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Ready to Respond

Health Security, Preparedness and Response

Spring 2016

Director's Message

Our first ever State Emergency Registry of Volunteers in Oregon (SERV-OR) mission ended on Feb. 29, 2016. This mission provided the Roseburg community with the opportunity to continue to heal after the Oct. 1, 2015, shootings at Umpqua Community College. We will work to incorporate the feedback about our process, mission and lessons learned from the community and our volunteers who stepped up and performed the actual work. I want to thank my team members, Akiko Saito and DeWayne Hatcher, for their never-ending support and leadership. They put in long hours and stayed engaged throughout the mission.



Members of the SERV-OR Umpqua Wellness Center team

During the first week of April, we had the opportunity to cohost the OEM-OHA 2016 Preparedness Workshop. We wanted to give as many critical partners as we could the opportunity to come to one location where we offered five tracks of trainings, presentations and networking on the activities of public health, health care, first responder, emergency management and private sector partners.

Following up on the Cascadia Rising exercise and the Special Focus exercise, the Health Security Preparedness and Response program is excited to train with our Health and Human Services (HHS) federal partners coming out of Region X and other regions throughout the nation. This training exercise has more than 20 Oregon counties, all nine tribal nations, 34 hospitals, and more than 50 SERV-OR members. The four-day exercise will have different times to test their own procedures, coordinate key activities and learn about each other's operations and systems. The exercise will help us address gaps in the never ending planning for the catastrophic event that will be triggered just off the coast. Each organization is testing activities and capabilities important to their mission. State public health is focusing on our Emergency Support Function 8 pre-scripted missions with state and federal partners that come from the Cascadia Playbook. I wish you well and hope your exercise is safe, a bit stressful, and most of all, a learning opportunity for you and your team!

Stay safe, stay focused, Mike Harryman

HSPR welcomes new staff

The Health Security, Preparedness and Response Program (HSPR) welcomed Danielle Brown as administrative coordinator in January. Danielle will be a huge help to so many of our programs, spending about half her time on general HSPR administrative duties, and the rest on direct support to our SERV-OR and AmeriCorps VISTA volunteer programs. Danielle is quite familiar with both volunteer programs. She served as an AmeriCorps VISTA to develop the Medical Reserve Corps units for both Clackamas and Washington counties. Her education includes a bachelor's degree in public health from Oregon State, and a Master of Public Administration from Portland State University, focusing on health administration. Danielle is from Oregon and in her free time enjoys cooking, learning to play guitar and spending time in the outdoors.



Danielle Brown

Zach Fund joined the HSPR team in March as temporary dedicated staff for the heavy metals emissions IMT. Zach received his bachelor's degree in health studies from Portland State University, and hopes to pursue a graduate degree in public health. He recently completed two years in the OHA/AmeriCorps VISTA Partnership Program. Zach worked in Clatsop County during his first VISTA year, where he developed community wellness initiatives while promoting physical activity and access to resources. Zach's second VISTA year was at OHA as a VISTA leader for the April 2014–2015 team. Before his service with VISTA, Zach was a farm educator at Zenger Farms. This role involved teaching about sustainable farming, healthy foods and encouraging community involvement. Zach enjoys the outdoors and loves to go camping.



Zach Fund

New medical countermeasures coordinator

Jennifer Graham joined the HSPR program in March as the new medical countermeasures (MCM) coordinator. She recently moved across the country from her hometown of Knoxville, TN, where she worked as a public health preparedness specialist for Oak Ridge Associated Universities (ORAU). She has more than three years of experience in preparedness planning and five years of experience in public health and partner engagement. She led and supported medical surge and MCM projects for federal agencies like the Centers for Disease Control and Prevention while at ORAU. Jennifer completed her Master of Public Health at the University of Tennessee (Go Vols!), concentrating in community health education with a minor in epidemiology. She spends her spare time reading, traveling and enjoying outdoor activities like snowboarding and hiking.



Jennifer Graham

PSET welcomes new administrative specialist

The Acute and Communicable Disease Prevention Section welcomed Shannon Allain in March as the new Preparedness, Surveillance and Epidemiology Team (PSET) administrative specialist. Shannon has a Bachelor of Science in cellular, molecular and developmental biology from the University of Washington and comes to OHA with a background in both quantitative and qualitative research. As a pre-clinical safety assessment intern at Zymogenetics, Inc., a biotechnology company in Seattle, she studied splice variant expression of a cytokine receptor to support an atopic dermatitis therapeutic under development. Shannon then moved to a research scientist position with an epigenetic biology laboratory at the University of Washington. Shannon studied double-stranded methylation patterns in stem cells, developed her programming skills in R and presented at two Fragile X research conferences. She recently assisted in medical education research at the University of Chicago Pritzker School of Medicine, coding student survey responses to improve a neurobiology laboratory course.



Shannon Allain

Shannon is excited to be returning to the Pacific Northwest. When she isn't managing ACDP SOPs or serving on the Safety Committee, you may find her volunteering at OMSI in Early Childhood Education, hiking along the Columbia Gorge, clamming on the coast or hunting for chanterelle mushrooms as a card-carrying member of the Oregon Mycological Society.

Look for her HAN alerts, coming to an inbox near you!

Update on public health modernization

By Mike Harryman

During February and March 2016, state and local health authorities conducted their assessments for the foundational capabilities and programs that are part of the modernization efforts for Oregon's public health system. You can go to our [website](#) to follow this effort. For the Emergency Preparedness and Response foundational capability, we have been working internally with partners from across the division on our role and deliverables while looking at current capacity, expertise and knowledge. We are identifying gaps through this process and in April all the data will be reviewed by leadership and adjustments will be made where needed. Before the legislative session in 2017, OHA will have to submit recommendations to policy makers for consideration in the final steps. I'll be providing updates over the next year as this effort moves forward.

“Public health modernization will update our public health system to be more efficient and effective and to strive for greater accountability and better health for all of us” - Oregon Coalition of Local Health Officials

SERV-OR completes Umpqua Wellness Center mission

By Akiko Saito

The State Emergency Registry of Volunteers in Oregon (SERV-OR) began in late 2008 with only 12 members. SERV-OR has grown to over 2,600 members in less than eight years and has participated in hundreds of exercises and trainings for thousands of people. SERV-OR successfully completed its first official 14-week mission in response to the Oct. 1, 2015 mass shooting incident in Douglas County. This past June, under the leadership of DeWayne Hatcher, SERV-OR deployed a cadre of behavioral health clinicians at the Pathfinder Minuteman exercise at Camp Rilea in Warrenton, Oregon. This was the first time a behavioral health team was deployed during an exercise, which was good practice for what was to come in October.

After the tragic shootings at Umpqua Community College on October 1, 2015, the Douglas County community began a long-term healing process. The tragedy brought an immediate and lasting need for increased counseling services that the local community's capacity was not able to meet. SERV-OR was one of many organizations who came together working tirelessly to provide additional mental health resources as needed, including the Community Health Alliance, ADAPT, VA of Roseburg, Federal Health and Human Services Behavioral Health Response team, Red Cross, the Cow Creek Tribe, private practitioners and local community mental health providers from neighboring counties.

The Oregon Health Authority collaborated with the local community in late October to deploy 10 SERV-OR behavioral health clinicians to Roseburg to offer free counseling services. In nine days, Oregon Health Authority with Architrave (local coordinated care organization), ADAPT, Community Health Alliance, Harvard Medical Park and the VA Roseburg created the Umpqua Wellness Center (UWC), a free counseling center open to the entire community. What started as a vacant doctor's office, turned into a safe and welcoming healing place. The white walls were transformed by eight local artists from the community who donated and hung 57 pieces of original art. The front desk came to life with the donation of a seasoned and personable office manager from Architrave. The waiting room ushered clients in with deep-blue soft couches and fun kid's furniture, books and toys. "It was like working in a living art gallery. I know the clients appreciated the thoughtful way that the center was representative of their community. It was reflective and inspiring," said Hatcher.

The heart of the UWC was the 10 SERV-OR clinicians and the four VA clinicians. The VA donated their behavioral health specialists as part of a humanitarian aid act. The VA clinicians, who are trained in PTSD, saw the highest risk clients who were directly affected with the shooting. They shared the UWC with the SERV-OR clinicians. SERV-OR deployed licensed clinical social workers, psychologists, a psychiatric mental



Beth Depew and DeWayne Hatcher at the Umpqua Wellness Center



The Umpqua Wellness Center team. Not pictured: Nicole Desidirati and Dawn Sutro

"Lessons learned from the active shooter incident at Umpqua Community College is the importance of increasing the number of and training mental health clinician volunteers."

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SERV-OR - UWC mission (continued)

health nurse practitioner, a licensed family and marriage therapist, a licensed professional counselor and a registered nurse, who had a unique role of transition and provider relations specialist. She worked with all of the SERV-OR clinicians to best transition any clients who still needed care to a local provider in anticipation of closing the center.

“We are very fortunate that 99 of our 2,600 volunteers are licensed mental health clinicians. Many of these volunteers were eager to respond to help. I can’t tell you how proud we are of them. We asked them to take time out of their lives for 14 weeks and there was no hesitation at all. We know from past experiences around the country that everyone in a small community can be affected in some way from these types of big events. Rural and remote communities are our state gems. Of course our volunteers are also gems and responded in a big way. They came from Ashland, Brookings, Salem, Portland, Lebanon, Sutherlin and Roseburg,” said Hatcher.

The Umpqua Wellness Center opened its doors on Nov. 18, 2015, and was available through Feb. 29, 2016. SERV-OR volunteers provided nearly 200 cognitive behavioral therapy sessions for community members who needed immediate services, contributed over 1700 hours of volunteer service and racked up nearly 3000 traveling miles. In the last two weeks of operation, the UWC was able to transition clients to local providers who are now able to meet the demand for services. It is because of community partnerships, the many SERV-OR trainings, exercises and the strength of the SERV-OR volunteers that the first official SERV-OR mission was a success.

If you are a licensed medical or behavioral health professional and would like to sign up to help on an emergency in the future, please visit the Oregon Health Authority website at www.serv-or.org.

What is the State Emergency Registry of Volunteers in Oregon (SERV-OR)?

SERV-OR is a database of licensed health care professionals who have registered to volunteer in response to Federal, State, and/or local emergencies. The Registry allows these licensed volunteers to join State and Local volunteer groups.



South Umpqua River

Reflections on UCC

By Elizabeth Miglioretto

I have had the great honor of supporting Community Health Alliance, the community mental health program in Douglas County since October 2, 2015. I am currently helping them with a comprehensive, organization-wide, after action review process, which we will soon extend to other behavioral health partners that participated in response to the mass shooting at Umpqua Community College.

Here are some quotes from people at the Community Health Alliance that hint at some of the emerging themes:

Family First:

“So I knew that my daughter was supposed to be there (at UCC) and her son was supposed to be there. I also knew I had to call her (leadership) and tell her what was going on. So I first figured out where our kids were and then I called.”

“My nephew was in the classroom next door.”

“In fact, I have a daughter that was at UCC that morning ... I was trying to get ahold of my daughter ... after I figured out that she was okay, I headed over to ... and we started getting staff deployed to UCC.”

“I got home around 10:30 p.m. that night and spent the next two-plus hours talking with my son. He is a student at UCC.”

Safety of staff responding:

“You sort of have to appoint somebody that is observing people and recognizing when they need a break.”

“When our staff came back, we had a debriefing meeting that evening and continued to regularly debrief with staff.”

“We recognized very quickly that this was off-the-chart in terms of personal hands on involvement with the trauma and as a result of that, provided debriefing for our staff.”

People just step up:

“Staff responded and were involved in responding in spite of having family members on campus.”

“Not only did our staff step up, I can’t remember in the whole course of time since the event, one complaint about having to do anything.”

“People actively, proactively volunteering to do things and all of that was occurring in the context of a rather robust clinical assignment that they did each day without one whimper. It was just amazing.”

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Umpqua Community College. Photo credit: Gordon Friedman

Reflections on UCC (continued)

The final after action report will contain lessons learned by the Community Health Alliance staff and partners. They want to share their experience with behavioral health professionals who may face a similar situation in their own communities and with all of us who may be providing supportive roles.

We are looking forward to producing a report that is valuable to the behavioral health community and beyond.

Final quote: *“People are what makes it happen”*

HAN smartphone app

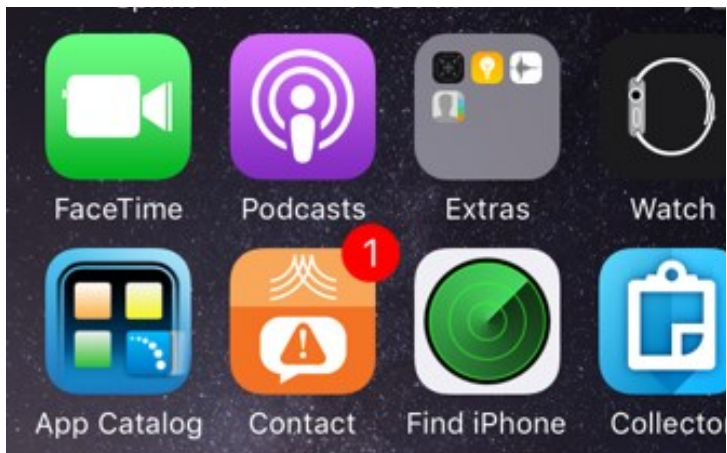
By Nick May

The Health Alert Network (HAN), based on the Everbridge notification product, offers several new features to quickly notify your staff. One of these features is an app. Follow these steps to start using the app:

- 1) Request a HAN account from your organization’s HAN administrator.
- 2) Complete your HAN profile.
- 3) Download the ContactBridge App from the Apple App Store or the Google Play Store.
- 4) Enter your HAN username and password.

Being part of the new app lets your organization’s HAN community receive health-related information quickly and securely.

“HAN connects public health, hospitals, clinics, laboratories, public safety and EMS partners via a variety of secure web applications”



Everbridge ContactBridge app notification



Everbridge Contact-Bridge app

Grand Ronde Tribe - State Homeland Security Grant Program

By Jamie Baxter

Grand Ronde Tribe submitted a grant request through the 2015 State Homeland Security Grant Program.

Funding source

State Homeland Security Grant Project: Cascadia Rising Exercise Support for Oregon Tribal Nations. Funding amount: \$11,794.00

Background

The project funds the development of a multi-tribal Cascadia Exercise document and After Action Template for all Oregon tribal nations participating in the multi-state earthquake exercise, Cascadia Rising, June 7–10, 2016.

Scope of work

A vendor will be selected to assist Oregon tribal nations develop and publish an exercise drill document that includes:

- Objectives
- Master scenario of events list
- After action template

The vendor will also:

- Attend the Oregon Tribal meeting in Coquille in February 2016
- Provide technical support to all tribes by phone and electronic communications
- Provide draft and final versions of the exercise drill documents by May 15, 2016

“The Homeland Security Grant Program plays an important role in the implementation of the National Preparedness System by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal of a secure and resilient Nation.”

John Day tabletop exercise

By Andrea Kidder

A tabletop exercise was held on Feb. 23, 2016, at Oregon Department of Forestry in John Day, OR. Twenty-eight participants represented the hospital, 911-dispatch, Oregon state police and the state fire marshal. The purpose of this exercise was to improve the response of local agencies in a flooding event. The objectives were to confirm usage of the emergency notification system, identify resource needs, discuss the plan for persons with access and functional needs, and specify any gaps in infrastructure. A handful of lessons learned were identified and these items outlined in the after action report are being addressed through the local emergency management meeting held on a bimonthly basis.



John Day tabletop participants

Malheur Refuge occupancy

Liaison perspective

By Kattaryna Stiles

I traveled to Burns, OR, on day 31 of the militia standoff at the Malheur National Wildlife Refuge. Burns is a rural ranching community unwillingly thrust into the national spotlight when the wildlife refuge was taken over for 41 days by out-of-state militia members. The event nearly ripped apart the social fabric of a resilient and formerly tight-knit community. Protesters yelling, “Go home militia” and counter-protesters yelling “Go home FBI,” stood on opposing sides of the courthouse walkway screaming at each other and drowning out the prayer vigil taking place in the middle. These are families who have known each other for generations, many of whom have never said an unkind word to one another. I watched a Korean War veteran break down in a county commissioner’s meeting because he felt so helpless. He wanted to do something to bring the community back together, but didn’t know what to do. He kept repeating, “I just didn’t know what to do yesterday. I wanted to help, but I didn’t know how.” His sense of despair was palpable.

The reason for my travel to Burns was to work with Public Health Division and local leaders to assess the need for a coordinated behavioral health response plan. It would be important for the self-reliant, hard-working people of Harney County that any response be strategic and locally led to ensure its effectiveness. The community had already placed additional counselors in schools where teachers actively helped to identify students who needed interventions. Symmetry Care hosted walk-in counseling sessions for anyone who wanted to talk, and the Burns-Paiute Tribe helped to create talking circles for its tribal members and offered direct interventions and mentoring for young people who appeared to be going astray.

The last holdouts at the refuge surrendered on day 41 and a coordinated state-local behavioral health response was not needed. Local providers and partners have since continued to reach out to help heal the community. A psychiatrist at Harney District Hospital reached out to Bureau of Land Management families and hospital employees who were affected by the events. A local website on stress reduction resources and techniques was activated. The tribe is planning a healing ceremony. Much is going on behind the scenes and slowly the community is regaining a sense of normalcy.

Resiliency of Harney County

Liaison perspective

By Andrea Kidder

Harney District Hospital and St. Charles Health System (Bend and Redmond campuses) stood up a modified incident command and activated their emergency operations plans (EOPs) to prepare for the possibility of a mass casualty incident in response to the militia



Protestors outside of the Harney County Courthouse, Feb. 1, 2016

“These are families who have known each other for generations, many of whom have never said an unkind word to one another”



Photo credit: Ken Lund/ Wikimedia

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Resiliency of Harney County (continued)

standoff that began January 2, 2016, at the Malheur National Wildlife Refuge.

The hospitals received notification on day 25 of the occupation, Jan. 26, 2016, that a law enforcement operation was underway and there were several incoming patients with gunshot wounds. Both facilities went into lockdown and the FBI and law enforcement partnered to secure their perimeters. The usually quiet 20-bed hospital in Burns was eerily overrun by heavily armed law enforcement officers. Ultimately only one patient was transported to Harney District Hospital and none to St. Charles Health System. The lockdown at both facilities was lifted the next morning and their EOPs were deactivated a week later.

This hospital scene was just one of many that played out in the community over the 41 days of occupation that threatened to tear apart the community.

Despite the disquieting uncertainty, an overwhelming theme from this event was the resiliency of the caregivers at both hospitals. Staff were willing to respond during this emergency and their commitment to caring for patients was evident. Instead of the caregivers asking, “When can I go home?” the universal response was, “How can I help?” Although the event is over, the recovery of Harney County and caregivers of Harney District Hospital has just begun.

“Despite the disquieting uncertainty, an overwhelming theme from this event was the resiliency of the caregivers at both hospitals.”

Semiannual meeting of tribal preparedness coordinators

By Carey Palm

The 2016 semiannual meeting of tribal preparedness coordinators was graciously hosted by the Coquille Indian Tribe, Feb. 9-11, 2016, in Coos Bay, Oregon. The meeting was held in their incredible plank house, which is completely hand-sewn and was built using only traditional tools and methods. This meeting was an amazing success because we had representatives from all nine tribes in Oregon at the table with our critical partners from FEMA, BIA, IHS and OEM. Karol Dixon, our new OHA tribal liaison, was able to join us for a couple of days to meet everyone and to learn more about our Tribal Preparedness programs.

The meeting kicked-off with a Tribal Declarations Workshop to discuss roles and responsibilities in regards to emergency management, the Sandy Recovery Improvement Act changes, and the options Tribal governments have in the Stafford Act and Disaster Declaration process. Ken Murphy, FEMA RX regional administrator, joined us on the first day to consult directly with Oregon tribes on the second draft of the Tribal Declarations Pilot Guidance and to answer questions about changes to it. The Tribal Declarations Workshop concluded in a tabletop exercise on the declaration process.

Current events and lessons learned were shared during the second day of the meeting, and included a fascinating presentation by Kassie Rippee, Coquille Tribe historic preservation officer, on Protecting Artifacts in a Disaster. We had a tremendous work session on the

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**Erin Ward, Tribal Liaison
FEMA Region X**

Tribal preparedness coordinators (continued)

final day of our meeting led by Matthew Lieuallen, Ecology & Environment, who was hired with funds from a state Homeland Security grant written by Jamie Baxter, Confederated Tribes of Grand Ronde, on behalf of all Oregon tribes to plan Cascadia Rising objectives and exercises.



Tribal Preparedness group

Pharmacy-LPHA Memorandum of Understanding

By Richard Leman and Kris Hansen

In our daily work, we (as a collective community) continually work with our community partners to build the tools needed for effective response to public health emergencies. The Pharmacy-Local Public Health Authority (LPHA) Memorandum of Understanding (MOU) and Operational Guidance for Collaborative Pharmacy-Local Public Health Authority Response to Public Health Incidents are new and exciting tools that preparedness coordinators and others in public health can use to build relationships with pharmacies in Oregon and work with them to ensure the health of the public.

The Pharmacy-Public Health MOU Task Force convened in late 2014 to explore how Oregon pharmacies and public health could work together most effectively in emergency situations. Examples might include providing vaccine or preventive antibiotics during communicable disease outbreaks, or assessing and meeting needs for medication among those displaced by storms or wildfires. The Oregon MOU is very similar to one developed in Washington state.

The task force included representatives from Oregon State Pharmacy Association, Oregon Society of Health-System Pharmacists, Oregon Coalition of Local Health Officials, Oregon Board of Pharmacy and the Public Health Division. The task force also created the Operational Guidance which, details how the MOU can be activated and how pharmacies and public health can work together to define and implement pharmacy response activities in a given situation.

Partnership in the MOU is growing rapidly. As of March 10, 2016, there are 308 pharmacies and counting signed up, plus LPHAs in Clackamas, Columbia, Multnomah, Polk, Washington and Yamhill counties. Don't see your health department on the list? It's easy to get you on the team! Talk with your PHEP liaison or call Richard Leman (971-673-1089) or Kris Hansen (503-752-3212) to find out more.

Albertsons/Safeway, Bi-Mart, Fred Meyer and Rite Aid pharmacies have signed on. Oregon State Pharmacy Association is reaching out to individually owned community pharmacies, but local health departments can talk to key pharmacies in their areas as well.

“Partnership in the MOU is growing rapidly. As of March 10, 2016, there are 308 pharmacies and counting signed up”



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Pharmacy MOU (continued)

If there are community pharmacies you'd like to have on board, we've got information to help recruit them at <https://public.health.oregon.gov/Preparedness/Partners/Pages/PharmacyMOU.aspx>. We'll be adding additional information about who signed the MOU and links to trainings for pharmacists on the MOU and emergency preparedness.

If you have questions, want more information about the MOU or just want to send in a signed agreement, check in with Kris Hansen or Richard Lemman at the numbers above, or email richard.f.leman@state.or.us.

What the MOU can do:	What the MOU cannot do:
Standardize response across Oregon communities	Require participation by signatories.
Provide structure to simplify Pharmacy-Public Health Collaboration	The MOU is not a contract

Medical Reserve Corps surge capacity is a proven asset

By Kirsten Ingersoll, Clackamas County MRC

Medical Reserve Corps (MRC) volunteers proved their worth and expertise again during a response to a case of hepatitis A in a food handler. There were potentially up to 2,400 people exposed as the food handler was working a concession stand in a movie theater during a busy holiday weekend. Clackamas County Public Health Division's Health Officer Dr. Sarah Present made the decision to offer prophylactic hepatitis A vaccine or immune globulin to all theater attendees who had consumed food or drink at the concession stand during the time period the disease may have been transmitted. A partnership with Legacy Health Systems, Adventist Health, Providence Health & Services, City of Sandy Police, Sandy Fire District and additional partners from Clackamas, Columbia, Washington and Multnomah counties came together to quickly notify the public and plan for three evening points of dispensing (PODs).

An alert went out to Clackamas County MRC volunteers at first, but as the staffing needs changed, Clackamas County Public Health Division worked regionally with SERV-OR staff, Washington County MRC and Multnomah County MRC to deploy nurses to vaccinator positions.

Credentials were quickly checked and the nurses were scheduled and given their initial information. A briefing was given to the MRC volunteers along with other clinic staff. The MRC volunteers integrated seamlessly into the response with excellent technique and communication skills. All of the MRC volunteers scheduled attended. Two-hundred and thirty-two people were given injections during the three clinics. The clinics would have been understaffed without the help of MRC volunteers.

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“Medical Reserve Corps (MRC) volunteers proved their worth and expertise again during a response to a case of hepatitis A in a food handler. “

MRC (continued)

Dr. Present praised the professionalism of the MRC volunteers. She said, “I was very impressed by all of the MRC volunteers who came, and was grateful for their willingness to help. Each MRC volunteer who joined our PODs exceeded my best expectations for expertise and skill. The MRC was a great asset in this response, and I wouldn’t hesitate to ask for their assistance again in the future.”

Clackamas County MRC volunteer nurse Laurie Dalton said, “The intro/prep presentation was just right, and the logistics they had set up in the clinic worked really well. I was impressed!” Washington County MRC volunteer nurse Carolyn Williams noted that the MRC alert was sent out the same day staff was needed. She said she will “keep my MRC nametag, copy of my RN license verification, and other response supplies in the vehicle I am currently driving, as one never knows when mobilization may occur. I had a blast and learned things that will be helpful in my job as a POD coordinator.”

Although there are many people to thank during an event like this, we would like to highlight the cooperation and added value of state and regional collaboration. Senior Regional City Readiness Initiative Coordinator Adrienne Donner, Multnomah County Emergency Preparedness Planner Uei Lei, Columbia County MRC Unit Coordinator Anne Parrott, Washington County MRC Unit Coordinator Cynthia Valdivia and Oregon SERV-OR Coordinator DeWayne Hatcher all deserve special commendations for their assistance in the response.

Welcoming the spring 2016 VISTA team

By Marissa Mark, spring 2015 VISTA team leader

The Oregon Health Authority will be welcoming 12 volunteers to our AmeriCorps VISTA team in April. They will help fight poverty through capacity building at public health departments and nonprofits across the state. The incoming team members will work to:

- Develop volunteer programs for free clinics;
- Expand WIC enrollment;
- Develop public health communications;
- Build oral health coalitions;
- Engage families and young adults in behavioral health programs;
- Plan for health equity and language access; and
- Do outreach to community partners and members to improve health outcomes, and more.

They will join our current 14-member August Team, who have already made great progress to:

- Accredit public health departments;
- Improve the built environment;
- Plan for vulnerable populations during disaster;
- Develop young adult hubs; and
- Develop and strengthen other programs to improve health.

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Clackamas County MRC volunteers

Did you know? The VISTA program was founded in 1965 as a national service program to fight poverty in America. In 1993, VISTA was incorporated into AmeriCorps .



Current VISTA team, December 2015.

Spring VISTA team - continued

Our current April team members are wrapping up their projects but have already made improvements and built the capacity of their organizations in just one year. We look forward to the work our new team will accomplish. For more information please contact Marissa Mark, spring 2015 VISTA leader at 971-673-0032 or marissa.mark@state.or.us; or Kerry Linhares, fall 2015 VISTA leader at 971-673-1713 or kerry.linhares@state.or.us.



Current VISTA team, April 2016

Serving vulnerable populations during emergencies

By April Brock, Grande Ronde Hospital in LaGrande, Oregon

After the last bit of dust settles from an emergency within the community and the last walking wounded person discharged, emergency responders think of those community members unable to obtain medical attention through traditional methods. These are the community’s vulnerable population. Vulnerable populations include community members without the means, ability or method to leave their homes for basic services. These populations may live independently day-to-day, but how does the patient on the home vent continue to be self-sustaining after their generator runs out of fuel? These are difficult questions with even harder solutions. How do we continue to serve our known vulnerable populations and independent, but medically dependent citizens?

An advancing world of technology has made the ability to connect instantaneously with each other easier than ever. Social media can be used to push out information to community members with a simple click of “like” or “follow.” FaceTime and Skype allow instantaneous face-to-face contact. Our world has changed; it’s time for serving our community during disasters or emergencies to also change. There is a generation that gets news from the internet, radio from satellite and socializes from home through the internet. By choosing not to receive basic information by traditional methods, this population finds themselves vulnerable due to lack of knowledge. How do we reach this population?

Social media can push out information during a disaster. Eastern Oregon had multiple wildland fires in 2015, causing Red Cross to establish shelters as community members evacuated their homes. Union County Emergency Services has a Facebook page with 1,245 followers. A single post related to the fire got 30,000 views! This shows the ability to reach large numbers with relatively small numbers of community members actively engaged on social media.

Grande Ronde Hospital (GRH) serves approximately 25,000 people over 2,036 square miles. Each winter the community experience severe weather conditions that affect travel into and out of the area. This can make it hard for GRH’s home care and hospice workers to reach patients in remote areas of the county. GRH home care and hospice are

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“A single post related to the fire got 30,000 views!”



Photo credit: Visitor7 on Wikipedia.org

Vulnerable populations (continued)

developing a program where these patients have access to providers regardless of winter conditions. Patients will be provided limited use iPads. Home care or hospice contact information on the iPad allow patients to immediately consult their nurse or hospice doctor. This service can be used when traveling is difficult or when services cannot be provided to the patient.

Thinking of emergency management and public notification differently can help to reach our high risk populations. As technology changes, health care organizations can use this an advantage. Willingness to move from the status quo benefits entire communities.



Photo credit: Twin Design / Shutterstock.com

What’s the buzz about Zika virus?

By Kate Ellingson and Dr. Richard Lemana, PSET

You’ve probably heard all the excitement about Zika virus in the news. So what is this virus? Is it worthy of all the hype?

Here’s the low-down. Zika doesn’t usually make people all that sick, but there is concern it might harm unborn babies. The virus usually causes mild illness in adults and older children, when it causes symptoms at all; about four out of five people infected have no symptoms whatsoever. Those who do get sick typically have fever, mild joint pain, a rash, and red, irritated eyes (conjunctivitis) for 2-7 days.

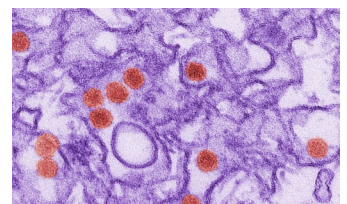
Infection during pregnancy, though, might sometimes lead to loss of the pregnancy or problems with brain development in the unborn child. We don’t have proof that Zika infection causes these problems, but the possible connection is concerning enough that it’s reasonable to be cautious while we determine whether Zika is responsible or not. Zika infection might also increase the chance of Guillain Barré syndrome, a rare problem involving weakness or paralysis.

Zika is transmitted primarily by mosquitoes, but can also be passed on through sexual activity. The types of mosquitoes known to transmit Zika don’t live in Oregon, so the main risk of infection comes from traveling to another region where Zika is circulating (see <http://www.cdc.gov/zika/geo/americas.html>).

Still, we don’t want to find out the hard way that Oregon mosquitoes can carry it too, so we recommend that people returning from Zika-affected areas who experience symptoms of Zika virus avoid mosquito bites for the week after they get sick.

Men returning from Zika-affected regions and who develop symptoms of Zika virus infection can potentially infect their sex partners. To be safe, and prevent infection during pregnancy, there are some simple steps to take. Given the concern about infection during

“Zika doesn’t usually make people all that sick, but there is concern it might harm unborn babies.”



Transmission electron micrograph of Zika virus. Photo credit: CDC Global on flickr.com

Continued on next page

Zika (continued)

pregnancy, if a pregnant woman’s partner has been traveling in a Zika-affected area, they should avoid unprotected sex for the duration of the pregnancy. Further, CDC recommends that pregnant women consider postponing any planned travel to Zika-affected areas. If a pregnant woman or a woman seeking pregnancy decides to go to one of these areas, she should take special care to avoid mosquitoes, using insect repellent, or a treated bed net if the place she sleeps is at all open to the outside.

In fact, taking these steps to avoid mosquitoes is a good plan for anyone who visits a Zika-affected region. You’re not likely to get it here, why take the chance of getting sick while you’re travelling?

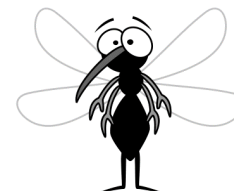


Photo credit: Martin Berube

2016 Oregon Emergency Preparedness Workshop

By Danielle Brown

The third annual Oregon Emergency Preparedness Workshop was held April 5-8, 2016 at Kah-Nee-Ta Resort and Spa in Warm Springs. The workshop was an opportunity for people to share what they’ve been working on in our communities, to network and strengthen relationships, and to further prepare for the Cascadia Rising exercise in June. The event drew over 300 people from around the state, representing public health, hospital systems, emergency management, military service and more. Participants attended one of five tracks during the three day workshop, including Communications and Preparedness, Plans and Assessments, Operations and Response, Health & Medical Preparedness, and Syndication.

Courses varied in topic including Voluntary Organizations Active during Disasters (VOAD), cultural resources in emergency management, hazmat rail safety, health intelligence systems, fatality management and partnering with 211 info. Breakfast and lunches included presentations by speakers representing OEM, Oregon State Fire Marshall, U.S. Airforce, U.S. Coast Guard, Oregon Public Health Division, Oregon Department of Forestry and the National Weather Service.

“The workshop was an opportunity for people to: Share Network Strengthen Prepare”



OHA - HSPR staff at the Oregon Prepared Workshop, April 2016

Stay safe, stay focused



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Our efforts are an emergency response collaboration with Oregon Emergency Management (OEM) and our local, regional and national Emergency Management partners.

The Health Security, Preparedness and Response program is funded by the U.S. Department of Health and Human Services through the U.S. Centers for Disease Control and Prevention (CDC) Cooperative Agreement and the Hospital Preparedness Program (HPP).

HSPR ensures that Oregon's communities and hospitals have an improving level of preparedness for health and medical emergencies by supporting the development and testing of plans, providing training, managing volunteers and encouraging collaboration.

Spring
2016



Willamette River during the 1996 floods. Photo credit: Steve Morgan

Spring preparedness tips - floods

Spring weather can be unpredictable but with planning and preparation, injury risk and property loss can be prevented. Oregon has a history of spring flooding including the Willamette Valley Floods of 1996, the floods of December 1964 to January 1965, and the May 1948 Vanport flood of north Portland. Here are some tips on preparing for a flood:

- Have your emergency kit with supplies for up to 2 weeks
- Have a family plan with meeting places and a communications plan
- Know if you live in a flood plain and seek flood insurance if you do
- Know the difference between [flood watch and flood warning](#)

There are many resources on floods and other current hazards in Oregon, [read more here!](#)