



Yakima Health District Yakima, Washington

Yakima Health District Comprehensive Emergency Plan Public Health Emergency Response Plan

Public Health Emergency Response Plan

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BASIC PLAN

I. INTRODUCTION

A. MISSION

In partnership with the community, the Yakima Health District protects and promotes the health and quality of life for residents and visitors of Yakima County through prevention and control of disease and potential health hazards.

B. PURPOSE

The purpose of this plan is to provide guidance and procedures for Yakima Health District personnel in the expected response to an event of bioterrorism, epidemic disease, other emergency, or disaster.

C. SCOPE

This plan acts as a tool that utilizes Yakima Health District's existing expertise and personnel to provide surveillance; response; event tracking; rapid health risk assessment; community education; coordination with community partners; dissemination of information; event direction, command and control through the Incident Command System; and post event recovery recommendations

II. POLICIES

A. AUTHORITIES

1. RCW 43.20.050(4). All police officers, sheriffs, constables and all other officers and employees of the state or any county, city or township thereof, shall enforce all rules adopted by the State Board of Health.
2. RCW 70.05.060 –Powers and duties of local board of health.
 - a. Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall:
 - (1) Enforce through the local health officer or the administrative officer appointed under RCW 70.05.040, if any, the public health statutes of the state and rules promulgated by the state board of health and the secretary of health;
 - (2) Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;

- (3) Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof;
 - (4) Provide for the control and prevention of any dangerous, contagious or infectious disease within the jurisdiction of the local health department;
 - (5) Provide for the prevention, control and abatement of nuisances detrimental to the public health;
 2. RCW 70.05.070. The Local Health Officer shall control and prevent the spread of any dangerous, contagious or infectious disease that may occur in their jurisdiction.
 3. RCW 70.05.120. Violations -- Remedies – Penalties. ...Any person violating any of the provisions of chapters 70.05, 70.24, and 70.46 RCW or violating or refusing or neglecting to obey any of the rules, regulations or orders made for the prevention, suppression and control of dangerous contagious and infectious diseases by the local board of health or local health officer or administrative officer or state board of health, or who shall leave any isolation hospital or quarantined house or place without the consent of the proper health officer or who evades or breaks quarantine or conceals a case of contagious or infectious disease or assists in evading or breaking any quarantine or concealing any case of contagious or infectious disease, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than twenty-five dollars nor more than one hundred dollars or to imprisonment in the county jail not to exceed ninety days or to both fine and imprisonment.
 4. WAC 246-100-036. Responsibilities and duties -- Local health officers. (1) The local health officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity he or she deems necessary, plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination. (4) A local health department may make agreements with tribal governments, with federal authorities or with state agencies or institutions of higher education that empower the local health officer to conduct investigations and institute control measures in accordance with WAC 246-100-040 on tribal lands, federal enclaves and military bases, and the campuses of state institutions. State institutions include, but are not limited to, state-operated colleges and universities, schools, hospitals, prisons, group homes, juvenile detention centers, institutions for juvenile delinquents, and residential habilitation centers.
 5. WAC 246-100-040. Procedures for isolation or quarantine.(1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person
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or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with subsection (3) of this section, or may petition the superior court *ex parte* for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with subsection (4) of this section, provided that he or she:

6. WAC 246-101-505. Local Health Officers shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.
7. WAC 246-101-425. Members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.

B. RESPONSIBILITIES

1. **Local Health Officer**
The LHO will maintain contact with the Administrator, or designee, and approve policy and decisions implemented by the YHD during an emergency.
2. **Administrator**
The Administrator or his/her designee assumes the role of Incident Commander during an event involving bioterrorism or epidemic disease; he/she will decide policy, maintain contact with other agencies, develop public health priorities, lead event response and delegate tasks. The Administrator and/or other staff provide information and support to the Incident Commander as needed.
3. **Community and Family Health**
Staff will provide personal health information including communicable disease investigations, communication and liaison with the local medical community.
4. **Environmental Health**
Staff will provide liaison with other environmental resources and provide expertise in the areas of hazardous materials, water, sewage, food, solid waste as well as assistance as needed to the Community and Family Health staff.

5. Administration
Staff will supply support functions including provision of staff resources, financial considerations and on-going assistance to the technical/field staff during an event.

C. LIMITATIONS

1. Depending on the type and severity of the event, the Yakima Health District's response may be limited by such factors as:
 - (a) Damage to facilities and infrastructure
 - (b) Transportation services
 - (c) Staff availability
 - (d) Department's surge capacity
 - (e) Communication
 - (f) Fiscal constraints
 - (g) Other County Agency Limitations
2. The use of Memorandums of Understanding (MOU) and Mutual Aid Agreements (MAA) can mitigate some of the event limitations. However, each situation or event will dictate the extent that agreements will be implemented.

III. SITUATION

- A. The Center for Disease Control and Prevention (CDC) has listed potential illnesses according to level of impact.
 1. Category A Diseases/Agents. The U.S. public health system and primary healthcare providers must be prepared to address various biological agents, including pathogens that are rarely seen in the United States. High-priority agents include organisms that pose a risk to national security because they:
 - (a) can be easily disseminated or transmitted from person to person;
 - (b) result in high mortality rates and have the potential for major public health impact;
 - (c) might cause public panic and social disruption; and
 - (d) require special action for public health preparedness.

The Category A agents are:

Anthrax (*Bacillus anthracis*)
Botulism (*Clostridium botulinum* toxin)
Plague (*Yersinia pestis*)

Smallpox (*variola major*)
Tularemia (*Franciella tularensis*)
Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and
arenaviruses [e.g., Lassa, Machupo])

2. Category B Diseases/Agents. Second highest priority agents
include those that:

- (a) are moderately easy to disseminate;
- (b) result in moderate morbidity rates and low mortality rates; and
- (c) require specific enhancements of CDC's diagnostic
capacity and enhanced disease surveillance.

The category B agents are

Brucellosis (*Brucella* species)
Epsilon toxin of *Clostridium perfringens*
Food safety threats (e.g., *Salmonella* species, *Escherichia coli O157:H7*, *Shigella*)
Glanders (*Burkholderia mallei*)
Meliodiosis (*Burkholderia pseudomallei*)
Psittacosis (*Chlamydia psittaci*)
Q fever (*Coxiella burnetii*)
Ricin toxin from *Ricinus communis* (castor beans)
Staphylococcal enterotoxin B
Typhus fever (*Rickettsia prowazekii*)
Viral encephalitis (alphaviruses [e.g., Venezuelan equine
encephalitis, eastern equine encephalitis, western equine
encephalitis])

Water safety threats (e.g., *Vibrio cholerae*,
Cryptosporidium parvum)

3. Category C Diseases/Agents. Third highest priority agents include emerging
pathogens that could be engineered for mass dissemination in the future because of

- (a) availability;
- (b) ease of production and dissemination; and
- (c) potential for high morbidity and mortality rates and major
health impact.

The Category C agents are:

Emerging infectious disease threats such as Nipah virus and hantavirus

- B. Chemical Agents of Concern. Military chemical agents are similar to hazardous industrial chemicals, but may be more toxic. Military origin chemical agents are divided into the following categories:
- Choking Agents
 - Blood Agents
 - Blister Agents
 - Nerve Agents

Each agent can be fatal and may effect large populations if released effectively. These agents are both toxic and incapacitating to both humans and animals. In addition to the military chemical agents there are a number of commercial chemicals that pose a significant threat to human health. Response to chemical agents is found in Yakima County's Comprehensive Emergency Management Program for hazardous materials, ESF 10.

- C. Radiological Concerns. Radiological materials can pose both an acute and long-term hazard to humans. Assessment of a radiological event is critical. Response protocol will depend on accurate and timely assessment of the total amount of radiation received (dose), dose rate (how fast the dose is received) and specific type of radiation. Response to radiological agents or nuclear accidents is found in Yakima County's Comprehensive Emergency Management Program, ESF 10 – Hazardous Materials Annex.
- D. Public health staff is available 24-hours-per-day/7-days-per-week to respond to potential epidemic disease/bioterrorism.
- E. There is not adequate public health staff to respond to a community-wide epidemic and there is a need for cooperation between public health and the healthcare industry in establishing an effective community response.
- F. A bioterrorism event will pose a threat to public health. Issues that could arise include communicable disease investigation and control, mass prophylaxis, health care, mass care and sheltering, crowd control, isolation and quarantine, transportation, decontamination, social disorder, and other public health and welfare issues.
- G. A bioterrorism event could result in environmental and public health hazards to individuals responding to an event, health care providers, and the general public. Local water supplies, crops, livestock and food supplies may be at risk of contamination and/or disease.

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- H. The potential for disease and injury may disrupt sanitation services and facilities, result in a loss of public utilities and cause dislocation of large groups of people to shelter facilities.
 - I. No single agency at the local, state, or federal level possesses the authority and expertise to act alone on the many issues that may arise in response to a threat or act of terrorism.
 - J. Other hazards may exist that are not addressed by this plan. See also Annex One and Two this document for specific information on Pandemic Influenza and Mass Prophylaxis.

IV. PLANNING ASSUMPTIONS

- A. Healthcare professionals have received adequate training on the identification of disease resulting from one of the CDC Category Agents.
- B. There is a surveillance system in place for the prompt detection, identification and reporting of epidemic disease or an event of bioterrorism.
- C. Individuals/Institutions required to report disease are doing so within the time frame required by law.
- D. Potential outbreaks/epidemics of disease are being investigated promptly and as required by statute.
- E. Public health, emergency management, healthcare, law enforcement, emergency medical response and other agencies will work cooperatively to reduce the impact of epidemic disease/bioterrorism on the community.
- F. Public Health staff is adequately trained to respond to epidemic disease.
- G. Responders will be properly trained, issued the appropriate personal protective equipment and be aware of the threat of a secondary event.
- H. Governmental agencies and officials will respond as outline in the appropriate RCW and WAC.
- I. In situations not specifically addressed in this plan, Yakima Health District and other emergency management officials will improvise and carry out their responsibilities to the best of their abilities using the Yakima County Comprehensive Emergency Management Program.

- J. Memoranda of Agreements and Mutual Aid Agreements will be in place and honored between the organizations named in this plan and between neighboring governmental agencies.

V. DIRECTION AND CONTROL

- A. Direction and control of an incident involving bioterrorism or during epidemic disease will be provided using the incident command system. Additional information on roles and a description of responsibilities is included in Appendix 1, Direction and Control.
- B. Administrator
The Administrator, or designee, may assume the role of Incident Commander during an epidemic disease or a bioterrorism event. The Administrator will in consultation with others decide policy, maintain contact with other agencies, develop public health priorities, lead event response and delegate tasks.
- C. Environmental Health provides direction to Environmental Health staff and oversight for YHD operations in a chemical or radiological emergency.
- D. Community and Family Health Provides direction to Community and Family Health staff and oversight for operations in communicable disease emergencies. Community and Family Health staff will provide communicable disease investigative personnel for the event.
- E. Health District's Incident Command Center The role of the YHD Command Center (YHDCC) is to provide a central point of coordination within YHD. The YHDCC is located in the Yakima Health District office, 1210 Ahtanum Ridge Drive Conference Room, Union Gap, WA 98903. Procedures for activation and operation are found in Appendix 1, Section A. Detailed activation is located in Volume III, Emergency Operations Manual.
- F. Yakima County Operational Area EOC
The Operational Area Emergency Operations Center (OA EOC) coordinates the multi-agency response to any biological, chemical, radiological, or natural events. The OA EOC is located in room B-12 in the basement of the Yakima County Courthouse, 128 N. 2nd Street Yakima. Procedures for activation and operation are found in Appendix 1, Section B. Detailed activation is located in Volume III, Emergency Operations Manual.

The following is the contact information for Yakima County is:
Yakima Valley Office of Emergency Management: Jim Hall, Director
Address: County Courthouse, Room B-12, 128 N. 2nd Street, Yakima
Phone: 574-1900
E-mail: jim.hall@co.yakima.wa.us

G. On-Scene Incident Management

On scene incident management is accomplished through the National Incident Management System (NIMS)/Incident Command System (ICS) and is coordinated with the YHD command center or the Operational Area EOC if activated.

VI. CONCEPT OF OPERATIONS

A. GENERAL

1. Pre-event Phase
 - a. Homeland Security Alerts and automatic actions
 - (1) Green
 - (a) Maintain emergency notification lists.
 - (b) Maintain staff contact lists.
 - (c) Maintain emergency response plans.
 - (d) Drill emergency response plans periodically.
 - (e) Keep appropriate websites updated.
 - (f) Communications: Normal operations, training as usual
 - (2) Blue
 - (a) Update telephone, FAX, and e-mail information with Yakima County Emergency Management, Yakima Valley Memorial Hospital, Yakima Regional Medical Center, Toppenish Community Hospital, and Sunnyside Community Hospital.
 - (b) Review emergency response plans and make appropriate revisions.
 - (c) Follow-up with any after-action items from drill or real events.
 - (d) Train potential responders (e.g., biological, chemical, and radiological).
 - (e) Review appropriate Hazard Identification Vulnerability Analyses at Yakima County Emergency Management.
 - (f) Communication: Increase training and communication awareness
 - (3) Yellow
 - (a) Review emergency response plans with all staff

- (b) Check and update staff contact information and update communication/recall plan.
 - (c) Re-educate or train additional potential responders (e.g., biological, chemical, and radiological).
 - (d) Check and update inventories of equipment and supplies.
 - (e) Consider putting selected staff on standby.
- (4) Orange
- (a) Pre-assign emergency response team positions in the event activation is necessary.
 - (b) Assure on-call staff aware of threat and potential staffing needs.
 - (c) Increase facility security as appropriate for threat
 - (d) Communicate general information to staff.
 - (e) Update appropriate websites.
 - (f) Plan how to deal with staff stress and anxiety reactions.
 - (g) Conduct supply inventories.
 - (h) Verify facility equipment, staffing readiness; emergency communications to be on standby.
 - (i) Review emergency plans and procedures.
 - (j) Verify computer and information security procedures and equipment are functioning properly.
 - (k) Verify response kits are complete and ready (e.g., batteries charged, supplies current, etc.).
 - (l) Bring inventories up to pre-determined levels.
 - (m) Procure necessary supplies and equipment.
- (5) Red
- (a) Identify unified incident command system.
 - (b) Discuss initiation of emergency operations; depending upon reason for “Red,” activate EOC/ECC and all ICS Chief positions.
 - (c) Increase facility security and security staffing as appropriate.
 - (d) Communicate with Yakima County Emergency Management, Yakima Valley Memorial Hospital, Yakima Regional Medical Center, Toppenish Community Hospital, and Sunnyside Community Hospital when applicable.
 - (e) Brief management and staff, health officer, temporary staff, and volunteers.
 - (f) Establish media center and address media inquiries. Assure public regarding public health readiness
 - (g) Update appropriate websites.
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- (h) Prepare for emergency operations.
 - (i) Implement critical stress incident debriefing activities.
 - (j) Assure adequate department staffing. Consider extended staffing plans such as 12-hr shifts.
 - (k) Call-in needed staff.
 - (l) Establish necessary communications.
 - (m) Activate disaster budget and log to track incurred costs, obtain mission number from Yakima County EOC.
 - (n) Activate emergency vendor contracts as needed.
 - b. Mitigation and Planning Activities. Planning will take place using the Comprehensive Emergency Management Program (CEMP) approach to planning.
 - c. Communications infrastructure will be developed and maintained. Communications are outlined in Appendix III.
 - d. Public information and critical communications will be developed prior to events for the CDC Category A Agents and for other types of public health events. The public information plan is outlined in Appendix II.
 - e. Disease reporting and surveillance activities will be performed and reportable diseases and potential disease outbreaks will be investigated.
 - g. Training will be provided so that all response partners are able to perform functions required by and described in this plan. Training activities and an exercise schedule for this plan are outlined in Appendix IV.
- 2. Response Phase
 - a. Alerts and Notifications. Notification of a potential bioterrorism event or epidemic disease could happen in several ways:
 - (1) Notification from state or national level
 - (2) Notification by healthcare provider
 - (3) Notification by general public
 - (4) Detection by Yakima Health District staff.
 - (5) Notification by law enforcement or other agency.

- b. If notification is not from state or federal level Yakima Health District staff will notify Washington Department of Health as required in WAC 246-101 – Notifiable Conditions.
 - c. Increased surveillance may be necessary to confirm existence of an epidemic or bioterrorism incident.
 - d. Procedures for notification of law enforcement agencies are outlined in OA EOC call-out procedures.
 - e. If indicated, the Health District may activate the YHDCC to coordinate activities. When activated, the YHDCC will operate using the incident command system model. The Incident Commander will determine the appropriate level and staffing and staffing roles. Procedures for activation of the YHDCC are in Appendix I.
 - f. If indicated the Yakima Health District may request the activation of the OA EOC to coordinate activities. When activated the OA EOC will operate using the National Incident Management System (NIMS)/Incident Command System (ICS) model. Procedures for activation of the OA EOC are located in the Yakima Valley Office of Emergency Management.
 - g. If agencies other than Yakima Health District are needed to participate in disease control, the Local Health Officer will request activation of the OA EOC and the county’s Comprehensive Emergency Management Program (CEMP) will be activated.
 - h. Epidemiological investigation and response will be initiated through YHD Administration.
 - i. Laboratory support requests for establishment of diagnoses and to help determine the scope of the potential bioterrorism incident/epidemic disease will be initiated by YHD Administration.
 - j. Depending upon etiological agent and situation, mass prophylaxis may be necessary. Annex One provides the procedures for requesting the supplies and equipment associated with the Strategic National Stockpile and the procedures for the establishment of mass vaccination or dispensing clinics for Yakima County.
 - k. Quarantine and isolation. Procedures for patient isolation and quarantine are being developed by the Local Health Officer.
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- l. Health Care support and mass casualty management. The Health/Medical Services Coordinator will coordinate with local hospitals and emergency medical service providers to determine the ability of the local community to respond to disease. If community resources are about to be or are already overwhelmed, the Health/ Medical Services Coordinator may request assistance in movement of patients out of the area to more definitive health care.
 - m. Mental Healthcare and support may be activated through ESF 8. Central Washington Comprehensive Mental Health has developed a Mental Health Emergency Operations Plan for the County to support this function. See Attachment Two: Central Washington Comprehensive Mental Health
 - n. Disease Specific response Annexes
 - (1) Smallpox, Annex under development.
 - (2) Anthrax—Unknown powders, Annex under development.
 - (3) Plague and other highly contagious diseases, Annex under development.
 - (4) Biotoxins, Annex under development.
 - (5) Foodborne disease outbreak, Annex under development.
 - (6) Pandemic Influenza, Annex Two.
3. Recovery Phase
- a. Environmental Restoration. Environmental restoration will be determined at the time of the event by the Incident Commander and the Command Staff, based on CDC protocols for the organism or agent involved. The Administrator, or designee, will give final approval for all protocols performed.
 - b. Re-entry Authorization. Re-entry authorization will be determined at the time of the event by the Administrator, or designee. Determination will be based on CDC protocols for the organism or agent involved. The Administrator, or designee, will give final approval for all protocols performed.
 - c. Critical Incident/Stress Management for YHD staff will be accomplished through the Employee Assistance Program (EAP). The Health Officer or his designee will determine whether to provide on-site assistance or refer individuals to the EAP. See also Yakima County Mental Health Plan.

B. PUBLIC INFORMATION

1. Authorized Spokesperson. The Administrator, or designee, will appoint a Public Information Officer (PIO) to coordinate all communications around emergency preparedness and response. YHD PIO procedures are found in Attachment One: Yakima County Joint Information Center Plan. If the OA EOC is activated the YHD PIO will coordinate OA EOC PIO to coordinate all communications. Public Information procedures are also found in the Attachment Three: Risk and Crisis Communications Plan.
2. During a bioterrorism event or epidemic disease, the OA EOC PIO will ensure that all communications for public distribution are reviewed and approved by the HO, the Administrator, or designee, prior to the release of information.
3. During an event, the YHD PIO will coordinate with local hospitals to disseminate information to the public through the OA EOC PIO.
4. During a bioterrorism event or epidemic disease it may be necessary to establish a Joint Information Center (JIC). Establishment of a JIC is outlined in Attachment One: Yakima County Joint Information Center Plan.

C. COMMUNICATIONS

1. The communications plan for Yakima Health District is in Appendix III.
 - (a) Radio communications equipment and procedures
 - (b) Secure and patient information communications procedures
 - (c) A listing of key telephone and cellular phone numbers
2. The Health Alert Network will be used for web-based communication. WA SECURES procedures are listed Appendix III.
3. An electronic mail group mailing list is maintained by the Yakima Health District's Community and Family Services Division for the purpose of providing electronic notification for key public health partners. Procedures or using this listing are found in Appendix III.

4. Amateur Radio support for communications is provided in Yakima County is provided by ARES. Procedures for activation and use are found in Yakima County Comprehensive Emergency Management Program.
5. Procedures for communication when normal telephone and cellular phone communication are not possible are found in Appendix III.

VII. PLAN MAINTENANCE

A. TRAINING

Training regarding this plan will be performed regularly as staff time and personnel permit. A proposed training schedule is found in Attachment IV.

B. DRILLS AND EXERCISES

Drills and exercises will be performed regularly as staff time and personnel permit. A proposed schedule is found in Attachment IV.

C. RECOMMENDING CHANGES

1. Recommended changes to this plan should be submitted to the Director of Environmental Health, Yakima Health District, 1210 Ahtanum Ridge Drive, Union Gap, WA 98903.
2. Post exercise and/or incident debriefing will be utilized to review effectiveness and need for revision of this plan. The After Action Report will recommend changes which will be incorporated based on Improvement Plan deadlines.

D. PERIODIC REVIEWS AND UPDATES

1. At a minimum, this plan will be reviewed and updated annually. All Plan holders will be notified of updates.
2. The Director of Environmental Health is the individual responsible for the annual review.

VIII. PLAN APPROVAL

This plan has been reviewed for accuracy and compliance with Yakima Health District guidelines.

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Appendix I Direction and Control

A. YAKIMA HEALTH DISTRICT INCIDENT COMMAND CENTER

1. During the initial bioterrorism, chemical, or radiological incident; communicable disease outbreak; or public health emergency the Yakima Health District will develop and maintain the protocol and policies to operate an Incident Command Center.
2. The Incident Command Center is located in the Yakima County Health District office.
3. The Incident Command Center will support Health District incident command from that location.
4. Procedures for notification of staff are found in Appendix III.
5. When the situation exceeds the Yakima Health District Incident Command Center, the Yakima County Operational Area EOC will be used for on-going operations.
6. Initial media communications with the general public will be distributed through the Health district's Public Information Officer (PIO) from the Yakima Health District's Incident Command Center.
7. Upon activation of the Operational Area EOC, media contacts will be coordinated through the Public Information Officer within the OA EOC.
8. The responsibilities for the PIO are outlined in Attachment Three: Crisis and Risk Communications Plan or in Attachment One: Joint Information Center Plan (if a JIC is operational).
9. Shifts during operation of the Health District's Incident Command Center and the Operational Area EOC will normally be 12 hours during activation.
10. Security for the Health District's Incident Command Center and the Operational Area EOC will be provided by Yakima County Security Department (under the Yakima Sheriff's Office).

11. The Operational Area EOC will provide support to, and take guidance from, the Yakima Health District in public health emergencies. All public health activities will be coordinated with the Operational Area EOC.
12. Yakima Health District staff that will report to and work in the Yakima Health District's Incident Command Center under the guidance of NIMS.
13. Activation of Yakima Health District's Incident Command Center – Declaration of Emergency by the Board of Health. The Administrator may poll members of the Board of Health for declaring an emergency when a special meeting of the Board is not possible to convene. This declaration will be presented at the next regularly scheduled Board of Health meeting for affirmation.
14. Staff Notification Procedures. Staff will be notified via supervisors to report to the Command Center or to be instantly available via an agreed to means.
15. After-hours Notification Procedures. On-call personnel are notified after office hours by the answering service. On-call staff has a current list of phone numbers to call in appropriate staff.
16. Communication Outage Notification Procedures. In the event of normal communication outage (phones, cell phones), law enforcement communication and dispatching will be utilized.

B. PUBLIC HEALTH/ESF #8 - REPRESENTATION IN THE OPERATIONAL AREA EOC

1. A copy of the Yakima Health District's Incident Command Center Plan will be available to the Yakima Valley Office of Emergency Management.
2. In addition, the ESF# 8 of the Yakima County Comprehensive Emergency Management Program (CEMP) will have reference to the Yakima Health District's Public Health Emergency Response Plan and Incident Command Center Plan.
3. The Administrator, or designee, will be assigned to the Yakima County Operational Area EOC Executive/Policy Group to act as liaison between this plan and the efforts of the Operational EOC as outlined in the Operational Area EOC guidelines.

4. The following individuals are designated to be representatives to the Yakima County Operational Area EOC.
 - a. Director of Environmental Health
 - b. Communicable Disease Coordinator
 - c. Other staff as the situation dictates

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Appendix II Public Information

A. The points of contact for public information for the Yakima Health District is:

1. Primary: Administrator
Name: Dennis Klukan
Work Phone: (509) 249-6666
Cell Phone: (509) 952-7976
E-mail: dennis.klukan@co.yakima.wa.us

2. Alternate: Director of Environmental Health
Name: Gordon Kelly
Work Phone: (509) 249-6507
Cell Phone: (509) 952-7979
E-mail: gordon.kelly@co.yakima.wa.us

B. Boilerplate Messages

1. Standardized messages have been developed by the Washington Department of Health and are available from their web site at:
<http://www.doh.wa.gov/bioterr/BioTerEmergResp.htm>.

To keep the most current information available, these public information messages are not part of this Appendix; they should be obtained and, if needed, modified at the time of need from the web site above. Additional information will be developed as time and needs dictate. Requests for additional public information messages should be made through the Region 8 Emergency Response Coordinator, State Emergency Response Consultants, or directly through the Department of Health Focus Area F: Risk Communication Leads at (360) 236-4070 or (360) 236-4079.

2. Currently the following information is available from the Department of Health.
 - a. General Information.

 Anthrax Threat Guide for Public Safety Agencies

[Información de Terrorismo Biológico - CDC en Español](#) (Information on bioterrorism from the CDC: Spanish language)

[healthfinder](#)® español (su guía a la información confiable de la salud)
 - b. Agent-specific Information. The following information is available in both Adobe Acrobat® and Microsoft Word® Format.
 - (1) Anthrax
 - (2) Botulism
 - (3) Pneumonic Plague
 - (4) Smallpox
 - (5) Tularemia
 - (6) Pandemic Influenza

C. Media Contact Information:

1. Television:
 - a. Christian Broadcasting of Yakima, 601 “J” St., Yakima 972-0926
 - b. Hispanavision 17/Cable 64, 713 W. Yakima Ave, Yakima 248-5971
 - c. KAPP-TV, 1610 S. 24th Ave., Yakima 453-0351
 - d. KCYU TV FOX 68, 3804 Kern Road, Suite B, Yakima, 457-0253
 - e. KIMA-TV Channel 29 CBS, 2801 Terrace Heights Drive, Yakima, 575-0029
 - f. KNDO-TV Channel 23, 1608 S. 24th Ave., Yakima, 248-2300
 - g. KWYP-The WB/Cable 31, 713 W. Yakima Ave., Yakima, 457-6060
 - h. KYVE Television, 1105 S. 15th Ave., Yakima, 452-4700
 - i. MVTV Channel 9, 21 W. 1st Ave., Toppenish, 865-6888
 - j. YES-TV Cable Channel 12, 1116 S. 15th Ave., 573-5050

2. Radio (Names, phone numbers, addresses, e-mails):

- a. Clear Channel Communications (KATS, KFFM, KIT, KQSN, KUTI, 92.9 THE BULL), 4010 Summitview Ave., Yakima, 972-3461
- b. KHHK, 248-4295
- c. KARY, 248-1390
- d. KDNA, 120 Sunnyside Ave., Granger, 854-1900
- e. KENE, Toppenish, 865-5363
- f. KSOH, 1006 S. Fair Ave., Yakima, 248-4673
- g. KUSA, 248-9999
- h. KXDD, 248-8888
- i. KYXE, 457-1000
- j. KZTA, 457-1335
- k. KRSE, 575-1057
- l. KNWY (Northwest Public Radio -WSU), 1-800-842-8991
- m. KYAK, 706 Butterfield Road, Yakima, 452-5925

3. Newspaper:

- a. Central Washington Senior Times, 416 S. 3rd St., Yakima, 457-4886
- b. Daily Sun News, Sunnyside, 837-4500
- c. Grandview Herald, Grandview, 882-3712
- d. Seattle Post-Intelligencer, 101 Elliott Ave. W., Seattle, (206) 448-8000, 453-1022
- e. Toppenish Review, 11 E. Toppenish Ave., Toppenish, 865-2655
- f. Wapato Independent, 113 S. Wapato Ave., Wapato, 877-3322
- g. Yakima Herald-Republic, 114 N. 4th St., Yakima, 248-1251
- h. Yakima Valley Business Times, 416 S. 3rd St., Yakima, 457-4886

- D. Media briefing locations for the Yakima Health District.
1. Location(s): 1210 Ahtanum Ridge Drive, Union Gap, WA 98903.
 2. Point(s) of contact: Administrator
- E. Releasing information to the Press
1. The Administrator, or designee, will clear any written information on disease outbreaks or investigations prior to releasing it to the media.
 2. The following individuals are authorized to meet with and release information to the media during a disease outbreak or investigation:
 - a. Communicable Disease Coordinator – Marianne Patnode
 - b. Administrator – Dennis Klukan
 3. Scheduling of press conferences. Press conferences will normally be scheduled by the Administrator.
 - a. If appropriate, a written media announcement will be prepared and sent to the media listed in C above in advance by mail, fax, or e-mail.
 - b. If time is critical media listed in C above will be notified by telephone.
 4. For information on operations and procedures for the activation of a Joint Information Center reference Attachment One: Yakima County Joint Information Center Plan.
- F. Crisis and Risk Communications planning and further information can be found in the Attachment Three: Crisis and Risk Communications Plan.

Appendix III Communications

A. Voice Communications

1. Phones
 - a. Directories
 - (1) A Yakima County phone directory is maintained in the Yakima Health District Incident Command Center.
 - (2) A copy of the Washington Local Health Jurisdiction Phone Directory is maintained in the Command Center.
 - (3) A Telephone listing for Yakima Health District is maintained at law enforcement dispatch centers.
 - (3) A Telephone listing for Yakima Health District Staff has been included as an insert to the Basic Plan which includes telephone, fax and cell phone numbers of most all employees.
 - (4) A listing of internal cellular phone numbers is also found in the Command Center.
 - b. PBX/Telephone Systems. Directions for use of Yakima Health District PBX telephones are found in the Yakima Health District Incident Command Center manual.
 - c. Wireless Phone Systems. Cellular phone will be obtained from various sources in Yakima Health District for use during emergency operations. The following phones will be used.
 - (1) Incident Commander – Administrator – (509) 952-7976
 - (2) Health Officer
 - (3) Yakima County OA EOC Liaison – Director of Environmental Health – (509) 952-7979
 - (4) Public Information Officer – Administrator – (509) 952-7976
 - (5) Operations Chief – Director of Environmental Health (509) 952-7979
 - (6) Logistics Chief – Director of Administrative Services
 - (7) Plans Chief – Director of Environmental Health (509) 952-7979
 - (8) Administration Chief – Administrator - (509) 952-7976
2. Radios

- a. Radios. Radios for use by the Yakima Health District are located the Environmental Health area of the basement.
 - (1) Directions for radio use are located with the radios.
 - (2) Prior to utilizing radios for emergency communications individuals will be trained in radio use by trained staff.

- b. Amateur Radio for Emergency Services/ (ARES/RACES). Amateur radio support for Yakima Health District is found at the Yakima County OA EOC.
 - (1) Point of contact for ARES/RACES is Jim Hall, Yakima Valley Office of Emergency Management Office, (509) 574-1900
 - (2) The Washington State RACES Officer, Ed Bruette at: (360) 698-0917
 - (3) The Washington State Department of Emergency Management Duty Officer at: 1-800-562-6108

B. Text/Data

1. Pagers. Some personal pagers can be used for one-way transmission of text and other data. These devices are, however, dependant on the use of normal telephone systems and networks.

2. Internet. The internet can be used as a somewhat secure system to transmit and receive text and data. However, the system is dependent on normal telephone systems, networks and power. There are some avenues through ARES/RACES that use wireless communications to handle internet traffic. For further information call Ed Bruette Washington State RACES Officer at: (360) 698-0917.

3. Health Alert Area Network/SECURES. The Health Alert Area Network/SECURES system is being developed at this time. Further information will be placed in this plan as it becomes available.

C. 24/7 Yakima Health District Response-Staff Call Back Protocol

1. One of the Management Group (administrator, environmental health director, administrative services director or communicable disease coordinator) will be the initial contact through the 24/7 on-call system. From that call there will be further contact with the balance of the management group. The management group each have with them at all times a 24/7 phone contact list. Based on needed resources and expertise, the management group will contact appropriate staff to respond to a designated location. Attached to the PHERP is the phone list.

2. Once the event is determined to exceed the capacity of the Yakima Health District resources, the Incident Commander of the Yakima Health District will contact the Yakima County Office of Emergency Management (509) 574-1900 to activate the next level of response.

**Appendix IV
 Training and Exercises**

Training

Management	NIMS Compliance (IS--On-Line; ICS--Classroom)	Health District Specific
Administrator- Dennis Klukan (As of June 2008 has completed all of the IS/ICS courses listed).	IS-700: NIMS, An Introduction IS-800: National Response Plan (NRP), An Introduction IS-100: Introduction to ICS, or equivalent IS-200: Basic ICS, or equivalent ICS-300: Intermediate ICS, or equivalent ICS-400: Advanced ICS, or equivalent	PHERP Overview Incident Command Center/Operational Area EOC SNS Plan JIC Plan
Environmental Health, Director Gordon Kelly (As of June 2008, has completed all IS/ICS courses listed)	IS-700: NIMS, An Introduction IS-800: National Response Plan (NRP), An Introduction IS-100: Introduction to ICS, or equivalent IS-200: Basic ICS, or equivalent ICS-300: Intermediate ICS, or equivalent ICS-400: Advanced ICS, or equivalent	PHERP Overview Incident Command Center/Operational Area EOC SNS Plan JIC Plan
Administrative Services, Director – Roy Vierck (As of June 2008, has completed all of the IS/ICS courses listed).	IS-700: NIMS, An Introduction IS-800: National Response Plan (NRP), An Introduction IS-100: Introduction to ICS, or equivalent IS-200: Basic ICS, or equivalent ICS-300: Intermediate ICS, or equivalent ICS-400: Advanced ICS, or equivalent	PHERP Overview Incident Command Center/Operational Area EOC SNS Plan JIC Plan
Communicable Disease Coordinator Marianne Patnode (As of June 2008 has completed all of the IS/ICS courses listed).	IS-700: NIMS, An Introduction IS-800: National Response Plan (NRP), An Introduction IS-100: Introduction to ICS, or equivalent IS-200: Basic ICS, or equivalent ICS-300: Intermediate ICS, or equivalent ICS-400: Advanced ICS, or equivalent	PHERP Overview Incident Command Center/Operational Area EOC SNS Plan JIC Plan
Staff Personnel As of June 2008, the majority of the staff has completed all IS courses listed. Those have not are recent hires and will be scheduled in the near future.	IS-700: NIMS, An Introduction IS-100: Introduction to ICS, or equivalent	PHERP Overview Incident Command Center/Operational Area EOC

Exercises

Discussion-Based Exercises	Date
Tabletop Exercise Orientation Seminar	May 30, 2006
Tabletop Exercise	June 5, 2006, March 12, 2007 , February 20, 2008
Operations-Based Exercises	Date
Region-wide Functional Exercise	June 13, 2007, May 2008
Point of Dispensing Full Scale Exercise	July 25, 2007