

## From the Interim Director by Akiko Saito

On May 25, the Oregon State Senate confirmed Mike Harryman to become the state of Oregon's first Resiliency Officer. We are fortunate to have an advocate for public health emergency preparedness and resiliency in the Governor's Office. We know that if our communities are resilient and healthy in their public health systems and have a sturdy socio-economic foundation, they will be able to quickly and strongly respond to and recover from any disaster. We wish Mike the very best and welcome his leadership at the Governor's Office.

With Mike's position open, I was asked to step in as Interim Director of Emergency Operations. Incredibly honored and a bit nervous with Cascadia Rising knocking on the front door, I accepted the interim appointment and began to quickly get up to speed on the exercise. (For more information on the [Cascadia Rising Exercise, please see page 5](#)).

Since June, HSPR has seen many staff changes. This includes Elizabeth Miglioretto's departure, Eric Gebbie's promotion, DeWayne Hatcher's interim role, and Julie Black's departure to the Director's Office. Elizabeth Miglioretto was one of the first Public Health Emergency Preparedness liaisons for our program and was instrumental in building resiliency in the SW Oregon communities. Elizabeth was the first HSPR staff on scene for the UCC mass shooting response, and her leadership and passion helped solidify a strong behavioral health response. She will be greatly missed and we wish her well on her next journey.

Another big change was Eric Gebbie stepping into the permanent role as Planning Chief. Eric recently celebrated his 5 year anniversary with the State of Oregon and has built a sustainable AmeriCorps VISTA program, was Incident Manager for the Unified Command during the heavy metals response, built the SERV-OR program with DeWayne Hatcher, which is now at 2,800 volunteers strong, and improved local Medical Reserve Corps unit programs through fostering relationships and collaborating with local partner agencies. DeWayne Hatcher also took on a new role. As Interim Operations Chief, he is moving forward efforts on creating a statewide behavioral health strike team in partnership with the Association for Community Mental Health Programs.

Another big change was Julie Black's move from the HSPR team. However, we didn't lose her to another agency - she is staying put with the Oregon Health Authority Public Health Division in the Director's Office. With Julie's positive attitude, creative spirit and training skills, she inspired the beloved communications surveillance reports and built a fun culture of preparedness.

And finally to round out our staff changes, we welcome Sue Lamb to our team. Sue's emergency management background, incredible knowledge, and calm demeanor will bring a new dimension to Region 2 and round out the liaison team. Read her bio on [page 4](#).

Change is exciting and can create an opportunity for a new vision. I'd like to share with you my 3-point vision for my new role as Interim Director of Emergency Operations:

*Change Agent.* To lead the HSPR team through the modernization of the public health system, especially in the development of Emergency Preparedness as a foundational capability.

*Connector Maven.* To make connections with other state agencies, federal partners, internal partners, tribes, HPP partners and counties in order to strengthen our ability to leverage resources, share information and best practices and improve our processes.

*Cultural Shift Facilitator.* To create a culture of preparedness for OHA, which includes our Business Continuity Plan (BCP) work, building a staff pool of Incident Management Team members and deploying preparedness kits to all agency staff.

Thank you for your continued partnership and don't hesitate to [reach out to me](#).

-Akiko

# Ready to Respond

Health Security,  
Preparedness and  
Response

Public Health Division  
Oregon Health Authority

Summer 2016

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**IDEAS FOR STORY SUBMISSIONS?  
SEND THEM TO  
[HEALTH.SECURITY@STATE.OR.US](mailto:HEALTH.SECURITY@STATE.OR.US)**

## What is CHEMPACK?

by Jennifer Graham

### Did you know...

- There are around 1900 CHEMPACKs placed in more than 1300 locations in the U.S.

### But what is CHEMPACK?

- The CHEMPACK program is run by the Centers for Disease Control and Prevention (CDC). These containers or “packs” are filled with nerve agent antidotes that can be quickly deployed during a nerve agent emergency, even if the actual agent is unknown.

### Why do we need CHEMPACKs?

- Nerve agents are an unusual, but plausible terrorist mechanism and can cause severe effects including rapid heart rate, paralysis, and seizures. The stockpiled material in a CHEMPACK is meant to treat the symptoms of nerve agent exposure.
- According to CDC, “traditional stockpiling and delivery would take too long” to be effective in a nerve agent emergency. Antidotes need to be administered rapidly in order to successfully treat exposure.

### Are there CHEMPACKs in Oregon?

- Yes. Oregon is home to several CHEMPACK containers, which are strategically placed throughout the state. The CDC estimates more than 90% of the U.S. population is within one hour of a CHEMPACK location. Hospitals and first responders in Oregon and throughout the nation have the ability to access these containers quickly and deploy them effectively in an emergency.



CHEMPACK container. Source: CDC



Example of nerve agent antidote. Source: CDC

FOR MORE INFORMATION ON THE CHEMPACK PROGRAM:

[HTTP://BIT.LY/2BoS4NW](http://bit.ly/2BoS4NW)

## Continuity of Operations within the Public Health Division

by Melissa Powell

The Public Health Division’s Acute and Communicable Disease Prevention Section has a critical role in response to disease reports and outbreaks. On May 4, 2016, the section conducted an out-of-office continuity of operations exercise to test the staff’s ability to perform essential job duties while working remotely.

The first half of the exercise was spent completing typical job tasks away from the office. An inject then prompted staff to form teams, arrange a meet-up, and develop epidemiology plans in response to a disaster scenario.

Twenty-four staff from the section participated along with several evaluators from the Health Security Preparedness & Response program. Staff were able to successfully work remotely, physically meet up, and review active surveillance plans. Next steps include developing exercises to build on this work to maintain our ability to respond to hazards that might require working at alternate worksites.

*“Continuity of Operations (COOP) ensures that agencies are able to continue performance of essential functions under a broad range of circumstances.”*

## Good Shepherd Hospital Mass Casualty Exercise

by Dean Marcum

### EXERCISE! EXERCISE!

It was May 12, 2016 at approximately 1800hrs. Umatilla County Dispatch Center started receiving multiple calls of a pile-up on Interstate 84 milepost 186 just outside of Stanfield, Oregon. The scenario was based off a history of blowing dust storms across the freeway, created by high winds and freshly plowed fields. This was to test local responders and receivers emergency operations plans and communications amongst all agencies.

We had participation from 11 local agencies which included the following: Good Shepherd Hospital, Hermiston Fire, Stanfield Fire, Echo Fire, Umatilla Fire, Umatilla County Dispatch, Oregon State Police, Life Flight, Mid-Columbia Bus Company, Hermiston School District and Oregon Health Authority. Without exercises such as this response, agencies would have to rely on real incidents to polish their skills. This allows them to try new things as well as update their plans based on the outcome. This is always a good learning experience due to the fact it is a controlled and safe environment. Such drills are a requirement of hospitals for their accreditation and also a requirement from FEMA (Federal Emergency Management Association), if any agency receives grant funding from the federal government.



We had 15 patients strewn throughout the vehicles which allowed time for triage, treatment and transport of all victims, based on their injuries. It also allowed for extrication practice and low angle rescue techniques. All in all this was a successful exercise with learning taking place by all agencies, and lessons learned noted to review response plans for future use. Once the exercise concluded, all agencies attended a hot wash to discuss: what went well, where do we need to improve, and where do we go from here? The largest gap in all exercises and incidents is usually communications, due to the different systems used by various agencies.



## Syndromic Surveillance during Mass Gatherings

by Melissa Powell

Lane County Public Health and Oregon Public Health Division's Preparedness Surveillance and Epidemiology team collaborated closely in preparation for the U.S. Olympic Team Trials for Track and Field, held in Eugene July 1-10. About 175,000 spectators watched athletes compete for the chance to represent the United States at the Summer Olympics. Meanwhile, public health maintained situational awareness to ensure safety.

The public health teams monitored emergency department visits, reportable diseases, and outbreaks for the duration of the event. The teams used Oregon ESSENCE, the statewide syndromic surveillance system, to monitor health and produce reports that were shared with the Incident Management Team.

Luckily, no increases in injuries, heat related illness, gastrointestinal illness, reportable diseases or outbreaks occurred during the Trials.



*Lane County Public Health and Oregon Public Health's Division's Preparedness Surveillance and Epidemiology team working together to maintain situational awareness to ensure safety during the U.S. Olympic Team Trials for Track and Field, held in Eugene July 1-10.*

## HSPR welcomes new staff

Sophie Miller-DeSart has been serving as a VISTA Leader for the spring 2016-2017 Team since April. Sophie holds a degree from The University of Nevada where she majored in human development and family studies as well as gerontology. Her previous AmeriCorps service was with the National Civilian Community Corps as a Team Leader for a team of 7 FEMA Corps members. She led her team through a year of direct service, in communities across the country, providing FEMA assistance to survivors of disaster. Before that, Sophie volunteered with VOZ, a worker-led organization that empowers diverse day laborers and immigrants to improve their working conditions and protect civil rights through leadership development, organizing, education, and economic opportunity. In the future, Sophie hopes to attend graduate school and go on to a career in international human rights, public health, emergency management, and service leadership. Sophie has a passion for travel, adventure and cultural immersion—she enjoys going to new places, meeting locals, and taking part in as many gastro-artistic-adventurous-outdoorsy-musical-popcultral experiences that she can!



Hi, I'm Sue Lamb. I joined the OHA HSPR team on May 09, 2016 as the Healthcare Preparedness Program (HPP) Liaison for Region 2 (Benton, Linn, Lincoln, Marion, Polk, & Yamhill counties). I am a familiar face to many in Region 2 as I was the Yamhill County Emergency Manager prior to joining OHA. I have a BS in Psychology from Arizona State University which has served me well in all of my vocational pursuits, from being an Easter Bunny and Airline Passenger Service Agent to a former City Councilor (don't hold that against me) and 'professional' volunteer, to name a few career builders. I hope to utilize my background and experience in plans, grants, and developing community partnerships, particularly working with local stakeholders, to sustain and enhance the strong existing Coalition of healthcare preparedness partners in Region 2. My passions are my family – I have two adult sons who live out of state - watching sports, traveling, and you'll hear me talk about 'my band' as I play trumpet in an adult marching band. Time is precious – rock 'n roll baby!

September is Preparedness Month! What are you doing to prepare? See [page 8](#) for Preparedness Month links, resources and a calendar of activities!

## Cascadia Rising 2016 by Akiko Saito

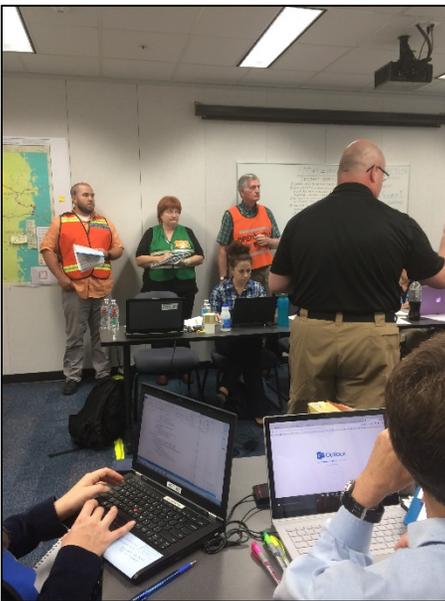
On June 7, the exercise commenced with 46 OHA staff participating (OHA-Public Health Division, Office of Equity and Inclusion and Health Systems Division). We also welcomed 25 Federal staff (CDC, Department of Defense and USHHS and National Disaster Medical System-DMORT and DMAT) and special guests from the State Medical Examiner's Office, Cemetery, Funeral Homes and Mortuary Boards. For the first time, we operated in unified command with HHS and DOD and exercised writing joint Incident Action Plans, which included Crisis Care Guidance, and running joint tactics meetings. We had great partner participation from DOJ – Shannon O'Fallon, LPHAs, Hospital Preparedness Partners (through HOSCAP and calls) and Oregon Tribes, of which ALL nine tribes participated. (Note: Think Out Loud interviewed Tracy DePew, Director of Emergency Management for Cow Creek Band of Umpqua Tribe of Indians: <https://soundcloud.com/thinkoutloudopb/tribes-prepare-for-the-big-one>). We are also developing a risk communications toolkit for earthquakes. Some of the first messaging will be about how to handle deceased people; this will require input from diverse cultural communities and medical examiners.

At the Emergency Coordination Center in Salem, the Governor's Disaster Council participated and all ESFs played a role. I look forward to continuing the agency level integration and working with OEM on how to request federal resources and lean forward at the state level. We all have to shift gears with a Cascadia event; it is a new way of thinking and doing and will require a cultural shift. We don't have the luxury in a catastrophic event like Cascadia, to do business as usual. We are going to have to think creatively, pre-identify casualty collection points, move resources directly and utilize alternative communication methods.

There were also two special focus exercises happening simultaneously, and OHA had a strong leadership role there as well. DeWayne Hatcher, who stepped into the Interim Operations Chief position, led a team of 39 SERV-OR volunteers along with 5 Oregon Disaster Medical Team members and 500 military team members from Oregon, Alaska, Idaho, Oklahoma and Kentucky at Camp Rilea. This included a Behavioral Health response team (this was the second time this team was deployed at an exercise). The other exercise was at Portland Fire and had 18 SERV-OR volunteers and 5 Oregon Disaster Medical Team members.

In my tenure at the Oregon Health Authority (it will be eight years in October), it was the largest, most-integrated and surprisingly calmest exercise I have participated in. It gave us an opportunity to learn a great deal and identify the gaps that need to be addressed moving forward. I was so proud to be a part of the exercise and of Oregon Health Authority. I look forward to working with all of our federal, state, local and tribal partners to address our gaps and build stronger communities and a more resilient public health response system.

*OHA staff participating in a joint tactics meeting with federal partners.*



*Laurel Boyd working with federal partners from Health & Human Services and U.S. Public Health.*



*OHA staff collaborating during the exercise.*



## Local perspective: Collaboration in Yamhill County by Haleigh Leslie

This winter and spring has seen a number of preparedness exercises in Yamhill County. Many agencies within Yamhill County have participated collaboratively to address local needs specifically addressing different parts of a Cascadia Subduction Zone earthquake scenario. Yamhill County Public Health participated in four different exercises: a water system exercise in the City of Yamhill, an Alternate Medical Care Site exercise with Providence Newberg Medical Center, a medical surge and family reunification exercise with Willamette Valley Medical Center and McMinnville School District, and a comprehensive earthquake exercise with the Confederated Tribes of Grand Ronde.

The first three exercises were based on previous exercises and real-life events that would be further escalated during a large-scale earthquake. Many lessons were learned through these exercises that will be helpful during any type of incident, such as reconfiguring and updating the physical set-up of the EOC/AOC, the need and importance for runners, scribes, and liaisons, and encouraging people to ask for help when they need it. While all three of these exercises were excellent and showed great collaboration with many different partners, including a retirement community, I want to highlight the Grand Ronde exercise.

The Confederated Tribes of Grand Ronde sponsored and led the efforts for planning and developing the exercise, which included much more than just Grand Ronde. Many partners came to participate in the exercise to create a better understanding of what might actually happen in a Cascadia-like situation. The exercise was several days in length and had different areas of emphasis depending on the day, such as communications with outside partners, disaster declarations, and a full-scale exercise with EOC operations, triage and Alternate Medical Care Sites (with an air evacuation component), feeding, and morgue operations. The interagency collaboration and support from the community was stellar. This type of exercise clearly demonstrated the value of exercising together and how much better we will be able to respond if we work together during real life incidents.



Photos include staff, volunteers and other partners participating in the exercise.

*"The Confederated Tribes of Grand Ronde sponsored and led the efforts for planning and developing the exercise, which included much more than just Grand Ronde."*



Oregon Health Authority

The [OHA AmeriCorps VISTA Partnership Project](#) was excited to wrap up recruitment for the fall 2016 team in July. The new VISTA members will be serving in health departments and nonprofits across the state of Oregon starting in August and September with project foci including built environment; emergency preparedness, functional and access needs mapping; health equity; climate and health; oral health; healthy futures; early learning; accreditation; community education; quality improvement; outreach for community health clinics; WIC; health equity and language access; and young adult outreach. The fall 2016 team of 21 VISTA members will be the largest OHA AmeriCorps VISTA team in the program's history!

## Washington County CASPER Event by Sue Mohnkern, MPH, RN & Kimberly Repp, PhD, MPH

In the event of a disaster, communities can conduct a Rapid Needs Assessment (RNA) to gather information about the status of the residents, to determine what supplies are most needed, and to prioritize resources. In order to facilitate the implementation of this assessment, the CDC has developed a method called "Community Assessment for Public Health Emergency Response" (**CASPER**) for use by public health professionals in local communities. On Saturday, June 4, 2016 a team of 58 volunteers and planning/design staff came together to do a test run of the Washington County CASPER, as part of the Cascadia Rising 2016 exercise. The goal of our CASPER exercise was to demonstrate the ability of our public health staff and volunteers to quickly and inexpensively gather information about public health needs in a disaster situation.

The CASPER methodology was adapted to fit our county, a geographically large and populous county with highly urban and highly rural areas. We fully customized the CASPER, and developed a preparedness evaluation survey for use in this exercise, as well as two post disaster surveys for use in a real event. In addition, we developed an extensive just-in-time training for our volunteers to teach them how to do the CASPER survey, as well as deal with difficulties involved in selecting alternate addresses that still followed the methodology required to obtain generalizable results. We also came up with plans to address the anticipated logistical issues that could arise, particularly around volunteer safety and health (the temperature on the date of the exercise reached a record high of 97 degrees for June).

Although we have not yet completed our After Action Review or the analysis of the surveys obtained, we know that many valuable lessons were learned, and we look forward to sharing that information!

*Washington County CASPER volunteers and planning/design staff.*



## Young African leaders in Obama fellowship program by Danielle Brown

Dr. Sidhe Robert joined the HSPR team for a few days in June for an introduction to emergency preparedness and disaster response in Oregon. The Mandela Washington Fellowship for Young African Leaders is the flagship program of President Obama's Young African Leaders Initiative (YALI). The fellowship program empowers young leaders from Sub-Saharan Africa through academic coursework, leadership training and networking opportunities. Each Mandela Washington Fellow takes part in a six-week academic and leadership institute at a U.S. university or college in different tracks. The summer 2016 program at Portland State University focused on teaching and engaging the fellows in discussions on civic leadership.

Sidhe Robert has over eight years of experience in the medical sector and health advocacy, public health and medical relief in particular. Currently, Sidhe is the executive director for Hawi Medicines Foundation, where he focuses on initiating, implementing, and supervising various medical and surgical programs and collaborations. He is also responsible for leadership in the organization and donor/partner relations. Sidhe is a member of the Kenya Red Cross and has volunteered and led various disaster-response activities in Nairobi and Homabay County, Kenya. He holds a degree in Medicine and Surgery from Kampala International University, Uganda. Upon Completion of Mandela Washington Fellowship, he plans to continue his work in medical and surgical relief and health advocacy for the urban and rural poor in Kenya.

For more information on the Mandela Washington Fellowship for Young African Leaders program, see the [national program website](#).



*To the left: Dr. Sidhe Robert with HSPR staff, Sue Lamb and Jennifer Graham.*

*To the right: Dr. Sidhe Robert at the Mandela Washington Fellowship awards ceremony at PSU.*



## National Preparedness Month!

September is recognized as National Preparedness Month which serves as a reminder that we all need to prepare, plan and stay informed! We should prepare for the types of emergencies that could affect us where [we live](#), work and also where we visit.

Disasters can strike anywhere and at any time. You might not be with your family when it happens so here are some ways to plan and practice for different events:

### Emergency Plan:

- Establish a family emergency contact.
- Find out your child's school plan.
- If you have pets, find out where they can be sheltered.
- Establish where to meet after the disaster is over.
- Find out how to turn off utilities in your home. Do you have a wrench in your home kit?
- How will you get ahold of each other?

### Basic Disaster Supply Kit:

- Water, one gallon of water per person per day, for drinking and sanitation.
- Food, at least a three-day supply of non-perishable food.
- Battery-powered radio and a NOAA Weather radio with tone alert and extra batteries for both.
- Flashlight and extra batteries.
- First Aid kit.
- Whistle to signal for help.
- Dust mask or cotton t-shirt, to help filter the air, moist towelettes, garbage bags and plastic ties.
- Plastic sheeting and duct tape to shelter-in-place.
- Wrench or pliers to turn off utilities.
- Manual can opener for food (if kit contains canned food).

### Family Specific Additions:

- Prescriptions, glasses, children's activities, games, local maps and copies of documents (insurance, medical, and/or financial).
- Pet food, an extra collar and leash and other supplies.



### PREPAREDNESS MONTH CALENDAR

#### September 1

First day of preparedness month. Commit to a daily activity to build awareness of what preparedness means for you, your family, and your community. Learn how to create a preparedness plan, build a kit, or learn a new skill. It's fun, easy and helps you to be resilient!

#### September 9

Preparedness fair! Come to the fair and get some ideas on how to make a plan, build a kit and chat with experts on preparedness. In the Portland State Office Building, room 1B from 9:00am-1:00 pm.

#### September 15

Agency Operation Center Open House. See where the Public Health Division comes together as a team to respond to a variety of hazards. Portland State Office Building, Suite 425 from 10:00am-12:00 pm.

#### All month!

Recipe Contest! Your opportunity to share some recipes that utilize the contents of your emergency supply cache. It's not just about jerky and granola bars anymore. Make it healthy, make it delicious! Submit entries to [health.security@state.or.us](mailto:health.security@state.or.us) by September 23. Winners announced September 30.

### Preparedness Links and Resources:

Oregon Public Health Division – Health Security Preparedness and Response (HSPR): <http://public.health.oregon.gov/Preparedness/Pages/index.aspx>

Oregon Emergency Management (OEM): <http://www.oregon.gov/OMD/OEM/pages/index.aspx>

Oregon Red Cross: <http://www.redcross.org/local/oregon/preparedness>

America's PrepareAthon: <https://community.fema.gov/>

Portland Bureau of Emergency Management (PBEM): <https://www.portlandoregon.gov/pbem/3166>

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Clackamas Fire CERT: <https://www.clackamasfire.com/cert.html>

Federal Emergency Management Agency: <https://www.fema.gov/community-emergency-response-teams>

Great Oregon Shake Out: <http://shakeout.org/oregon/>

Prepare for the Unexpected: Urban Emergency Preparedness at REI: <https://www.rei.com/events/prepare-for-the-unexpected-urban-emergency-preparedness/portland/153776>

### OTHER IMPORTANT DATES

#### September 11 - Anniversary for 9/11 attacks

As incredible as it may seem, this year marks the 15<sup>th</sup> anniversary of the terrorist attacks of Sept. 11, 2001, that forever changed America and the world. This event reinforced the need for a unified response and an organized and integrated way to prepare the public for disasters.



#### October 1 - One year anniversary of the Umpqua Community College shooting

The UCC mass shooting occurred on October 1, 2015 at the UCC campus near Roseburg, Oregon where 9 people were fatally shot and seven to nine others were injured. The mass shooting was the deadliest in Oregon's modern history.

#### October 20 - Great Oregon Shake Out!

Did you know that every October, an international earthquake awareness event occurs? The Great Oregon Shake out is an opportunity to practice what to do during an earthquake. Put your new plans and skills to the test for earthquake preparedness and be ready to Drop, Cover and Hold on!



This picture captures a variety of HSPR programs, staff and activities. Top left: Mike Harryman presents Eric Gebbie with a certificate representing his 5 years working for the State of Oregon. Bottom left: OHA AmeriCorps VISTA, Geoff Carpenter, working on a service project. Top middle: OHA AmeriCorps VISTA June 2016 team picture. Top Right: OHA – PHD staff in the Agency Operations Center during the Cascadia Rising exercise. Bottom middle (L): Current VISTA leaders Sophie Miller-DeSart and Kerry Linhares. Bottom middle (R): OHA – PHD staff in the Agency Operations Center during the Cascadia Rising exercise. Bottom right: HSPR Public Health Emergency Preparedness Regions 6 & 9 liaison, Kristy Beachamp.

Ready to Respond is a newsletter prepared by staff in the Health Security, Preparedness and Response program of the Oregon Health Authority – Public Health Division.

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

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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.

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