

Emergency Preparedness Newsletter

Public Health Emergency Preparedness coordinates Oregon response to Japan radiation event

“Current Hazards” is used as a successful central public communication hub during Japan event

On Friday, March 11, 2011, the most powerful earthquake to ever hit Japan occurred off the country’s eastern coast. The projected 9.0 magnitude underwater quake triggered an extremely destructive tsunami.

Powerful waves could be felt as far as the West Coast of the United States, some 5,000 miles away.

In Japan, the earthquake and tsunami caused massive loss of life and destruction of infrastructure, including a number of nuclear accidents

around the Fukushima Nuclear Power Plant. Off the West Coast of the U.S., local, state and regional preparedness staff sent out tsunami warnings, alerting citizens to the approaching waves.

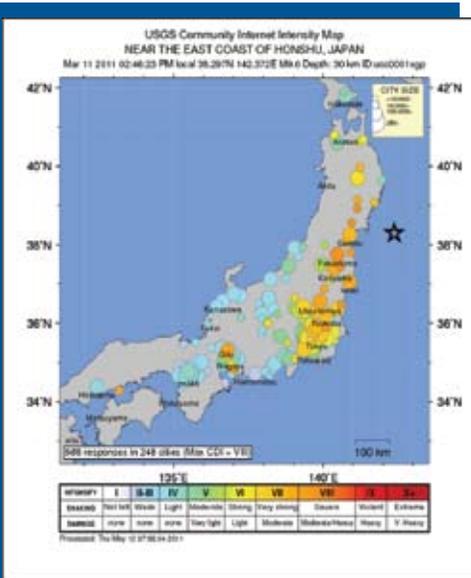
In Oregon, the response to the event was only just beginning. The Public Health Division’s Agency

Operations Center (AOC) was activated, and Public Health was the central point of dissemination of information for Oregon, reassuring citizens that the trace levels of radiation from the damaged plants were not a public health risk. Daily conference calls were held to coordinate information with other state, regional and federal agencies, and hundreds of media calls, citizen calls, and other inquiries were answered.

Among highlights during the Oregon Public Health (OPH) response activation:

- Public Health Emergency Preparedness (PHEP) mobilized an Incident Management Team (IMT) on March 12, 2011; stood up the Agency Operations Center on March 18, 2011, through April 4, 2011; and stood down the IMT on April 11, 2011.
- Public Health’s new website hub, fact sheets and information releases to the public and news media began immediately with the activation of the IMT.
- Radiation Protection Services and the Office of Environmental Public Health were active in the IMT and AOC, and began monitoring news about potential radiation levels reported in key media in Oregon related to news releases from Japan.

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September is National Preparedness Month

Take action now to make sure your family, neighborhood and community are ready for emergencies and disasters of all types:

- ✓ **Put together an emergency supply kit**
- ✓ **Make a family emergency plan**
- ✓ **Be prepared to help your neighbor**
- ✓ **Work as a team to keep everyone safe**

To learn more about how you can prepare for emergencies visit ready.gov or call **I-800-BE-READY, TTY I-800-462-7585**



NATIONAL PREPAREDNESS MONTH
September 2011 | ready.gov

**A Time to Remember.
A Time to Prepare.**



- Oregon Public Health immediately communicated with Oregon Emergency Management and specific state partner agencies, including the departments of Agriculture, Energy, Environmental Quality and Fish and Wildlife — and held regular conference calls to keep these agencies updated.
- OPH was in ongoing contact and communications with agencies (radiation and public health) in other western states, and a Canadian province, (mainly in Washington, California, Alaska, Idaho, Nevada, Arizona and British Columbia), and with representatives from federal Region X and Region IX agencies.
- After the first week, communications expanded to national-level conference calls, involving all states, federal agencies, including CDC, EPA, FDA, USDA and others, and a number of national partners, such as ASTHO, NACCHO, CSTE, APHL, CRCPD and AAPCC. This contact is becoming less frequent as the situation calms.
- CDC and Customs and Border Protection (CBP) jointly developed protocol and guidance for screening passengers returning from Japan and handling individuals who have elevated levels of contamination at twice background levels and above 20 times background levels. The protocol requires state radiation and public health officials to respond to and interact with these individuals.
- OPH and Multnomah County Health Department met with Port of Portland and CBP officials to plan an anticipated response, if needed, to passengers who return with elevated radiation levels.

In addition through mid-May, Oregon Health Authority's Public Health Emergency Preparedness, Environmental Public Health and Radiation Protection Services, OPHD Operations and the Public Health Division Office of Communications staff, among others, provided ongoing updates to the general public, which tracked levels of radiation linked to the nuclear power plants in Japan.

Introduction of new emergency communication public website

The Public Health Division had been planning for months to transition to a new more user-friendly website with a topic-based focus. The unveiling of the site happened to coincide with the emergency in Japan, offering an opportunity to try out a new feature developed as a part of the taxonomy – a “Current Hazards” website – providing emergency information, an easily identified navigation path via a colored bar available on each of the thousands of Web pages in the division's purview, and special sub-pages tailored specifically for the event. All key information for the public was housed on this website and included links to other available communication tools, such as a telephone hotline, a targeted email address, and the latest federal, state and local information.

The site provided daily updates during the first few weeks of the event, providing air monitoring information collected at local air monitoring stations, including gross beta count levels and gamma spectroscopy analysis. An event history page was created in order to easily find the data and information provided. A resource page also was created and included Oregon fact sheets, and questions and answers in English and six



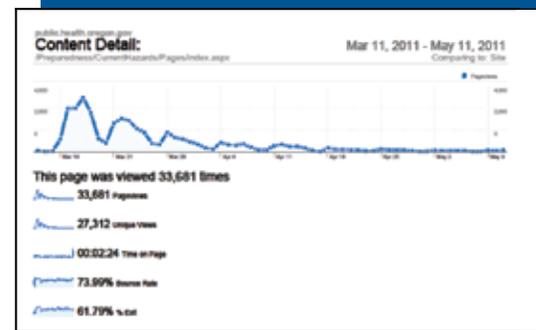
other languages identified by the Oregon Health Authority’s Office of Multicultural Health and Services as those likely to be needed by local citizens, including Korean, Chinese, Vietnamese, Japanese, Spanish and Russian. A large number of partner resources also were made available via the resources portion of the site. A meeting was held with various community partners in coordination with the Office of Multicultural Health and Services to reach out and answer questions from the community. Coordination among other state partners helped link their websites to “Current Hazards,” reducing the confusion of having multiple government information providers and presenting a seamless approach to information delivery.

Google Analytics of the websites showed that during the two months the event was active in Oregon, 33,681 views occurred on the site’s index page while the companion air monitoring site drew 41,867 views during the same time, making it the second most viewed Web page of all Public Health Division pages during this time (outside of the division’s home page).

The success of the new website as a public communication hub for emergencies was clear to

not only the Public Health Emergency Preparedness staff but to others in the agency who also worked on providing information and other data relating to the event. The central access to public information likely reduced the number of phone calls and other individual requests, offered information immediately as it became available, and provided flexibility to add tables and other graphic features as needed. The division developed an archival area for “Current Hazards” to store all of the information relating to the event for future reference. The system worked

so well that the program is now looking at readying other pages for potential future disasters and will be compiling a standard operating procedure (SOP) for use in implementing the “Current Hazards” model for future emergencies.



Overall, the successful response to the Japan radiation event can be attributed to the teamwork and dedication of our own staff in preparedness, the Public Health Division, the Oregon Health Authority, and many federal, state, and local partners who came together for this effort. By supporting one another and working together we can ensure that Oregonians get the help they need during an emergency or disaster.

M. K. Harryman

Mike Harryman
Preparedness Manager
Oregon Public Health Emergency Preparedness Program

Train the Trainer Workshop: Bioterrorism preparedness

Albuquerque, NM - The New Mexico Department of Health and National Lab Training Network (NLTN) sponsored a Train the Trainer Workshop in April for developing a bioterrorism preparedness training program for sentinel laboratories.

Participants from seven U.S. states worked with bacterial cultures to understand ways to present testing methods to sentinel laboratories in their states. Oregon State Public Health Lab Sentinel LRN Coordinator Dina McNulty attended the workshop and took away many tips that will be used in the Oregon BT/CT preparedness program.



Tillamook County Tabletop Exercise: Safe food and water

Tillamook County Health Department conducted a tabletop exercise on providing safe food and water during an emergency. The exercise was held April 13, 2011, in the Rockaway Beach City Hall. The goal of the exercise was to enhance the coordination and communication of key response agencies in Rockaway Beach that have a shared responsibility in meeting the safe food and water needs of residents in an all-hazards emergency.

Approximately 20 people participated, including representatives from Rockaway Beach, Tillamook County, the American Red Cross, public health, public safety, public works, emergency management, community shelters and feeding centers. The exercise was designed by Annette Pampush, Morgan Poloni and Joellyn English from the Tillamook County Health Department, and Brian Mahoney of the Oregon Public Health Division, who also facilitated the exercise.



The exercise was well-received, with all of its objectives being met. Participants provided positive feedback about the experience. They also were happy to meet and put names to faces, and see what others were doing in the emergency preparedness arena. In general, there was a feeling that more education should be provided overall to county residents regarding emergency preparedness.

Public Health participates in climate change workshops

The Oregon Public Health Division participated in the “Ready for Change” workshop series on climate change recently held around the state to help raise awareness of climate change and the impact it is having on public health.

Through federal funding from the Centers for Disease Control and Prevention and the Northwest Health Foundation, the Oregon Health Authority (OHA), in partnership with the Climate Leadership Initiative (CLI), presented the workshops in Hillsboro, Newport, Bend and Grants Pass. The workshops were a first step at building capacity at the local level to address the public health impact of climate change. A related funding opportunity is available to local public health agencies.

The learning objectives covered causes, effects, and consequences of climate change on public health and emergency preparedness, and encouraged participants to consider opportunities for integration into existing programs and innovative collaborations. At tables, group activities addressed awareness; preparation and planning; and the role of public

health and emergency preparedness. Michael Heumann from the Office of Environmental Health was one of the facilitators.

OHA presented public health’s role, and identified resources and tools for addressing climate change. CLI presenters provided research results on local climate projections and communication strategies.

Preparedness

Liaisons Colette Whelan, Elizabeth Miglioretto and Brian Mahoney provided

demonstrations of OR-IRIS, the

Oregon Incident Response Information System.

The takeaway from the workshop is that climate change is already affecting us, and its impacts to public health are likely to become more severe and more frequent. Our role is to engage communities with plans and actions to prepare for its adverse public health impacts and reduce future risks.



Oregon SNS conducts Receipt, Stage and Store drill

In April the Oregon Strategic National Stockpile (SNS) Program, in coordination with the Oregon Immunization Program, conducted a drill at the state’s Receipt, Stage, and Store (RSS) site. The state received a delivery of emergency medication from the CDC’s Division of the Strategic National Stockpile, inventoried the assets, and practiced allocation using Oregon’s Inventory Resource Management

System (IRMS). The drill is one step closer to the Oregon CRI full-scale exercise involving the RSS site, Town CRI-OR, on June 8, 2011. The state drill was a perfect opportunity to test the emergency federal resource receipt process and was designed to establish a learning environment for players to exercise SNS response plans, policies and procedures.

Together we do better: Emergency preparedness for people with disabilities

Under normal circumstances, someone with a moderate to severe disability can live alone and lead an independent life with outside supports. But what happens in an emergency when those supports are unavailable? On a good day, individuals who use wheel chairs may have difficulty maneuvering city streets. But what happens when the street is covered with impassable debris? Emergency evacuation information is reported in real time on the radio and television. But what happens if an individual has a visual or hearing impairment?

People with disabilities are among those most likely to be adversely affected in an emergency or natural disaster. The most widely accepted prevalence numbers suggest that 22.2 percent of the U.S. population, approximately 50.6 million people, have a self-reported disability (Centers for Disease Control and Prevention, 2008). In Oregon, about 746,663 Oregon adults age 18 and older have a disability. This is one-quarter (25.7 percent) of the adult population (Behavioral Risk Factor Surveillance System, 2008). We need to ensure that vulnerable populations in Oregon, such as individuals with disabilities, are addressed in our emergency planning efforts. One aspect of this is individual emergency preparation where information is disseminated in accessible formats and addresses the needs of the entire population.

To prepare Oregonians with disabilities for emergencies, the Oregon Office on Disability and Health (OODH) collaborated with several national experts and many representatives from various Oregon coalitions and organizations to create an emergency preparation toolkit and training, titled “Ready Now!” The toolkit was created by accessing and obtaining existing emergency preparation materials created by experts, and then modifying these to be accessible and relevant to persons with disabilities.

The “Ready Now!” training is presented in a manner that reflects the independence of the individual, allowing the person to address his or her specific needs. Training participants become familiar with identifying emergency situations; how an emergency may affect an individual’s abilities; the importance of developing a personal contact list; putting together disability-specific “to go bags” and “72-hour kits”; preparing pets and service animals for emergencies; developing evacuation plans; and the importance of updating each person’s emergency preparedness plans.

OODH is disseminating the “Ready Now!” toolkit, and offering local trainings through Oregon’s Centers for Independent Living and the Portland Office of Neighborhood Involvement’s Disability Program. If interested in Ready Now! training or materials, email Danielle Bailey, M.P.H., at baileyd@ohsu.edu or call 503-494-4858.

Health Alert Network (HAN) user groups

HAN user groups are hosted several times throughout each month to help build understanding of this crucial information sharing system. They are presented via webinar to facilitate demonstration of the system topics. The HAN Administrator session is geared to the LHD/Tribe/Hospital HAN authority. Topics include new functions, improvements, trends, alerts, exercises and news from the field. This session is only for those who administer the HAN system at their jurisdictions.

The HAN Elements session is geared to the new user. This discussion reviews goals, use of the system, and some of the lesser known functions and capabilities of HAN. HAN does require users to self-configure their profiles and notification settings. This session offers a quick-start overview to profiles,



User Groups

HAN Administrator - Monthly User Group
Target audience for this user group are the LHD, Tribe and Hospital HAN system administrators. Participants must pre-register for the webinar by clicking the date, below. Session times are 3:00-4:00 pacific.

- May 19th, 2011
- June 16th, 2011
- July 21st, 2011
- August 18th, 2011
- September 15th, 2011
- October 20th, 2011

HAN Elements - QuickStart User Group
Target audience for this user group are new users and those that have basic HAN questions. Each session covers the same topics, but will vary due to participant questions. Session times are 11:00-12:00 pacific.

- May 9th, 2011
- May 18th, 2011
- May 27th, 2011
- June 13th, 2011
- June 22nd, 2011

the Document Center, roles and organizational structure. If you are a new user or just someone who wants to get the most out of HAN, start here. Dates and registration are available at: <https://oregonhealthnetwork.org>. The strength of HAN comes from a knowledgeable user base.

Hospital Capacity (HOSCAP) event management



Oregon HOSCAP

Region Default

DRILL Shear Dynamics MCI Awareness Notification - Suspects Seeking Medical Attention

Region	ED Division	Trauma	Critical Care	CT Scan	Disaster Plan	Comms
UH - OHSU	Open	Open	Open	Operational	No	
DC - Doernbecher Childrens Hospital	Open	Open	Open	Operational	No	
EM - Legacy Emanuel Hospital	Open	Open	Open	Operational	No	
EC - Legacy Emanuel Childrens	Open	Open	Open	Operational	No	

The HOSCAP system is an important information sharing system that provides the real-time status of Oregon hospitals. This information includes the numbers and types of patients hospitals can

receive. However, the HOSCAP is a bi-directional communication tool that not only allows status updates from hospitals, but also offers users the ability to provide event status for developing situations, mass casualty incidents (MCIs), exercises, drills, etc. Several other official preparedness and response organizations are monitoring HOSCAP for capacity and event information. These organizations include state, LHDs, EMS providers, 911 centers, and federal partners.

New HOSCAP resource: Aero Medical

Resources-AeroMed	AeroMedical Resource Availability	Disaster Plan	Comment
 AirLink CCT; Bend-Fixed Wing	AeroMed Ready	No	Pilatis PC-12; 2 patient capability
 AirLink CCT; Bend-Heli	AeroMed Ready	No	EC-145; 2 patient capability
AirLink CCT; La Grande-Fixed Wing	AeroMed Ready	No	Pilatis PC-12; 2 patient capability

The HOSCAP system was recently configured to provide status for Aero Medical resources. This is a natural addition to the suite of health care resources provided through HOSCAP. The initiative will add all Aero Medical providers and their aircraft to HOSCAP so an at-a-glance status is provided to hospitals, 911 centers, the state, and also within the Aero Medical community. The information

will include the type of aircraft, its transport capacity, and its availability based on weather and maintenance. Previously, hospitals had to call Aero Medical providers directly to inquire about their status. Now, their status is provided in real time and for all providers, all on one screen. This will significantly speed awareness of their status, when every moment counts.

ESSENCE syndromic surveillance system

During the H1N1 response, local and state public health officials needed timely data to inform their plans for vaccine and antiviral distribution, medical surge planning, and public communications. In hard-hit southwestern counties, medical advice workgroups came together to look at available data and prioritize scarce resources during the response. These workgroups relied on emergency department staff to relay patient load and influenza-like illness information to local health departments. This process often distracted them from their important jobs and provided limited information to inform public health decisions. Not surprisingly, development of a statewide syndromic surveillance system was a priority in after-action evaluations.

Oregon Public Health purchased the ESSENCE syndromic surveillance system to automatically monitor data from emergency departments, the

Oregon Poison Control Center and other state data systems in real time. Oregon's new ESSENCE system has advanced analytic tools that aggregate data from multiple systems to detect disease and diagnosis patterns, triggering automatic alerts when unusual spikes are seen.

Over the next couple of years, the Preparedness Surveillance and Epidemiology Team will oversee the ESSENCE rollout to hospital emergency departments across Oregon. Currently we are testing data exchanges from two hospitals. Once testing is complete, ESSENCE will go live with other hospitals coming online. If you are interested in learning more about ESSENCE and what syndromic surveillance can do for you, please call us as 971-673-1111.

Information provided by Collette Young, Oregon Health Authority, Public Health Division.

“HEART OF HEALTHCARE” AWARDEES WORK LOCALLY AND INTERNATIONALLY

Award, sponsored by Volunteers in Medicine, to honor two exceptional medical volunteers.

(The following article is reprinted from the Volunteers in Medicine Clinic of the Cascades website at www.vim-cascades.org.)

BEND – Mike Mara, MD, and Colette Whelan, RN, BSN, MSDMM, received the 2011 “Ronald E. Carver, MD Heart of Healthcare Award” to honor their volunteer work with the medically underserved.

“We are so proud to be presenting this award to Mike and Colette,” states Kat Mastrangelo, Executive Director of Volunteers in Medicine, sponsor of the Award. “The medical community in Central Oregon is extremely generous, but these two individuals stand out – the quality and scope of their work, and the number of nominations they received made a strong impact on our selection committee. With this award we hope to highlight the exceptional work they are doing, as well as to shine a light on medical volunteerism as a whole.”

Both Mara and Whelan have volunteered hundreds of hours locally and internationally.

Mara is an Orthopedic Surgeon with Desert Orthopedics. He volunteers locally with Volunteers in Medicine Clinic of the Cascades, seeing patients at the clinic and performing numerous pro-bono surgeries. Mara’s medical missions have taken him to Latvia, Brazil,



Cambodia, Vietnam, Tanzania, Nepal, Haiti, and most recently, Kenya.

Whelan, a Registered Nurse with an MS in Disaster Medicine and Management, is currently a Public Health Emergency Preparedness Liaison to ten counties throughout Central Oregon. She organizes the medical volunteers who provide services to more than 2,500 local residents in need annually through Project Connect. In addition, she volunteers with Medical Teams International specializing in disaster response – the 2004 tsunami in Indonesia, the 2005 earthquake in Pakistan, and three trips to Haiti since the recent earthquake. Whelan also taught emergency medical services in Vietnam in 2006.

Medical Skills Day

At the direction of the Region 5 HPP Board, a practical approach was developed to increasing the medical skills capacity in the region. In collaboration with Rogue Community College's Emergency Medical Services Department, the skills station model created a "no stress" educational environment.

The skills focused on were vascular access, including intravenous and interosseous; airway management, including basic adjuncts, intubation and even cricothyrotomy, oxygen administration, SP02 monitoring and capnography; hypo- and hyperglycemic monitoring and treatment; trauma

assessments with immobilization and splinting; and a host of others.

Participants were able to choose which stations they wanted to attend and spend as much or as little time as they wished either learning or just refreshing their skills. Evaluations of the event were overwhelmingly positive and demonstrated that most participants spent an average of four hours honing their skills. Attendees included the Medical Reserve Corps, EMS, hospital and clinic staff.

Another event will be planned in 2011 with expanded stations.

Milestones

Retirement – Catherine Southern, public health educator, Public Health Preparedness Program

New hire – Eric Gebbie, SERV-OR Systems coordinator, Public Health Preparedness Program

Academic degree – Julie Black, master's degree in education, Training Unit, Public Health Preparedness Program

Did you know?

- **Only 57% of people report that they have readiness items set aside in their homes for use in disaster**
- **Just 34% of people have readiness supplies in their car**
- **Less than half of households have an Emergency Plan and yet...**
- **42% of individuals report that they would need help during a disaster**

Preparedness is everyone's responsibility.

Are you Ready?

NATIONAL
PREPAREDNESS MONTH

September 2011 | ready.gov

Emergency Preparedness contacts

Mike Harryman
Preparedness Manager
971-673-1320
mike.harryman@state.or.us

Colette Young
PSET Manager
971-673-1006
colette.m.young@state.or.us

Beth Crane
Operations Manager
971-673-1025
elizabeth.crane@state.or.us

Michael Heumann
Environmental Health
971-673-0538
michael.a.heumann@state.or.us

Randy Shaw
Planning and Liaison Program
971-673-1316
randy.shaw@state.or.us

Sonya Czerniak
Strategic National Stockpile
971-673-0327
sonya.l.czerniak@state.or.us

Jere High
Health Care Systems
971-673-0199
jere.high@state.or.us

Dina McNulty
Public Health Laboratory
503-693-4123
dina.m.mcnulty@state.or.us

Lynda Muriera
Training and Exercise
503-593-6963
lynda.p.muriera@state.or.us

Kevin Cradock
Health Alert Network
503-572-7618
kevin.cradock@state.or.us

Candy Cates
Crisis and Emergency Risk Communication
971-673-1313
candy.k.cates@state.or.us



PUBLIC HEALTH DIVISION
Emergency Preparedness Program
800 NE Oregon St., Suite 465B
Portland, OR 97232
www.oregon.gov/DHS/ph/preparedness/phep_newsletter_index.shtml



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