

## Director's note

Looking back at 2011, it's been quite a year and we've made excellent progress that will propel us through 2012 by utilizing our strategic plan, aligning our CDC and HPP grants, and learning from the Japan radiation activation.



Since January, we've already had two limited activations utilizing the Agency Operations Center and establishing the Incident Management Team. The first activation occurred during the [January winter storms](#); the second was the [meningococcal outbreak in Crook County](#).

Another change is the new e-newsletter format that is cost-effective and environmentally friendly. The HSPR newsletter "Ready to Respond" will be disseminated on a quarterly basis. [Sign up to receive the newsletter via e-mail](#).

Throughout the "Ready to Respond" e-newsletter you will find a recap of our recent activities including [exercises](#), [deployments](#) and a structural realignment with a [name change](#). Our structural realignment is designed to create more transparency between our daily activities and response functions.

Last fall the *1<sup>st</sup> Edition of the National Preparedness Goal (NPG)* was released, which highlights *Presidential Policy Directive 8: National Preparedness (PPD8)*. This directive describes the nation's approach to preparing for the threats and hazards that pose the greatest risk to the security of the United States (NPG, 2011). The core capabilities for the National Preparedness Goal are prevention, protection, mitigation, response, and recovery.

Moving forward, we will work with other state agencies to highlight [March as Oregon's Earthquake and Tsunami Awareness Month](#) and support the Japan Tsunami Debris Coordination Committee. In April, HSPR will participate in a FEMA Integrated Emergency Management training and exercise which will test the program's current preparedness efforts.

Mike Harryman, Director of Emergency Operations

## 2011 Fall Round Up

### 2011 staff deployments

During 2011, three HSPR staff participated in domestic and international deployments. [Colette Whelan](#), [Carey Palm](#), and former HSPR staffer [Michael Kubler](#) explain various aspects of their deployments.



### Oregon laboratories complete bio-threat exercise

Thirty-four [Oregon Laboratory Response Network \(LRN\)](#) member labs participated in September in the biannual exercise from the College of American Pathologists (CAP) to determine competencies in both communications and identifying bio-threat (BT) organisms. Each lab received a kit from CAP with three unknown specimens and the instructions to identify and report any possible BT organisms as if it were a real event by calling the [Oregon State Public Health Laboratory](#). In this exercise, the three specimens were *Burkholderia thailandensis* (to mimic *Burkholderia pseudomallei*), *Yersinia pestis* (attenuated strain), and a non-BT organism, *Listeria monocytogenes*. The percentage of Oregon labs that correctly identified the organisms was at or above the national average, demonstrating once again the high level of clinical microbiology practiced in our state.

### "Just One Thing" content winners announced

Public health and the [American Red Cross Oregon Chapters](#) co-sponsored the "Just One Thing" contest. During September 2011, National Preparedness Month, members of the public could participate in the contest by submitting a preparedness tip for businesses, families, kids and even pets. Each winner received a preparedness kit focused on the specific topic of the tip they submitted.

Audience	Preparedness Tip	Winner
Business	Keep comfortable walking shoes under your desk in case you must evacuate.	Bryan Green
Families	Keep "to-go" bags in each of your cars just in case you're at work or "out and about" when emergencies occur.	Laura Jane Schaefer
Kids	Teach your family to text so they have a new way to connect during emergencies.	Nic Granum
Pet owners	Have a picture of your pet with you, so you can easily prove pet ownership if you get separated in an emergency.	Beth Talmadge

### Malheur County exercises tests shelter response

On Sept. 8, 2011 the [Malheur County Public Health](#) and Emergency Management program sponsored a community exercise to test their sheltering capabilities. Using a flood scenario, 20 players from a variety of partner agencies worked through how to acquire, staff, supply, and operate emergency shelters for evacuated citizens. Representatives from two neighboring counties assisted in the control cell and Oregon Health Authority liaisons managed the exercise. Throughout the day, Malheur County response agencies reinforced their strong working relationships and explored strategies to improve future operations. Based on lessons learned, county staff are enhancing portions of their sheltering plan and organizing Incident Command System (ICS) training with mini-exercises at their monthly preparedness planning group.

following day. The exercise was conducted from Sept. 27-29. The RPS dispatched staff members to form three emergency response teams each consisting of a health physicist to train with multiple federal and local agencies in Exercise Columbia Crest, which was designed to test their ability to respond to an event involving weapons of mass destruction (WMDs). This event tested the public safety infrastructure by working and networking with essential first responders and state and federal law enforcement using universal protocols. Exercise participants included the FBI, U.S. Customs and Border Protection, TSA, U.S. Coast Guard Sector Columbia River Vessel Boarding Security Team (VBST), Port of Portland Fire & Police, Portland Metropolitan Explosive Disposal Unit (MEDU), Port of Portland Marine Security, HAZMAT 07, HAZMAT 11, Department of Energy RAP 8, and the Oregon National Guard's 102nd Civil Support Team (CST).

## **Preparedness coordinators meet in Redmond**

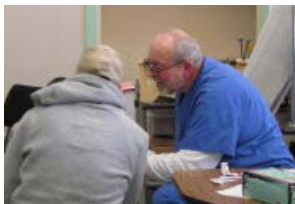
Oregon's local and tribal public health preparedness coordinators came together for two days of training and information sharing on Oct. 6-7 in Redmond. The annual conference began the day before with pre-conference sessions for coordinators and jurisdictions with Bio-Detection Systems (BDS). The conference featured plenary speakers, including Capt. Joe Maloney of the U.S. Public Health Service who talked about environmental health preparedness, and Dr. Christina Singleton of the CDC who presented on public health preparedness capabilities. Afternoon breakouts included informative sessions on ESSENCE, IRMS, Advance Practice Center tools, and exercise management.

## **FEMA Region X provides Federal Medical Station (FMS) training**

FEMA Region X provided its first-ever [Federal Medical Station \(FMS\)](#) training on Nov. 15-16 in Vancouver, Wash. An FMS is a cache of equipment and supplies that can be deployed to create a scalable 250-bed low-acuity first-aid station that can be used to complement hospitals or house the medically vulnerable during and after a disaster. The training focused on the FMS concept of operations, mission, coordination between local, state, and federal partners, site layout, physical location, and what types of services are needed to make the FMS deployment successful. Training participants engaged in lengthy practical skills stations where they experienced hands-on opportunities with actual FMS equipment. FEMA trainers provided real-world disaster experience and lessons learned from each deployment. Twenty-four Oregon Health Security, Preparedness and Response program staff, 17 partners from Alaska, 34 partners from Washington, and four partners from Idaho participated in the training.

## Crook County leads outbreak response efforts; state assists

[Crook County Health Department](#) tested its use of the [Incident Command System \(ICS\)](#) during a meningococcal outbreak in early February. After receiving laboratory test results from the [U.S. Centers for Disease Control and Prevention \(CDC\)](#) confirming an outbreak of meningococcal meningitis, the Crook County Health Department and the Oregon Health Authority Health Security, Preparedness and Response (HSPR) program activated incident management teams.



The state, including [HSPR](#), [Immunization](#) and [Communicable Disease](#) programs, provided assistance to Crook County by coordinating vaccine ordering and delivery, public information efforts and deploying a staff member to provide logistical support. The Agency Operations Center (AOC) was activated on Feb. 10 until Feb. 16.

Once the laboratory test results confirmed the outbreak, the Crook County Health Department recommended vaccination of all persons 9 months through 25 years of age who lived, worked, attended school or attended day care in Prineville. In an effort to get the target groups vaccinated, Crook County Health Department used a “Shots for Tots” clinic, focused existing walk-in immunization clinics on meningococcal vaccine, and added three additional vaccine clinics. Coordination with the local medical offices and pharmacies added greatly to the ability to provide meningococcal vaccine to the insured public, which allowed the health department to focus its efforts on the uninsured or underinsured.

Through these efforts, Crook County in coordination with [Deschutes County Health Department](#) gave out over 1,500 vaccinations.

County	Number of vaccinations
Crook	1,254
Deschutes	322

On a local level, Crook County Health Department activated its ICS and developed Incident Action Plans (IAP). The plans provided assignments on specific communication tasks including vaccination information and developing social media messages for the [health department's Facebook page](#).

During the initial days of the outbreak, both Crook and Deschutes counties were experiencing a high volume of calls from concerned citizens and from healthcare providers in the area. To ensure the public's phone calls would be answered, Crook County coordinated with the community based organization [211 Info](#).

## Public health assists with response to statewide flooding

The Health Security, Preparedness and Response (HSPR) Incident Management Team (IMT) responded to a severe winter weather system that reached the Northwest on Wednesday, Jan. 18, resulting in heavy rains, flooding, high winds, and ice storms that overwhelmed the response capabilities of multiple counties. Throughout the course of the 2012 winter storm event the Oregon Coast was ravaged by rain and high winds, ice storms crippled towns and infrastructure down the Gorge, high elevations experienced heavy snow fall, and many rivers flooded as a result of the rain.



The Health Security, Preparedness and Response IMT conducted a threat briefing in the Portland State Office Building (PSOB) Agency Operations Center (AOC) informing staff and partners of the situation and possibility of activation on Wednesday, Jan. 18, at 1400. On the morning of Thursday, Jan. 19, the HSPR public information officer (PIO) facilitated a PIO meeting in the Portland AOC presenting a draft of the risk communication toolkit and discussing a toolkit distribution and communication plan. At 1000 that same day a HAN alert was sent asking all hospitals' emergency preparedness coordinators and other key hospital staff (210 individuals total) to update their core fields in HOSCAP. By 1300 that afternoon, 15 rivers had experienced heavy flooding, flooding or were expected to flood. The Oregon Public Health Division AOC was activated at 1300. The PIO distributed the risk communication toolkit to emergency-designated public health PIOs and liaisons.

Lincoln, Tillamook, Columbia, Linn, Lane, Coos, Polk, Curry, Clackamas, and Marion counties' Emergency Operations Centers (EOCs) were in limited activation. Benton County's EOC was in full activation. Multiple hospitals activated their Emergency Operation Plans (EOPs) as well. Heavy rain totals (3"-15.5") fell within 24 hours throughout much of the state. One-half inch of ice covered highways in Central and Eastern Oregon, closing roads including I-84. Winds hitting 110 miles per hour were reported at the Oregon Coast.

Oregon Gov. John Kitzhaber declared a state of emergency due to severe winter weather for Marion, Coos, Benton and Lincoln counties. In addition to those activated the day before, on Friday, Jan. 20, Hood River and Yamhill county EOCs were also in limited activation and additional hospitals activated their EOPs. The HSPR public information officer sent out a press release, developed talking points for media calls to OHA, updated website content, and created social media and plans for outreach to individuals with limited English proficiency. The HSPR IMT logistics section updated the public health action requested by the Oregon Department of Administrative Services (DAS) for environmental health technical assistance. Public health subject matter experts communicated with DAS regarding state-owned buildings contaminated with sewage. They helped develop plans to clean the facilities making them safe for workers and scheduled follow-up testing. Public health remained available for technical assistance as needed.

No additional resource requests were received. Public health continually monitored the event via HOSCAP, partners and subject matter experts, and in turn provided a minimum of daily situational status reports.

## State programs join forces to safeguard vaccine supply

In early 2011, Oregon's Health Security, Preparedness and Response program (HSPR) and the [Oregon Immunization Program \(OIP\)](#) joined forces to help local health departments, tribes and state agencies prepare for the unexpected. In the world of immunization, one thing is certain – vaccines must be stored and handled very carefully. Medical errors from wrongly stored vaccines in 2009 cost Oregon private and public providers an estimated \$9.4 million in unrecoverable



costs, plus an additional \$500,000 to replace actual vaccines. To keep them at the perfect temperature, even during a power failure, clinics need lab-grade refrigerators and generators. This equipment is expensive, and many local agencies can't afford it. When the federal government offered \$400,000 in Public Health Emergency Resources (PHER), Oregon Public Health leaped at the opportunity.

Alison Alexander, project coordinator for the state, polled local health departments, tribes and selected state agencies (such as the Department of Corrections, Oregon State Hospital and Oregon Youth Authority) to determine what equipment they needed most. Many of the agencies needed generators, which involved not just the generator, but arranging for electrical work and concrete slab production. The agencies that didn't need a generator had a "shopping list" from which to choose, including lab refrigerators with the appropriate temperature range, portable refrigerators, thermometers and alarm systems.

The public agencies had the opportunity to share the vaccine storage equipment with private entities within their jurisdictions. The project took several months and many hands to complete, and the final amount of PHER funds used totaled \$590,000. Peterson Machinery in Portland, for example, scoured the entire country looking for the perfect generators to meet specifications for each site in order to meet the deadline. The state called upon several local contractors and electricians to install the generators quickly, within a matter of weeks. The generators and most other equipment were in place and operating by the end of July 2011.

"Our new generator is absolutely beautiful," said Gretchen Gantz, Lincoln County Health and Human Services management and compliance analyst. "I appreciate not having to come down when the power goes out to move the vaccine over into coolers and transport to the jail which always seems to happen in the middle of the night when it's raining and blowing." Teri Thalhofer, North Central (Wasco-Sherman-Gilliam counties) Public Health District manager said the generator is a fabulous asset to their health department. "There were many challenges in the process and it took the efforts of all to move forward. I think we all learned something in the process." Oregon Public Health seized an opportunity, and now the state's vaccine supply is well-protected, even during a disaster.

## What's in a name?

The Public Health Emergency Preparedness program recently underwent a major reorganization and name change. The program aptly renamed, "Health Security, Preparedness, and Response" represents a greater focus on the coordination across governmental jurisdictions, communities and the health and emergency response systems. Further, it places an emphasis on ensuring that adequate medical surge capacity, a sufficiently sized and competent workforce, sustainable medical countermeasures, and resilient communities are ready and able to respond to health emergencies.



The goal of health security is to:

- Build community resilience; and
- Strengthen and sustain health and emergency response systems.

### What is health security?

Based on the [national definition](#) from the U.S. Department of Health and Human Services, health security is any state such as Oregon in which its people are prepared for, protected from, and resilient in the face of health threats or incidents with potentially negative health consequences.

### What's different about the program?

In addition to the name change, the program reorganized to ensure better coordination of information and resource capacity both internally and externally. There are five units within the program: Planning, Operations, Finance and Logistics, Information Technology and Communication.

- The **Planning Unit** focuses on the development and maintenance of emergency response plans, the development of Incident Action Plans and the evaluation of emergency response efforts.
- The **Operations Unit** houses the three major teams: the HSPR Liaison program provides support to both local health departments and hospitals across the state; the Medical Reserve Unit, which coordinates all medical volunteers across the state; and the Duty Officer, which maintains a 24/7 emergency contact for public health.
- The **Finance and Logistics Unit** oversees all budget and contract administration for both steady state and activation time.
- The **Information Technology Unit** oversees the project administration for all IT systems used by the program and maintains the Health Alert Network.
- The **Communication Unit** coordinates public education and outreach during steady state and leads emergency risk communication efforts during activation.