

Appendix A – Medical

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Suggested Resources

- James H. Noel, Washington State Funeral Directors Association to Mary Selecky, Washington State Department of Health, correspondence, April 20, 2006. *Pandemic Flu Summit: Funeral Mortuary Considerations.*
- Canadian Pandemic Influenza Plan. (2004) “Guidelines for the Management of Mass Fatalities During an Influenza Pandemic.”
- Family Assistance Center. (2006) Fatality Management Pandemic Influenza Working Group Conference white paper. “Morgue Operations, Identification, and Command and Control of Mass Fatalities resulting from a Pandemic Influenza Event in the United States.”
- Family Assistance Center. (2006) Fatality Management Pandemic Influenza Working Group Conference white paper. “Scene Operations, to include identification and medico legal investigation protocols and Commands and Control of Mass Fatalities resulting from a Pandemic Influenza in the United States.”
- Family Assistance Center. (2006) Fatality Management Pandemic Influenza Working Group Conference white paper. “The Provision of Family Assistance and Behavioral Health Services in the Management of Mass Fatalities Resulting from a Pandemic Influenza in the United States.”
- Pan American Health Organization. (2004) “Management of Dead Bodies in Disaster Situations.” Disaster Manuals and Guidelines on Disasters Series, No.5.
- “Rocky Mt. Region Alternative Care Model Report Chapter 1 and Alternative Care Facilities Site Selection Tool”
- SARS Infection Control Materials available at: www.cdc.gov/ncidod/sars/
- Tacoma/ Pierce County Health Department Pandemic Flu Plan, “Healthier. Safer. Smarter.” (March 2006) available at www.tpchd.org
- Washington State Health & Human Services Pandemic Influenza Plan available at www.pandemicflu.gov

Websites

Association for Professionals in Infection Control and Epidemiology:
http://id_center.apic.org/apic/influenza/avianflu/index.html

Centers for Disease Control: <http://www.cdc.gov>

Federal Drug Administration (FDA): <http://www.fda.gov>

National Foundation for Infectious Diseases: <http://www.nfid.org/>

National Institute of Health: <http://www.nih.gov/>

United States Department of Health and Human Services: <http://www.hhs.gov/>

Washington State Department of Health: <http://www.doh.wa.gov/>

Whatcom County Health Department: <http://www.co.whatcom.wa.us/health/>

World Health Organization: <http://www.who.int/en/>

A. 1 Prevention Levels and Public Education Message Recommendations

Public information and education strategies are needed to increase the community's lack of knowledge regarding pandemic influenza and to manage possible panic and misinformation. Strategies should promote community member engagement in prevention-related activities prior to and during a pandemic. Strategies should also promote prevention activities in businesses and organizations, such as policies that encourage workers and students to stay home when they are sick. Funding for the education campaigns is necessary to assure early and consistent prevention messages are implemented across the community. The following prevention messages are recommended:

Prevention Level	Focus	Message Recommendations
Primary	<i>Health promotion</i>	Flu education Vaccine education Universal precautions Protection of health care workers Hygiene - infection control measures
Secondary	<i>Reduce the prevalence of flu and flu morbidity; minimize the spread</i>	Early diagnosis and treatment Isolation Social distancing Closing of schools, public activities etc Quarantine Access to care
Tertiary	<i>Reduce complications and disability related to flu</i>	Appropriate placement for care & follow-up

Resources: Locally, many county institutions have their own infection control programs, e.g., medical facilities, public schools, day care facilities, WWU. The following is a resource link for a schools preparation checklist, www.pandemicflu.gov/plan/schoolchecklist.html. Resources are also available from the Center for Disease Control and Prevention and the Washington State Department of Health.

Local resources include Whatcom Hand washing Education Network (WHEN), which could be reactivated. This group evolved from the original partnership with Red Robin Restaurant for a hand washing campaign in elementary schools. Community partners in WHEN included St. Joseph Hospital, Whatcom County Health Department, Head Start, Sea Mar Community Health Center, Interfaith Community Health Center, Old Country Buffet, and Red Robin Restaurant. Some members helped to start "Germ City", a hand washing campaign at the NW Washington Fair. Local capacity is greater than we think; building this capacity will require bringing all stakeholders together.

Next Steps for Planning: Develop and implement education campaigns. Use and enhance existing programs. Collaborate with community agencies and the development of relationships and partnerships now, prior to an emergency.

A. 2 Medical Planning Assumptions

Assumptions for Medical Response Planning Purposes

1. An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
2. There will be a need for heightened global, national and local surveillance.
3. Birds with an avian influenza strain may arrive and cause avian outbreaks in Whatcom County prior to the onset of a pandemic, significantly impacting domestic poultry, wild and exotic birds, and other species
4. Whatcom County will not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts.
5. Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized by WCHD for use in hospitalized influenza patients, health care workers providing care for patients, and other priority groups based on current national guidelines and in consultation with the Washington State Department of Health (DOH).
6. A vaccine for the pandemic influenza strain will likely not be available for 6 to 8 months following the emergence of a novel virus.
 - a. As vaccine becomes available, it will be distributed and administered by WCHD based on current national guidelines and in consultation with DOH.
 - b. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies and public education to control the spread of the disease in the county.
7. The number of ill people requiring outpatient medical care and hospitalization could overwhelm the local health care system.
 - a. Health care facilities will have to modify their operational structure to respond to high patient volumes and maintain the provision of critical medical services.
 - b. The health care system may have to respond to increased demands for service while the medical workforce experiences 25-35% absenteeism due to illness.
 - c. Demand for inpatient beds and assisted ventilators will increase by 25% or more, prioritization criteria for access to limited services and resources may be needed.
 - d. There will be tremendous demand for urgent medical care services.
 - e. Infection control measures specific to management of influenza patients will need to be developed and implemented at health care facilities, out-patient care settings and long-term care facilities.
 - f. The health care system will need to develop alternative triage and care sites designated "flu clinics") to relieve demand on the hospital emergency department and care for persons not ill enough to merit hospitalization but who cannot be cared for at home.
 - g. Emergency Medical Service responders will face extremely high call volumes for several weeks, and may face 25% - 35% reduction in available staff.
 - h. The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of the Medical Examiner's Office, the hospital morgues, and funeral homes.
 - i. The demand for home care and social services will increase dramatically.

8. There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, agriculture and communications.
9. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points and canceling public events may be implemented during a pandemic.
10. Some persons will be unable or unwilling to comply with isolation directives. For others, social distancing strategies may be less feasible (for example, homeless populations who live in congregate settings). It will be important to develop and disseminate strategies for infection control appropriate for these environments and populations.
11. It will be important to coordinate pandemic response strategies throughout counties in the Puget Sound area and the State due to the regional mobility of the population.
12. The general public, health care system, response agencies, and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the measures WCHD is taking to address the incident, and steps response partners and the public can take to protect themselves.

Recommended Local Planning Responsibilities

1. Whatcom County health care entities will cooperate to maximize the health care system's ability to provide medical care during a pandemic. Specific steps include:
 - a. Identify and prioritize response issues affecting the county-wide health system during a pandemic.
 - b. Develop mechanisms to efficiently share information and resources between health system partners, and to communicate with WCHD and relevant emergency operations centers, as appropriate.
 - c. Coordinate with the Local Health Officer regarding policy level decisions regarding the operations of the local health system.
 - d. Assure that health care professionals receive relevant communications from WCHD in a timely manner.
2. St. Joseph Hospital, extended care facilities, and ambulatory care facilities will develop pandemic response plans consistent with the health care planning guidance contained in the Health and Human Services Pandemic Influenza Plan. Health care facility pandemic response plans will address medical surge capacity to sustain health care delivery capabilities when routine systems are overwhelmed.
3. Health care facilities and health care providers will participate in local influenza surveillance activities, as coordinated by the WCHD.
4. Develop infection control plans for medical facilities, both established and alternative care sites, that specifically address the prevention of pandemic influenza transmission during triage and care of infectious patients.

Recommended Whatcom County Health Care Response to Pandemic

1. A severe influenza pandemic is expected to significantly increase the demand for health care services at a time when the availability of health care workers will be reduced due to illness. In a severe pandemic, the imbalance between supply and demand is likely to overwhelm current health care system capacity and necessitate implementation of alternate strategies to manage the demand on health system resources.
2. During a pandemic impacting Whatcom County, all efforts will be employed to sustain the services of the health care system while maintaining an acceptable level of medical care. In order to accomplish this, health care delivery system partners may need to:
 - a. limit the provision of health care services to patients with urgent, health problems requiring hospitalization or that could lead to hospitalization;
 - b. take steps to increase community bed capacity to care for large numbers of influenza patients by utilizing alternative care sites outside St. Joseph Hospital;
 - c. mobilize, reassign and deploy staff within and between health care facilities, including the use of the Medical Reserve Corps, to address critical shortfalls;
 - d. implement pandemic-specific patient triage and management procedures, utilizing telephone and internet-based consultation and screening, 24 hour community based triage centers (e.g., fire stations) and tiered treatment protocols and facilities based on severity of symptoms and support systems in place;
 - e. provide alternative mechanisms for patients to address non-urgent health care needs such as telephone and internet-based consultation.
3. During a pandemic, alternate care facilities may be identified and activated to provide additional health care system medical surge capacity.
 - a. These facilities would add to the existing bed capacity in the county and provide supportive care to influenza patients, or could serve as triage facilities (flu clinics) to prevent and reduce impact on St. Joseph Hospital emergency department. Alternative care sites include hotels, residence halls if WWU is closed, and mass treatment centers such as gymnasiums, churches or schools

Emergency Medical and Health Care System Response During Pandemic Phases 1, 2, 3

- WCHD and Whatcom Pandemic Task Force educates health care providers about influenza pandemics and involve them in community pandemic response planning
- St. Joseph Hospital and other health care facilities develop pandemic influenza response plans addressing, at a minimum, medical surge capacity, triage, infection control, communications and staffing issues.
- Whatcom Pandemic Task Force coordinates development of a Medical Reserve Corps and other strategies to expand staffing resources.
- Whatcom Pandemic Task Force will establish a system separate from St. Joseph Hospital for patient triage and clinical evaluation and will develop criteria for activating and deactivating such facilities.
- WCHD and Whatcom Pandemic Task Force will identify and prioritize staff to receive antiviral medications and influenza vaccine according to the protocols established by the Dept of Health

- WCHD coordinates with the Whatcom Pandemic Task Force to ensure systems are in place to track the following items during a pandemic outbreak:
 - Number of available Intensive Care Unit and medical beds (adults and pediatric)
 - Number of available emergency department beds (monitored and non-monitored)
 - Number of patients and / or waiting times in emergency room
 - Number of patients waiting for inpatient beds (in emergency room and clinics)
 - Hospital and alternative site morgue capacity
 - Shortages of medical supplies or equipment
 - Staff absenteeism at all county health facilities

Emergency Medical and Health Care System Response During Phases 4, 5, 6

- WCHD and Whatcom Pandemic Task Force to heighten preparedness activities and monitor the impact of a pandemic on health care facilities and systems.
- WCHD will provide case identification criteria, laboratory testing and treatment protocols to health care providers
- WCHD and Whatcom Pandemic Task Force will coordinate with health care system members to assure appropriate use of antiviral medicines.
- WCHD and Whatcom Pandemic Task Force will develop and disseminate instructions for the care of patients who can be treated at home.
- Through a Public Health Order, the Local Health Officer may direct the compliance of health care providers with protocols for use of antiviral medications and influenza vaccine.

A. 3 Draft Alternative Care Facilities Site Selection Framework

	Description / care criteria	People	Plant	Equipment / Supplies	Protocols / Guidelines	Other
Phone Triage	Information provided by phone/internet contact				Algorithms Needed (Determine if these will be created at the local level or if State DOH will develop)	Determine how to expand phone triage Triage system that is currently available should not be overwhelmed; Consider flu-hotline and a non-flu hotline as a referral for the general public Hours of service offset times when clinic closed? Computer based online information and decision algorithm Use non-licensed following protocols. Need plan for both medical screen first and flu triage or vice versa. Need to develop flexible plan that can expand and contract, add new information based on what is happening in the community.
Hands on Triage	Pre-established locations staffed with appropriately skilled providers to conduct initial triage, following written protocols					

	Description / care criteria	People	Plant	Equipment / Supplies	Protocols / Guidelines	Other
Physical Care Facilities (outside of home)						
Basic Assumptions		Will need to find additional resources to staff all but Hospital/ Critical Care	All facilities will have the minimum basic services and utilities needed to occupy for 24 hours or greater.		Protocols are being developed, use these once completed.	
Level A – Custodial Care	Too sick to be home alone; care. Minimum observation of residents provided; Must be able to self – administer meds. e.g. Columbia Place	Staff – CNA Responsible adult who has recently cared for chronically ill spouse/child	Meets minimum assumptions. Minimum occupancy and overnight accommodations for _____ residents	OTC medications for fever and pain; Personal meds PO fluids		Mobile medical to validate assessments; Vital sign measures
Level B – care comparable to that found at a skilled nursing facility. RT available	Needs O ₂ ; intravenous fluids, drugs (IV drugs?)					Need a process for providing pharmaceuticals MD oversight?

	Description / care criteria	People	Plant	Equipment / Supplies	Protocols / Guidelines	Other
Level C - Acute Nursing Care	Requires monitoring by RN Also need areas separate for non-flu illnesses	Portable or mobile x-ray or transport to/from Imaging facility Lab support Respiratory Support				
Level D -Critical Care	Intensive care Ventilator and hemodynamic monitoring					

A. 4 Triage and Treatment Pathways – Working Draft 2006

Triage and Tiered Response / Clinical Pathways for Treatment

1. Internet reference with decision algorithm.
2. Phone triage: Consulting nurses or trained volunteers on phones, at medical clinics etc., to provide caller with an action plan for either home care or a referral to hands on assessment.
3. Hands on assessment and treatment: Assessment will then refer people to an appropriate level of treatment center. All centers are assumed to have basic capabilities including hot water, power, telephones, and bathrooms.
 - a. Level A — Board and Care-type facility
 - i. Provides oral fluids, suppositories, and nutrition
 - ii. Needs to have:
 - Infection control management capability
 - Beds (ex: could be a motel)
 - Kitchen or way to bring in food
 - Requires minimal medical supervision
 - Custodial staff—minimal training required
 - Staff to follow care protocol guidelines, provided to staff
 - Facility and staff in communication with the medical care system
 - b. Level B — Skilled nursing-type facility level of care.
 - i. Provides oxygen, IVs, some drugs administered
 - ii. Needs to have:
 - Everything Level A facility has
 - Clean area for doing IVs
 - Skilled nursing (RTs, RNs, LPNs, CNA, EMT level)
 - Pharmacy support—can receive and inventory drugs
 - Staff to follow care protocol for IVs and medically administered oxygen
 - c. Level C — Acute hospital-type level of care
 - i. Provides monitoring capability, higher level of pharmaceutical support
 - ii. Needs to have:
 - Everything Level B facility has
 - At least daily physician oversight
 - Higher ratio of staff to patient
 - Much of the same support as a hospital—xray, technicians, lab, nurses, etc. Those capabilities can be at the facility already or can be brought in for use.
 - Open for consideration: a different level of care protocol for this site.
 - d. Level D—ICU level of care
 - i. Provides ventilator support
 - ii. Hemodynamic monitoring
 - iii. Needs to have:
 - Everything Level C has plus the ventilator and monitoring capabilities to be coordinated by St. Joseph Hospital

Note: Continued planning indicated for pediatric medical care.

Appendix B – Public Information and Communications

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- B.2 “Identified Special and At-Risk Populations and Implementation Recommendations.” Per Whatcom County Pandemic Influenza Task Force Recommendations June 2006.
- B. 3 “Early Planning Messages Regarding Pandemic Influenza Preparedness and Risk Reduction.” Per Whatcom County Pandemic Influenza Task Force Recommendations June 2006.
- B. 4 “Critical Communications Service Resource Criteria.” Per Whatcom County Pandemic Influenza Task Force Recommendations June 2006.
- B. 5 “Draft Structure and Considerations for a Joint Information Center.” Per Whatcom County Pandemic Influenza Task Force Recommendations June 2006.
- B. 6 “Communications Resource Ideas.” Per Whatcom County Pandemic Influenza Task Force Recommendations June 2006.

Suggested Resources

- “Easy to Read Materials for People Who Are Older.” Brochures available at Northwest Regional Council, Bellingham, WA.
- “Emergency Contacts and Telephone Numbers Checklist.” American Red Cross Handout.
- Health & Human Services Public Affairs Guidance: 4May06 re: ABC Television Movie “Fatal Contact Bird Flu in America.”
- Whatcom County Sheriff’s Office Division of Emergency Management. Brochures – Whatcom County CERT, What Will You Do When Disaster Strikes, In Case of Emergency: Whatcom County and Prepared Volunteers, Shelter in Place

B. 1 Community Communications Guidelines for Pandemic Influenza Phases

The World Health Organization has identified six phases of Influenza Pandemic. The Communications Work Group of the Whatcom County Pandemic Influenza Task Force developed the following general Communications Guidelines and specific guidelines for each pandemic phase.

General recommendations:

1. Identify each message by type of message using a 3-level ranking, example:
 - a. Recommendation
 - b. Advisory
 - c. Warning
2. The above ranking is a suggested approach. Ranking could include an “order” level message. The ranks that Whatcom County would use will need to be identified and defined. Message ranks will follow the Health Officer’s declaration of what level Whatcom County is at—recommendation, advisory, or warning. When developing and distributing messages to the community, each message should clearly indicate it’s ranking, e.g., whether the message is a recommendation, an advisory or a warning. In other words there should be a clear distinction between ‘should’ and ‘must’ message content.
3. It is recommended that the Health Department have a Public Information Officer (PIO), someone able to proactively devote time to the role, not just react to inquiries. It is expected that this is a part time commitment and could be handled by someone on staff or contract. The PIO would need to be available under short notice to verify information when rumors begin to happen. Quick response and accessibility will be critical to curb any unneeded panic due to rumors.
4. The group recommends that all pandemic influenza messages and content should reside on a Whatcom County Health Department website. To provide consistent and validated communication, it is recommended that the Health Department be the message authority.
5. Identify key influencers / trusted source for each population.
6. Test materials with target audiences, Involve members of each population in message development.
7. Consider widespread communications distribution using local critical service providers during the active pandemic phases, e.g., garbage haulers leaving pandemic influenza information flyers when they pick up trash and recycling, street closure light boards for posting public information.
8. Plan a coordinated development strategy so messages are not too tailored to individual audiences and provide assurance that all groups have been adequately communicated with. Develop messages so they are tiered in terms of detail and complexity of information, and are in alignment with the Phase Guidelines.
9. Plan for a consistent look and feel to all pandemic influenza messages to convey consistency and cohesion to the community. All messages should indicate who is in charge and where to go to get additional information.
10. Consider a design element that reflects the phases outlined in the guidelines, e.g., border color corresponds to the phase.

Communications Recommendations for Specific Phases of Pandemic Influenza

Interpandemic Period – Phase One and Phase Two

During these initial phases the information distributed to the community will be “recommendation” ranked. The goal is to make people aware of how they can prepare and prevent in order to take better care of themselves, loved ones and co-workers. At this stage national media is distributing Pan Flu news stories. It is important to have localized communications to answer questions that national news stories generate.

Types of Information:

- Prevention messages—how to behave to minimize infection
- Preparation messages—what you can do at your home and what you can do at your business to prepare for a sustained emergency
- Planning messages—what is the community and government doing to prepare
- Education messages—what is pandemic influenza, what are the symptoms, what to look for, what to expect, what to do
- As animals are infected in Phase Two, provide information to farmers and hunters about what to watch for. As needed, provide general information about contact with animals.

Distribution Methods:

- Schools
- Libraries
- Websites
- Media outreach
- Brochures and flyers

Pandemic Alert Period – Phase Three

During Phase Three, assuming infected humans are in our geographic region, messages will be primarily at an “advisory” level, especially to those at high risk. Information at this phase offers lots of explanation, specific information from officials about what is happening locally, regionally, as well as nationally.

Work Group recommends that an Unified Area Command structure be in place at Phase Three, providing a clear unified place for communication development, approval and distribution. Need to provide the community with a credible source for timely information. (Do not want to have one advisory from the Health Department and another advisory from the Hospital).

Communications Work Group strongly recommends that anyone in the PIO role within the Joint Information Center (JIC) of a Unified Command System be someone with professional communications experience. The Infrastructure and Organizational Contingency Planning Work Group has identified communications as a critical service to maintain in the case of a pandemic, or major disease event. As a critical service, at the center of the effort, it is important to have a communications professional.

Types of Information:

- Recreational advisories (swimming pool, movie theaters, shopping malls)
- Travel advisories
- Description of symptoms, what to look for
- What to do if you or someone you know have symptoms

- How to avoid further contact
- How virus is spreading
- What care is available to those that are sick
- Repeat educational, prevention, preparation and planning messages from Phase One and Two.

Distribution Methods:

- Daily briefings for the media—get updated messaging out daily. Ideally same time every day—example noon or 1:00pm.
- Recommend using the emergency alert system if doing daily briefings. (Review the criteria for implementing the emergency alert system)
- Recommend all messages close with clear direction on what to do or not do. Give the community specifics about how to adjust their behavior.

Pandemic Alert Period – Phase Four

At Phase Four, human-to-human transfer is beginning to happen in our region. Assumption is there will be quarantine measures based on the human infection.

Once there is quarantine, but not before, information regarding quarantine needs to be readily available. The Work Group believes that messages regarding quarantine, even what it is and when and how it might get implemented, prior to an actual quarantine will only cause unnecessary panic and disruption. As many messages at this phase will be warnings, it will be especially important to be clear about whether a message is an advisory in a specific geographic area or a warning. (Ex: might have an advisory in Sumas, but a warning on the same issue in Blaine). An appropriate ranking level for quarantine messages may be “orders”.

It will be important at this stage to balance advisories and warnings with information about regions or functions that are still at normal operation. Using clear, regular and thorough communication at this stage is critical to minimizing panic.

Types of Information:

- Repeat information as appropriate from Phases One, Two and Three.
- Quarantine directives and explanations, “warning”, or maybe “order” ranked message
- Travel “advisories” or “orders”
- Specific information about what is happening where. What is still ‘normal’ and where are communities taking extra precautions.
- Information regarding what is happening in the broader region and nationally.
- Information about what sick people should do. Where to go to get help, what to do to help with their health problems.

Distribution Methods:

- Twice a day briefings—mornings and late afternoon. Provide video, audio as well as in person formats.
- Unique methods for distributing messages to quarantined areas—direct telephone calls, truck with loudspeaker. Door to door not likely due to infection possibility.
- Consider using existing cameras stationed around the County and Bellingham as way to show visuals of what is still normal in the region. People will be isolated in their homes getting most information from television, radio or Internet.
- Organizations might implement Auto Call—for getting communication out at this level.

Pandemic Alert Period – Phase Five

Large clusters of people are infected, but human-to-human spread is still localized to specific areas within the region.

Important that telephones and Internet access are continuing to work for the whole community. Both will be primary ways people will get information and connect with others. This will be critical to the community well being.

Types of Information:

- Clear information about what is wrong and where.
- Forthcoming information about what is still operating in the community. Indicate what is not affected or infected.
- Repeat information as appropriate from Phases One, Two, Three and Four.

Distribution Methods:

- Suggest a phone bank be in place by Phase Five with trained persons answering the calls and incoming questions.
- Web inquiry capability—real-time messaging and web-based communications.
- Recommend briefings three times a day.

Pandemic Period – Phase Six

At this point people in the region are dying due to pandemic influenza. Given that, public information and communication need to have an emotional component. Communications Work Group recommends involving faith based people and counselors in developing and delivering community messages. People with these soft skills should be a part of the daily briefings.

Types of Information:

- How to handle fatalities if have one in the home.
- Where to take care of memorial needs—caskets, burials, ashes burned.
- Messages about how to handle grief.
- Repeat information as appropriate from Phases One, Two, Three, Four and Five.

Distribution Methods:

- Media at this point would be constant—24/7 on the pandemic.
- Continue briefings three times a day.
- If haven't used yet, definitely use the emergency alert system.

B. 2 Identified Special and At-Risk Populations and Implementation Recommendations

Outreach Guidelines and Considerations for Special Populations

Homeless or Near Homeless

Message Distribution

- Billboards- Marques
- Outreach workers
- Feeding programs
- Hunger coalition
- Homeless coalition
- Church on the Street
- Hope House
- Rainbow Center
- Lighthouse Mission
- Domestic shelters
- Mental and Psychological health centers
- Event offering food with verbal information

Content Considerations

- Low literacy with anything written
- Provide information using pictures
- Colorful printed materials

Working Poor

Message Distribution

- Food banks
- Side of WTA bus signs
- Post Offices
- Libraries
- Schools
- 211
- Set up an information booth for a week at Post Offices and Libraries
- Set up an information booth at community events like Pioneer Days, NW Fair
- Printed messages on shopping bags

Content Considerations

- Content directed to real needs
- Simple check lists
- Clear “How Tos” – no background information
- Distribute information in a format that they will keep- refrigerator magnet, booklet that fits in phone book.
- Low to no-literacy considerations, information available in format other than written

Children

Message Distribution

- Schools
- Day care centers
- Head start programs
- Summer activities
- After school programs
- Summer meal programs
- Website cleverly done for children
- Libraries

Content Considerations

- Easy language, age appropriate
- Put message to music
- Turn message into a rhyme
- Low to no-literacy considerations, information available in format other than written
- Many kids can teach their parents
- Use pictures and bright colors

Elderly

Message Distribution

- Whatcom County Council on Aging
- Organizations of faith
- Senior centers
- Fraternal organizations
- DSHS
- Physicians
- Pharmacists
- Elder service providers

Content Considerations

- Follow DSHS guidelines for communicating with elderly (from Northwest Regional Council)
- Be careful that message is not alarmist (all populations)
- Give explanations and context
- They have more time to read and watch television

People with Disabilities

Message Distribution

- Care givers
- Service agencies
- DSHS
- Advocacy groups ex: ARC
- Residence service coordinators

Content Considerations

- Be careful that message is not alarmist (all populations)
- Give explanations and context

Rural Communities

Message Distribution

- Billboards and marquees
- Libraries
- Post offices
- Organizations of faith
- Local stores
- Local papers
- WTA bus signs
- Posters and flyers that can be posted

Content Considerations

- Include a local contact or local comments (not Bellingham)

Residents Living in High Density Neighborhoods/ Housing

Message Distribution

- Mailbox inserts
- Lobbies- posters, info booth
- Housing authorities
- Housing/homeowner associations
- Flyers that can be posted

Content Considerations

- Customize social distancing information to groups close living quarters circumstances

People with Language and Cultural Differences

Message Distribution

- Grocery stores
- Cultural centers
- Organizations of faith
- Tribal social services
- Tribal Business Council/Tribal Chair
- Scheduled radio broadcasts/announcements for each language
- Identify a cultural leader or two within each language group

Content Considerations

- Customize social distancing information to groups close living quarters circumstances

B. 3 Early Planning Messages Regarding Pandemic Influenza Preparedness and Risk Reduction

The following list of possible early planning stories can be used to increase public awareness on the local planning and preparedness efforts underway. Communications Work Group members recommend a tiered approach, beginning with basic information and increasing levels of detail in additional materials. Press releases should be sent to trusted sources, such as professional associations, organization that produce newsletters, church bulletins, etc. so a layered approach to public education is achieved. All messages should indicate who is in charge when it comes to pandemic influenza planning and where to get additional, detailed information.

Prior to press release development three key messages need be developed and agreed upon. The three key messages should be selective and appropriate for the early planning phase, repeated consistently, and provided in all copy and stories. Press releases concerning the pandemic influenza should have a common look and feel so the receiver understands that coordinated information is being prepared and the source is identified as central and reliable.

The Task Force recommends the use of Focus Groups to help with message development for the early planning phase. Participants can provide insight stories readers will be interested in.

Early planning phase key messages

Planning Message: Community planning is underway and someone is in charge

Preparation Messages: Increase your family and organization's preparedness – what you can do at your home and what you can do at your business to prepare for a sustained emergency; educate public on resources for more specific information

Prevention Messages: Stay healthy – what to do to prevent infection, tell people what/ how; provide accurate medical information on infection reduction, sick days, etc.

Education Messages – what is pandemic influenza, what are the symptoms, what to look for, what to expect, what to do

Early Media Story Ideas

- Planning is taking place locally and regionally; indicate who is in charge
- Preparation is key – story on an emergency that was handled well in the past, illustrate value of early preparation.
- Critical services planning – profile organizations identified as critical service providers and tell the story of how they are preparing, how-to tips, and resources.
- Risk reduction 'how to' – demystify the term 'social distancing'
 - Give local examples from previous risk reduction measures taken, e.g., Haggan hepatitis outbreak, WWU measles, etc.
 - What are our relative risks due to proximity to Vancouver?
 - Should I eat poultry, eggs and animal products?
 - What about my pets --my cat eats birds?
 - Is there going to be a quarantine, how is disease transmitted?
 - What happens if I am sick, should I go to school, work, etc?
 - Where do I get a shot? Can masks help? How do I care for a sick person?
 - Has the virus jumped to humans yet?
 - What about my vacation, should I travel?
- Keeping kids healthy – cough etiquette, sick days, lifestyle information, etc.
- Socio/economic impacts and planning
 - Who's going to tell me what to do in the event of an outbreak?

B. 4 Draft Structure and Considerations for a Joint Information Center

1. Early message distribution patterns are critical to overall communications success; plan a coordinated look and feel to tiered messages and strategic distribution strategy to assure cohesion throughout all phases of a pandemic influenza.
2. Use professional Public Information Officers (PIOs) on the Joint Information Center (JIC) to assure capacity within task and respect from other UAC bodies.
3. Appoint the head of the JIC wisely, so the person has the respect and authority to act and has the necessary credibility for directing information and requesting it from a variety of sources.
4. Be explicit in how the JIC is credentialed so information sharing with other UAC sources is streamlined.
5. Work early with UAC to assure JIC groups and individuals serving on the JIC are functionally integrated with the UAC.
6. Consider expanding JIC capacity through sharing PIOs from various established entities and rolling them through various phases.
7. Make sure those assigned to JIC are fully available for UAC services and are not compromised by other work duties for critical service providers they work for.

B. 5 Critical Communications Resource Criteria

To determine if a web-based, radio, television or print resource or service provider is appropriate to serve as a critical service resource in a pandemic influenza, consider the following general and media-specific criteria:

Service provider or resource:

- Has contact with key influencers for a variety of populations.
- Serves as a point of 'first call' for broad audience seeking media information.
- Maintains open access to information; anyone who wishes to access the service can do so.
- Is localized and able to incorporate new content quickly.
- Has an organizational plan in place to keep employees safe and organization functioning during a pandemic influenza emergency.
- Staff will not be compromised by other critical services responsibilities within the organization or Unified Area Command structure.
- Is willing and able to accept outside resources to maintain capacity and distribution of information during an 'emergency' phase.
- Can receive national information; has wire or subscription in place to access national news sources.

Web-based resource or service provider:

- Has sufficient staff and bandwidth capacity to maintain and update information hourly or in real-time.
- Has an established system for 'push' technology (non-essential criteria).
- Is willing to use common content and carry 'official' links to information (bug on site).
- Delivers readers who look to 'non-traditional' information sources.

Radio resource or service provider:

- Will allow shared staffing enabling other organization's trained staff to work at the station during an emergency.
- Has band width/ broadcast range that can reach a wide range of population centers and/or geographically isolated areas.
- Has ability to run original, localized information and stories.
- Will employ 'responsible' talk and news radio guidelines to maintain quality information on call-in programming. Includes efforts to mitigate rumors, not escalate or sensationalize, establish guidelines for follow-up questioning on leads.

Television resource or service provider:

- Has the capacity to go live.
- Can run continuous information on preparedness, resource access updates, and/or calming messages throughout an emergency.
- News director is available to be briefed ahead of working on content pieces, 'news you can use' features, to assure accurate information is distributed to the public.

Print resource or service provider:

- Has sufficient staff to maintain information flow, story development, and appropriate distribution responsibilities during 'emergency' phase of a pandemic influenza event.

B. 6 Communications Resource Ideas

Task Force recognized the importance of identifying resources to develop and implement an effective community communications plan. Group suggested the following ideas for identifying resources:

1. Planned public communications can be sponsored by a private organization. Could consider recruiting a local company to sponsor all or part of the effort to get preparedness and prevention communication out to the public.
2. Hire a contract communications professional to take existing materials and develop final communications plan.
3. Enlist WWU interns to implement a developed and approved communications plan.
4. Develop a volunteer committee of communications professionals to develop final communications plan and implement sections of the plan, particularly the early messages and stories.

Appendix C – Business Planning

Suggested Resources

Booz Allen Hamilton, Inc. (2006) “Influenza Pandemic Simulation: Implications for the public and private sectors.” See [Influenza_Pandemic_SimulationGlobalBusiness.pdf](#)

“Business Continuity Model for U.S. Cities.” available from ChicagoFIRST available at: https://chicagofirst.org/press/2006/press_20060530.jsp

“Business Pandemic Influenza Planning Checklist” U.S. Department of Health & Human Services, available at <http://PandemicFlu.gov>

“Business Pandemic Influenza Planning Checklist, Version 3.6.” Department of Health and Human Services USA and Center for Disease Control. December 2005. Available at www.pandemicflu.gov and www.cdc.gov/business.

“Disaster Planning – Survey and Sample Series” Available from Government Resources Business & Industry Planning, U.S. Department of Health & Human Services (Pandemic Flu), at <http://PandemicFlu.gov>

“Influenza Pandemic Simulation Reveals Challenges in Delivering Essential Services During Widespread Outbreak.” Press Release, April 27, 2006 World Economic Forum. (See Challenges in Delivering Essential ServicesNYStory.doc.)

“Its Not Flu as Usual: What Businesses Need to Know About Pandemic Flu Planning.” Trust for America’s Health, 2005. Brochure available online at www.healthyamericans.org

“ReadyBusiness: Plan to Stay In Business.” U.S. Department of Homeland Security. Available at www.ready.gov/business/st1-planning.html

“State and Local Pandemic Influenza Planning Checklist, Version 4.4.” Department of Health & Human Services, Dec. 2005.

“Vital Businesses Prepare for Flu Pandemic.” Radio interview available at: <http://www.npr.org/templates/story/story.php?storyId=5378484>

Appendix D – Support Networks

Table of Contents

D.1 “Mental Health Practitioner Engagement Draft Action Plan.” Per Whatcom County Pandemic Influenza Recommendations June 2006.

Suggested Resources

“Faith-based & Community Organizations Pandemic Influenza Preparedness Checklist, Version 1.1.” Department of Health and Human Services USA and Center for Disease Control. January, 2006. Available at www.pandemicflu.gov and www.cdc.gov/business.

“Preparing for Pandemic Influenza: A personal and family guide.”
http://www.doh.wa.gov/panflu/family_brochure.htm

“Protect Iowa Health: The simple steps you can take now to be prepared for a public health emergency.” Spiral bound fill-in the blanks booklet available from Iowa Department of Public Health.

“Public Health Workbook: Define, Locate, and Reach Special Vulnerable and At-Risk Populations in an Emergency (Working Draft for Review).” Department of Health and Human Services, USA and Center for Disease Control and Prevention. www.bt.cdc.gov/stockpile/extranet

“School District (K-12) Pandemic Influenza Planning Checklist.” Available at www.pandemicflu.gov/plan/schoolschecklist.html.

D.1 Mental Health Practitioner Engagement Draft Action Plan

Private Mental Health Practitioners Approach

A wide range of health care (MENTAL HEALTH) practitioners are licensed by the Washington State Department of Health. This includes Psychiatrists, Psychologists, physicians, physician's assistance, nurses, social workers, licensed certified mental health counselors and registered counselors. These practitioners practice in a variety of settings and frequently specialized in specific areas such as marriage, family, children and individual therapy and more specialized counseling and services including marital disorders, depressions, sexual abuse, bio-feedback pain management, anxiety, mood disorders, developmental disabilities, to mention but a few. Licensure or certification by the State doesn't necessarily imply that all of these mental health practitioners have current skills and or work experience that would relate a pandemic episode and/or natural disaster. Many private therapists in Whatcom County already volunteer by participating on of the two local critical incident response teams for industries and schools.

1. Invite area practitioners to a community educational event related to pandemic preparedness and/or natural disaster preparedness; use the Washington State Department of Health list of all licensed mental health practitioners practicing in the Whatcom County area to create invitation list. Use this educational event as an opportunity to identify those practitioners interested in and willing to participating in future community disaster or pandemic preparedness planning.
2. Provide additional specific disaster or pandemic training for these practitioners to enhance their value in support of the community disaster response plan.
3. Seek support from the state to establish a requirement for State licensure and renewal, a training unit in community disaster preparedness.

Public Mental Health Practitioner Approach:

1. The public mental health practitioners employed by the non-profit community mental health agencies under contract through the North Sound Mental Health Administration (Coordinated by the Whatcom County Health Department) already participate in an identification and on-going training process to coordinate their activities in the event of a natural disaster or pandemic episode.
2. This effort with the local publicly funded mental health practitioners should be coordinated with any future efforts to engage the larger private mental health community.

Appendix E – Legal Considerations

Table of Contents

E.1 “Draft Isolation and Quarantine Orders and Legal Templates.” Per Whatcom County Pandemic Influenza Task Force Recommendations June 2006.

Suggested Resources

City of Bellingham, WA. *Interim Pandemic Influenza Policy. Administrative Code* (2006).
Sec.00.00.05.

Executive Orders Templates - See Exhibit 7. Colorado's Approach to Planning for Disaster Emergencies-Executive Orders available at:
<http://www.ahrq.gov/research/altstand/index.html#Contents>

Isolation & Quarantine Order Templates & Information available at:
<http://www.doh.wa.gov/phepr/isoquar.htm>

J. Roper, Assist. Attorney General to Mary Seleky, Dept. of Health, memorandum, 31 January 2002. *Public Health Emergencies – Current Legal Authority*

Public Health Law Program Resources available at: <http://www2a.cdc.gov/phlp/>

E.1 Draft Isolation and Quarantine Orders and Legal Templates

Order for 30 Days of Continued Isolation or Quarantine

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR WHATCOM COUNTY

In re: The Detention of:)
) No. _____
)
(name or names of persons) ORDER FOR UP TO 30 DAYS OF
to be detained)) CONTINUED ISOLATION OR
) QUARANTINE
Respondent/Respondents.)

On this ____ day of _____, ____, this matter came on regularly for hearing before the above-entitled court. After hearing testimony and argument of counsel the court finds that:

____ 1. The Court finds that there is clear, cogent and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to health and safety of others.

____ 2. The Court does not find that there is clear, cogent and convincing evidence that isolation or quarantine is necessary to prevent a serious imminent risk to the health and safety of others.

____ 3. As a result of said hearing the Court authorizes continued isolation or quarantine for a period of time not to exceed 30 days from the date of this order.

____ 4. The Court does not find that there is a basis for continued isolation or quarantine and therefore the respondent is immediately released.

____ 5. There is no basis for continued isolation or quarantine and the party shall be released.

(Identify the isolation or quarantined person or groups who share a similar characteristics or circumstances).

Specify factual findings warranting isolation or quarantine pursuant to section including having a communicable disease of an infectious nature, which requires them to be separated from the public.

Include any conditions necessary to insure that isolation or quarantine is carried out with the stated purpose and restrictions of this section. (Factually specific).

Isolation or quarantine shall take place at the following location:

_____.

This Order shall be served on all affected persons personally.

This Order shall be in effect for a maximum of 30 days. However, prior to the expiration of this Order the local health officer may petition the Superior court to continued isolation or quarantine should the condition exist. However, that would require an additional hearing.

DATED this ____ day of _____, ____.

COMMISSIONER/JUDGE

Declaration in Support of Petition for Ex Parte Order

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR WHATCOM COUNTY

IN RE:)
) No. _____
)
 Respondent/Respondents.)
) DECLARATION IN SUPPORT
) OF PETITION FOR EX
) PARTE ORDER
)
 _____)

_____ declares:

1. I am the Local Health Officer for _____.
2. I am authorized by chapter 70.05 RCW to take action necessary to protect the public health, safety and welfare.
3. Under RCW 70.05.050, 43.20.050(2)(d) and WAC 246-100-0404(4), I am authorized to ask the Court to issue an ex parte order for involuntary detention of individuals who should be isolated or quarantined to protect the public health, safety and welfare.
4. I am asking this court to issue an order involuntarily detaining the individuals named on the attached Confidential Schedule because they pose a threat to the public health, safety and welfare for the following reasons:
5. Respondent(s) has/have been diagnosed with, or is/are suspected to have been exposed to, infected with, or contaminated by, _____ because

6. On _____, I asked respondent(s) to comply with voluntary isolation or quarantine to protect the public health, safety and welfare. I took the following measures to obtain voluntary compliance:
7. Respondent(s) has/have refused/not complied with the request for voluntary isolation or quarantine as evidenced by the following:
8. To protect the public, respondent(s) should be detained in isolation or quarantine for a period _____ days (not to exceed ten days), unless medical tests or other information conclusively establishes that he/she/they no longer present a threat to the public health, safety and welfare.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED in Bellingham this _____ day of _____,
_____.

LOCAL HEALTH OFFICER

Emergency and Involuntary Detention Order

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR WHATCOM COUNTY

IN RE:)
) No. _____
)
) EMERGENCY AND INVOLUNTARY
) DETENTION ORDER
)
_____)

Under the authority of RCW 70.05.060, 43.20.050(2)(d) and WAC 246-100-040(3), I, _____, local health officer for Whatcom County, order the person(s) on the attached confidential schedule to be detained for isolation or quarantine at the location described on the confidential schedule beginning on _____, 200__, at _____ o'clock a.m./p.m., (Pacific time) and ending on _____, 200__, at _____ o'clock a.m./p.m., (Pacific time) not to exceed ten (10) days.

This is based on my assessment of the information available, I suspect the infectious disease or agent affecting the person(s) identified in this order, or with which these person(s) have been exposed, infected, or contaminated by, is _____, and the person(s) identified in this order pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

() I made the following efforts to obtain voluntary compliance, which were unsuccessful;

Or,

() In my professional judgment, seeking voluntary compliance creates a risk of serious harm for the following reasons.

This detention order is medically justified because:

Dated this _____ day of _____, 200__,
at _____ o'clock a.m./p.m., (Pacific time).

Local Health Officer

NOTICE TO PERSONS DETAINED BY THIS ORDER

NOTICE that you have the right to Petition the Superior Court for release from isolation or a quarantine in accordance with **WAC 246-100-055**. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

Ex Parte Petition for Involuntary Detention for Isolation, for Quarantine

IN THE SUPERIOR COUART FOR THE STATE OF WASHINGTON
 IN AND FOR WHATCOM COUNTY

IN RE: The Detention of:)	No. _____
)	
(name or names of persons to be)	EX PARTE PETITION FOR
detained))	INVOLUNTARY DETENTION
)	FOR _____ ISOLATION,
Respondent/Respondents.)	FOR _____ QUARANTINE
_____)	

COMES NOW, _____, the duly appointed health officer for Whatcom County, by and through his/her attorney _____, and in accordance with WAC 246-100-040 petitions this Court for an ex parte order of involuntary detention for the purposes of _____ isolation or _____ quarantine (check one).

Respondent, (name or names) are subject to _____ isolation or _____ quarantine at _____ (fill in location to be quarantined or isolated). Said detention shall commence on _____ (the date when isolation or quarantine shall begin).

The detention shall last at least _____ but in no event longer than 10 days without an additional court order.

The respondent/respondents suffer from the following communicable disease _____. Based on this diagnosis the duration of detention is _____.

The steps I have taken to seek voluntary compliance are spelled out in my attached declaration which is incorporated into this petition by reference. Any further delay would create a risk of serious harm to the public.

The ____ isolation or ____ quarantine is medically justified as described in my attached declaration which has been made a part of this petition by reference.

The respondent/respondents shall be given notice of this Petition by having it personally served upon them.

DATED this _____ day of _____, _____.

Deputy Prosecuting Attorney

VERIFICATION

The undersigned being first duly sworn says: That I am the Whatcom County Health Officer authorized to execute this verification; I have read the foregoing Complaint; know the contents thereof and believe the same to be true and correct.

HEALTH OFFICER

SUBSCRIBED and SWORN to before me this ____ day of _____, _____.

NOTARY PUBLIC in and for the
State of Washington, residing
at Bellingham.

Order on Ex Parte Petition

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
IN AND FOR WHATCOM COUNTY

IN RE: The Detention of:)
) No. _____
)
) EX PARTE PETITION FOR
(name or names of persons to be) INVOLUNTARY DETENTION
detained)) FOR _____ ISOLATION,
) FOR _____ QUARANTINE
Respondent/Respondents.)

As a result of a petition which has been filed against you on the ____ day of _____, you are being immediately detained on a _____ isolation or _____ quarantine (check one). You will be detained at _____

This court shall hold a hearing on the ____ day of _____, which will be within 72 hours of filing of the Petition, exclusive of Saturdays, Sundays, and holidays to determine whether there is a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.

At this hearing you have a right to counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you shall request the appointment of counsel upon being served with this order. If you currently have legal counsel, then you must be given the opportunity to contact that counsel for assistance.

If at this hearing it is found a reasonable basis for continued detention exists you may be detained up to a maximum of ten (10) days. If a reasonable basis for detention does not exist you will be released immediately.

DATED this _____ day of _____

JUDGE/COMMISSIONER

Petition for 30 Days of Continued Isolation or Quarantine

IN THE SUPERIOR COUR OF THE STATE OF WASHINGTON
IN AND FOR WHATCOM COUNTY

IN RE:)
) No. _____
)
) PETITION FOR 30 DAYS OF
) CONTINUED ISOLATION OR
Respondent/Respondents.) QUARANTINE
)
_____)

COMES NOW, _____, the duly appointed Health Officer for Whatcom County, by and through _____, a duly appointed deputy prosecuting attorney and petitions this Court for an Order to continue the ____ isolation ____ quarantine of _____ for a period of time not to exceed an additional 30 days.

1. The respondent shall be detained at _____.
2. The detention is necessary in that the respondent/respondents are suspected to carry or have been exposed to _____, a communicable disease.
3. The anticipated duration of confinement for this communicable disease is _____ based upon our best available medical evidence.
4. The medical basis for this continued detention is justified as spelled out in my attached Declaration. This declaration is made a part of this Petition by reference.
5. Notice of this Petition shall be served on _____ personally.
6. A hearing on this Petition shall be held on the ____ day of _____. (Within 72 hours excluding Saturdays, Sundays, or holidays).

7. At this hearing the respondent/respondents shall have the right to legal counsel. If the respondent/respondents are unable to afford legal counsel, then counsel will be appointed at government expense and they should request the appointment of counsel at the time they receive this petition. If they currently have legal counsel, then they shall have an opportunity to contact that legal counsel for assistance.

DATED this _____ day of _____, _____.

Deputy Prosecuting Attorney

VERIFICATION

The undersigned being first duly sworn says: That I am the Whatcom County Health Officer authorized to execute this verification; I have read the foregoing complaint; know the contents thereof and believe the same to be true and correct.

HEALTH OFFICER

SUBSCRIBED and SWORN to before me this _____ day of _____, _____.

NOTARY PUBLIC in and for the
State of Washington, residing
at Bellingham.

Appendix F – Infrastructure and Critical Services

Table of Contents

F.1 “Critical Services as Defined by Task Force”, Per Whatcom County Pandemic Influenza Task Force April 2006.

F.2 “Initial Inventory of Whatcom County Critical Services and Recommendations.” Per Whatcom County Pandemic Influenza Task Force Recommendations June 2006.

Suggested Resources

Colorado Department of Public Health & Environment. (2005) “CDPHE Internal Emergency Response Implementation Plan Incident Specific, Disease Outbreak, Pandemic Influenza, Draft 2.”

“King County Healthcare Coalition” For resources about pandemic influenza, see: <http://www.metrokc.gov/health/pandemicflu/index.htm> or contact: Carmen Alvarado, King County Healthcare Coalition, Administrative Staff Assistant, Public Health - Seattle & King County, Phone: (206) 296-5079 or E-mail: Carmen.Alvarado@metrokc.gov

“MOU Planning Resolution between Secretary of Health and Human Services.” Michael O. Leavitt and Governor Christine O. Gregoire of the State of Washington, 14Apr06.

National Interagency Fire Center. (1994) “Incident Command System National Training Curriculum: Organization and Staffing, Module 7, 1-300.” Order # NFES 2452.

“Pandemic Flu Plan Suggests Limited Federal Role” Radio interview available at: <http://www.npr.org/templates/story/story.php?storyId=5378481>

Washington State Department of Health. (2005) “Pandemic Influenza Planning Overview: Pandemic Influenza Planning in Washington State.”

Washington State Department of Health. (2006) “Preparing for Pandemic Influenza: A Washington State Overview.” www.doh.gov/phepr/factsheets.htm

F.1 Critical Services as Defined April 2006

Transportation

- Street and traffic maintenance
- Vehicle fuel
- Taxis
- Public transportation
- Air transport
- Ferry transport
- Delivery services—USPS

Public Safety

- Local law enforcement (county, cities, tribes)
- Fire service
- Border security
- Coast Guard
- Judicial system
- Emergency management
- Dispatch

Communications

- Public input mechanism (ability for public to ask questions— call bank/live web)
- Public broadcast capability
- Public communication dissemination

Economic

- Food supply and distribution
- Banking
- Finance and Administrative Services for County and Cities

Utilities

- Water, Sewer
- Cable/Internet
- Phone
- Electric
- Gas
- Propane
- Garbage

Health Care

- Clinics—pre-hospital, nursing homes, medical clinics
- Hospital
- Emergency Management Service (EMS)
- Mortuary services
- Home health care
- Pharmacies
- Public health
- Animal control

Special Needs

- Senior care
- Child care, including food for Free and Reduced school program recipients

F. 2 Initial Inventory of Whatcom County Critical Services and Recommendations

The Infrastructure Work Group developed an initial questionnaire to trial an inventory of critical services identified as necessary to maintain the social order and care for vulnerable populations in the event of an extended emergency. See <Initial Critical Services Inv2006.xls> available from Whatcom County Health Department for the initial inventory results and sample questions. Future efforts to conduct a comprehensive inventory of critical services capacity should focus on both public agencies and private businesses that provide critical services.

The Task Force recommends the following approach for a countywide inventory of critical service organizations:

1. The inventory should be conducted by a single individual or team of individuals to reduce redundant contacts with organizations and individuals in the course of the inventory, preferably a trusted source with clearly identified role/ authority for leadership in the event of a pandemic influenza.
2. The inventory tool, preferably an electronic questionnaire that merges data across organizations, should be tested for usability by a focus group. The compilation of responses across organizations and ability to conduct regular updates with ease should be a consideration in design.
3. Data gathered should include the following areas of organizational capacity:
 - a. What is each organization's current capacity for maintaining this critical service(s)?
 - b. How many trained people are necessary to maintain delivery of this critical service?
 - c. Are there criteria for determining critical individuals or determining priority of functions within the organization to maintain service delivery?
 - d. What supplies are necessary to maintain ongoing delivery of this critical service? (List by name and quantity over an identified time period. If not known, what might be done to identify this information?)
 - e. What is the status of the organization's emergency contingency plan? (List status of planning)
 - f. Does the organization have Pandemic Influenza plan in place? (List status of planning)
 - g. What assumptions are being made about the involvement of other entities (cooperating organizations, suppliers, etc.) in the Pandemic Influenza and Contingency plans? (Identify entities named or assumed in plans, list assumptions)
 - h. What agreements between entities do you think are necessary? (List recommended agreements, note the status of any agreements with named organizations—informal or formal)
 - i. Who is each organization's contact for the Contingency and Pandemic Influenza Plans?
 - j. What is the contact person's current phone, email and emergency contact numbers.
4. Inventory data should be updated regularly to maintain most current status.
5. Inventory data should be made available to organizations and individuals conducting preparedness planning to enable closer integration of emergency plans and promote increased coordination within critical services sectors.

G.1 Qualities and Characteristics for Unified Area Command Position Assignment

Policy Group and Unified Area Commanders

Recommended Qualities and Characteristics of Managers Participating in UAC:

- Trained in NIMs and ICS
- Able to exercise authority
- Individual needs to have knowledge of and familiarity with all the functional areas within their command
- Organized
- Good communication skills
- Operate with open-mindedness, no bias
- Available to serve in role
- Solid analytical skills, decision-making ability
- Flexible, able to respond in an emergency situation
- Ability to work under pressure and stress
- Team player as well as a team builder, needs to be able to create an environment for people to work well together
- Action oriented
- Have peer credibility with functional area responsibility

Joint Information Center and Public Information Officer

Recommendations for developing the Joint Information Center (JIC) component of the UAC:

- Early message distribution patterns are critical to overall communications success; plan a coordinated look and feel to tiered messages and strategic distribution strategy to assure cohesion throughout all phases of a pandemic influenza.
- Use professional Public Information Officers (PIOs) on the JIC to assure capacity within task and respect from other UAC bodies.
- Appoint the head of the JIC wisely, so the person has the respect and authority to act and do, with credibility for directing information and requesting it from a variety of sources.
- Be explicit in how the JIC is credentialed so information sharing with other UAC sources is streamlined.
- Work early with UAC to assure the body buys into the assigned JIC groups and individuals serving on the JIC.
- Consider expanding JIC capacity through sharing PIOs from various established entities and rolling them through various phases.
- Make sure those assigned to JIC are fully available for UAC services and are not compromised by other work duties for critical service providers they work for.

Medical Branch Commanders

Recommended Qualities and Characteristics of Managers Participating in UAC:

- Experience and knowledge of current medical care in the community
- NIMS/ICS familiarity
- MD
- Local knowledge
- Community recognition
- Commitment
- Good “bridge” (politically astute)
- Able to coordinate Hospitals, EMS, triage centers and provide oversight over mortuaries – everything about ensuring medical care of the community continues.

Community Support Operations Commanders

Recommended Qualities and Characteristics of Managers Participating in UAC:

- Needs to have a history or established relationships with persons managing the other operations managers as well as with higher level managers within UAC.
- Be an advocate, have an advocacy approach
- Be assertive, Work Group anticipates risk of this operational area not receiving appropriate attention and resources unless this person is assertive, advocates for these things and has respect of other managers.
- Have empathy, and as a result be an effective communicator with at-risk populations.
- It was recommended that there be a process for people in the community to nominate/suggest who they think might be appropriate for certain roles in the UAC structure.

H.1 Pandemic Influenza Task Force Roster Feb-June2006

Joint Coordination Team

Andy Day, Bellingham Fire Department
Regina Delahunt, Whatcom County Health Department
Terry Hinz, Whatcom County Health Department
Buffi LaDue, Whatcom County Health Department
Chris Philips, St. Joseph Hospital
Greg Stern, Whatcom County Health Officer
Pat Wentworth, St. Joseph Hospital
Gary Williams, Whatcom County Health Department
John Wolpers, Whatcom County Health Department
Wendy Woods, Lummi Nation
Mary Dumas, Dumas & Associates, Inc. Task Force Facilitation
Alexandrea Spaulding, Dumas & Associates, Inc. Task Force Facilitation

Communications Work Group

Terry Hinz, Whatcom County Health Department, Work Group Chair
Mike Abendhoff, BP Cherry Point Refinery
Joe Bates, KVOs TV
Cara Buckingham, General Growth Group
Amy Cloud, Western Washington University
Paul Cocke, Western Washington University
Tracy Ellis, Cascade Radio Group
Janice Keller, City of Bellingham
Marc Mullen, AudienceCentral
George Pierce, Western Washington University
Bill Quehrn, Building Industry Association of Whatcom County
Tanya Rowe, Bellingham School District
Julie Shirley, Bellingham Herald
Judy Smith, St. Joseph Hospital

Legal & Ethical Considerations Work Group

Chris Philips, St. Joseph Hospital, Work Group Co-chair
Regina Delahunt, Whatcom County Health Department, Work Group Co-chair
Michael Berres, Ferndale School District #502
Bill Boyd, Bellingham Fire Department
Dennis Carlson, Lynden School District
Bill Elfo, Whatcom County Sheriff
Lori Jo Erlichman, Ferndale School District
Barbara Finkbonner, Lummi Nation
Deborrah Garrett, Zender & Thurston
Jeff Hayamoto, Human Rights Task Force
Meg Jacobsen, St. Joseph Hospital
Gary James, Lummi Nation Police
David McEachran, Whatcom County Prosecutors Office
Scott Opsahl, First Congregational Church of Bellingham
Scott Rossmiller, Whatcom County Sheriff's Department
Fr. Frank Schuster, Assumption Church
Linda Storck, City of Bellingham
Randy Watts, Whatcom County Prosecutors Office

Infrastructure & Organizational Contingency Planning Work Group

Andy Day, Bellingham Fire Department, Work Group Co-chair
Wendy Woods, Lummi Nation, Work Group Co-chair
Larry Boone, Port of Bellingham
Don Boyd, Whatcom County Sheriff's Office Division of Emergency Management
Sherrie Brown, Bellingham School District
Michael Brydie, U.S. Customs and Border Protection - Port of Blaine, WA
Neil Clement, Port of Bellingham
Phil Cloward, Foothills Economic Development Association
Davey Doughty, Western Washington University
Travis Glass, City of Ferndale
Paul Grayston, City of Bellingham
Kathryn Hanowell, City of Bellingham
Mike Haslip, City of Blaine
Sue Ellen Heflin, Whatcom Volunteer Center
Patricia Hinchey, U.S. Customs and Border Protection - Port of Sumas, WA
Karen Hollingsworth, Bellingham Cold Storage
Bob Jacobsen, Whatcom County Sheriff's Office Division of Emergency Management
Mike James, Lummi Indian Business Council
Ryan King, City of Blaine
Paul Klineman, Alcoa Intalco Works
Jody McBee, Bellingham Housing Authority
Robert Muzzy, Whatcom Transportation Authority
Scott Parsons, community volunteer
Lori Pegan, Alcoa Intalco Works
Diana Quinn, City of Everson
James Rector, U.S. Customs and Border Protection - Port of Blaine, WA
Dale Rhodes, Conoco Phillips
Randy Scott, St. Joseph Hospital
Paul Schramer, Whatcom Transportation Authority
Sandy Shaw, Haggen, Inc.
Gayle Shipley, Environmental Health & Safety, Western Washington University
Tom Slack, City of Bellingham Parks
Rance Suttin, Lummi Nation
Jim Thatcher, Northwest Indian College
Jeff Thistle, Public Works Operations, City of Bellingham
John Wolpers, Whatcom County Health Department

Medical Care Work Group

Pat Wentworth, St. Joseph Hospital, Work Group Chair
Bill Ailken, Medical Reserve Corps
Jean Brock, Visiting Nurses Personal Services
Jeanne Brotherton, Meridian School District
Roger Christensen, City of Bellingham
Janet Garmbach, Jerns Funeral Chapel
Emily Gibson, Western Washington University
Corinne Gimbel-Levin, Harbor Behavioral Health
Gary Goldfogel, Whatcom County Medical Examiner
Lorali Gray, Mount Baker School District
Dana Harkins, Nooksack Indian Health Clinic
Joni Hensley, Whatcom County Health Department

Ann Holmes, Whatcom County Health Department
Ginger Isenhour, Registered Nurse
Frank James, Nooksack Tribe Health Officer
Rebecca Johnson, Interfaith Community Health Center
Carole Kornelis, Lynden School District
Carol Kumekawa, Interfaith Community Health Center
Joan McDermott, Northwest Regional Council
Sandy Mellott, Madrona Medical Center
Greg Stern, Whatcom County Health Officer
Laurie Sullivan, St. Joseph Hospital
John Tilley, Lummi Nation Health
Sally Vankooten, Alcoa Intalco Works
Marvin Wayne, Whatcom Medic One
Marcia Wazny, Bayview Cemetery Supervisor

Social & Economic Support Work Group

Gary Williams, Whatcom County Health Department, Work Group Chair
Ron Adams, Lummi Senior Services
Sue Anderson, Whatcom Coalition for Healthy Communities
Barbara Brenner, Whatcom County Health Board
Sandy DeGroot, Retired Navy Nurse
Victoria Doerper, Northwest Regional Council
Mary Dubrow, American Red Cross volunteer
Laura Fields, American Red Cross, Mt. Baker Chapter
John Harmon, Bellingham Housing Authority
Adrienne Hunter, Lummi Family Social Services
Gary Kentner, Nooksack Casino
Buffi LaDue, Whatcom County Health Department
Jeff Margolis, Everybody's Store
Jody McBee, Bellingham Housing Authority
Rick Nicholson, Whatcom Transportation Authority
Lynnete Ondeck, Nooksack Valley School District
Laverne Land-Oriero, Lummi Nation
Susan Parker, Bellingham Technical College
Lou Piotrowski, Foothills Economic Development Association
Alan Seid, Foothills Economic Development Association
Lyle Stork, Rainbow Center
Cheryl Tooker, American Red Cross
Andrew Tuller, Lighthouse Mission
Dee West, Opportunity Council
Glen Yorks, Nooksack River Casino
Shelly Zylstra, Northwest Regional Council

H.2 Pandemic Influenza Task Force February 2006 Planning Scenario

This description of a possible pandemic influenza outbreak in Whatcom County is for the purpose of having a shared set of assumptions as our work groups meet. These assumptions are reasonable estimates of an outbreak that could occur in our community. The impact of the outbreak described below would likely stress our health care system and cause considerable social and economic disruption if adequate planning were not in place.

As we use this scenario for planning purposes, we need to keep in mind that it is not a worst-case scenario, nor necessarily an accurate prediction of what will occur. An actual outbreak may be more or less virulent than this scenario, and the duration of the outbreak may be shorter or longer. This scenario provides the workgroups with a common basis for planning.

Planning Assumptions:

Pandemic influenza hits Whatcom County in 2 waves:

- Wave 1 lasts 6 weeks.
- Wave 2 arrives 6 weeks after the end of Wave 1 and lasts 8 weeks. The symptoms are more severe in Wave 2 resulting in an increased need for medical treatment and hospitalization during Wave 2.

2005 Whatcom County Population Estimate 180,167

- 35% of the overall population (63,058 people) have clinical disease and are unable to attend work or school
 - 40% of the children ages 0 to 17 (17,388 children) have clinical disease
 - 20% of the working-age adults ages 18 to 64 (23,149 people) have clinical disease
- 35% of the population (63,058 people) is infected but show no symptoms. Although their infection protects them from acquiring clinical disease later, they may be able to transmit disease to others while infected.
- 0.1% (180 people) of the population will die as a result of the outbreak. (Typically, there are approximately 1300 deaths per year in Whatcom County.)