

Director's Update

June brings the end of school and the beginning of summer. This summer, Health Security, Preparedness and Response Program staff will work on gap assessments and with partners. We will also plan for the next grant year.



Surge management will be the main theme during the next grant year. Super Storm Sandy, the Boston bombings and the explosion in West, Texas, reveal the importance of medical surge. A competent and qualified work force ready to staff emergency response teams is also key. During Super Storm Sandy, New York and New Jersey were hit the hardest. However, the storm affected many other states. At the height of response, 27 states deployed more than 2,400 responders and resources through the Emergency Management Assistance Compact.

During Superstorm Sandy, PHEP and HPP funds helped staff the state and local emergency operation centers and health care evacuation center. These funds also supported medical volunteer deployment, pre-hospital provider response, HavABed (hospital bed availability system) and designated emergency coordinators at each hospital.

Surge management can be defined many ways. Our focus will be on addressing targeted capabilities to improve our statewide surge management preparedness and response efforts. Some key activities will include continued planning with FEMA Region X partners on Cascadia Subduction earthquake planning; working with California on a state-to-state public health and medical service memorandum of understanding; and targeting statewide medical logistics issues. We will also sign an inter-agency agreement with the Oregon Department of Geology and Mineral Industries (DOGAMI) to develop a seismic risk prioritized list for all Oregon hospitals. The list will focus on pre-hospital all-hazard planning. It will also highlight continued support to develop our Medical Reserves Corps units and volunteer management, and to maintain our working relationship with the AmeriCorps/VISTA national program.

In Oregon, HSPR's goal is to ensure that partners and public health system members can mobilize, deploy and staff emergency response teams. Oregon's HSPR's goal also includes continuing essential health department functions. Please contact your [public health or hospital liaison](#) to learn more about surge capacity and surge management.

Mike Harryman
Director

Fire readiness for Oregon's youngest residents

By Talia Gad

When a household of five becomes licensed for childcare, its occupants can double overnight. This is great news for local business growth and for parents seeking personalized child care. However, what does it mean for our children's safety during a disaster?



Questions like these fuel the work of Jennifer Masotja. She is the all-hazards planner for Community Resilience and Vulnerable Populations (CR and VP). CR and VP is part of the Health Security, Preparedness and Response (HSPR) Program. Masotja's most recent focus turned to childcare for our state's youngest residents. The results are inspiring.

"Ensuring that individuals and agencies that provide child care are prepared to respond and recover from a disaster is important to our state's resiliency," said Masotja. "In recognizing this, the Community Resilience program partnered with the Oregon Employment Department's Child Care Division for preparedness planning. The programs serve as advocates for one of Oregon's voiceless vulnerable populations."

HSPR's collaboration with the Child Care Division (CCD) has allowed the CR and VP program to develop, enhance and distribute materials that will affect the state's approximately 3,500 registered child care centers..

The programs developed an emergency and disaster response packet. It includes checklists for every natural disaster, weather event and human-generated crisis. They also created an emergency preparedness contact list for each of the state's 36 counties. The programs also developed online trainings and updated relevant local disaster response resources.

HSPR's donation of [fire safety kits](#) to the CCD also increases preparedness. They will be placed at statewide resource and referral agencies. The kits are an award-winning, multi-media fire safety program designed for young children. Fireproof Children and BIC Corporation partnered to develop the kits..

Susan Kramer, CCD childcare licensing specialist, says these resource and referral agencies "have first and continued contact with providers at local community sites." She said distributing the kits through these agencies "will allow child care providers to borrow and use them with the children in their homes. This will have a positive impact on safety for children all over Oregon."

CCD and HSPR are also creating additional information and trainings for childcare providers. Julie Smith, CCD childcare licensing specialist, said fire safety is the entire focus of their 2013-2014 childcare facility visits.

"We just completed preparations and a packet of information for family child care providers," said Smith. "The state fire marshal's office provided some [additional] packet information. We also compiled handouts that include general preparedness, health and safety information." These materials will deliver much-needed preparedness resources to help our kids be safer.

The CR and VP program will next work with long-term care facilities across the state. The goal is to increase their preparedness planning and community resilience by deepening relationships with other state agencies. Agencies include the Oregon Health Authority Addictions and Mental Health Division, the Oregon Department of Human Services Aging and People with Disabilities Program and other programs.

For more information about the Community Resilience and Vulnerable Populations program, email Jennifer Masotja at Jennifer.Masotja@state.or.us. You can also call her at 503-269-5110.

Streamlining Multnomah County's structure and efficiency

By Talia Gad

The Multnomah County Health Department (MCHD) has significantly enhanced its Incident Management Team (IMT) program by revamping two of its features. One is a major reorganization of the program's response capabilities by restructuring IMTs. The second is developing a dynamic new training database that tracks response capacity. Both changes have radically transformed MCHD's structure and efficiency.



Most local health departments note the challenges of activation. Staff sometimes leave their regular roles for weeks or months at a time. The consequences are mounting workloads and incomplete grant deliverables. Upon their return, they are greeted by an overwhelming amount of work. They may not be able to meet requirements.

Jerusha Kasch, MCHD Emergency Preparedness and Response coordinator, introduced a new system to combat these obstacles. The proposal breaks the existing IMT members into three predefined teams. Each of the teams has two members for each position.

With this new structure, emergency managers can predetermine how long each group will be on the Incident Command Team. Each manager can pre-identify both a primary and a back-up person to fill each role.

As a result, individuals no longer need to fully abandon day-to-day responsibilities during an event. A manager can choose to rotate each of the teams for one week at a time. This leads to fewer problems with backlogged work such as what occurred during H1N1. Some individuals were away from their everyday jobs for months in that instance.

"This system of rotation-and-bench strength had promoted support from department managers and reignited interest from health department staff who are still suffering H1N1 shellshock," said Kasch. "People generally want to feel like they are doing a great job with the stewardship that they have been given. When we open doors for staff to accomplish outcomes in multiple areas, we emerge as a highly efficient work force. In these fiscally troubling times, this is no longer a lean forward approach; it's a must."

MCHD is admittedly large relative to other Oregon counties' IMT programs. However, this new structure can be adapted and applied to smaller health departments around the state. "Local health departments that don't have the staff for three teams might still be able to arrange for two teams to rotate during an incident," said Kasch. "Any amount of relief helps, and the system definitely offers much-needed program support."

"This new organizational structure has balanced COOP [Continuity of Operations] staff and response staff," said Amy Sullivan, Communicable Disease manager. "It analyzes the staff distribution across teams such that it will not leave our communicable disease short-handed during a crisis. It has also increased the amount of direct communication and input that managers have when dedicating staff for team participation."

Multnomah County has also addressed barriers to establishing and tracking training standards for public health emergency responders. One obstacle to continuing education was IMT members were often not able to take the time for these necessary updates. Trainers sometimes couldn't remove themselves from their primary responsibilities to deliver the trainings, and managers were sometimes unable to release their staff for the hours required for the trainings.

Kasch suggested outlining predefined training programs to be delivered based on the minimum number of hours required for proficiency. As a result, each IMT member now receives a standard cadre of Incident Command System (ICS) courses to qualify for a position on the team.

KaRin Johnson, MCHD deputy director, was the primary force in conceptualizing and developing the new searchable database. "We're already seeing how these shifts will make a difference during both active and steady states," said Johnson. "Our managers are on board, and the IMTs are more prepared than ever. It's been a very exciting transition."

For more information about the new rotation and training schedules, contact Jerusha Kasch, Multnomah County Health Department emergency preparedness and response coordinator. Email him at jerusha.kasch@multco.us or call 503-988-3663, X 22999. For more information about the database, contact KaRin Johnson, Multnomah County Health Department deputy director, at karin.r.johnson@multco.us or 503-988-3663, X 22999.

OREGON PUBLIC HEALTH DIVISION

Who's who and what's new?

We are excited to share news of additions to the Health Security, Preparedness and Response (HSPR) Program staff.

Larry Torris began on May 13 as the new pre-hospital planner in the HSPR Program. Torris is a paramedic with extensive EMS background. He holds a master's degree in business administration. Torris will work on the EMS Plan, patient movement and patient tracking projects.



Lonni Nicoll recently began as the health care liaison for Region 2. That region serves Yamhill, Polk, Marion, Lincoln, Benton and Linn counties. Most recently, she spent six years as the domestic preparedness planner at Oregon Emergency Management. Prior to that, she was a project manager for Independence Police Department while working for FEMA in a deployable status for many years. She helped in several large-scale disasters such as the Florida hurricanes and hurricanes Katrina and Rita. She has also worked as a paralegal.

Kattaryna Stiles is the new Oregon Public Health Emergency Preparedness liaison in the Central Oregon Region. She worked in emergency management in Anchorage, Alaska. While there, she served as plans and policy manger from 2004–2009 and acting director in 2008. Stiles has lived in Bend since 2009. She most recently served as the integrative oncology coordinator at St. Charles Bend. She also worked with the hospital's Disaster and Safety Committee and the HazMat Receiver Team. Stiles' background is in policy and program management. In her free time, she enjoys all-season outdoor recreation with a particular passion for mountain biking.

Welcome aboard to all of you!

OREGON PUBLIC HEALTH DIVISION

Medical Reserve Corps Spring Training Event

By Danielle Brown and Talia Gad

The Third Annual Medical Reserve Corps Spring Training Event was a tremendous success. Thanks go out to the Clackamas County and Washington County Medical Reserve Corps (MRC) units, which sponsored the event. It took place Saturday, April 20, in Hillsboro, at the Washington Street Conference Center.



Sixty attendees represented a range of community agencies. They included Clackamas County MRC, Washington County MRC, Multnomah County Health Reserve Corps (HRC), Columbia County MRC, Hillsboro Community Emergency Response Team (CERT), Beaverton CERT, Tigard CERT, American Red Cross, Washington County Neighborhood Watch, Washington County Search and Rescue, Tualatin Valley Fire and Rescue, Portland Neighborhood Emergency Team, Portland Bureau of Emergency Management, and Washington County HOAs.

Classes and facilitators included:

- "Alcohol and Substance Abuse: Dealing with Disaster," Andrew Cartmill, senior program educator, Washington County;
- "Disaster First Aid: Basic, Intermediate A and Intermediate B," Harold Crawford, EMT, Northwest Wilderness Medicine Training Center;
- "Leading in Disasters," Alice Busch, EMT, Oregon Certified Emergency Management Program, systems thinking and resiliency training;
- "Packed and Ready to Go?" Carolyn Williams, RN, Washington County MRC volunteer
- "Social Media 101," Anthony Vendetti, AmeriCorps*VISTA, Lincoln County;
- "Psychological First Aid II," Judy Olivier, Ph.D.;
- "Map Your Neighborhood," Darlene Schnoor, crime prevention specialist, Washington County Sheriff's Office;
- "Points of Dispensing and Call Center Tabletop for MRC Volunteers," Kathy Thompson, RN, Clackamas County Emergency Preparedness and MRC coordinator, and Chris Hill, RN, Washington County MRC training and activities coordinator;
- "Preparing Together Discussion Guide: Train the Trainer," Cynthia Valdivia, Washington County Public Health Emergency Preparedness educator.

Participants were enthusiastic about the classes and the overall event. Some evaluation comments included "It was very timely for what our organization is planning;" "It had practical information and was presented in an accessible manner;" and "It was valuable and worthwhile. Thank you!"

Event vendors included Back T Pack, Be Tied, and Pacific Preparedness. The companies all offer products designed for emergencies and natural disasters. Each event attendee got a raffle ticket for a vendor-provided product.

Volunteers at the event included Washington County MRC Leadership Team members and AmeriCorps*VISTAs. Their support ensured the event's success.

Following the great success of the Spring Training, planning for a follow-up event has started. A collaboration between the Clackamas, Columbia, Multnomah and Washington counties' MRC/HRCs is developing for the fall. Stay tuned!

For more information about the spring or fall training, contact your local or state MRC coordinator.

Introducing summer hazards communication toolkits!

Just in time for summer, emergency risk communication toolkits for extreme heat and wildfires will be available for local health departments and tribes.



The toolkits are in line with the Centers for Disease Control and Prevention's Crisis Emergency Risk Communication Lifecycle. They have communication strategies for each phase of an event including pre-crisis, crisis and recovery. Each phase's materials are drawn from research on evaluated public health programs. Thus, the communication strategies have proven effective in delivering risk reduction messaging.

"Our local health departments and tribes already have many of the communication materials necessary to inform Oregon's communities during summer events," said Kathleen Vidoloff, emergency risk communication officer for Oregon Health Authority's Health Security, Preparedness, and Response Program. "These toolkits are designed to complement existing protocol. They fill in possible gaps and strengthen local public health programs with research-based materials and communication plans."

The toolkits consist of talking points, sample press releases, social media posts and web content. They also have medical and public health quick-references. Effective, research-based outreach strategies for at-risk and hard-to-access populations are also included. All materials can be used individually or together based on local needs.

"This is a great toolkit," said Tanya Phillips, Jackson County preparedness coordinator. "It is well-designed and put together. It touches on all aspects of an event. Being able to use these documents during events will be of tremendous help."

Several steps are in place to expand the toolkits' usefulness and reach. Spanish-language materials will be integrated into the toolkit, and documents are being developed for counties to use in reaching minority populations.

Each toolkit includes a section on evaluation resources that can be modified for use during future hazards.

Additional toolkits are in the works for other seasonal emergencies. These events include flooding, landslides and earthquakes. The materials will be distributed throughout the coming year.