SERV-OR systems coordinator

As of December 9, 2015, there are 2,604 SERV-OR volunteers in Oregon. That is an outstanding number. As Mark Twain once said, "The secret of getting ahead is getting started." For disaster volunteers, getting started as a professional medical first responder also includes preparation and training. The theme of our first eight months of 2015 has been training.



SERV-OR volunteers at the Pathfinder Minuteman exercise

"SERV-OR dispatched 40 medical and behavioral health providers, along with 14 incident command staff to assist with exercise medical operations, planning, exercise control, safety and logistics."



SERV-OR volunteers getting hands on training

Fall/Winter 2015

SERV-OR updates - continued

During the spring and summer, we had the opportunity to visit and sponsor trainings for our extraordinary SERV-OR volunteers from communities in Southern, Central, Coastal, Eastern Oregon and in the North and South Willamette Valley. In total, 42 trainings were scheduled for 2015 and 32 of those have been completed, representing 790 participants and more than 5,800 hour of volunteer time.

Ten additional trainings were scheduled through the end of October 2015. Trainings registration links are added and updated to this Web page: [2015 SERV-OR Training](#). Trainings for 2016 are being planned now and registrations will be available soon as they are scheduled.

On-line NIMS trainings available now!

- Introduction to Incident Command System.
 - [FEMA ICS 100](#)
- Introduction National Incident Management System (NIMS).
 - [FEMA ICS 700](#)
- Personal Preparedness
 - [Center for Public Health Preparedness](#)
 - [FEMA IS-22](#)

Training topics for 2015:

- Mass Casualty Burn Care
- Access and Functional Needs during Disasters
- Psychological First Aid
- Disaster Mental Health Fundamentals
- Basic Disaster Life Support
- Advanced Disaster Life Support
- Tactical Emergency Casualty Care
- Pre-Hospital Trauma Life Support
- Personal Protective Measures For Biological Events



Shout out!

A shout out to Carol Gross with the Red Cross, Justin Ross with the OHSU Oregon Office on Disability & Health and Curtis Ryun with the Legacy Oregon Burn Center for providing superb trainings for our volunteer corps. These partner organizations provided trainings at no cost to our SERV-OR volunteers.

A Preparedness Month for the Record Books

By Julie Black

September was National Preparedness Month and we recently wrapped up our most active preparedness month to date. We offered a new four poster campaign, a redesigned [preparedness month Web page](#) and our first ever staff emergency kit recipe contest and cook off.

Each of the new posters addressed a question those of us in preparedness get asked on a regular basis. The posters ask how to get started with personal preparedness, or cover emergency kit maintenance and household changes. One poster is the first of its kind for us. It begins with, "Is there really such a thing as the Cascadia Subduction Zone earthquake and if so, what should I do to get ready?" Each poster offers a brief answer along with useful tips. "When you work in preparedness, you know about the hazards and how to get prepared. This is what we talk about literally all the time," said Larry Torris, all hazards planner. "We want to

Preparedness Tip #4



Is there really such a thing as the Cascadia Subduction Zone earthquake and if so, what should I do to get ready?

The Cascadia Subduction Zone (CSZ) is real and experts say another is due, but no one knows exactly when. It may be big and cause massive damage, but the odds are greatly in your favor. Most Oregonians and Oregon buildings will survive and SO CAN YOU!

- Cascadia Subduction Zone preparedness tips:
1. Experts are recommending at least two weeks of supplies for a Cascadia Subduction Zone earthquake. Consider supplies for 2 weeks or more.
 2. Have a kit of items and make plans regularly. You might have another week or two with a bag that you can grab if you need to.

Our first poster to address the Cascadia Subduction Zone

Oregon Health Authority

Preparedness month - continued

share what we know with all Oregonians and help them take steps toward becoming more informed, prepared and resilient.”

Our [preparedness Web page](#) welcomed over 1,000 visitors this year. It includes links to the four posters in both English and Spanish, preparedness videos and our partners' preparedness month activities and resources. We also held an experimental emergency kit recipe contest and cook off for our Portland staff. Participants submitted recipes with ingredients one could find in an emergency kit.

“I wanted people to think beyond having the obvious stockpiles of canned soup and peanut butter and think more about having a variety of healthy foods that your family would enjoy over many days,” said co-contest sponsor and WIC/MCH registered dietitian, Robin Stanton. “Most of us don't eat canned meals every day and our families will need high quality, high nutrient foods as well as want foods for comfort and flavor.”

More than half of the participants said that the contest inspired them to take action for their own kits. Staff submitted the following comments in a survey we distributed following the cook off:

“...helped me think out of the box about what to place in my emergency kit.”

“I made a preparedness kit for home.”

“...made me really think about what kind of food and supplies I should have on hand.”

Comments like that are exactly what preparedness month is all about!

Check out the cookbook on our [website](#). This was such a huge success we are working on expanding it statewide next year. We'll send out a web-based recipe submission form and instructions for hosting your own cook off in time for all of our partners to participate.

Visitors to the Portland State Office Building also enjoyed our preparedness month lobby display. It included large versions of the posters, preparedness handouts such as Living on Shaky Ground, FEMA pamphlets and the OEM Preparedness Passports. Visitors picked up more OEM preparedness handouts this year than in any year prior, collecting more than 2,000 preparedness informational tools.

Preparedness month is a great way to communicate with each other and the general public about preparedness. Based on this year's participation, it is clear people are more aware and interested than ever. Thanks to all who helped make this year's preparedness month a success. And thanks to Oregonians for being informed and more prepared!

Spirit of Giving conference, Vaccines and Partnerships

By Carey Palm

The Health Security Preparedness & Response program would like to give a tremendous **thank you** to the Immunization Program for its incredible partnership, generous provision of vaccine and volunteer operational support during the Native American Rehab Association's (NARA) Sixth Annual Spirit of Giving conference September 1–2 in Portland, Oregon.

Vaccine was provided free of charge to both adults and children with or without insurance to include: zoster, varicella, MMR, hepatitis A, hepatitis B, PC V 13, PC V 23, DTaP, Tdap, polio, meningococcal, HPV, Hib and rotavirus.



Example emergency kit foods

Check out the
emergency kit contest
cookbook on our
[website!](#)



Vaccine clinic brochure

Spirit of Giving - continued

Special thanks goes to Tuesday Graham, Kerry Lionadh, Heather Crawford, Mallory Metzger and Carol Easter for volunteering to support this clinic and making it a huge success.

NARA hosted another free vaccine clinic on October 10, 2015, and provided free vaccine to all NARA employees throughout the month of October.

The Summer Institute: A personal perspective

By Kristina Hansen

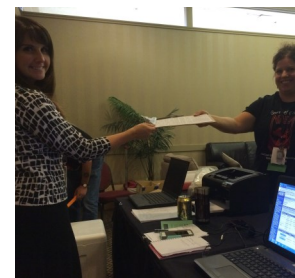
In August, Carey Palm and I spent a week at the University of Washington campus at the Northwest Center for Public Health Practice's (NWCPHP) Summer Institute. And let me say, "Wow!" It was an incredible week of learning opportunities and fantastic discussions with colleagues and professionals from diverse disciplines, including a gerontology physician at Veteran's Administration, health educator from North Slope Borough Health Department in Alaska and Region X Administrator for ASPR. The plenaries covered topics on the Duwamish Health Impact Assessment and Violence and Injury Prevention Data and Strategies, which closely related to the courses offered at the Summer Institute.

I attended the Implementing Program Planning and Evaluation course. When I signed up, my thought was it would be great to refresh my skills. I looked forward to learn new techniques to the good old fashioned evaluating process and using those techniques for my chosen project. When our instructor, Luann D'Ambrosio, discussed the syllabus and said the one thing I dread — logic models — I winced and questioned my choice in taking the course. Luann exuded energy and excitement about logic models. Have you ever been excited about logic model development? I admit I was never thrilled to do logic model development through my public health career. Until now.

Luann brought a perspective to inputs, activities, indicators, outputs and outcomes that make sense. It was actually enjoyable to develop logic models and therefore evaluations. Many of us think evaluations are the necessary evil and we need to show something for grants, reports and exercise outcomes. But using purposefully developed logic models to investigate and evaluate program successes with well-thought indicators is a good thing. Not just good, but advantageous and beneficial for the program. The course also explored cost benefit analysis, social return on investment and data management; items often disregarded and not addressed in the program evaluation process.

A couple of weeks before the course, participants were asked to identify a current program or project to evaluate. I chose the ECHO Preparedness Summit. During and after ECHO, you will be asked to complete the survey, aka the evaluation. The survey will examine the learning and networking opportunities ECHO participants found valuable and the social return on investment.

Carey attended the Interpreting and Using Health Data course. She discussed how health data can be collected in our work and applied when available to program evaluations. Carey expressed excitement on what was taught in her class and the metaphorical light bulbs above everyone's head would click on in the classroom. Through Carey, I met Deb, a physician from Boeing. Deb discussed how Boeing's occupational health program was able to evaluate onsite physical therapy programs and the number of recurring back injuries, or should I say, the lack of recurring back injuries. Boeing had tried different rehabilitation/physical therapy programs over the years. By analyzing the therapy programs compared to recurring back injury data, the occupational health personnel are able to make informed decisions for appropriate physical therapy at Boeing.



Tuesday Graham volunteering at the NARA vaccine clinic

"It was an incredible week of learning opportunities and fantastic discussions with colleagues and professionals from diverse disciplines"



2015 Summer Institute

The Summer Institute - continued

If you ever considered attending or have an opportunity to attend NWCPHP's Summer Institute, I have one word for you — go! Take the week to enjoy the learning environment and grow professionally with colleagues from Alaska to California and Washington to Montana. And if you ever want to discuss and tackle logic models and evaluations, you know where to find me.

You can find more information on the NWCPHP Summer Institute at: www.nwcpHP.org/training/opportunities/summer-institute-for-public-health-practice



Northwest Center for
Public Health Practice

The Northwest Center for
Public Health Practice
hosts the Summer
Institute

International Outbreak Museum goes online

By Richard Leman

The International Outbreak Museum (IOM) began in the office of Dr. Bill Keene during his years at the Public Health Division investigating infectious disease outbreaks. Bill realized early on that these investigations are of historical importance, having influenced what we know about disease transmission, advanced the art and science of outbreak investigation, and led to momentous governmental action. Therefore, they are very public opportunities to teach large audiences about the kinds of foods and other products that can become contaminated and cause widespread illness.

*The Public Health Division
has established an
International Outbreak
Museum website:
www.outbreakmuseum.com*

One of the earliest exhibits (it's still the oldest) is a box of Rely tampons, associated with an outbreak of toxic shock syndrome caused by *Staphylococcus aureus* back in 1980. More recently, Bill showed his artistic side, painstakingly crafting replicas of implicated fruit, cheese, even sprouts and ground meat. Long story short, the museum includes some pretty cool stuff. Too cool to be appreciated by only a privileged few. For this reason, The Public Health Division has established an International Outbreak Museum website: www.outbreakmuseum.com.

The IOM website features photos of museum exhibits, information about how investigations were conducted, why they were noteworthy and useful investigative tools. There is something here for everyone in public health, from the fledgling epidemiologist to the most seasoned communicable disease sleuth.

The museum is part of The Northwest Center for Foodborne Outbreak Management, Epidemiology, and Surveillance (FOMES), a program that fosters excellence in foodborne disease surveillance and outbreak investigation. FOMES will be working to bring all of the physical IOM exhibits to digital life so they can be available to a broader public health audience. The IOM website can be a place for learning and sharing about outbreak investigations and how to pursue them effectively. Got an outbreak the world needs to know about? Let us know at www.outbreakmuseum.com/submit-an-exhibit/

And don't forget, the museum is still available for tours! To make a tour appointment, contact us through our **Send A Message** page.



Over 25,000 pounds of frozen oysters were embargoed by the FDA in a 2006 Norovirus GI investigation



Bill Keene tosses a sample to investigators during and 2012 E.coli outbreak associated with raw milk

Crook County Connect

By Vicky Ryan

Crook County pulled together for the local Crook County Connect & Beyond event on Saturday, September 19. This event is designed to help homeless and low-income guests improve their lives by accessing needed services they may not have access to otherwise.

The Crook County Health Department used this opportunity to perform a full-scale Incident Command System exercise. These exercises and others help the health department be better prepared for actual health-related emergencies and assist our local emergency management team with readiness for any natural disaster or emergency.

More than 300 community members registered for services. The Crook County Health Department organized local providers in the medical branch to offer services such as dental and oral care, medical and prescriptions, foot care, chiropractic, immunizations and vision screening. More than 150 people were seen. The health department offered information on WIC, home visits, smoking and tobacco, interpretive services, OHP and other social services available.

Community volunteers donated their time and expertise. More than 250 volunteers helped with registration, food service, guest services, social services, professional services and general information.

The event also provided information on topics such as how to obtain identification, legal issues, library services, healthy beginnings, St. Vincent DePaul, Redemption House/shelters, personal care, Heart of Oregon, energy/housing support, Headstart, self sufficiency, local faith-based agencies and more.

Shuttle transportation was available for individuals who would not have been able to attend without a ride. Showers and a healthy breakfast and hot lunch were offered.

Stay tuned. The planning committee will be considering dates for the next Crook County Connect & Beyond event soon. Project Homeless Connect started in San Francisco in 2004. Volunteers and agencies gathered on one day, in one place, to provide health and human services to the homeless and those in need. Since 2004, Project Homeless Connect has become a national event held in more than 100 cities.



Crook County Connect logo

“These exercises and others help the health department be better prepared for actual health-related emergencies and assist our local emergency management team with readiness for any natural disaster or emergency.”

HSPR staff farewells

By Akiko Saito

Change is inevitable and HSPR has seen a lot of change over this past year and over just this summer. In July, we said farewell to our esteemed office manager Katie McLellan who went on to become an HR director for a private firm. In August, we bid a bon voyage to Jennifer Clausen, office assistant, who moved out-of-state for an exciting opportunity.

Then in September, Tiffany Stafford, hospital preparedness program liaison for Region 7 left to earn her nursing degree at OHSU and in October, Kevin Cradock left our program to pursue his business enterprise in the music and entertainment field. We thank each of them for their service, wish them our best and look forward to seeing how their bright futures unfold.



Kevin Cradock



HSPR staff farewells - continued

Jennifer Clausen:

Although Jennifer was not with our program long, she was a great support. Jennifer worked with both EMS and HSPR and was constantly going the extra mile, from managing the water club to instituting birthday recognitions and VISTA appreciation. Jennifer worked on various projects such as our Windows migration, new phone systems and was the support staff for the CLHO Public Health Emergency Preparedness Subcommittee. Jennifer moved with her husband to Nevada for a business opportunity and will be missed here at HSPR.

Tiffany Stafford:

Tiffany has been with our program for nine years. She came from the law enforcement and military fields and was an asset to Oregon. She initially worked closely with Jefferson, Wheeler, Crook, Deschutes, Grant, Harney, Klamath and Lake counties. She brought together a coalition of hospitals, clinics, emergency management, local public health, tribes, law enforcement and fire. It was with Tiffany's leadership that Project Connect was able to support the tri-county communities in poverty through a one-day medical, dental, veterinary and social service fair each year.

Thousands of vulnerable community members received much needed support and it forged bonds between counties and organizations. In 2010, Tiffany added Region 6 and worked with Hood River, Wasco, Gilliam and Sherman counties to strengthen their Hospital Preparedness Program Coalition. Tiffany has created strong coalitions in both Region 6 and 7 and is leaving her regions in a positive place. She will be missed for her Aloha spirit and fun-loving personality. She is leaving us to pursue a degree in nursing at OHSU, so hopefully she will still be around in our world of public health and preparedness.

Kevin Cradock:

Kevin came to the OHA-PHD as an intern almost 10 years ago. He worked on the development of multiple IT systems such as ORPHEUS, Health Alert Network, HosCap and SERV-OR. He has been the contract administrator for complex IT contracts and his knowledge and expertise has been the cornerstone of creating an integrated IT system for national, state and local levels. Kevin has a passion for public health and he has been instrumental in so many aspects here at the Public Health Division.

He has held multiple Incident Management Team positions and participated in national exercises, such as Top Off and Pandora. As PHD Duty Officer, Kevin has been instrumental in a variety of responses and worked tirelessly on H1N1 and Ebola. Kevin's intelligence and energy is unmatched and he will be greatly missed.

Oregon Health Authority Ebola Award

By Julie Black

On September 21, 2015 the Oregon Emergency Management Association (OEMA) honored the Oregon Health Authority's Ebola Incident Management Team with their 2015 OEMA Partner Award for Coordination. The bottom of the award reads, "For your exceptional coordination during the statewide planning and response efforts for the Ebola Virus in the past year."

"The Ebola response truly was a statewide partnership," says Mike Harryman, Director of Emergency Operations for Oregon's Public Health Division. "We are honored to be given this award. My staff and all of our partners deserve it. Ebola was unprecedented in the United States, let alone in Oregon, and I'm extremely proud of Oregon's efforts."



Tiffany Stafford

"We thank each of them for their service, wish them our best and look forward to seeing how their bright futures unfold."



Eric Gebbie and Akiko Saito pose for a selfie with the award

Stay safe, stay focused



Health Security,
Preparedness and Response

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Web: healthoregon.org/preparedness

Our efforts are an emergency response collaboration with Oregon Emergency Management (OEM) and our local, regional and national Emergency Management partners.

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HSPR ensures that Oregon's communities and hospitals have an improving level of preparedness for health and medical emergencies by supporting the development and testing of plans, providing training, managing volunteers and encouraging collaboration.

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Jere's three adorable Boston Terriers will be well taken care of when disaster strikes

PHD staff preparedness tips - Pets

By: Jere High and Julie Black

Welcome to the second edition of PHD staff preparedness tips! We are using this column to capture the individual nature of preparedness by highlighting one staff member and their preparedness experiences per quarterly newsletter. Jere High, planning section chief and proud owner of three Boston Terriers, talks with us this month about pets.

“When you put your preparedness kit together remember to plan and store items for your pets. Don't forget the treats,” says Jere High. “Portable water dish, pet meds, leashes, portable pet carrier and a backup plan in case you can't get home (For example, see if your neighbors could cover for you). Don't forget to times by three if you have three pets for an adequate supply of food.”

Jere also reminds us to include a set of veterinary records including vaccinations to take with you and have in your kit. In the case of light coated dogs like Boston terriers, “Pack blankets and sweaters for them, and even rain coats.”

Jere recommends pet owners include a current photo of each pet in your emergency kit in case they get lost. It is not uncommon for pets to get spooked during emergencies. It is also a good idea to have them microchipped. Go to ready.gov/animals for more ideas and a complete list.

