

April 2009


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Report on Public Health Emergency Preparedness in Oregon

2009 Public Health Preparedness Summit

- The national 2009 Public Health Preparedness Summit was Feb. 18-20 in San Diego.
 - In her keynote address, Amanda Ripley discussed the content of her book, *"The Unthinkable: Who Survives When Disaster Strikes—and Why."* Ripley emphasized the importance of personal preparedness, and mental and physical rehearsal for predictable emergencies, such as noting the location of emergency exits in a movie theater. *"The more familiarity, the better the response,"* she said, noting that a Morgan Stanley security guard was instrumental in establishing evacuation drills that likely saved the lives of many people working in the World Trade Center on 9/11.
- 
- Author Amanda Ripley*
- Ripley, a senior writer on homeland security and emergency risk at Time Magazine, conducted extensive research into human behaviors during emergencies. In particular, she noted the heroic actions of regular people who have made a difference during disasters by staying calm and leading others to safety.
 - Oregon was well represented at the summit. Public Health Emergency Preparedness (PHEP) Public Information Planning Manager Christie Holmgren presented an interactive session on *"Oregon's Virtual Joint Information Center,"* which is a secure Web site used by public information officers throughout the state to collaborate and share information during an emergency.
 - *"Drop-in Emergency Department Surveillance"* was the topic of a poster session presented by Preparedness Surveillance and Epidemiology Team Epidemiologist Michelle Barber.
 - A panel discussion on *"National Top Officials Exercise Showcases Public Health as Lead Emergency Response Organization,"* featured Multnomah County Health Officer Gary Oxman, Director of the Office of Emergency Management David Houghton, and Multnomah County Health Department Emergency Preparedness Manager Jim Spitzer.
 - Oxman and Oregon Health Care Preparedness Region 1 Coordinators Christine Bernstein and Kathryn Richer presented, *"Coordinating From the Bottom Up: Supporting Health Care*



Delivery System Emergency Response.” In addition, Richer facilitated a panel discussion on *“Utilizing the Epistemic Knowledge of Communities of Culture to Develop Culturally Specific Emergency Communication Plans.”*

- Spitzer also co-presented *“The NRF and NIMS in the Public Health Response to Emergencies.”*
- Portland-metro Cities Readiness Initiative Program Specialist Cristin Corcoran was part of a panel discussion on *“Enhancing Mass Dispensing Plans With Closed Points of Dispensing.”*
- Health Care Preparedness Region 2 Coordinator Ann Steeves was part of a panel discussion on *“The Health Care Coalition in Emergency Response and Recovery.”*
- Other Oregon participants included representatives of local health departments in Washington, Lane, Wasco-Sherman, Crook and Columbia counties.
- Summit presentations are available on the Web at: <http://www.phprep.org/2009/agenda/>

Cascadia Peril 2009 Full-scale Exercise

- Cascadia Peril is a full-scale exercise that focuses on the consequences of a magnitude 9.0 earthquake and resulting tsunamis occurring along the boundary of the western edge of North America. Earthquakes along this boundary, called the “subduction zone,” are among the largest in the world. The Cascadia Subduction Zone extends along the Northwest Pacific Coast from British Columbia to southern California.
- Personnel from across the Oregon Public Health Division are scheduled to participate in this exercise Monday through Thursday, April 27-30. Additionally, approximately 30 Emergency Support Function 8 (ESF 8)/ Health and Medical response partners are planning to play. These include local health departments, hospitals and tribal health clinics.
- ESF 8 objectives include:
 - Testing the ability to move and work from an alternate site
 - Requesting, deploying and tracking critical resources

- Exercising response to environmental health issues
- Testing long-term medical surge capability
- Testing the revised fatality management plan
- Testing post-event epidemiological surveillance and investigation
- Testing public information and warning (risk communication) plans.
- During the first two days of the exercise the Public Health Division will operate from its Agency Operation Center (AOC) in the State Office Building in Portland, with all ESF 8 players participating. Then on Wednesday, April 29, the state will shift operations to two alternate sites as part of a test of the state continuity of operations (COOP) plan. After-action debriefings with all players will take place on Thursday, April 30.
- Starting on July 6, and continuing for four days, there will be a 72 days post-event recovery tabletop exercise for state agencies with the Governor’s Recovery Council.

Pre-Cascadia Peril Exercise

- The Public Health Division Acute and Communicable Disease (ACDP) is conducting a full-scale remote connectivity/ business continuity drill on April 8 in anticipation of Cascadia Peril.
- Approximately 25 staff from ACDP, as well as the Immunization and Environmental Health programs, will receive a Health Alert Network (HAN) alert telling them not to report to the State Office Building in Portland, but to take with them all equipment and materials needed to engage in routine work activities from an alternate location.
- Staff will practice working from home by connecting remotely to Department of Human Services servers with their laptops and holding meetings in alternative locations.
- *“We’ll be testing many aspects of remote connectivity and work flow, including HAN, Citrix, cellular and satellite phones,”* says Epidemiologist Michelle Barber. *“Throughout the day, in addition to conducting their routine work, each participant will be tasked*

with responding to voicemail and e-mail, using our shared network drive and the HAN document library, accessing our various FileMaker® Pro databases, and participating in a conference call/Webinar.”

- Additionally, the receptionist will route calls to the on-call epidemiologist and the urgent epidemiology response team as appropriate.
- Certain participants will place a call from a satellite phone, and some will be tasked with remotely posting a document to the ACDP Web site.
- *“Since a large earthquake such as the magnitude 9.0 forecast for Cascadia Peril could damage our workplace, we need to practice how we might get our work done if we couldn’t access the building,”* says Barber.

Public Health Advisory Board Update

- On March 6, Barbara Progulske, Public Health Emergency Preparedness (PHEP) Policy Coordinator, gave the Public Health Advisory Board an update on Public Health Emergency Preparedness activities.
- PHEP is integrated across six Public Health Division Programs, including the offices of the State Public Health Director, Disease Prevention and Epidemiology, Community Health and Health Planning, Family Health, Environmental Health and the State Public Health Laboratory.
- *“We focus on preparing for and responding to all hazards that have a public health or medical impact,”* says Progulske. *“PHEP collaborates with and provides technical assistance and funds to local health departments, hospitals, tribes and other stakeholders to support the Oregon public health and medical response system.”*

Governor’s Homeland Security Council Briefing on Public Health Preparedness

- On March 12, Public Health Emergency Preparedness (PHEP) Manager Mike Harryman briefed the Governor’s Homeland Security Council on the division’s role as the lead agency for Emergency Support Function 8 (ESF 8), Public Health and

Medical Services, and federal funding associated with these activities.

- PHEP Policy Coordinator Barbara Progulske briefed the council on federal evaluations of Oregon’s pandemic influenza operations plans, and the council endorsed the creation of an interagency workgroup to address planning gaps.

PHEP Mini Grants

- PHEP is planning to award \$90,699 in carryover-funded mini grants to 16 local health departments for continuity of operations and all-hazards planning.
- Fifteen local health departments submitted applications for the pool of \$40,344 available for all-hazards planning. Twenty-three projects were proposed, with a total cost of \$97,549. Thirteen local health departments will receive funding for projects ranging from support of training and exercises to technology upgrades. Local health departments with approved projects include: Clackamas, Clatsop, Curry, Douglas, Jackson, Josephine, Lane, Morrow, Polk, Wallowa, Wasco-Sherman, Washington and Yamhill.
- All-hazard mini grant awards ranged from \$1,554 to \$6,283.
- Eight local health departments submitted applications for the pool of \$50,355 available for pandemic influenza continuity of operations planning. The total amount of the application requests was \$143,514. Counties with approved projects include: Crook, Jackson, Multnomah, Lane and Linn.
- Pandemic influenza projects include continuity of operations planning for the health department, vulnerable populations and local businesses.
- Mini grants awarded for pandemic influenza ranged from \$5,500 to \$15,000.
- The next step in the process is for the approved mini grant proposals to be included in the annual carryover request to Centers for Disease Control and Prevention (CDC). Upon CDC approval, amendments will be made to the Local Public Health Agreements and local projects can begin immediately.

- Another mini grant opportunity to apply for a pool of \$37,400 to improve local public health and tribal health radio capabilities was just announced. These funds can be used to install or upgrade radio technology and build upon the homeland security radio capability investments made by Oregon Emergency Management. These projects must be completed by the middle of August 2009. For more information, see the news section on the secure Health Alert Network Web site.

Hazard Vulnerability Assessments

- Local health departments throughout Oregon recently completed public health hazard vulnerability assessments in collaboration with local emergency managers.
- Hazard vulnerability assessments help identify the risks to people, society, government, businesses and critical infrastructure from a variety of known or likely threats. Each community identified potential hazards and prioritized the ones most likely to cause the most disruption.
- A public health assessment adds an analysis of the human health impacts and how health services may be stressed or overwhelmed by each disaster. The assessment is designed to determine whether certain population groups might be at greater risk, and how demands for medical services will increase.
- *“From the public health hazard vulnerability assessments that were completed by local health departments, we learned that natural hazards are the category of greatest concern,”* says Environmental Public Health Epidemiologist Michael Heumann, who worked with the counties on the assessments.
- A total of 191 natural hazards were reported, and 90 were identified among the top five hazards. Natural hazards fell into nine



- common categories: floods, drought, heat waves, landslides, severe weather, wild fires, winter storms and geophysical hazards (earthquakes, tsunamis and volcanoes).
- Human disease was reported as another important and perhaps unique public health concern. Pandemic flu was listed as the top disease threat for 11 local health departments, and 10 others listed it among their top five threats. Other concerns included new and re-emerging infections and disease outbreaks.
- Chemical threats included hazardous materials incidents, HazMat responses to a chemical release during transportation or at a fixed site, and chemicals that could be used as a weapon. There were a total of 49 mentions of a chemical hazard reported, with 17 counties listing a chemical hazard among the top threats in their jurisdiction.
- Local emergency managers have been using hazard vulnerability analysis for years as a systematic way to identify potential hazards that threaten communities.
- *“The public health assessments will serve as a basis for local emergency planning and effective disaster management, and help communities prioritize the hazards they need to mitigate, prepare for, respond to, and recover from in order to minimize the effects of disasters and emergencies,”* says Heumann. *“The findings from the assessments done by local health departments underscore the importance of using an ‘all hazards’ approach to emergency preparedness throughout the state.”*
- The Oregon Public Health Division Emergency Preparedness Program will continue to work with local health departments and support them in preparing to address their top concerns.
- *“We will build upon the information generated locally to identify our vulnerabilities and to prioritize our planning efforts to improve state-level capabilities,”* says Public Health Emergency Preparedness Policy Coordinator Barbara Progulske.



Thirty-seven people attended a statewide Medical Reserve Corps Meeting on March 23 at the Oregon State Office Building in Portland.

Statewide Medical Reserve Corps Meeting

- A statewide Medical Reserve Corps (MRC) meeting on March 23 in Portland included all of the current MRC unit coordinators, as well as many other stakeholders from Oregon and Washington.
- Emergency Preparedness Program Manager Mike Harryman welcomed the group.
- U.S. Health and Human Services (HHS) Region X Coordinator Jesús Reyna provided an update on what is happening nationally and highlighted the upcoming Integrated Training Summit in Dallas next month.
- PHEP State MRC Coordinator Akiko Berkman reported on the national Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) program, as well as the current state of affairs for SERV-OR, the State Emergency Registry of Volunteers in Oregon.
- Steve Wolf spoke on liability issues for volunteers and touched upon the proposed legislation that is being discussed this session. Wolf is the Department of Justice attorney in charge of the Government Services Section and General Counsel for the Office of Emergency Management. He also is responsible for the internal emergency procedures and protocols for his department.
- PHEP Health Alert Network Manager Kevin Cradock gave a tour of the Health and Medical Operations Center.

- A lunch-time discussion focused on how to engage MRC volunteers.
- Fred Bretsch, FEMA Regional Program Manager for Citizen Corps Regions VI, IX and X, presented ways in which the MRC program can better strengthen its relationship with Citizen Corps, which is the umbrella program for the MRC.
- The day ended with a discussion of statewide MRC goals for the next year.

Institute of Medicine Workshop on Standards of Care

- Hospital and Health Care Preparedness Manager Jere High attended an Institute of Medicine (IOM)-sponsored workshop on *“Standards of Care During a Mass Casualty Event”* in California on March 12.
- This was one of six workshops being held around the country to spark discussion and gather themes, which the IOM plans to synthesize into an issue paper.
- *“Lots of discussion took place, but there are not a lot of ‘best practices’ out there since this is a difficult subject for providers and the public to face,”* says High.
- A common theme of the workshop was discussion about using the terms, ‘crisis care’ or ‘situational care,’ instead of ‘standards of care.’ *“In other words, a standard of care is not all or nothing—it is on a continuum, with conventional standards at one end, and crisis care at the other,”* says High.
- *“Conventional standards are practiced every day in the health care setting. Crisis care would apply during a catastrophe, when a health care system was overwhelmed for days and weeks, as in a pandemic flu event. The middle of the continuum would be contingency care, when, for example, a particular emergency department may be extremely busy and has to make some decisions on priorities as it is at or exceeding capacity for a short duration.”*
- PHEP will provide more information as the IOM holds more workshops and publishes its report.



A December crash involving a truck carrying radioactive waste brought together emergency responders from multiple state agencies, as well as private industry.

Radiological Incident Response

- Oregon's Public Health Division Radiation Protection Services (RPS) program helps keep citizens safe every day by inspecting and licensing radioactive equipment, educating first responders and others about radiation hazards and protection, educating the public about radon gas, and responding to nearly 100 emergency calls each year. The staff answers questions, advises actions, and if necessary, responds to any radiological emergencies within the state.
- For example, in late December, RPS participated in a multi-agency incident response when a truck carrying radioactive waste lost control on black ice and crashed outside of La Grande. The truck was filled with 263 different packages from various sources. More than 40 radioactive elements were present, each with different hazards and properties.
- The Oregon Department of Energy coordinated a statewide effort to respond and stabilize the incident.
- Local responders who used hand-held instruments to measure radiation levels were initially satisfied with the situation. Under its statutory authority, Oregon RPS immediately began an investigation. Closer scrutiny revealed the bulk of the radioactive shipment was composed of radioactive "beta emitters."



Justin Spence, a health physicist with the Public Health Division Radiation Protection Services program, collects water runoff from a hole in the damaged trailer for testing.

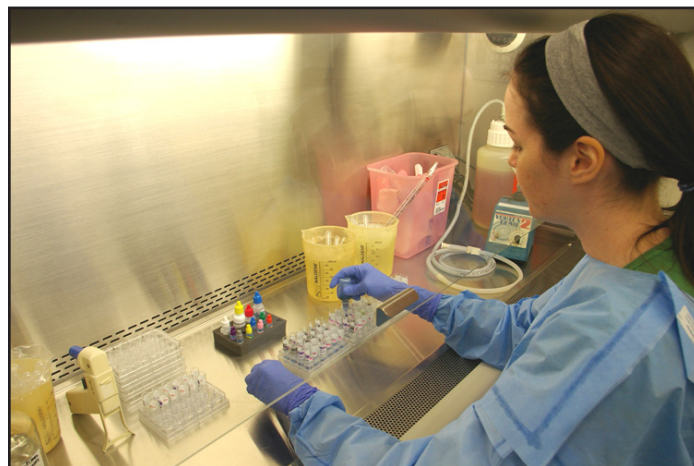
- These beta emitters are invisible to most field instruments, so specialists with more sensitive equipment were dispatched.
- The four-person state response team was composed of experts from RPS and the Oregon National Guard 102 Civil Support Team (CST). State responders studied the damage, performed environmental tests, and later oversaw clean-up efforts by the responsible party, Philotechnics, LTD. Philotechnics is a hazardous waste disposal company headquartered in Oak Ridge, Tenn.
- Technical responders from Philotechnics used a strict testing methodology, and worked closely with Oregon's team to ensure a thorough clean-up. The truck, packages, and grounds were extensively tested.
- No radioactive materials were released to the environment. All of the materials were sent to Richland, Wash., for processing in early January.
- The truck sustained damage, but no injuries were reported. The Oregon State Police investigation determined the driver was not at fault. This accident was Oregon's 86th logged radiological incident for 2008.

Chempack Exercise

- On Jan. 15, the Oregon Chempack Program participated in a cross-border full-scale exercise. The exercise involved Emergency Medical Service (EMS) agencies from Curry County in Oregon and Del Norte County in California.
- The exercise was developed to test Del Norte County's response to a CBRNE-type event, and activated the Chempack Response Plans for both counties.
- Chempacks are caches of nerve agent antidotes that are placed with selected hospitals and first responders around the state.
- The Chempack Response Plan includes a cross-border memorandum of agreement that allows local responders to request Chempack antidotes from neighboring states.
- Overall, the exercise was very successful. Adjustments to the plan as a result of the exercise will make future exercises or actual responses run more smoothly.

Governor's Occupational Safety and Health Conference Presentation

- PHEP Planner Michael Kubler was part of two panel presentations during the Governor's Occupational Safety and Health Conference in March at the Portland Convention Center.
- Kubler teamed up with Portland General Electric Strategic Planning Manager Kyle Walker and Oregon Occupational Safety and Health Consulting Industrial Hygienist Russ Reasoner to present two sessions of "Pandemic Influenza, Beyond the Basics." The first consisted of a short "teaser" presentation at the pre-conference workshop followed by a longer in-depth discussion later in the week.
- The presentations focused on community-based strategies for pandemic mitigation, individual protective strategies, and application of mitigation methods from the business perspective.



Suzanne Brandt, a microbiologist in the Virology/Immunology section of the Oregon State Public Health Laboratory in Hillsboro, works on a rapid influenza test of respiratory specimens using a biosafety level 2 cabinet.

Biosafety Training for Medical Laboratories

- The Oregon State Public Health Laboratory (OSPHL) was invited by the Centers for Disease Control and Prevention (CDC) to participate in the planning, development and implementation of "Biosafety and Biosecurity—Minimizing the Risks in the Laboratory," a national training for hospital, clinic, public health, research, reference and veterinary microbiological labs.
- OSPHL staff presented the training to 80 Oregon, Washington and Idaho laboratorians and community partners from October 2008 through January 2009.
- The biosafety program focused on three levels, including biosafety in the new OSPHL biosafety level 3 laboratory.
- The all-day training included proper use of both personal protective equipment (PPE) and biological safety cabinets, how to conduct biosafety risk assessments, instruction in biosecurity principles including vulnerability assessments, and the development of biosafety and biosecurity plans.
- A biosafety and biosecurity training can also be accessed via an OSPHL Webinar. Call 503-693-4123 for more information.

Protecting Yourself When Influenza Strikes Presentation

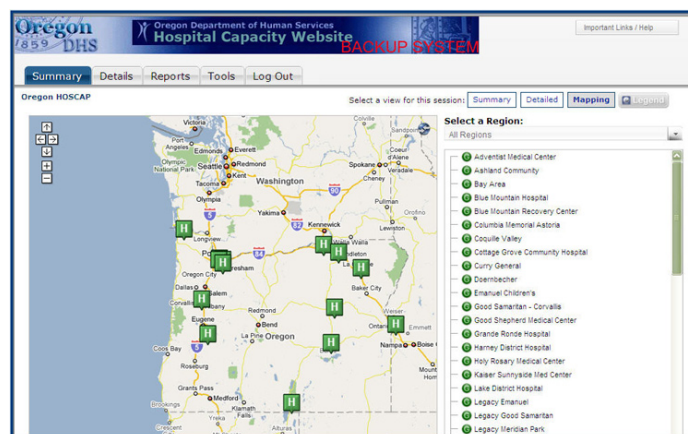
- A March 12 presentation by Preparedness Surveillance and Epidemiology Team Medical Epidemiologist Richard Lemar for the Portland Emergency Communications for Hazardous Operations Group focused on *“Protecting Yourself When Influenza Strikes.”*

National Immunization Conference Presentation

- PHEP Strategic National Stockpile Coordinator Kathy Scott presented on the Oregon Public Health Division’s *“Aggregated Reporting of Pan Flu Vaccine Doses Administered,”* during the 2009 National Immunization Conference in Dallas, March 30 to April 2.
- The presentation featured the scanning/optical character recognition (OCR) technology that was tested during flu vaccination *“Point of Dispensing”* activities last fall.

HAN, HOSCAP and Satellite Phone Tactical Communications Drill

- A Feb. 19 Health Alert Network (HAN), Hospital Capacity (HOSCAP) and satellite phone exercise highlighted strong participation among local health departments, tribes, hospitals, state and federal agencies throughout Oregon and the Pacific Northwest.
- Many organizations exceeded the 90-percent satellite phone exercise participation objective, with the tribes achieving 100 percent participation.
- Communication exercises, such as this one, help keep individuals and organizations practiced in their use of the communication technologies and systems that provide vital health and safety links to keep communities secure during real events.
- *“We are very pleased with the reporting successes on HOSCAP and encourage active involvement and reporting by all hospitals and regions,”* says Hospital and Health Care Preparedness Manager Jere High.



HOSCAP Upgrade

- In March, Oregon’s Hospital Capacity Web site (HOSCAP) was upgraded to a newer version after a year-long development. The site is operated in partnership with the Department of Human Services (DHS) and hospital emergency departments throughout the state.
- *“DHS is committed to the continued improvement of this important system for use in the health care delivery system,”* says Health Alert Network Manager Kevin Cradock.
- Improvements include Google mapping, improved regional situational awareness, better reporting tools, automated links to the national system, and the ability to track capacity and availability of supplies and equipment.
- Training on the new system began in February and will continue using a newly released, on-demand eLearning module developed by PHEP and Planet Productions.
- The HOSCAP Advisory Group will meet in April to begin work on the next version of HOSCAP.
- Oregon HOSCAP is provided by EM Systems of Millwaukee, Wis., and implemented by PHEP.
- *“Planning is already underway for additional capabilities like patient tracking for day-to-day business, special events like marathons and fairs, as well as mass-casualty events, such as airplane crashes, shootings, and chemical exposures resulting in the hospitalization of dozens of patients,”* says Cradock.

Hospital Preparedness Program Stakeholder Input Project

- This ongoing project is still progressing and the program is making plans now to hold several teleconferences for input to the fiscal year 2009 grant process.
- A couple of teleconferences will be held prior to the funding opportunity announcement by the office of the Assistant Secretary for Preparedness and Response (ASPR). According to ASPR, the funding opportunity announcement may be out by May 1, so Public Health Emergency Preparedness is gearing up for the grant submittal process.
- During the submittal process, usually lasting about 30 days, weekly teleconference updates will be conducted.

2009 Legislative Session – Bill Tracking

- **HB 3021** - Provides that qualified emergency service volunteers are agents of a public body under the Oregon Tort Claims Act. The bill also provides that certain volunteer emergency health care providers, health care facilities and operators of emergency health care centers are agents of the state under the act. It opens up ORS 401 and reformats the statute by chapters. This bill came out of the Oregon Law Commission's work over the past year, which was funded by the Department of Human Services and Oregon Emergency Management.
- **HB 3459** - Modifies the basis upon which the Governor may declare a state of emergency, as well as the content of an emergency proclamation.
- **HB 3234** - Requires clinical labs to release the results of a test for the efficacy of anticoagulant therapy to a patient, upon receiving authorization from a doctor, dentist, or person who requested the test.
- **HB 3255** - Prohibits county, city, special district or 9-1-1 jurisdiction from punishing or penalizing a public or private safety agency for failure to meet contractually mandated response times during a declared state of emergency when the agency has provided resources for emergency response outside of their normal jurisdiction.

- **HB 3321** - Creates a task force on One Local Government, to study consolidation of local government entities. The task force will sunset on the date that the next regular biennial legislative session convenes.
- **SB 935** - Directs the Office of Emergency Management to develop and operate a statewide first responder mapping information system for buildings.
- **SB 530** - Appropriates moneys from the General Fund to the Department of Human Services for the purchase of protective equipment and supplies to respond to a pandemic emergency, to provide and train personnel, and for the purchase of influenza vaccines or antiviral drugs.

Strategic National Stockpile Mass Dispensing Trainings

- A series of four regional "*Strategic National Stockpile (SNS) Mass Dispensing and Public Information*" trainings will be held around the state in July.
- Specific dates and locations have not yet been set, but are expected to take place in LaGrande, Roseburg, Bend and Salem.
- SNS Coordinator Kathy Scott and PHEP Public Information Planning Manager Christie Holmgren will present the workshops, which will include an introduction to Oregon's SNS Public Information and Communication toolkit and a Point of Dispensing functional exercise.

Recent Training and Exercise Activities

- **Mass Fatalities State Plan Seminars and Tabletop Exercises** were conducted in six locations around the state and approximately 181 individuals participated in the training. Due to its popularity, three more seminars are planned for April 14 in Warrenton, April 23 in Medford, and in June in Hood River. For more information, see Course #C00808 on the DHS Learning Center.
- **Incident Command System Position-Specific Workshops** were held in five locations across the state from October 2008 through March 2009, and 305 individuals received training in the areas of: command,

operations, planning, logistics and finance/administration. This effort completes this series of training in preparation for Cascadia Peril.

- **Homeland Security Exercise and Evaluation Program (HSEEP)** training was presented in Roseburg, Pendleton, Portland and Bend and approximately 47 people were trained. This course will no longer be offered by the PHEP training unit, but based on demand, the Toolkit portion of the course may be presented in the future via Webinar or on location.
- **Health Alert Network Training (HAN) 201 and 301:** In January the PHEP Training and Exercise unit began providing HAN classroom and Webinar trainings. This training is offered on the first Thursday of the month, and ad hoc classes can be requested for groups of 10 or more.
- **E-Learning:** Soon to be released are “HAN 101” and “HOSCAP 101,” which will replace current classroom instruction. Other e-learning courses include “*Introduction to Communicable Disease and Epidemiology*,” “*Introduction to Outbreak Investigation*,” “*Introduction to Oregon Public Health Emergency Response*,” “*Working with Interpreters in a Public Health Setting*,” “*Learning Center Administrator Training*,” and “*Laboratory Packaging and Shipping of Infectious Substances*.”
- **Basic Public Information Officer** training was provided for approximately 35 public information officers from throughout Central Oregon in Prineville in early November.
- The Public Health Emergency Preparedness and Women, Infants and Children (WIC) programs teamed up to build a new 24-station computer training center at the State Office Building in Portland. The new lab will double as a Joint Information Center (JIC) to house public information officers in the event of a public health emergency or exercise.
- Registration for all PHEP classes is available via the DHS Learning Center at: <https://dhslearn.hr.state.or.us>.

Group Training Materials Available for IS-700.a

- The Emergency Management Institute (EMI) Independent Study Program recently announced that downloadable materials for group training are now available for IS-700.a, “*National Incident Management System, An Introduction*.”
- To download a copy of these training materials, please visit the EMI website at <http://training.fema.gov/emiweb/is/is700a.asp> and choose “Downloads for Classroom” from the Additional Resources box on the right-hand side of the screen.

102nd Civil Support Team Change of Command

- On March 12, LTC Lance E. Englet became commander of Oregon’s 102nd Weapons of Mass Destruction Civil Support Team (CST). Englet follows in the footsteps of LTC Steven J. Ferrell, who had been the full-time commander of the CST since 2004.
- The CST works closely with first responder organizations and has built a strong relationship with the Public Health Division’s State Public Health Laboratory operations and the Radiation Protection Service program and staff.

Real-time Disease Surveillance

- The Public Health Division (PHD) and the Oregon Poison Center (OPC) have embarked on a collaborative effort to form a real-time disease surveillance system to detect and track chemical, biological, radiological and nuclear events of public health concern.
- “*We are working closely with the OPC to develop agreements for sustainable collaboration every day and during emergencies*,” says Public Health Emergency Preparedness Epidemiologist Julie Plagenhoef.
- As part of this process, the PHD has formed an internal workgroup made up of environmental, pesticide, occupational, toxicology, injury and communicable disease specialists to define cases of interest,

validate the definitions, develop follow-up procedures, and analyze the data.

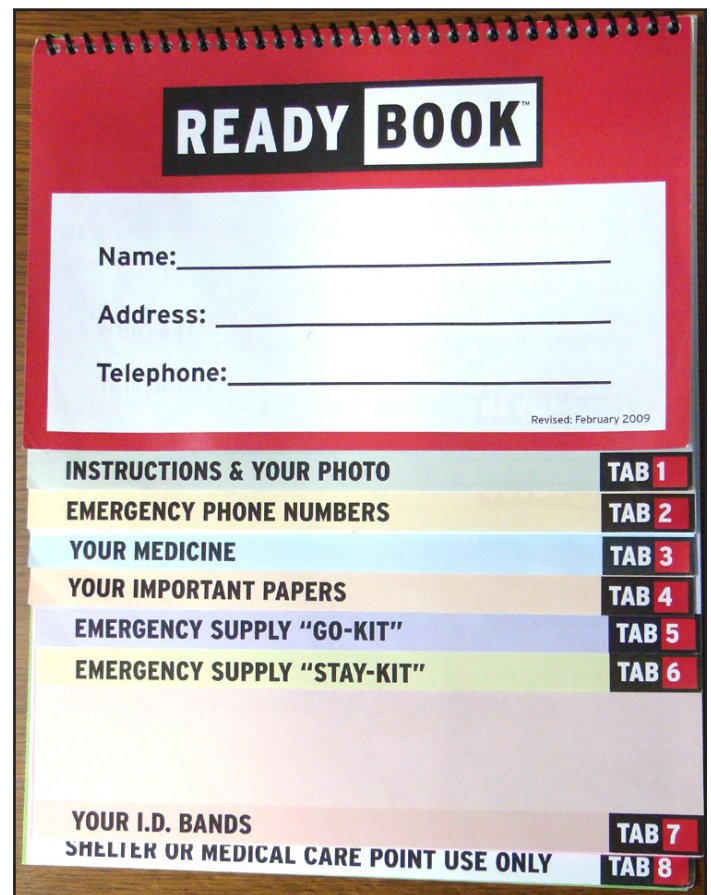
- For example, cases may include occupational exposure to carbon monoxide, food poisoning events, animal exposures, and exposures to chemicals of interest, such as chlorine, mercury, and lead. *“These are just a few of the kinds of events that OPHD and OPC are able to work hand-in-hand to detect in order to improve public health in Oregon,”* says Plagenhoef. For more information, please call Plagenhoef at 971-673-1111.

Staff Changes

- PHEP Senior Planner **Nan Newell** accepted a full-time position as manager of the Oregon Genetics Program. Newell had been a planner with the preparedness program for the past six years. She was instrumental in developing numerous all-hazards plans and recently led the effort to revise the Mass Fatalities plan and conduct community based exercises around the state. Newell has an extensive background in biotechnology and has been very involved in privacy issues and ethics related to the use of genetic information. She currently serves as the Department of Human Services representative on Oregon’s legislatively-mandated Advisory Committee on Genetic Privacy and Research.
- PHEP Training Specialist **Joy Weyer** was selected to take a 16-month job rotation as a Lean Leader in support of the Department of Human Services (DHS) Transformation Team. In her new position, Weyer will be focused on collaborating with staff across DHS divisions to identify organizational and process issues, generate alternatives and develop solutions using Lean methods.

Ready Books

- Jackson County Health and Human Services, along with other Oregon Health Care Preparedness Region 5 partners, developed a Ready Book for people who may have special needs during emergencies.
- The book is designed to assist people in organizing important information, including



Oregon’s Health Care Preparedness Region 5 partners have developed a Ready Book for use during public health emergencies.

contact information, emergency phone numbers, supply checklists, medications, service animals and other special needs.

- Built-in pockets are provided for important documents. The back cover is designed to use as a sign that can be placed on the front door to indicate a need for help, or to indicate that the person is okay. The books include five personalized, numbered and bar-coded identification bands that can be used for personal identity and to identify service animals and other belongings.
- Initially the regional partners plan to distribute the books to people who have signed up for their vulnerable populations registry, but ultimately would like to make the books available to community based organizations for use with their members.
- The books can be customized by the distributing organization.
- For more information, e-mail Beth DePew: depewba@jacksoncounty.org.

What's Happening in Preparedness?

April 7 Local Health Department
Conference Call

April 8 ACDP Pre-Cascadia Peril
Business Continuity Drill

April 10 Strategic National Stockpile
Receipt, Stage and Store
Functional Exercise

April 14 Mass Fatalities Workshop,
Warrenton

April 21 Chemical Stockpile Emergency
Preparedness (CSEPP) Exercise

April 22 CSEPP Monitoring Workshop

April 23 Mass Fatalities Workshop,
Medford

April 27-30 ... Cascadia Peril Full-scale
Earthquake and Tsunami Exercise

May 5 Local Health Department
Conference Call

May 18 Medical Reserve Corps
Conference Call

May 25-28... Annual Cross Border Workshop,
Vancouver, B.C.

May 27-29... Oregon Epidemiology Conference,
Sunriver

June 2 Local Health Department
Conference Call

June 5 Regional Emergency Management
Technical Advisory Committee

June 17 Region X Regional Interagency
Steering Committee Meeting

June 23 Oregon Health Care Preparedness
Regional Coordinator Meeting

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