Public Health – Seattle & King County
Biological Incident Response Annex

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Introduction

The Public Health – Seattle and King County (Public Health) *Biological Incident Response Annex* (Annex) provides guidance for actions Public Health and regional partners might take before, during, or after a biological incident. Biological incidents are situations in which an agent of biological origins causes a significant local, regional, or national impact. These may include infectious disease outbreaks, identification of a pathogen with significant health risks, emergence of a novel infectious disease, or a suspected or confirmed bioterrorism event. Some biological incidents will require limited response activities from Public Health; other situations will require large-scale response efforts that involve multiple divisions within Public Health and the cooperation and coordination of Washington State Department of Health (DOH), tribal nations, neighboring jurisdictions, other King County departments, and additional Emergency Support Function #8 – Public Health, Medical, and Mortuary Services (ESF #8) partners. Emergency proclamations at all levels of government will be implemented for all bioterrorist incidents warranting activation of medication dispensing plans and the mobilization of medical equipment and supplies from federal stockpiles. The Annex establishes an equity-centered framework for incident recognition, response coordination, and decision-making during a response. The Annex also describes roles and responsibilities, effective communication, and ongoing planning across partners to protect community health and center equity during an outbreak.

During a biological incident, Public Health and regional partners will utilize the Annex to achieve the following goals:

- Limit the number of illnesses, hospitalizations, and deaths
- Prioritize the most disproportionately impacted groups
- Preserve continuity of essential functions (government, healthcare, education, and business)
- Minimize societal disruption and economic losses

The Annex coordinates with other Public Health preparedness plans and response activities at the local, national, and global level.

The Annex is an annex to the *Emergency Support Function #8 – Health, Medical and Mortuary Services* (ESF #8) *Plan* of the *King County Comprehensive Emergency Management Plan*, the *City of Seattle Comprehensive Emergency Management Plan*, and the *Regional Disaster Coordination Framework*. The *ESF #8 Plan* and its annexes are referenced in this Annex as they provide a broad description of the responsibilities, authorities, and actions associated with public health emergencies.

This Annex can be referenced by Public Health leadership and staff to facilitate effective incident management and a coordinated regional response during all phases of an infectious disease outbreak. This Annex may be activated for a biological incident including outbreaks of existing reportable conditions, emerging infectious diseases, bioterrorism event, or pandemic that threatens the public's health. Public Health's Communicable Disease Epidemiology and Immunization Section (CD-Imms) routinely conducts surveillance for notifiable conditions, case and outbreak investigation, and disease

response and prevention activities. The Annex is intended to be used for any biological incident requiring a response that exceeds any program or division's disease control capacity. A biological incident response will require timely and effective cross-collaborative use of public health and medical resources, including facilities, personnel, equipment, mental and behavioral health services, information, data, communication systems and resources, and pharmaceutical and other supplies.

This Annex primarily focuses on the roles, responsibilities, and activities of Public Health and the command structure, Health and Medical Area Command (led by Public Health) in preparing for and responding to a biological incident. However, specific responsibilities for key response partners are included to highlight points of coordination between agencies during a pandemic. Based on guidance from the Centers for Medicare and Medicaid Services, healthcare facilities and healthcare professionals, essential service providers, local government officials, and business leaders are required to develop and incorporate procedures and protocols addressing infectious disease preparedness and response activities into their respective emergency response plans.

PLANNING CONSTRAINTS

This Annex was developed under nonemergency conditions and includes Public Health's general procedures for responding to future biological incidents including infectious disease outbreaks. Although this Annex attempts to anticipate needs for response to an infectious disease outbreak, it is impossible to plan for every contingency and every aspect of a response. Public Health plans are not intended to be prescriptive, but to guide decision-making, resource allocation, and centering equity in all response actions. This Annex should thus be considered a starting point for incident management and response, and Public Health leadership and staff who adapt or implement this Annex should maintain flexibility for action and innovation to best meet community needs during an infectious disease incident.

PLANNING ASSUMPTIONS

This Annex integrates key concepts of communicable disease control and prevention with emergency management principles and structure. The ability of Public Health and regional partners to provide a coordinated response to an infectious disease outbreak is dependent upon the scope and severity of the event, impacted communities, countermeasure and other resource availability and needs and the status of preparedness and organizational response capabilities. With these factors in mind, an infectious disease outbreak response must account for the assumptions below.

Rapid spread of infection: Planning will focus on an infectious disease outbreak that can include the rapid spread of infection with outbreaks occurring locally, regionally, nationally, or globally.

- Communities across the state and the country may be impacted simultaneously.
- It is not possible to predict the impact of a future infectious disease outbreak or the staffing capacity at the time thus response plans must be flexible and scalable to the actual epidemiologic features of the outbreak, including mechanism of transmission, Public Health capacity, healthcare facility capacity, disease outcomes, case fatality rate, availability of medical countermeasures, and differential impacts on subgroups of the population.
- Initial response stages may require short-notice resource coordination and prioritization of response activities including needs around isolation and quarantine, availability of personal protective equipment, and mobilization/coordination of available medical countermeasures.

- There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, agriculture, education, healthcare, and communications.

Surveillance systems: Strong and robust surveillance systems in place at the local, state, and federal level are needed to detect threats and send alerts and notifications.

- Staff designated for mandatory reporting of infectious disease – local public health departments, laboratories, regional and federal partners, and health care providers – will communicate through established processes, policies, and procedures regarding possible and confirmed cases, however, infectious disease threats may present unique challenges that require additional capacity beyond what current systems can support.
- It will be important to coordinate infectious disease response strategies across Tribal partners, counties in the Puget Sound area, and the State because of population mobility across borders and a need to provide consistent public health approaches across the region.

Information sharing: Significant communication and information sharing across jurisdictions and between the public and private sectors will be needed.

- Public Health officials will be expected to communicate clear, consistent, and timely public information and risk messaging based upon the best available data and infection control principles known at that time; the expectation is that this information may change rapidly and will be updated accordingly.
- The public, healthcare system, response agencies, and elected leaders will need continuous updates on the status of the outbreak, impacts on critical services, the steps HMAC is taking to address the incident, and steps response partners and the public can take to protect themselves.

Healthcare system impact: The number of ill people requiring outpatient medical care, hospitalization, home care, and isolation/quarantine resources could overwhelm the local healthcare system.

- Infections with high attack rates and causing significant clinical illness and/or case fatality rates will likely place overwhelming demands on the public health and healthcare systems. These systems will implement their surge plans to best attempt to mitigate the impact on operations and the healthcare system.
- Healthcare facilities and providers may need to modify their operational structure to respond to high patient volumes (e.g., telehealth options) and maintain functionality of critical systems, and increased demands for services while the medical workforce experiences absenteeism due to illness; shifts in resource allocation should be weighed against increasing risk for other infectious disease threats (i.e., limiting clinic appointments for other medical conditions or that may impact childhood immunizations)
- Resource management and conservation strategies may need to be implemented especially in settings where supply chain issues are present and significant demands are made on personal protective equipment as well as commonly used pharmaceuticals.
- Infection prevention and control measures and strategies specific to management of the infectious disease pathogen may need to be developed and implemented in congregate settings (i.e., community-based organizations, correctional facilities, schools and universities, faith-based

organizations, homeless shelters, and encampments), businesses, healthcare facilities (including acute care hospitals and long-term care facilities), and by those providing home-based care.

- Public Health may need to implement alternate care facilities and services to relieve demand on inpatient and outpatient healthcare facilities to care for persons not ill enough to merit hospitalization or those in need of isolation or quarantine, but who cannot be cared for at home or are experiencing homelessness.
- Emergency Medical Service responders may face extremely high call volumes for several weeks and may face reductions in available staff.
- The number of fatalities experienced during the first few weeks of a significant infectious disease event could overwhelm the resources of the Medical Examiner's Office, hospital morgues, and funeral homes.
- The demand for social services may increase dramatically.

Medical countermeasures (MCM): MCM, such as antimicrobials (e.g., antibacterial, antiviral, and antifungal), treatment, pre- and post-exposure prophylaxis, and other treatments, may be in extremely short supply.

- In consultation with DOH, a limited allocation of MCMs may need to be prioritized by Public Health for use in certain groups at increased risk and/or providing essential services, (e.g., hospitalized patients, healthcare workers providing care for patients, first responders, and other groups based on national guidelines and local epidemiology). We are committed to centering equity in decision making regarding the allocation of scarce resources.

Vaccination: Vaccines, other pre-exposure prophylaxis, and/or treatments may not be available initially for emerging disease threats or may be in short supply early in an outbreak event.

- As a vaccine becomes available, it may be ordered, distributed, and/or administered by Public Health based on state and federal guidance and coordination and local epidemiology.
- Insufficient supplies of vaccines will require an equity-led framework for the distribution of pharmaceutical interventions to reach the most disproportionately impacted groups and those at greatest risk of disease transmission, morbidity, and mortality.
- Insufficient supplies or lack of effective pharmaceutical interventions might also place greater emphasis on non-pharmaceutical infection control and public education tailored to the known modes of pathogen transmission to mitigate spread of the disease in the county.

Equity: Equity should be included in incident response operations and centered in decision making.

- The *Equity Response Annex* (ERA) provides guidance and recommendations for how to meaningfully partner with communities during a response. The ERA includes decision making tools that can support response leadership with centering equity and communities along every step of the response.
- Prioritize access to medical countermeasures based on local epidemiology and by centering individuals with less access to healthcare resources including those who are un/underinsured as well as those at high risk of illness.
- Identify multi-modal strategies for the dispensing and administration of medical countermeasures, including points of dispensing that are safe, familiar, and accessible to all community groups, as well as serving those who are homebound.

- Certain infection prevention and control strategies [e.g., social distancing, wearing a mask, closing schools and moving to alternate learning options (e.g., remote learning), closing community centers and other public gathering points, canceling public events] may cause social disruption and isolation especially among population groups with a strong communal culture (as is present in many immigrant communities in King County).
- Some persons will be unable or unwilling to comply with isolation and quarantine directives. For others, social distancing strategies may be less feasible (for example, homeless populations who live or are sheltered in congregate settings).
- Individuals with access and functional needs (including, but not limited to, people who are homeless, homebound, economically or transportation disadvantaged, hearing or visually impaired, or who have limited English proficiency) are often disproportionately affected by emergencies and may require additional assistance in an emergency.

Mutual aid: If the outbreak is widespread (regional, national, or global), it may not be possible to obtain resources from other areas. King County will not be able to rely on mutual aid resources, State, or Federal assistance to support local response efforts.

INCIDENT OVERVIEW

Hazard definition

Biological incidents are situations in which an agent of biological origins causes a significant local, regional, or national impact. These may include infectious disease outbreaks, identification of a pathogen or bio-toxin with significant health risks, emergence of a novel infectious disease, or a suspected or confirmed bioterrorism event. Some biological incidents will require limited response activities from Public Health; other situations will require large-scale response efforts that involve multiple divisions within Public Health and the cooperation and coordination of federal partners (e.g. Centers for Disease Control and Prevention Port Health Stations), Washington State Department of Health (DOH), tribal nations, neighboring jurisdictions, other King County departments, and additional ESF #8 partners (including businesses). In addition to the definition above, an infectious disease emergency may also include a declaration or order issued by the President of the United States or by the governor of Washington under RCW 43.06.010(12) in every county in the state concerning any infectious or contagious disease outbreak, including a pandemic, that is of national or regional concern.[1] Special and immediate actions are required to limit the spread of disease to the broader community.

Since the year 2000, there have been several large-scale infectious disease outbreaks, which have had a devastating impact on lives and livelihoods around the globe including the 2003 SARS outbreak, 2009 H1N1 influenza pandemic, 2014 Ebola outbreak, 2015 Zika epidemic, COVID-19 pandemic, and the 2022-2023 Mpox outbreak. The complexities of planning for and responding to the emergence of novel pathogens emphasize the need for systematic frameworks for the following: describe the populations impacted and progression of a disease outbreak, weigh risks and potential public health impacts, evaluate pathogen characteristics including transmissibility, resistance to countermeasures, and disease

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[1] WA State Legislature: Occupational diseases – Public health emergency – Infectious or contagious diseases. https://app.leg.wa.gov/rcw/default.aspx?cite=51.32.181

severity, assess availability of effective medical countermeasures, determine gaps in healthcare resource access that may exacerbate existing health inequities and make decisions about interventions.

Based on experiences from recent pandemic responses, the Centers for Disease Control and Prevention (CDC) has updated its Pandemic Intervals Framework. This framework, while focused on influenza pandemic planning, provides an overview for large-scale infectious disease outbreaks caused by other pathogens. In this document, phases of a pandemic are described using six intervals. Table 1 shows Pandemic Intervals Framework alongside the World Health Organization (WHO) pandemic phases, and state and local indicators for CDC pandemic intervals. The Pandemic Intervals Framework provides recommendations for risk assessment, decision making, and a common methodology to describe pandemic activity that can inform public health actions. The duration of each pandemic interval may vary depending on the characteristics of the pathogen and the public health response.

Table 1. Preparedness and response framework for novel influenza A virus pandemics: World Health Organization phases and CDC intervals, with federal and state/local indicators

WHO Pandemic Phases	CDC Pandemic Intervals	Federal, State, and Local Indicators for CDC Pandemic Intervals
Interpandemic phase: Period between influenza pandemics **Alert phase:** Influenza caused by a new subtype has been identified in humans	*Investigation*. When novel influenza A viruses are identified in people, public health actions focus on targeted monitoring and investigation. This can trigger a risk assessment of that virus with the Influenza Risk Assessment Tool (IRAT), which is used to evaluate if the virus has the potential to cause a pandemic.	Identification of novel influenza A infection in humans or animals anywhere in the world with potential implications for human health.
	Recognition. When increasing numbers of human cases of novel influenza A illness are identified and the virus has the potential to spread from person-to-person, public health actions focus on *control* of the outbreak, including treatment of sick persons.	Increasing number of human cases or clusters of novel influenza A infection anywhere in the world with virus characteristics, indicating increased potential for ongoing human-to-human transmission.
Pandemic Phase: Global spread of human influenza caused by a new subtype	*Initiation.* A pandemic occurs when people are easily infected with a novel influenza A virus that can spread in a sustained manner from person-to-person.	Confirmation of human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human transmission.
	Acceleration. There is an upward acceleration (or "speeding up") of the epidemiological curve as the new virus infects susceptible people. Public health actions at this time may focus on the *use of appropriate non-pharmaceutical interventions* in the community (e.g., school and child-care facility closures, social distancing), as well the *use of medications* (e.g., antivirals) *and vaccines*, if available. These actions combined can reduce the spread of the disease and prevent illness or death.	Consistently increasing rate of pandemic influenza cases identified in the United States, indicating established transmission.

	Deceleration. The deceleration (or "slowing down") stage happens when pandemic influenza cases consistently decrease in the United States. Public health actions include continued vaccination, monitoring of pandemic influenza A virus circulation and illness, and reducing the use of non-pharmaceutical interventions in the community (e.g., school closures).	Consistently decreasing rate of pandemic influenza cases in the United States.
Transition Phase: Reduction in global risk, reduction in response activities, or progression toward recovery actions	***Preparation.*** When pandemic influenza has subsided, public health actions include continued monitoring of pandemic influenza A virus activity and preparing for potential additional waves of infection. It is possible that a second pandemic wave could have higher severity than the initial wave. An influenza pandemic is declared ended when enough data shows that the influenza virus, worldwide, is similar to a seasonal influenza virus in how it spreads and the severity of the illness it can cause.	Low pandemic influenza activity but continued outbreaks possible in some jurisdictions.

Recent history

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19), was first identified in Wuhan, China in December 2019. On January 20, 2020, the first case of COVID-19 in the United States was identified in Washington state. The onset of the COVID-19 pandemic occurred at a time of global awakening to the deeply rooted inequities in our healthcare and social institutional structures. Locally, the COVID-19 pandemic further drew back the curtain on the impact of structural racism on health and healthcare in the United States. Through June 12, 2022, King County has had 2,850 deaths (0.6% of positive reported cases). Age-adjusted death rates of confirmed cases are highest among residents who are Native Hawaiian/Pacific Islander (749 per 100,000), American Indian/Alaska Native (452 per 100,000), Hispanic/Latinx (260 per 100,000), and Black (219 per 100,000). Case rates for most communities of color are higher than among White residents (106 per 100,000).

In May 2022, an outbreak of Mpox (formerly known as monkeypox virus disease) suddenly and rapidly spread across Europe, the Americas, and all six WHO regions, with 110 countries reporting a combined approximate 87,000 cases and 112 deaths. Cases of Mpox were reported from countries where the disease was not endemic and cases were increased in several endemic countries, i.e., most confirmed cases with travel history reported travel to countries in Europe and North America, rather than West or Central Africa where the Mpox virus is endemic. The global outbreak affected primarily (but not only) gay, bisexual, and other men who have sex with men and spread person-to-person through touching, kissing, sex, or contact with contaminated sheets, clothes, or needles.

Health and medical impacts

There are several characteristics of biological incidents that differentiate them from other public health emergencies. First, biological incidents have the potential to suddenly cause illness in a very large

number of people and/or animals and can easily overwhelm healthcare systems. A pandemic outbreak, for example, could also jeopardize essential community services by causing high levels of absenteeism in critical workforce and essential services. It is likely that vaccines against a new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as healthcare, law enforcement, fire, emergency response, communications, transportation, and utilities, could be disrupted during a pandemic. Additionally, the pandemic, unlike many other emergency events is expected to last for months to years.

In addition to disease characteristics, structural racism is a significant root cause of many health disparities during a biological incident, manifesting through laws and policies that create barriers to equitable and high-quality protective measures and treatment. In addition to individual acts of discrimination, structural racism invades systems of power, informing decision-making and furthering health inequity. The existence of structural racism within our health and social institutions results in the systematic exclusion of people of color, Indigenous communities, people with disabilities, and incarcerated individuals when decisions are made during a public health emergency, resulting in significant health disparities among these groups. When understanding the impacts racism has on the health of communities, it is vital to use an intersectional lens – racism often does not occur in a vacuum, but intersects with other forms of discrimination, including discrimination based on ability or socioeconomic status.

The circumstances of biological incidents may vary based on multiple factors, including type of biological agent, scale of exposure, mode of transmission, and the social determinants of health in the areas where the pathogen is spreading. Public health measures to contain outbreaks are especially important for diseases with high morbidity or mortality and limited availability of medical countermeasures. Planning and preparing in advance of a biological incident is critical for an equitable and effective response. Planned response actions, when executed equitably, early and efficiently, can contain community transmission, center racial equity and social justice, and reduce health impacts of exposure to an infectious disease or agent.

AUTHORITIES AND RESPONSIBILITIES

Authorities

Various state and local public officials have overlapping authorities regarding protecting public health and safety. The Governor of Washington, the State Board of Health, the Washington State Secretary of Health, the King County Executive, the King County Board of Health, the executive heads of cities and towns, and the Local Health Officer each can implement authorities within the scope of their jurisdiction aimed at protecting the public's health.

During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between elected leaders and the Local Health Officer to ensure decisions and response actions are clear and consistent.

A. **Governor of Washington State**
   The Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace. RCW 43.06.010(12). The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is

beyond local control. RCW 38.52.050. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities that they believe should be prohibited to maintain life and health. RCW 43.06.220.

B. State Board of Health

The State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine, and for the prevention and control of infectious diseases. RCW 43.20.050(2). Local boards of health, health officials, law enforcement officials, and all other officers of the state or any county, city, or town shall enforce all rules that are adopted by the State Board of Health. RCW 43.20.050(4).

C. The State Secretary of Health

The Secretary of Health shall enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health. RCW 43.70.130(3). The Secretary also shall investigate outbreaks and epidemics of disease and advise Local Health Officers about measures to prevent and control outbreaks. RCW 43.70.130(5). The Secretary shall enforce public health laws, rules, regulations, and orders in local matters when there is an emergency, and the local Board of Health has failed to act with sufficient promptness or efficiency or is unable to act for reasons beyond its control. RCW 43.70.130(4). The Secretary has the same authority as Local Health Officers but will not exercise that authority unless: (a) the Local Health Officer fails or is unable to do so; (b) by agreement with the Local Health Officer or local board of health; or (c) when in an emergency the safety of the public health demands it. RCW 43.70.130(7).

D. King County Executive

The King County Executive may proclaim a state of emergency within King County when, in the judgment of the Executive, extraordinary measures are necessary to protect public peace, safety, and welfare. K.C.C. 12.52.030.A. Under a state of emergency, the Executive may impose curfews, close any or all private businesses, close any or all public buildings and places including streets, alleys, schools, parks, beaches, and amusement areas, and proclaim any such orders as are imminently necessary for the protection of life and property. K.C.C. 12.52.030.B.

E. King County Board of Health

The jurisdiction of local Board of Health is coextensive with the boundaries of the county. RCW 70.05.035. The local Board of Health shall supervise all matters pertaining to the preservation of the life and health of the people within its jurisdiction. RCW 70.05.060. The Board shall enforce through the Local Health Officer the public health statutes of the state and the rules promulgated by the State Board of Health and the Secretary of Health. RCW 70.05.060(1). The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations. RCW 70.05.060(3).

F. Mayor of Seattle

The Mayor of Seattle may proclaim a state of civil emergency within the city when, in the judgment of the Mayor, extraordinary measures are necessary to protect public peace, safety, and welfare. SMC 10.02.010.A. Under a state of civil emergency, the Mayor may impose curfews, close any or all business establishments, close any or all public buildings and places including streets, alleys, schools,

parks, beaches, and amusement areas, direct the use of all public and private health, medical, and convalescent facilities and equipment to provide emergency health and medical care for injured persons, and proclaim any such orders as are imminently necessary for the protection of life and property. SMC 10.02.020.

G. Suburban City Executive Heads
Each political subdivision is authorized to exercise emergency functions. RCW 38.52.070. Suburban cities throughout King County may have explicit emergency powers and authorities in their municipal codes.

H. Local Health Officer
The Local Health Officer acts under the direction of the local Board of Health. RCW 70.05.070. The Local Health Officer enforces the public health statutes, rules and regulations of the state and the local Board of Health. RCW 70.05.070(1). The Local Health Officer has the authority to control and prevent the spread of any dangerous, contagious, or infectious diseases that may occur within his or her jurisdiction. RCW 70.05.070(3). The Local Health Officer will have the following responsibilities:

1. The Local Health Officer shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. WAC 246-100-036(3). The Local Health Officer may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations. WAC 246-100-040 through -070.
2. The Local Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a healthcare provider, and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease. The Local Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary and require notification of additional conditions of public health importance occurring within the jurisdiction. WAC 246-101-505(11).
3. The Local Health Officer shall establish, in consultation with local healthcare providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease. WAC 246-100-036(1).
4. The Local Health Officer may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities, and excluding persons who are infected with the disease. WAC 246-110-020(1). Prior to acting, the Local Health Officer shall consult with the State Secretary of Health, the superintendent of the school district or the chief administrator of the day care center and provide them and their board of directors a written decision directing them to take action. WAC 246-110-020 (2).
5. The Local Health Officer's powers are not contingent on a proclamation of emergency by the county Executive or an executive head of a city or town.

Responsibilities

A. Public Health – Seattle and King County, Health and Medical Area Command (HMAC)
   1. Facilitate countywide pandemic planning and preparedness efforts.
   2. Coordinate the community's emergency public health response through ESF #8 and the Regional Disaster Coordination Framework.
   3. Provide trainings for HMAC staff and responders on their role and topics such as ICS, HMAC operations, WATrac, and ESF #8 plan and functional annexes.
   4. Educate the public, healthcare system partners, response partners, businesses, schools, childcare centers, community-based organizations, and elected leaders about pandemics, expected impacts and consequences, and preventive measures (Reference: *Risk Communication Plan*).
   5. Monitoring and ensuring the safety and well-being of responders and public health staff.
   6. Conduct county-wide surveillance to track the spread of the human disease and its impact on the community. Through liaison with veterinary, agriculture, and wildlife agencies, facilitate disease surveillance in animals in King County and monitor surveillance data.
   7. Identify and declare diseases of public health significance during a biological incident and communicate such declarations to health system partners.
   8. Establish a prioritized set of operational objectives and implementation strategies (*Incident Action Plan*) for the countywide health and medical response.
   9. Jointly coordinate the accuracy and dissemination of health and medical information to the public through a Joint Information System.
   10. Coordinate medical countermeasures requesting, distribution, and dispensing with state and federal partners.
   11. Coordinate the implementation of non-pharmaceutical interventions including identifying personal protective equipment (PPE) supply needs and stockpiling.
   12. Ensure the collection and development of situational awareness information for the health and medical response (Reference: Health and Medical Area Command Procedures Manual).
   13. Coordinate planning for and implementation of disease containment strategies and authorities.
   14. Provide ongoing technical support within established expectations to the healthcare system including current surveillance guidelines, recommendations for clinical case management, infection control measures, and laboratory testing.
   15. Through the Northwest Healthcare Response Network (NWHRN), support the healthcare system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents (Reference: Region 6 Hospital Emergency Preparedness and Response Plan).

B. Multi-Agency Coordinating (MAC) Group
If needed, a Multi-Agency Coordinating group may be formed and called upon to accomplish the following:
   1. Provide policy-level guidance and establish overall direction and priorities for the health, medical and mortuary response across King County. The following parties within the King County healthcare system will participate on the MAC:
      - Local Health Officer
        - See responsibilities outlined under *Authorities, Section H*.

- Healthcare partners including veterinary partners
- Northwest Healthcare Response Network Executive Council
  - Comprised of chief executives from the healthcare systems.
  - Informs and advises the Local Health Officer on issues and resource needs within the healthcare system.
- EMS Medical Directors
  - Comprised of the EMS Medical Directors for King County and the City of Seattle.
  - Direct the implementation of response protocols for all paramedics and Emergency Medical Technicians in King County.
  - Direct the implementation of the *Emergency Medical Services Infectious Disease Response Plan*, September 2009.
- King County Medical Examiner
  - Directs the county-wide response to mass fatalities events.
  - Maintains legal authorities governing the identification, transportation, and final disposition of human remains during mass fatalities events.
- MAC Coordinator
  - Develop briefing materials and communications for MAC Group.
  - Facilitate conference calls and in-person meetings.

An organizational structure utilizing Area Command and MAC to lead the health and medical response across King County will ensure that each agency involved in the response is aware of the plans, actions, and constraints of all others. No agency participating under HMAC will compromise their legal authorities or requirements. Participating agencies will minimize inefficiency and duplication of effort, improve information flow, and combine efforts toward achieving a single set of response objectives.

C. **Local Hospitals, Clinics, Providers, and other Health System Partners**
   1. During a pandemic, all efforts will be employed to sustain the functionality of the healthcare system while maintaining an acceptable level of medical care. To accomplish this, healthcare system partners might need to:
      - Limit the provision of healthcare services to patients with urgent health problems.
      - Take steps to increase healthcare system capacity for patients who would normally require inpatient care.
      - Mobilize, reassign, and deploy staff within and between healthcare facilities to address critical shortfalls.
      - Implement patient triage and resource management processes.
      - Implement the crisis standards of care framework.
      - Provide alternative mechanisms for patients to address non-urgent healthcare needs such as telephone and internet-based (telehealth) consultation.
   2. Maximize the healthcare system's ability to provide medical care during a pandemic by working with the Northwest Healthcare Response Network. Specific steps include:
      - Identify and prioritize response issues and resources affecting the county-wide health system during a pandemic.

- Develop mechanisms to efficiently share information and resources between the healthcare system and HMAC and relevant emergency operations centers, as appropriate. Centralize and consolidate requests as needed.
- Through the Multi Agency Coordinating Group, coordinate with the Local Health Officer regarding policy level decisions affecting the operations of healthcare system.
- Assure that healthcare professionals receive relevant communications from HMAC in a timely and efficient manner.

3. [Hospitals and other healthcare facilities will develop pandemic response plans](#) consistent with the healthcare planning guidance contained in the *[Health and Human Services Pandemic Influenza Plan](#)*. Healthcare facility pandemic response plans will address medical surge capacity and resource management and conservation to sustain healthcare delivery and communication capabilities when routine systems are overwhelmed and resource management and conservation to sustain healthcare delivery and communication capabilities when routine systems are overwhelmed.

4. Hospitals may screen and/or limit individuals from entering the hospital. *Attachment 9: Regional Guideline for Development of Hospital Visitor Policies for Influenza* contains more information on visitor policies.

5. Healthcare facilities and healthcare providers will participate in local influenza surveillance activities.

6. Hospitals will develop infection control plans to triage and isolate infectious patients and protect staff from disease transmission.

D. Washington State Department of Health
1. Coordinate statewide pandemic planning and preparedness efforts.
2. Coordinate statewide surveillance activities.
3. Operate a CDC Laboratory Response Network public health reference laboratory for testing of novel pathogens.
4. Coordinate submission of pandemic epidemiological data to CDC and dissemination of statewide data and situation updates to local health jurisdictions.
5. Provide state assistance, when available, and request federal assistance to support the local health and medical response.
6. May receive medical countermeasures from the Strategic National Stockpile (SNS) and immediately distribute these supplies to Public Health, first responders, or healthcare providers.
   - In consultation with Public Health, may request and place orders on behalf of Public Health for direct shipment to the department's vaccine depot or selected healthcare providers.
7. Educate and inform the public on the course of the pandemic and preventive measures in coordination with local partners.

E. US Department of Health and Human Services
1. Provide overall guidance on pandemic planning within the United States.
2. Coordinate the national response to a pandemic.
3. Provide guidance and tools to promote pandemic preparedness planning and coordination for states and local jurisdictions.

4. Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.

F. Centers for Disease Control and Prevention
1. Conduct national and international disease surveillance.
2. Serve as a liaison to the WHO.
3. Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity with pandemic potential.
4. Develop, evaluate, and modify disease control and prevention strategies.
5. Lead for recommendations regarding disease control measures including administration of pandemic vaccine and guidance for implementation of vaccination programs; monitor vaccine safety.
6. Investigate pandemic outbreaks; define the epidemiology of the disease.
7. Monitor the nation-wide impact of a pandemic.
8. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.
9. Activate the SNS when the WHO declares a state of alert and deploy antiviral supplies to each state.
10. Coordinate the implementation of international – U.S. travel restrictions.
11. Under federal authority, implement isolation, quarantine, and social distancing measures on tribal lands, as needed.

G. World Health Organization
1. Monitor global pandemic conditions and provide information updates.
2. Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.
3. Provide international guidance on responding to the situation. Declare global pandemic phase and adjust phases based on current outbreak conditions.

Initial Response Process

OVERVIEW

The *Biological Incident Response Annex* is intended for use in any biological incident that requires a response exceeding Communicable Disease Epidemiology and Immunization Section's (CD-Imms) established routine service capacity and/or requires an increased level of communication and coordination between Public Health – Seattle & King County (Public Health) department programs and external partners. Biological incidents are situations in which an agent of biological origins causes a significant local, regional, or national impact. These may include infectious disease outbreaks, identification of a pathogen with significant health risks, emergence of a novel infectious disease, or a suspected or confirmed bioterrorism event. Some biological incidents will require limited response activities from Public Health; other situations will require large-scale response efforts that involve multiple divisions within Public Health and the cooperation and coordination of Washington State Department of Health (DOH), tribal nations, neighboring jurisdictions, other King County departments,

and additional Emergency Support Function #8 – Public Health, Medical, and Mortuary Services (ESF #8) partners.

This initial response process also serves as a model for warning and notification among Public Health divisions and programs outside of CD-Imms, such as Environmental Health Services Division (Environmental Health), Community Health Services Division, and other Prevention Division (Prevention) programs such as the Tuberculosis Control program, about local biological incidents or possible threats to the local communities. For responses to suspected or confirmed bioterrorism events, Public Health follows applicable State and Federal guidelines, in addition to the process below.

WARNING AND NOTIFICATION

The initial response process defines the routes of warning to and notification within Public Health of a biological incident. Some situations will warrant consideration of immediate Health and Medical Area Command (HMAC) activation depending on CD-Imms capacity to respond to the incident, while other incidents might include situational monitoring and other assessment steps before an activation is recommended. Biological incident response needs may vary by situation and additional considerations may factor into activation of HMAC. Once activation is recommended, the Public Health Preparedness Section (Preparedness) will convene appropriate staff to begin the process of organizing, prioritizing, and staffing the department's response.

Warning

Public Health receives warning of a biological incident through multiple routes, including:
- Routine surveillance and investigations conducted by CD-Imms staff, including reports from DOH, healthcare providers and hospital partners, acute care facilities, clinical laboratories, the public, and others for all suspected, probable, and confirmed notifiable conditions.
- Surveillance reports and alerts from external public health agencies or response partners about biological incidents with the potential to impact King County, such as:
  - World Health Organization (WHO)
  - Centers for Disease Control and Prevention (CDC) Health Alert Network (HAN)
  - U.S. Department of Health and Human Services (HHS)
  - The Washington Secure Electronic Communications, Urgent Response and Exchange System (WA SECURES)
  - Northwest Healthcare Response Network (NWHRN) updates and WATrac alerts
  - Neighboring local health jurisdiction or emergency management
  - Federal Bureau of Investigation (FBI)
- *BioWatch Alert* notification of an airborne pathogen detected by BioWatch program sensors

Notification

Warning of a biological incident may trigger two notification processes across Public Health and key response partners, depending on potential for rapid incident escalation. Please see *figure [Insert Figure]* for process illustration.

Level 1 scenarios include high-consequence pathogens and scenarios with significant potential to cause a large and/or rapidly expanding event requiring a coordinated response. Public Health defines Level 1 scenarios as:

- Suspected or confirmed identification of specified pathogen of concern for Level 1 scenarios or pathogen categories in King County or a neighboring jurisdiction.
- Suspected, probable, or confirmed bioterrorism.
- Public Health Emergency Declaration for an infectious disease impacting King County issued by Washington State, U.S. Department of Health and Human Services (National Public Health Emergency), or World Health Organization (Public Health Emergency of International Concern).

Level 1 scenarios **require immediate notification to the 24/7 Public Health Duty Officer** and generally necessitate activation of HMAC.

Level 2 scenarios are situations which may initially be limited in Public Health scope but have the potential to escalate if departmental resources are not immediately reprioritized to contain the disease and be proactively positioned to respond quickly. In these cases, CD-Imms might need support and resources from Preparedness to manage communication and resource coordination to effectively expand the department's response capacity. Public Health defines Level 2 scenarios as:
- Identification of pathogen of concern for a Level 2 scenario in King County.
- An outbreak which might quickly exceed CD-Imms's (or relevant Public Health program) initial capacity to manage communication and coordination across the department and ESF #8 partners, in addition to their primary disease response roles, including situations that involve:
  - Increased call or electronic message volumes to CD-Imms or other Public Health programs surpassing routine capacity with potential to require surge staffing support.
  - Increased inquiries from media or political representatives that would benefit from centralized and coordinated messaging through public information support.
  - Increased demand for information sharing and coordination with ESF #8 partners or other jurisdictions that would benefit from Information Management or Liaison functions.
  - Need for rapid communication, assessment, distribution, and administration of medical countermeasures.
  - Significant involvement of multiple internal Public Health programs stressing existing pathways for coordination, shared decision making, and exchange of situational awareness.
  - Isolation and quarantine capacity is required as part of the incident response.
  - Investigation or containment activities require resources that surpass routine service capacity.
- Response partner or neighboring jurisdiction Emergency Operations Center (EOC) activation notification for response to a biological incident that may impact King County.

Level 2 scenarios require a notification of the situation **emailed to the acting Preparedness Director within 24 hours** for situational awareness. Key elements of information relating to the situation, such as scale, potential complexity, population impacted, and additional relevant information regarding programmatic capacity should be shared as known. This information will inform an assessment of incident complexity, the need for ongoing situational awareness, and the capability to quickly expand support should HMAC activation be indicated.

Level 1 Scenarios

The following scenarios require **immediate telephone notification** to the **Public Health 24/7 Duty Officer**, **Prevention Division Director/Deputy Director**, **CD-Imms Disease Control Officer,** and **Local Health Officer.**

- Probable or confirmed identification of specified pathogen of concern for Level 1 scenarios or pathogen categories in King County or neighboring jurisdiction.
- Suspected, probable, or confirmed bioterrorism.
- Public Health Emergency Declaration for an infectious disease impacting King County issued by Washington State, U.S. Department of Health and Human Services (National Public Health Emergency), or World Health Organization (Public Health Emergency of International Concern).

Examples of Pathogens of Concern for Level 1 Scenarios (this list is not exhaustive)	

- Disease or agent of **suspected bioterrorism origin**, including but not limited to:
     o Anthrax (*Bacillus anthracis*)
     o Cholera (non-travel related)
     o Plague (*Yersinia pestis*)
     o Ricin
     o Smallpox (*variola major*)
     o Typhus fever
 - Viral Hemorrhagic Fevers (defined here)
	- Initial case(s) of an **emerging infectious disease** or biological incident with potential for significant illness or death, including:
	     o Coronavirus (MERS-CoV, SARS-CoV-1, Other Novel Coronavirus)
	     o Influenza, novel
	     o Waterborne outbreak (municipal drinking water supply)
	     o Paramyxoviruses (Nipah virus, Hendra virus)

Example of Level 2 Scenarios

The following scenarios require **email notification** to the **Preparedness Director within 24 hours** for ongoing situational awareness and assessment of incident complexity. Additional notifications may be required per CD-Imms (or relevant Prevention Division program) protocol.

- Identification of a pathogen of concern for a Level 2 scenario in King County.
- An outbreak or concern for a sudden increase in prevalence of any pathogen in King County with the potential to rapidly exceed routine services provided by CD-Imms (or relevant Prevention Division program), necessitating a large scale, coordinated response requiring multiple division and/or program areas.
- Response partner or neighboring jurisdiction EOC activation notification for an infectious disease response that may impact King County.

Pathogens of Concern for Level 2 Scenarios (this list is not exhaustive)	
- Arboviral disease – locally acquired (West Nile virus, dengue, chikungunya, Zika, eastern and western equine encephalitis, St Louis encephalitis, and Powassan) - *Candida auris* (outbreak) - Diphtheria (toxigenic *C. diphtheriae* infections) - Emerging condition with outbreak potential - Flaviviruses - *Haemophilus influenzae* (invasive disease, children aged < 5 years) - Hantavirus pulmonary syndrome (cluster of locally acquired cases)	- Legionellosis (outbreak) - Lyme Disease (local exposure only) - Measles - Meningococcal disease (outbreak) - Mumps (outbreak) - Poliovirus infection - Rabies (suspected or confirmed) - Rubella (acute disease) - Large outbreaks of suspected foodborne origin - Plague (*Yersinia pestis*) (not suspected intentional)

• Hepatitis A (outbreak) • Hepatitis C (outbreak)	• Tuberculosis (in congregate settings, schools or childcare setting)

ASSESSMENT

For Level 1 Scenarios, Preparedness will work with CD-Imms and other relevant programs and partners to begin collecting essential elements of information to inform initial incident action planning and response activities in anticipation of an HMAC activation. For Level 2 Scenarios, an ongoing period of situational awareness and assessment to determine need for HMAC activation is described below.

Level 2 Scenario Situational Awareness and Assessment

When an emergency does not indicate immediate HMAC activation, Preparedness will take a forward-leaning posture through ongoing situational awareness and assessment of evolving incident complexity.

Following notification by CD-Imms (or relevant Prevention Division program), the Preparedness Director will lead an initial meeting with CD-Imms or relevant Prevention Division program (team manager/section leadership) and Prevention Division Director/ Deputy Director, or their designees, to evaluate current incident complexity using the *Incident Complexity Assessment*. If current support needs for communication, coordination, and resourcing operations do not indicate activation of HMAC, parties will establish a strategy for ongoing monitoring.

The strategy should establish:
- Incident-specific thresholds which may indicate partial or full HMAC activation.
- Potential resource, administrative and other response needs.
- A meeting cadence between the Preparedness Director and CD-Imms or relevant Prevention Division program (team manager/section leadership), or their designees, to reevaluate for any changes in incident complexity.
- An identified Preparedness staff member to act as a liaison and ensure situational awareness is maintained between CD-Imms (or relevant Prevention Division program) and Preparedness.
- CD-Imms (or relevant Prevention Division program) incident coordination emails and meetings in which to include a Preparedness staff liaison for situational awareness.

Public Health's Preparedness Section and CD-Imms (or relevant Prevention Division program) will maintain this posture until:
- Incident trajectory does not indicate potential for a current outbreak or incident to rapidly exceed routine services and resources managed by CD-Imms (or relevant Prevention Division program).

OR
- Incident-specific thresholds or incident complexity indicate activation of HMAC to support divisions and programs in preparing for and responding to a biological incident emergency.

Essential Elements of Information (EEI)

For both Level 1 and Level 2 responses, ongoing situational awareness should include an assessment of essential elements of information (EEI) to develop a shared understanding of the situation and inform assessment of incident needs and complexity. Key information areas for a biological incident response include:
- Scale

- o Current and projected outbreak size
  - o Exposure sites
  - o Impacted population(s)
- Urgency
  - o Disease characteristics
  - o Availability of effective treatment and containment measures
- Complexity
  - o Political sensitivity and media interest
  - o Multitude of partners and actors
  - o Disease-specific factors, especially those including ongoing zoonotic transmission
  - o Potential resource, administrative, and other response needs
- Capacity
  - o Competing Public Health priorities
  - o Demand for services
  - o Funding and staff availability
- Equity
  - o Impacted population vulnerability
  - o Additional service needs

Initial Incident Action Planning

When HMAC activation is indicated, Preparedness will notify Public Health divisions and programs that have identified roles in response operations, which may include:

- Admin
- Assessment, Policy Development & Evaluation Unit/ Chronic Disease and Injury Prevention (APDE/CDIP)
- Communications
- Environmental Health Services (EH)
- Emergency Medical Services (EMS)
- Medical Examiner's Office (MEO)
- Office of Equity and Community Partnerships (OECP)
- Preparedness Section
- Prevention Division
- Nursing Office

Public Health divisions and programs with identified roles in response operations will be asked to attend a meeting facilitated by Preparedness to review essential elements of information (EEIs) regarding the biological incident and make a timely and informed decision on the need to initiate incident action planning.

Prior to meeting, Preparedness will seek to gather information from King County Office of Emergency Management (King County OEM), City of Seattle Office of Emergency Management (Seattle OEM), Washington State Department of Health (DOH), and the Northwest Healthcare Response Network (NWHRN) regarding any current or planned actions by local emergency management, other city and county departments, and healthcare systems. These actions may further inform the need to initiate incident action planning.

After reviewing EEIs and any other critical information requirements, meeting participants should:

- **Make a recommendation on an appropriate incident management structure.** Given the anticipated incident complexity for most infectious disease responses, it is recommended that Public Health's HMAC be partially or fully activated to support divisions and programs in preparing for a biological incident and managing any subsequent emergency response operations.

- **Make a recommendation on incident objectives and resource requirements for the first operational period.** Public Health should manage biological incidents by developing objectives that define what must be accomplished to protect community health and limit health disparities. The availability of personnel, equipment, supplies, and facilities should be considered when developing objectives. The length of the operational period (eg. 8 hours, 12 hours, 24 hours, 1 week) will be determined by the needs of the incident, dependent on disease characteristics, evolving epidemiology, and ongoing impact on the community. In the case of a bioterrorist incident, ongoing needs would also be determined on the identification and neutralization of the source of the event. In rapidly escalating or highly complex incidents, the operational periods should be shorter to allow for an effective response to rapidly evolving events.

Participants should share meeting outcomes with other Public Health staff within their teams who may be responsible for responding to the biological incident. The following information should be shared as available and as authorized to responders:
- Trigger or level of activation met
- Consolidated EEIs and other critical information requirements
- Projected workforce needs and potential assignments
- Any pre-incident steps staff need to take to prepare to respond
- Responder safety information, including disease-specific PPE and infection control recommendations

Public Health's *Workforce Mobilization Annex* includes additional considerations for communicating with potential responders.

AGENCY ADMINISTRATOR BRIEFING

Preparedness will schedule an *Agency Administrator Briefing* with the Public Health Director, Public Health Deputy Director, and Local Health Officer (LHO) and present the following:
- Trigger or level of activation met
- Consolidated EEIs and other critical information requirements
- Recommended incident management structure
- Set and confirm expectations of response scope and operational capacity
- Recommended incident objectives and resource requirements for the first operational period
- Potential resource, administrative and other response needs

Other Public Health Office of the Director (ODIR) staff may also attend the Agency Administrator briefing at the request of the Director of Public Health Director, Public Health Deputy Director, or Local Health Officer (LHO). Preparedness may also ask other Public Health divisions and programs that have identified roles in response operations to attend.

Briefing participants should agree to a final incident management structure as well as incident objectives and resource requirements for the first operational period.

INCIDENT MANAGEMENT TEAM AND RESPONDER MOBILIZATION

If HMAC is activated, Preparedness will mobilize staff from its HMAC Incident Management Team (IMT) roster to fill Command and General Staff positions within the Incident Command System (ICS). The following ICS positions are typically staffed by the HMAC IMT:
- Agency Administrator
- Incident/Area Commander
- Safety Officer
- Liaison Officer
- Equity Officer
- Public Information Officer
- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance and Administration Section Chief

The Area Commander (AC) will staff Command and General Staff positions as needed to manage the incident's coordination and organization, information sharing, equity considerations, and resource needs. They may also choose to staff more positions depending on what is needed to facilitate effective incident management.

Public Health divisions and programs with identified roles in biological incident response operations are responsible for assigning staff as responders to the HMAC Operations Section. Staffing for the following response areas within the Operations Section may be required:
- Epidemiology and Surveillance (including disease investigations and testing)
- Data Analysis and Management
- Medical Countermeasures (including vaccination and therapeutics)
- Nonpharmaceutical Interventions (including PPE, isolation, and quarantine)
- Health Guidance and Public Information (including community mitigation, community wellbeing, and the Public Information Contact Center (PICC))

Public Health's *Workforce Mobilization Annex* includes additional considerations for identifying and assigning responders.

HMAC activation is assumed in the proceeding sections of this Annex, but if HMAC is not activated, Public Health divisions and programs are still encouraged to use NIMS-compliant concepts to effectively manage the impacts of a biological incident as they carry out response operations. Even if not initially activated, HMAC can also be partially or fully activated in support of divisions and programs as a biological incident unfolds.

INCIDENT BRIEFING

The Area Commander should deliver an *Incident Briefing* to the HMAC IMT and other responders. An *ICS 201 Incident Briefing* may be used to help prepare for and facilitate the briefing. An *HMAC Activation*

Notice should be sent to Public Health leadership and staff and external partners, the HMAC IMT, and any other responders.

Following the briefing, HMAC begins its first operational period of the response.

Concept of Operations

INTRODUCTION

The Incident Briefing leads into the initial operational period and marks the start of proactive incident management for an infectious disease response. Facilitated by the Health and Medical Area Command (HMAC) Planning Section, an *Incident Action Plan (IAP)* should be developed for the first operational period and then executed. The following objectives and strategies should be considered for inclusion in an IAP for an infectious disease response.

Operations Overview

This section of the *Biological Incident Response Annex* serves to document the full scope of Public Health's concept of operations for responding to a biological incident. Different objectives and strategies may be selected to respond effectively and with a focus on health equity during different pandemic intervals. The following listed objectives and strategies are recommendations only; **all objectives can be used at any point during a biological incident response,** as required by the scope of the response and at the discretion of the Area Commander.

The following response objectives are organized by response areas which fall within the scope of *Emergency Support Function #8 – Public Health and Medical Services* (ESF #8). They include:

- Epidemiology, Surveillance, and Data
- Health Guidance and Public Information
  - Public Information
  - Guidance synthesis and dissemination
  - Public Information Contact Center (PICC) Services
- Information Management
- Medical Countermeasures
  - Vaccination
  - Therapeutics
- Non-pharmaceutical Interventions
  - Infection Control
  - Personal Protective Equipment
  - Isolation and Quarantine
- Responder Safety and Wellbeing
- Testing

A brief description of each response area is provided below. Objectives are intended to inform resource and operational priorities for each operational period of a response and are captured in the Incident Action Plan's *ICS 202* document.

Resourcing Operations

Public Health operations require resources and personnel to be reprioritized, acquired, staged, transported, dispensed, tracked, and eventually demobilized throughout the course of a response. There are three critical resourcing dependencies which impact the status of Public Health's preparedness and response capabilities: finance, policy, and critical infrastructure. Limitations and stipulations in these areas constrain the ability to rapidly activate and conduct emergency response operations.

During the initial response process, a review of needs in these three areas should be conducted prior to the first operational period. Elements to consider include:

Finance

- Available emergency funding sources
- Emergency time codes
- Existing memorandums of agreement or understanding (MOUs), contracts, and emergency contracting processes

Policy

- Federal, state, and local policies and emergency rulings relating to biological incident response capabilities. Changes to these policies during a response may supersede planned assumptions and processes, particularly with respect to laboratory testing, medical countermeasures, and non-pharmaceutical interventions.
- County and department contracting policies
- County and department policies and protocols relating to language access services, such as translation, interpretation, and a culturally-informed review of material for distribution.
- County and department staffing policies and labor agreements relating to deployment of staff outside their normal duties, particularly with respect to public health nurses and Environmental Health Division staff.

Critical infrastructure

Resources must be diverted from their steady state to support an emergency response. When sufficient resources and critical infrastructure such as personnel, facilities, equipment, supplies, and funding are not available, it delays the ability to carry out response operations and provide support to the affected community. Further, critical infrastructure must be supported by common emergency response organizational structures, decision-making frameworks, and information sharing networks that maximizes its use. Given historical responses to infectious disease outbreaks, capabilities that may have insufficient critical infrastructure or have insufficient support include:

- **Equity and community-centered processes**: funding and staffing significantly reduced for positions that built key relationships with communities during responses once emergency funding ends, creating barriers to positive, sustained relationships with communities; funding

and training opportunities for Public Health staff to practice developing community- and accessibility-centered approaches during response are limited; additional contracts, staffing, translation, and technical advisor positions would be necessary to adequately staff and carry out the identified equity objectives and strategies in this annex.

- **Medical Countermeasures**: conflicting decision-making authority for prioritization of limited testing, treatment, and vaccination resources; limited resources to support Public Health-led distribution, dispensing, and administration directly to partners and communities; Public Health laboratory and clinic service capacity limitations; alignment process with Washington State Department of Health (DOH) and neighboring local health jurisdictions in regional efforts and resource prioritization and allocation.
- **Isolation and Quarantine (IQ):** limitations to IQ sites and services, such as hotel, motel, and adult family home availability and existing contracts; barriers to use of DOH IQ site; scope of resources required to establish an IQ site or facility; limitations of available staff with behavioral health training to triage and support complex guest needs.
- **Care coordination:** undefined triggers for *Emergency Support Function #6 – Mass Care* (ESF #6) support during early stages of infectious disease spread; limitations to Public Health staffing and resources to provide these services directly; limitations on transportation contracts, resources, and staffing.
- **Surge staffing:** limited foundational department staffing; budget constraints; employee scope limitations and reassignment limitations; limited mechanisms for reassignment.
- **Guidance and information:** limited Public Health resources to support translation, interpretation, and culturally appropriate outreach needs; limited existing translations of key biological incident response information.

During the initial stages of a biological incident, there is an opportunity to contain the spread of the disease and it is critical to adequately resource priority strategies as quickly as possible. Policies, funding, and improved critical infrastructure in the above areas will directly support quicker, more effective biological incident response operations across King County.

Using objectives and strategies

The following objectives and strategies are arranged to both guide the development of incident priorities and strategic direction and direct operational staff to relevant guidance and operational documentation.

Planning and Prioritizing Response Activities

The objectives can be used to inform development of the *Incident Action Plan*, documented in *ICS 202*. Objectives are templates to be adapted to fit the response scope and remain responsive to community needs. By identifying lead and support positions, the objectives below can also support development of an initial incident organizational chart and better identify relevant positions required to manage the activated response areas.

The *Lead* and *Support* components refer to HMAC functional areas, organizational elements, and leadership positions, unless otherwise stated (King County Human Resources Department, King County IT, etc.). Identified *Lead* and *Support* roles may include command staff and functional areas, such as the

HMAC Planning Section, and key organizational elements within the HMAC Operations Section, such as an *Epidemiology and Surveillance Branch* or the *Community Mitigation and Wellbeing Branch*.

While these elements are named in the *Concept of Operations* below, there is no one way to structure the response to a biological incident. HMAC's organizational structure will develop in a modular fashion based on the incident's size and complexity. A single position may be enough to oversee isolation and quarantine response activities in a small-scale response, or an entire *Isolation and Quarantine Group* may be required. Leads are identified to ensure accountability for each objective and strategy, with the understanding that supervisory positions may delegate responsibility and supervisory levels may be added to the organizational structure as needed.

Operations Section Use

Objectives can also be used to quickly find operational documents to support the identified strategies and carry out tactical activities by Operations Section branches. Relevant documents are linked as *Resources*. These documents direct responders from this annex to Public Health's virtual response space, which includes more operational documents and response tools. The objective and strategy layout includes:

Response Area: A defined scope of response activities within the responsibilities defined in *ESF #8.*
Objective: High level priority action statement which aligns with scope of Public Health's roles and responsibilities outlined in *ESF #8*.

- *Strategy*: Targeted action statement relating to the objective. Not all strategies may be implemented; they are strategies to select or prioritize based on the biological incident.
    - **Lead:** HMAC element responsible for carrying out the objective and strategy.
    - **Support:** HMAC element with whom the *Lead* should coordinate with while carrying out the response activity. This may include external partners, like King County Office of Emergency Management or King County Department of Human and Community Services.
        - **Resource**: Documents which may include further guidance or information to support carrying out an objective or strategy, including: 1) existing Public Health response documents which can inform the objective/strategy, such as the *HMAC Playbook* and procedures, *Equity Response Annex*, *Risk Communications Annex*, *Equity Impact Review Tool*; 2) a DOH, CDC, or relevant guidance and evidence-based document which informs how this objective/strategy should be carried out (such as the *WA DOH NPI Guide*).

RESPONSE OBJECTIVES AND STRATEGIES

The following section provides a description of each response area and a list of objectives and strategies within their scope of response.

Epidemiology, Surveillance, and Data
Prepare for Operations
Identify appropriate countywide disease surveillance strategies and coordinate with local, regional, and national partners on surveillance strategies and reporting.

- *Strategy*: Use existing national data sources and/or information to assess disease characteristics and additional essential elements of information to determine appropriate local surveillance and disease investigation activities.
  - **Lead**: Epidemiology and Surveillance Branch; Data Branch
- *Strategy*: Coordinate surveillance activities with the disease control activities of the CDC, state agencies, and health departments in adjacent jurisdictions (i.e., aligning case definitions, identifying populations at risk, routes of transmission, new sources of the disease agent, etc.).
  - **Lead**: Area Commander; Data Branch; Epidemiology and Surveillance Branch
  - **Support**: Operations Section Chief

Develop tools and systems to carry out case investigations, data collection, and analytics.
- *Strategy*: Develop informatics infrastructure including processes for data management, cleaning, integration, transfer, and analyses
  - **Leads:** Data Branch; Epidemiology and Surveillance Branch
- *Strategy*: Develop data collection forms and databases based on epidemiology of the infectious disease
  - **Leads:** Data Branch; Epidemiology and Surveillance Branch
- *Strategy*: Develop investigation protocol, toolkit, and other materials relevant to the epidemiology of the infectious disease to support provision of standardized guidance that synthesizes national/state/local guidance on mitigating disease spread for external partners
  - **Lead**: Epidemiology and Surveillance Branch
  - **Support**: Data Branch

Provide guidance on local epidemiology and infection control practices to public, healthcare providers, other response partners, and community partners.
- *Strategy*: Develop standardized guidance/letters that synthesize national/state/local guidance for external partners
  - **Leads**: Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy*: Coordinate with internal partners to translate communications materials into the relevant languages
  - **Leads**: Epidemiology and Surveillance Branch; Public Information Officer
    - **Resource**: *Risk Communications Annex*
    - **Resource**: *Equity Response Annex*

Identify epidemiological investigation and data and analytics data/informatics and staffing needs and develop tools and processes to train staff to carry out epidemiological investigations.
- *Strategy*: Develop a sustainable Epidemiology, Surveillance, and Data staffing structure that meets the needs and complexity of response operations.
  - **Lead**: Epidemiology and Surveillance Branch; Data Branch
  - **Support**: Logistics Section
    - **Resource**: *Workforce Mobilization Annex*
- *Strategy*: Identify training needs for Epidemiology, Surveillance, and Data response staff
  - **Leads**: Operations Chief; Epidemiology and Surveillance Branch; Data Branch
  - **Support**: Logistics Section

- Strategy: Identify data collection, cleaning, analysis, and reporting mechanisms that may be needed based on the epidemiology of the disease
  - **Lead**: Data Branch

Implement Operations

Carry out case and contact investigations to determine the cause of disease, the source of disease, the mode of transmission, clinical manifestations, risk factors for disease, exposures and any other factors that may be associated with illness.

- *Strategy*: Implement active and passive symptom monitoring processes for the public and response staff as appropriate and determine a cadence for reporting surveillance activities
  - **Lead:** Operations Section Chief; Epidemiology and Surveillance Branch; Data Branch
- *Strategy*: Collect information about suspected and confirmed cases, possible contacts, other exposed persons and exposure risk settings, disease characteristics, and clinical characteristics in a methodologically appropriate and efficient manner.
    - **Lead:** Epidemiology and Surveillance Branch; Data Branch
- *Strategy:* Conduct facility investigations and provide subject matter expertise around coordination of response activities focused on those at greatest risk and those most negatively impacted (e.g., healthcare facilities, long-term care facilities, homeless shelters, Emergency Medical Services (EMS), correctional facilities, and other high-risk congregate facilities).
  - **Lead:** Operations Section Chief; Epidemiology and Surveillance Branch; Data Branch

Coordinate, analyze, and/or undertake laboratory testing as required to monitor the emergency and for individual patient care.

- *Strategy*: Establish and maintain laboratory testing criteria with WA PHL, KC PHL, and commercial laboratories.
  - **Lead:** Epidemiology and Surveillance Branch
- Strategy: Staff testing response unit as needed
  - **Lead:** Epidemiology and Surveillance Branch
- *Strategy*: Establish and maintain internal specimen tracking process (if coordinating testing via DOH/CDC).
  - **Lead:** Epidemiology and Surveillance Branch
  - **Support**: Data Branch
- *Strategy*: Obtain, prioritize, and submit specimens for laboratory testing.
  - **Lead:** Logistics Section; Epidemiology and Surveillance Branch
  - **Support**: Safety Officer

Provide subject matter expertise on surveillance and epidemiology to healthcare providers/facilities and other high risk non-healthcare settings.

- *Strategy:* Prepare data for reporting and surveillance by integrating data sources, cleaning data, applying case and outbreak definitions to the data, and setting up data dashboards/reports.
  - **Lead**: Data Branch
  - **Support**: Epidemiology and Surveillance Branch; Public Information Officer

- *Strategy*: Coordinate with relevant HMAC Operations teams on laboratory testing, treatment guidelines, and infection control guidance*.*
  - **Lead***:* Data Branch; Epidemiology and Surveillance Branch

Provide subject matter expertise on infection control to healthcare providers/facilities and other high risk non-healthcare settings.

- *Strategy*: Provide coordinated guidance, advice on infection control, and surveillance-related communications to local health partners (i.e., UW/HMC Health System, NWHRN, health advisories) and community partners (i.e., HCHN/HSP network, community health boards, school/childcare networks, animal facilities) regarding epidemiology, testing, infection control, and treatment guidelines.
  - **Lead**: Public Information Officer; Data Branch; Epidemiology and Surveillance Branch
- *Strategy*: Coordinate with Community Mitigation and Wellbeing Branch, King County Office of Emergency Management and Washington State Department of Health on the allocation and distribution of personal protective equipment in accordance with the statewide guidelines for prioritization.
  - **Lead**: HMAC Operations leadership; Epidemiology and Surveillance Branch.
  - **Support:** Data Branch

Monitor and Assess Operations

Monitor and assess implemented Epidemiology, Surveillance, and Data response strategies.

- *Strategy*: Adjust implementation to active and passive disease monitoring processes as needed.
  - **Lead:** Epidemiology and Surveillance Branch; Data Branch
- *Strategy*: Monitor disease trends to assess for changing needs, evaluate effectiveness of strategies to drive continuous quality improvement in response activities, and modify strategies as needed.
  - **Lead:** Epidemiology and Surveillance Branch; Data Branch
- *Strategy:* Utilize community feedback mechanism and data to monitor and assess implemented strategies, evaluate effectiveness, and modify strategies as needed.
  - **Lead:** Epidemiology and Surveillance Branch; Data Branch; Community Mitigation and Wellbeing Branch
- *Strategy*: Expand capacity for disease investigation, community-wide testing, non-pharmaceutical intervention strategies, and medical surge resources, to support changes in implementation of non-pharmaceutical intervention strategies, as needed.
  - **Lead:** Logistics Section; Epidemiology and Surveillance Branch; Data Branch

Integrate Operations

Provide subject matter expertise and technical guidance to integrate activities across HMAC structure and in alignment with jurisdictional partners.

- *Strategy***:** Provide technical input on surveillance, epidemiology, and clinical issues for the development of internal and external guidance, communications, and policy development*.*

- o **Lead***: Data Branch Team; Epidemiology and Surveillance Branch
- o **Support***: Public Information Officer; Community Mitigation and Wellbeing
- *Strategy*: Consistently coordinate with HMAC leadership, King County Office of Equity and Social Justice, and community partners to assess communities' needs and seek input on key strategies for at-risk populations.
  - o **Lead**: Data Branch; Epidemiology and Surveillance Branch
- *Strategy*: Provide subject matter expertise through data and guidance to *Community Mitigation and Wellbeing Branch* and *Isolation and Quarantine Group*.
  - o **Leads**: Isolation and Quarantine Group; Epidemiology and Surveillance Branch; Data Branch
  - o **Support**: Equity Officer
- *Strategy*: Participate in coordination of regional medical surge operations, such as community wellness, alternate care systems and crisis standards of care.
  - o **Lead**: Operations Section Chief
- *Strategy*: Coordinate data reporting with *Public Information Officer* and *Community Mitigation and Wellbeing Branch*.
  - o **Lead**: Data Branch; Public Information Officer
  - o **Support**: Community Mitigation and Wellbeing; Equity Officer
- *Strategy:* Coordinate with *Safety Officer* to provide technical guidance on standards and guidelines for responder safety and health.
  - o **Lead**: Safety Officer; Epidemiology and Surveillance Branch
  - o **Support**: Public Information Officer; Equity Officer
- *Strategy:* Coordinate with *Logistics Section* for staff, supplies, and resources that may be needed to support epidemiology, surveillance, and data operations.
  - o **Lead**: Data Branch; Epidemiology and Surveillance Branch
  - o **Support**: Logistics Section; Equity Officer

Health Guidance and Public Information

Communications Strategies

Communicate accurate and actionable risk communications for impacted communities and populations.

- *Strategy*: Utilize *social media platforms* to communicate key risk messages to impacted communities and populations.
  - o **Lead**: Public Information Officer
- *Strategy*: Utilize *media channels* to communicate key risk messages to impacted communities and populations.
  - o **Lead**: Public Information Officer
- *Strategy*: Utilize *community engagement and outreach process* to communicate key risk messages to impacted communities and populations.
  - o **Lead:** Community Mitigation & Wellbeing Branch
- *Strategy*: Provide messaging and recommendations in multiple languages, formats, and with the option for interpretation for where to seek ongoing and critical health services.
  - o **Leads**: Public Information Officer

- o **Support**: Equity Officer; Community Mitigation and Wellbeing Branch
  - ▪ **Resource**: *Equity Response Annex*
  - ▪ **Resource**: *Risk Communications Annex*

Communicate accurate and actionable risk communications for at-risk populations and settings.

- *Strategy*: Utilize *social media platforms* to communicate key risk messages to impacted communities and populations.
  - o **Lead**: Public Information Officer
- *Strategy*: Utilize *media channels* to communicate key risk messages to impacted communities and populations. Promote health and safety messages on platforms in addition to Public Health's regular channels, considering alternative outlets to target specific at-risk groups (radio channels; community blogs and newspapers; community centers; faith-based organizations; schools; libraries; etc.)
  - o **Leads**: Public Information Officer
  - o **Support**: Equity Officer; Community Mitigation and Wellbeing Branch
    - ▪ **Resource**: *Equity Response Annex*
- *Strategy*: Utilize *community engagement and outreach process* to communicate key risk messages to impacted communities and populations.
- *Strategy:* Establish Speakers Bureau to support direct outreach and engagement with the public, key response partners, and key at-risk populations.
- *Strategy*: Provide messaging and recommendations in multiple languages, formats, and with the option for interpretation for where to seek ongoing and critical health services.
  - o **Lead**: Public Information Officer
  - o **Support**: Equity Officer; Community Mitigation and Wellbeing Branch
    - ▪ **Resource**: *Equity Response Annex*

Communicate accurate and actionable risk communications for response partners.

- *Strategy*: Utilize social media platforms to communicate key risk messages to response partners.
  - o **Lead**: Public Information Officer
- *Strategy*: Utilize media channels to communicate key risk messages to response partners.
  - o **Lead**: Public Information Officer
- *Strategy*: Utilize community engagement and outreach process to communicate key risk messages to response partners.
  - o **Lead**: Community Mitigation and Wellbeing Branch
  - o **Support**: Equity Officer; Public Information Officer

Communicate core risk communications to provide accurate and actionable information for the public.

- *Strategy*: Utilize social media platforms to communicate key risk messages to the public.
  - o **Lead**: Public Information Officer
- *Strategy*: Utilize media channels to communicate key risk messages to the public.
  - o **Lead**: Public Information Officer
- *Strategy*: Utilize community engagement and outreach process to communicate key risk messages to the public.
  - o **Lead**: Community Mitigation and Wellbeing Branch

o **Support**: Equity Officer; Public Information Officer

Communicate key risk messaging into languages relevant to impacted and at-risk populations and communities.

- *Strategy*: Utilize priority content translation process with Language Access, *Equity Response Team*, and *Equity Officer* to translate key information is available in relevant languages other than English.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Equity Officer; Public Information Officer
- *Strategy*: Develop content for social media, media, and direct community outreach and engagement.
    - o **Lead**: Public Information Officer; Community Mitigation and Wellbeing Branch
    - o **Support**: Equity Officer
- *Strategy*: Staff an education and outreach cadre with appropriate translators included (such as a *Health Educators Surge Team*).
    - o **Lead**: Public Information Officer; Community Mitigation and Wellbeing Branch
    - o **Support**: Equity Officer
- *Strategy*: Provide messaging and recommendations in multiple languages, formats, and with the option for interpretation for where to seek response services.
    - o **Leads**: Public Information Officer; Equity Officer; Community Mitigation and Wellbeing Branch
        - ▪ **Resource**: *Equity Response Annex*

Synthesis and Dissemination of Guidance

Synthesize and disseminate health guidance specific to the biological incident for impacted communities and populations.

- *Strategy*: Synthesize and disseminate guidance addressing symptom identification, testing, treatment, and containment.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Epidemiology and Surveillance Branch, Public Information Officer, Community Mitigation and Wellbeing Branch; Health Guidance and Information Task Force, if activated

Synthesize and disseminate health guidance specific to the biological incident for at-risk populations and settings.

- *Strategy*: Develop and disseminate guidance addressing prevention, testing, containment, contact tracing, zoonotic health guidance, and related resources that centers the needs of populations impacted by inequities and at-risk groups and settings.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Epidemiology and Surveillance Branch; Public Information Officer; Communications Response Team; Health Guidance and Information Task Force, if activated; Testing Group; Therapeutics Group; Vaccination Group; Isolation and Quarantine Group

- *Strategy:* Support Environmental Health with development and dissemination of sanitation, hygiene, and indoor air quality guidance related to the infectious disease response.
  - o **Lead**: Public Information Officer; Communications Response Team
  - o **Support**: Environmental Health
- *Strategy:* Ensure that guidance and resources include anti-racist language developed in multiple formats (to support Access and Functional Needs (AFN) communities), languages, and include the option for interpretation.
  - o **Leads***:* Public Information Officer; Equity Officer
  - o **Support:** Community Mitigation and Wellbeing Branch
    - ▪ **Resource***: Equity Response Annex*

Synthesize and disseminate health guidance specific to response partners.
- *Strategy*: Synthesize and disseminate guidance for handling and storing of vaccines, treatments, and other medical countermeasures.
  - o **Lead**: Community Mitigation and Wellbeing Branch
  - o **Support**: Public Information Officer; Vaccination Group; Therapeutics Group; Communications Response Team

Synthesize and disseminate health guidance specific to the biological incident for the public.
- *Strategy*: Develop guidance for general public actions for prevention, mitigation, containment, and treatment.
  - o **Lead**: Public Information Officer
  - o **Support***:* Epidemiology and Surveillance Branch
- *Strategy*: Disseminate guidance for public actions for prevention, mitigation, containment, and treatment.
  - o **Lead**: Public Information Officer
  - o **Support:** Communications Response Team, Community Mitigation and Wellbeing Branch, Health Guidance and Information Task Force, if activated

Direct Outreach Strategies
Conduct in-language and culturally informed outreach to at-risk and most impacted communities.
- *Strategy*: Distribute relevant information and guidance to populations impacted by inequity and most impacted communities.
  - o **Lead**: Community Mitigation and Wellbeing Branch
  - o **Support**: Equity Officer or Equity Technical Advisor; Communications Response Team; Health Guidance and Information Task Force, if activated
    - ▪ **Resource**: *Equity Response Annex*
- *Strategy*: Conduct outreach to community-based organizations, faith-based organizations, community centers, and other organizations active in disasters to ensure guidance and information is disseminated effectively.
  - o **Lead**: Community Mitigation and Wellbeing Branch
  - o **Support**: Public Information Officer; Communications Response Team; Equity Officer
    - ▪ **Resource**: *Equity Response Annex*

- ▪ **Resource**: *Workforce Mobilization Annex*
- *Strategy*: Provide volunteer management support for outreach activities, if necessary.
  - o **Lead**: Community Mitigation and Wellbeing Branch
  - o **Support**: Logistics Section; Operations Section
    - ▪ **Resource**: *Equity Response Annex*
    - ▪ **Resource**: *Workforce Mobilization Annex*

Public Information Contact Center (PICC) Operations

Triage and address requests for information from **healthcare providers** and alternative healthcare settings.

Triage and address requests for information from **impacted populations and settings**.

Triage and address requests for information from **at-risk populations and settings**.

- *Strategy*: Address queries from callers at higher risk due to the disease characteristics and outbreak, such as age-specific populations, due to workplace settings, school or other congregate settings, and other higher risk factors related to the infectious disease.
- *Strategy*: Address queries from community members at higher risk due to broader social determinants of health and barriers to preventative, containment, or treatment information or resources.
- *Strategy*: Address queries from service providers, community and faith-based organizations, and others who serve at-risk populations and settings.

Triage and address requests for information from the **general public**.

Information Management

These response activities describe the collection, assessment, documentation, and dissemination of information across the HMAC response structure, ensuring situational awareness of both response operations and the ongoing biological incident. These objectives focus on biological incident-related situational awareness and information management rather than HMAC Planning Section responsibilities.

Information Gathering

Track relevant data and information sources to maintain situational awareness of the incident relating to key response elements such as disease characteristics, affected populations, prevention, testing, treatment, and containment strategies.

- *Strategy:* Monitor epidemiology and surveillance updates through channels established by the *Epidemiology and Surveillance Branch*.
  - o **Lead:** Planning Section
  - o **Support:** Epidemiology and Surveillance Branch
    - ▪ **Resource:** *Situation Unit Job Aid*
- *Strategy*: Monitor relevant external information sources approved by the Public Information Officer and *Epidemiology and Surveillance Branch*.
  - o **Lead:** Planning Section
  - o **Support:** Public Information Officer; Epidemiology and Surveillance Branch

- ▪ **Resource:** *Situation Unit Job Aid*

Maintain situational awareness of key HMAC, ESF #8, and related partner response activities.

- *Strategy*: Utilize information collection process to maintain awareness of HMAC directed, conducted, and planned response activities.
  - o **Lead:** Planning Section
    - ▪ **Resource:** *Situation Unit Job Aid*; *Operational Summary Form*
- *Strategy*: Monitor relevant ESF #8 and emergency management response partner briefings, reports, and communication channels to maintain situational awareness of response activities.
  - o **Lead:** Planning Section
- *Strategy:* Monitor status of other Public Health departmental services.
  - o **Lead:** Planning Section
  - o **Support:** Public Health Office of the Director; Continuity of Operations (COOP) Lead
    - ▪ **Resource:** *Public Health Continuity of Operations Plan*

Monitor relevant local, state, national, and international policy, proclamations, and mandates impacting response activities and resources.

- *Strategy*: Monitor relevant state and federal channels for policy proclamations, mandates, and strategies impacting response activities.
  - o **Lead**: Public Information Officer
  - o **Support***:* Planning Section
- *Strategy*: Monitor relevant response partner briefings, reports, and communication channels to maintain situational awareness of policy and response activities impacting King County.
  - o **Lead**: Policy Officer
  - o **Support:** Planning Section
    - ▪ **Resource:** *Situation Unit Job Aid; Government Liaison Job Description; Policy Officer Job Description*

Analysis

Prepare situational briefings, reports, displays, briefing tools, and other information products as needed to effectively assess the situation.

- *Strategy*: Integrate *Epidemiology and Surveillance Branch* reports, vaccination, testing, other response tracking data, and relevant external data visualization products into coordination meeting resources (briefing documents, PowerPoints, attachments) and HMAC displays (projected displays, written, on HMAC television screen, etc.).
  - o **Lead:** Planning Section
    - ▪ **Resource:** *HMAC Playbook*

Documentation

Document key situational awareness data elements, including epidemiological data, community spread, vaccine, treatments, guidance recommendations, and related information.

- *Strategy*: Maintain updated documentation of key situational awareness data for use by HMAC responders, in alignment with Public Information Officer and *Communications Response Team* documents.
    - o **Lead**: Planning Section
        - ▪ **Resource:** *Risk Communications Response Annex*; *Situation briefing for internal and partner communications*
- *Strategy*: Document key data elements for use by response partners, such as ESF #8 responders, emergency managers, emergency response, key healthcare partners, and other response agencies and organizations in routine snapshots or situation reports.
    - o **Lead**: Planning Section
        - ▪ **Resource:** *Situation Report Template; Snapshot Template*

Document conducted and planned HMAC and partner response activities, including operational activities, policy updates, strategic objectives, and other information relevant to the response.

- *Strategy*: Document, record, and file notes from operational period meetings, as needed.
    - o **Lead:** Planning Section
        - ▪ **Resource:** *HMAC Playbook*
- *Strategy*: Document incident goals, operational period objectives, response strategies, safety messages, meeting schedule, and critical updates in an Incident Action Plan, as necessary.
    - o **Lead:** Planning Section
        - ▪ **Resource**: *HMAC Playbook; IAP Templates*
- *Strategy:* Use responder tracking mechanism to document Organizational Chart, Organizational Assignment List, and Communications list for key response rolls.
    - o **Lead:** Planning Section
        - ▪ **Resource:** *HMAC Playbook; Resource Unit Job Aid; IAP Templates*
- *Strategy*: Document incident goals, operational period objectives, response strategies, and critical updates in format for sharing during Incident Briefings, as necessary.
    - o **Lead**: Planning Section
    - o **Support**: Operations Section Chief
        - ▪ **Resource:** *HMAC Playbook; Incident Briefing template*

Maintain and manage documentation.

- *Strategy*: Maintain document duplication and filing system to ensure HMAC sections maintain and submit appropriate files for post-incident documentation purpose.
    - o **Lead**: Planning Section
        - ▪ **Resource**: *HMAC Playbook; Documentation Unit job aid*
- *Strategy:* Clarify and communicate responses expectations for documentation, reporting, and retention requirements.
    - o **Lead:** Planning Section
        - ▪ **Resource:** *Documentation Unit job aid*
- *Strategy:* Maintain a document security plan to manage the confidentiality and security of any classified, confidential, sensitive, and FOUO (for official use only) documentation, intelligence, data, or incident information.
    - o **Lead:** Planning Section
        - ▪ **Resource:** *Documentation Unit job aid*

- *Strategy:* Ensure all units within section that handle data or intelligence are aware of and maintain a document security plan to manage the confidentiality and security of any classified, confidential, sensitive, and FOUO documentation, intelligence, data, or incident information.
  - **Lead:** Planning Section
    - **Resource:** *Documentation Unit job aid*

Dissemination
Disseminate information across response operations and to response partners.
- *Strategy*: Disseminate information via HMAC snapshots, situation reports, and IAPs as needed.
  - **Lead**: Planning Section
    - **Resource:** *HMAC Playbook*; *WebEOC SOP*; *HMAC Distribution List*

Respond to HMAC and response partner requests for response-related information and resources.
  - **Lead**: Planning Section
  - **Support**: Public Information Officer; Policy Officer

Maintain systems of information exchange that are secure, reliable, and scalable.
- Strategy: Use responder tracking mechanism to maintain HMAC distribution lists for responders that should receive HMAC notifications and relevant meeting invitations.
  - **Lead:** Planning Section
    - **Resource:** *HMAC Playbook; Resource Unit job aid*
- Strategy: Maintain HMAC distribution lists for supporting ESF #8 agencies, other ESFs, city, county, and/or state EOCs that should receive HMAC notifications.
  - **Lead:** Planning Section
    - **Resource**: *HMAC Playbook; HMAC Distribution List*
- *Strategy*: Maintain a dissemination security plan to manage the confidentiality and security of any classified, confidential, sensitive, and FOUO documentation, intelligence, data, or incident information shared with responders or partners.
  - **Lead:** Planning Section
- *Strategy*: Maintain dissemination lists to meet situational awareness needs across response operations both internal and external to HMAC.
  - **Lead:** Planning Section

Medical Countermeasures
Therapeutics
Coordinate with local, state, and federal partners to ensure readiness to request, distribute, and/or dispense medication to healthcare providers for administration to affected populations within King County.
- *Strategy:* Engage early with internal and external planning partners who are critical to supporting response efforts and providing treatment services.
  1. Coordinate with the Washington State Department of Health (DOH) to:

a. Develop eligibility and prioritization criteria, based on the local epidemiology of the disease, with efforts to have consistency across the state
b. Develop or update documentation, such as screening forms, consent forms, and standing orders)
c. Write and sign standing orders where appropriate to rapidly expand capacity to administer therapeutics
d. Ensure Public Health – Seattle & King County (Public Health) activities center equity in eligibility and allocation decision-making when demand for medical supplies exceed availability
e. Assess existing stock of medications available at the DOH Medical Logistics Center, as well as locally within healthcare facilities and pharmacies
f. Confirm processes for medication order requests from the Strategic National Stockpile (SNS)
g. Establish roles and responsibilities for receiving and distributing medication between the DOH Medical Logistics Center, Public Health locations, healthcare facilities, including pharmacies, and healthcare professionals
h. Engage with federally recognized and non-recognized tribal nations
2. Coordinate with the Northwest Healthcare Response Network (NWHRN), convene leadership from local healthcare systems and clinics to provide clinical guidance, critical updates, and identify their availability, capacity, and needs in order to dispense and administer therapeutics.
3. Coordinate with the Washington State Pharmacy Association (WSPA) to:
    a. Identify local pharmacy capacity for storing and handling therapeutics
    b. Identify local pharmacy capacity for dispensing and administering therapeutics
    c. Identify sites for Points of Dispensing (PODs) that are safe and accessible to impacted populations and communities through existing agreements and contracts
    d. Identify need for closed PODs, such as hospitals serving their own staff and patients, private businesses serving employees and their families, or universities serving their students
    o **Lead:** Medical Countermeasures (MCM) Branch
    o **Support:** Operations Section Chief, Logistics Section, Liaison Officer, Equity Officer, Local Health Officer (LHO) or their designee
- *Strategy:* Review and establish Public Health's roles and responsibilities for augmenting existing infrastructure related to ordering, receiving, storing, distributing, dispensing and/or administering medication that can be used to treat or prevent illness among individuals
    1. Explore new sites for open PODs that are safe and accessible to impacted populations and communities.
    2. Ensure clinical and non-clinical staff and volunteers are properly trained across all POD operations.
    3. Provide technical guidance to partners organizing and leading their own POD operations.
    4. Coordinate internally with King County departments, divisions, and programs that serve high-risk groups, such as Healthcare for the Homeless, King County Jails, and the Department of Community and Human Services, to ensure access to therapeutics for people experiencing homelessness or reside in unstable or temporary housing.
    5. Coordinate with Emergency Medical Services (EMS) to support potential medication dispensing.

6. In the event of serving as a regional distribution hub, ensure the Chinook pharmacy site, currently serving as a vaccine depot, can be properly staffed, and is able to accommodate the receiving, storage, and distribution of therapeutics.

7. Ensure residents who are unable to receive therapeutics at existing PODs or healthcare facilities (such as individuals who are home-bound or in long-term care facilities) have access through alternative channels or mobile teams that can delivery or administer at their place of residence.
   - **Lead:** Medical Countermeasures Branch
   - **Support:** Operations Section Chief, Logistics Section, Liaison Officer, Equity Officer, Local Health Officer or their designee

- *Strategy*: In the event of bioterrorism identified by the United States Postal Service's (USPS) Biohazard Detection System Program (BDS) or the Department of Homeland Security's (DHS) BioWatch Program, support initial response efforts as outlined in regional plans.
   - **Lead:** Epidemiology and Surveillance Branch
   - **Support:** Medical Countermeasures Branch, Area Commander, Operations Section Chief, Logistics Section, Liaison Officer, Public Information Officer (PIO), Local Health Officer or their designee

- *Strategy:* Provide technical input into local guidance, policy development, communications, and content development.
   - **Lead:** Epidemiology and Surveillance Branch
   - **Support:** Medical Countermeasures Branch, Operations Section Chief, Logistics Section, Policy Officer, Liaison Officer, Public Information Officer, Local Health Officer or their designee

- *Strategy:* Identify, and potentially develop, the data systems and technology that will be required for order requests, inventory tracking, dose dispensing, reporting, and data sharing
   - **Lead:** Epidemiology & Surveillance Branch
   - **Support:** Medical Countermeasures Branch, Logistics Section Chief

For therapeutic administration and/or dispensing, implement an equitable strategy to ensure a wide range of access points to impacted and highest-risk populations.

- *Strategy*: When necessary, open PODs operated by Public Health at Public Health Clinics or other locations established through Memorandums of Understanding (MOUs).
1. Ensure sites are accessible, provide appropriate accommodations, and interpretation is available.
2. Coordinate with law enforcement if security is required on-site.
   - **Lead:** Medical Countermeasures Branch
   - **Support:** Operations Section Chief, Epidemiology and Surveillance Branch, Logistics Section Chief, LHO or their designee
       - **Resources:** Preparedness MCM MOUs; COVID Community Vaccination Events (CVE) and POD playbooks (inclusive of site layouts, staffing structures, supply lists, and job action sheets)

- *Strategy:* Coordinate with public and private partners to operate open and closed PODs throughout King County.
   - **Lead:** Medical Countermeasures Branch
   - **Support:** Operations Section Chief, Logistics Section, Liaison Officer, Equity Officer
       - **Resources**: Preparedness MCM MOUs; COVID POD playbooks (inclusive of site layouts, staffing structures, supply lists, and job action sheets)

- *Strategy:* Address the unique needs and circumstances of communities and populations at higher risk as a result of the incident, as well as those who may be disproportionately impacted due to historical and current inequities.
  1. Utilizing data, current epidemiology, and input from community, identify barriers, possible solutions and outreach strategies for populations and sectors at highest risk.
  2. Ensure educational materials and information shared is in language and formats accessible to all groups.
  3. Build upon established relationships with community partners.
  4. Collaborate with community navigators.
  5. Partner with healthcare systems, clinics, providers, and community-based organizations who specialize in serving the impacted population
     - **Lead:** Therapeutics Group and Community Mitigation and Wellbeing Branch
     - **Support:** Medical Countermeasures Branch Director, Epidemiology and Surveillance Branch, Operations Section Chief, Logistics Section, Liaison Officer, Equity Officer
- *Strategy:* Coordinate with DOH and healthcare partners to support and facilitate provider enrollment and onboarding for a Food and Drug Administration (FDA) Investigational New Drug (IND) Application. Consider partnering with a healthcare system to serve as a regional hub for receiving and distributing treatment; develop protocols for providers to accessing available inventory.
     - **Lead:** Therapeutics Group
     - **Support:** Operations Section Chief

Continuously review therapeutic administration and dispensing rates and demographics, and update strategies for resource allocation and targeted outreach approaches to meet the needs of the community.

Maintain ongoing awareness of evolving safety protocols and clinical best practices.
- *Strategy*: Report adverse reactions experienced at public health operated PODs.
  1. Coordinate with DOH to ensure protocols and procedures for reporting and follow-up are developed and updated as necessary.
  2. Ensure staff have received the proper training on responding to and reporting adverse reactions.
- *Strategy:* Coordinate with DOH to follow-up on reported adverse reactions experienced at all King County sites administering treatment or dispensing medication.
     - **Lead:** Epidemiology and Surveillance Branch
     - **Support:** Therapeutics Group Supervisor, POD Group supervisor, Policy officer, PIO, communications response team, Local Health Officer or their designee

Medical Countermeasures Branch Director and Therapeutics Group Supervisor will integrate efforts across the Health and Medical Area Command (HMAC) structure to ensure coordination, proper safety measures, appropriate internal and external communication, identification of needed resources and administrative support, and that effective utilization and prioritization of available resources are implemented.
- *Strategy:* Track and escalate issues and problems related to distribution, dispensing, or administration to Operations Section Chief, Logistics Section, or others as needed.

- *Strategy*: Ensure Policy Officer and Government Affairs response staff are equipped to advocate for and communicate around current and projected response needs and countermeasure allocation and distribution.
- *Strategy:* Provide ongoing technical input into local guidance related to therapeutics, policy development, and communications.
    1. Technical input supports the PIO, PICC, or risk communication teams with:
        a. Responding to inquiries from internal groups, external partners, and the public
        b. Developing, sharing, and disseminating timely information to the public and partners through different communication channels, which may include social media, Public Health blog, local media outlets, Public Health website, healthcare facility listservs, regional partners (i.e., NWHRN) and during coordination meetings
        c. Technical input may also be used to support content development for responder safety materials
- *Strategy:* Ensure standards and guidelines for responder safety and health, including personal protective equipment (PPE) and respirator fit testing, are identified and implemented (refer to Responder Safety and Health guide).
- *Strategy:* Coordinate with Safety Officer to develop guidelines and processes for reporting and reviewing adverse events experienced at Public Health operated PODs.
- *Strategy:* Coordinate with Logistics Section for supplies and resources that may be needed to support Public Health operated PODs.
- *Strategy:* Coordinate with Finance and Administration Section for staffing needs at public health operated PODs, as well as facilitating contracts or MOUs for sites or staffing.
    o **Lead:** Medical Countermeasures Branch and Therapeutics Group

Vaccination

Coordinate with local, state and federal partners to ensure readiness for local vaccination operations.

- *Strategy*: Engage early with internal and external planning partners who are critical to vaccine outreach and delivery services.
    1. Coordinate with the Washington State Department of Health (DOH) to:
        a. Center equity in allocation decision-making when demand for vaccine exceeds availability.
        b. Develop eligibility and prioritization criteria, based on local epidemiology of the disease.
        c. Develop required documentation (e.g., screening and intake forms, standing orders).
        d. Establish a local vaccine uptake goal based on the severity of illness, local epidemiology and availability of supply, acknowledging that goals may shift as the incident evolves. Uptake goals should consider equitable rates across race, ethnicity, and geography.
        e. Establish anticipated timelines, expected allocations, roles and responsibilities for receiving and distributing vaccines between the DOH Medical Logistics Center, Public Health locations, healthcare facilities, pharmacies, and healthcare professionals.

2. Identify Public Health's role in ordering, receiving, storing, distributing and/or administering vaccine based on the epidemiology of the outbreak and characteristics of available vaccine products, including (but not limited to) one or more of the potential options below:
    a. Serving as a regional vaccine distribution hub (depot)
    b. Operating Points of Dispensing (PODs) at Public Health Clinics
    c. Operating a medium to high-volume fixed site
    d. Deploying Public Health mobile teams to individual homes, congregate settings, or community locations (such as homeless service sites, long-term care facilities, senior centers, schools and child-care, businesses, and faith-based organizations)
    e. Creating a Community Vaccination Events (CVE) Team to identify and prioritize vaccine access points for groups and communities in locations such as, but not limited to: senior centers, farmer's markets, faith-based organizations, and community-based organizations
    f. Utilizing existing contracts, or developing new contracts, with mobile vaccinators to augment federal and local efforts to vaccinate high-risk populations in their homes, congregate settings, or community sites
    g. Leveraging existing programs focused on serving other high-risk populations, such as the mobile medical van or Jail Health Services Division
    h. Coordinating between the Centers for Disease Control and Prevention (CDC), DOH, and healthcare partners on forms and processes related to investigational vaccines
    i. In some circumstances, during a local or state-level emergency proclamation, the local health officer or their designee may coordinate with the King County Executive to request the Governor waive state laws and rules associated with prescribing, storing, handling, and dispensing medications for the duration of the incident.
    j. In coordination with the Northwest Healthcare Response Network (NWHRN), convene leadership from local healthcare systems and vaccine delivery partners to identify their availability, capacity, and needs to be able to administer vaccine to their own personnel, their patients, and the community.
    k. Identify POD sites for immediate and first wave operations through existing agreements and contracts.
    l. Explore new sites for temporary or fixed PODs that are safe and accessible to impacted populations and communities.
    m. Provide technical input into local guidance, policy development, communications, and content development.
    n. Identify the data systems and technology that will be required for vaccine inventory and dose administration tracking, reporting, data sharing, depot requests, community clinic requests, referrals, or POD operations (e.g., scheduling/registration platforms).
    o. **Lead:** Medical Countermeasures Branch
    o. **Support:** Epidemiology and Surveillance Branch; Public Information Officer; Operations Section Chief; Logistics Section; Liaison Officer; Equity Officer; Policy Officer; Local Health Officer (LHO) or their designee

- *Strategy:* Address the unique needs and circumstances of communities and populations at *higher risk as a result of the incident, as well as those who may be disproportionately impacted* due to historical and current inequities.
  1. Ensure educational materials and information shared is in language and formats accessible to all groups.
  2. Build upon established relationships with community partners.
  3. Collaborate with community navigators.
  4. Partner with healthcare systems, clinics, pharmacies, providers, and community-based organizations who specialize in serving the impacted population, or communities at higher risk of disease burden.
     - **Lead:** Community Mitigation and Wellbeing Branch
     - **Support:** Medical Countermeasures Branch; Epidemiology and Surveillance Branch; Operations Section Chief; Equity Officer
- *Strategy*: Draft regional vaccine delivery strategy based on federal and state guidance, community feedback, and local resource availability.
  1. Update equity principals for vaccine delivery based on community feedback.
     - **Lead:** Medical Countermeasures Branch
     - **Support:** Epidemiology and Surveillance Branch; Public Information Officer; Operations Section Chief; Equity Officer; Policy Officer

Implement a multi-modal vaccine strategy as appropriate to the specific biological incident, centered in equitable approaches to ensure a diverse range of access points to serve impacted and highest risk populations.

- *Strategy*: Open PODs led by public health at public health clinics or other locations established through Memorandums of Understanding (MOUs).
  1. Ensure sites are accessible, provide appropriate accommodations, and interpretation is available.
  2. Ensure clinical and non-clinical staff and volunteers are properly trained across all POD operations.
  3. Coordinate with law enforcement if security is required on site.
     - **Lead:** Vaccination Group
     - **Support:** Epidemiology and Surveillance Branch; Community Mitigation and Wellbeing Branch; Operations Section Chief; Logistics Section; Policy Officer; Equity Officer; Safety Officer
- *Strategy:* Coordinate with external partners to operate open and closed PODs throughout King County. Explore private/public partnerships to support medium to high-volume fixed sites.
     - **Lead:** Vaccination Group
     - **Support:** Operations Section Chief; Logistics Section Chief; Policy Officer; Equity Officer
- *Strategy*: Identify intake and referral processes for scheduling and assigning mobile vaccinators to community locations or private residences.
     - **Lead:** Vaccination Group
     - **Support:** Public Information Contact Center (PICC) Group; Operations Section Chief
- *Strategy:* Utilizing data, current epidemiology, and input from community, identify barriers, possible solutions and outreach strategies for populations and sectors at highest risk.
     - **Lead:** Vaccination Group
     - **Support:** Epidemiology and Surveillance Branch; Community Mitigation and Wellbeing Branch; Operations Section Chief

Review vaccine uptake rates to update strategies for resource allocation and targeted outreach approaches to meet the needs of the community.

- *Strategy*: Evaluate uptake goals throughout the vaccination campaign, as goals may shift as epidemiology and severity of incident evolves.
    1. In partnership with community and faith-based partners, continuously review delivery strategies to ensure the needs of the community are being met, including but not limited to: information being disseminated in diverse languages and formats; vaccine access points are in safe and familiar locations; transportation barriers are addressed; vaccine sites are universally accessible and accommodating; translation services are offered; and technology barriers are addressed.
    2. Solicit on-going community feedback to better understand concerns and barriers to vaccination efforts.
    3. Enhance outreach strategies specifically focused on populations, communities, and/or sectors in which vaccine uptake is low, but disease burden is high.
        - **Lead:** Vaccination Group
        - **Support:** Epidemiology and Surveillance Branch; Community Mitigation and Wellbeing Branch; Operations Section Chief; Equity Officer
- *Strategy*: Ensure public messaging is tailored to address the specific concerns of disproportionately impacted and communities impacted by historic inequities in healthcare resource access.
    - **Lead:** Community Mitigation and Wellbeing Branch
    - **Support:** Medical Countermeasures Branch; Operations Section Chief; Public Information Officer

Maintain awareness of evolving safety protocols and clinical best practices.

- *Strategy*: Ensure adverse reactions experienced at public health operated PODs are reported into the Vaccine Adverse Event Reporting System (VAERS) within the required timeframe.
- *Strategy*: Ensure local healthcare providers are aware of procedures for identifying and reporting potential vaccine adverse events (e.g., VAERS reports) and facilitate reporting of such events when appropriate.
- *Strategy:* Coordinate with Washington State Department of Health (DOH) to *f*ollow- up reported adverse reactions experienced at all King County vaccination sites.
    - **Lead:** Safety Officer
    - **Support:** Medical Countermeasures Branch; Operations Section Chief; Policy Officer; Local Health Officer (LHO) or their designee

Integrate efforts across the HMAC structure to ensure coordination, proper safety measures, appropriate internal and external communication, and effective utilization and prioritization of available resources are implemented.

- *Strategy:* Track and escalate issues and problems related to vaccine distribution and dispensing to *Operations Section Chief*, *Logistics Section*, or others as needed.
- *Strategy*: Ensure *Policy Officer* and Government Affairs response staff are equipped to advocate for and communicate around vaccine allocation, distribution, and administration.

- *Strategy:* Provide ongoing technical input into local guidance related to vaccines, development of internal and external guidance, policy development, and communications.
    1. Technical input supports the *Public Information Officer (PIO)*, *Public Information Contact Center (PICC) Group*, or *Communications Response Team* with:
        a. Responding to inquiries from internal groups, external partners, and the public
        b. Developing, sharing, and disseminating timely information to the public and partners through different communication channels, which may include social media, Public Health blog, local media outlets, Public Health website, healthcare facility listservs, regional partners (i.e., NWHRN), and during coordination meetings
        c. Technical input may be used to support content development for responder safety materials.
        d. Technical input may also be offered to support decision-making related to implementation of vaccine mandates or verification policies by the Policy Officer, Local Health Officer, or Director of Public Health.
- *Strategy:* Ensure standards and guidelines for responder safety and health, including PPE and respirator fit-testing, are identified and implemented.
- *Strategy:* Coordinate with *Safety Officer* to develop guidelines and processes for reporting and reviewing adverse events experienced at Public Health-operated PODs.
- *Strategy:* Coordinate with *Logistics Section* for supplies and resources that may be needed to support Public Health-operated PODs.
- *Strategy:* Coordinate with *Finance and Administration Section* for staffing needs at Public Health-operated PODs, as well as facilitating contracts or MOUs for sites or staffing.
    - **Lead:** Vaccination Group

Non-Pharmaceutical Interventions
Infection Prevention and Control
Coordinate with local and state partners to discuss (or review) national guidance and local epidemiological data for infection prevention and control interventions.
- *Strategy***:** Based on current data and in collaboration with key response and community partners, assess the current feasibility for implementing personal infection prevention and control measures, e.g., masking, voluntary home isolation, respiratory etiquette, hand hygiene.
    - **Lead:** Community Mitigation and Wellbeing Branch
    - **Support:** Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy***:** Based on epidemiological data and in collaboration with key response and community partners, assess the feasibility of implementing community infection prevention and control measures (e.g., voluntary home isolation, masking in community settings, closures of schools, workplaces and other congregate settings, cancellations of public gatherings).
    - **Lead:** Local Health Officer**;** Community Mitigation and Wellbeing Branch; Policy Officer
    - **Support:** Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy***:** Based on epidemiological data and in collaboration with key response and community partners, assess the feasibility of implementing environmental infection prevention and control measures (e.g., community-wide sanitation and hygiene protocols, congregate setting sanitation and hygiene protocols, ventilation guidance).

- o **Lead:** Local Health Officer; Community Mitigation and Wellbeing Branch
- o **Support:** Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy:* Prepare for the implementation of infection prevention and control measures that involve budgetary and staffing considerations (i.e., setting-specific infection prevention and control technical assistance).
  - o **Lead**: Operations Section Chief; Community Mitigation and Wellbeing Branch
  - o **Support**: Epidemiology and Surveillance Branch
- *Strategy:* Convene local community partners for informational sessions to identify barriers and potential adverse effects associated with the implementation of infection prevention and control strategies in different settings (i.e., schools, daycares, workplaces, faith-based organizations, shelters).
  - o **Lead***: Community Mitigation and Wellbeing Branch*

Develop information sharing and community engagement plan to disseminate infection prevention and control initiatives.

- *Strategy***:** Collaborate with internal partners (within Public Health and across King County) to plan for public information and community engagement campaigns to disseminate information regarding personal, community, and environmental infection prevention and control measures.
  - o **Lead:** Community Mitigation and Wellbeing Branch
  - o **Support:** Public Information Officer
- *Strategy***:** Reach out to external partners (including businesses and other community partners) that have existing relationships with programs at Public Health and King County to collaboratively develop public communications and plan for disseminating information regarding personal, community, and environmental infection prevention and control measures to communities.
  - o **Lead:** Community Mitigation and Wellbeing Branch
  - o **Support:** Public Information Officer
- *Strategy***:** Coordinate across HMAC leadership to consider a compensated community taskforce, convening community partners through informational sessions to gather feedback on infection prevention and control strategy implementation, or other approaches.
  - o **Lead:** Community Mitigation and Wellbeing Branch
  - o **Support**: Operations Section Chief

Increase public awareness and understanding of infection prevention and control measures in different settings across King County.

- *Strategy:* Create informational resources about infection prevention and control measures in multiple languages and formats (i.e., ASL, Braille, audio) that are reflective of the diverse linguistic needs of the county's population.
  - o **Lead:** Community Mitigation and Wellbeing Branch
  - o **Support:** Public Information Officer
- *Strategy:* Create compensated community task forces comprised of community leaders, healthcare professionals, and representatives from community groups to guide the development of guidance for infection prevention and control implementation efforts.

- o **Lead:** Community Mitigation and Wellbeing Branch
- o **Support:** Public Information Officer
- *Strategy:* Conduct culturally appropriate and targeted outreach campaigns by utilizing established and trusted communication and outreach channels (including but not limited to digital platforms, social media, and local media outlets) to share information regarding personal, community, and environmental infection prevention and control measures.
  - o **Lead:** Public Information Officer; Communications Response Team
  - o **Support:** Community Mitigation and Wellbeing Branch
- *Strategy*: Organize culturally tailored informational sessions on infection prevention and control measures for community members, healthcare providers, and local organizations to foster a shared understanding, get feedback on implementation, and foster a collaborative approach.
  - o **Lead:** Community Mitigation and Wellbeing Branch; Communications Response Team
  - o **Support:** Public Information Officer

Carry out appropriate infection prevention and control strategies that align with the epidemiology and severity of the disease and are informed by community practices.

- *Strategy***:** Support implementation of specific *personal* infection prevention and control strategies that mitigate the spread of community transmission based on the epidemiology of the disease and communicate recommended measures to the public (e.g., voluntary home isolation, respiratory etiquette, hand hygiene, mask use, improved indoor air quality).
  - o **Lead:** Community Mitigation and Wellbeing Branch
  - o **Support:** Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy***:** Support implementation of specific *community* infection prevention and control strategies that mitigate the spread of community transmission based on the epidemiology and severity of the disease and communicate recommended measures to the public (e.g., voluntary home quarantine of non-ill household members of infected persons, masking in community settings, respiratory etiquette, hand hygiene).
  - o **Lead:** Community Mitigation and Wellbeing Branch
  - o **Support:** Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy***:** Support implementation of specific *environmental* infection prevention and control strategies that mitigate the spread of community transmission based on the epidemiology and severity of the disease and communicate recommended measures to the public.
  - o **Lead:** Community Mitigation and Wellbeing Branch
  - o **Support:** Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy:* Assess the feasibility of recommending closures, cancellations, and/or physical distancing measures of mass gathering sites, workplaces, schools, and community events.
  - o **Lead:** Local Health Officer; Area Commander
  - o **Support**: Public Information Officer; Community Mitigation and Wellbeing Branch

Address barriers to infection prevention and control measure adoption within underserved and at-risk communities in King County.

- *Strategy:* Identify barriers to infection prevention and control measure adoption using feedback from the *Isolation and Quarantine Group*, *Equity Officer*, and *Communications Response Team.*
  - o **Lead**: Community Mitigation and Wellbeing Branch

- o **Support**: Isolation and Quarantine Group; Equity Officer; Communications Response Team
- *Strategy:* Develop community-specific strategies and resources, considering cultural norms, language preferences, and socioeconomic considerations to enhance infection prevention and control measure adherence and sustainability within diverse communities.
    - o **Lead:** Community Mitigation and Wellbeing Branch
    - o **Support:** Public Information Officer
- *Strategy:* Develop communication campaigns that consider language, cultural norms, and socio-economic factors to effectively convey the importance and benefits of infection prevention and control measures within specific communities to support response communications efforts.
    - o **Lead:** Community Mitigation and Wellbeing Branch
    - o **Support:** Public Information Officer
- *Strategy:* Establish programs that offer financial assistance for individuals from low-income backgrounds to access essential infection prevention and control supplies.
    - o **Lead:** Community Mitigation and Wellbeing Branch

Utilize data for evidence-based decision-making and to monitor and assess implementation of infection prevention and control measures to identify ongoing challenges, disparities, and adjust strategies accordingly.
- *Strategy*: Maintain community engagement mechanisms to connect with community members, community-based organizations, and leaders to gather insights and perspectives on implementation of infection prevention and control measures, ensuring community involvement in decision-making processes.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy:* Based on response staff capacity, conduct periodic surveys focused on infection prevention and control measure adherence, knowledge, and attitudes, with a particular emphasis on collecting data from diverse racial, ethnic, and socioeconomic groups. Utilize stratified sampling techniques to ensure representative data collection.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy*: Analyze monitoring and assessment data regularly to identify trends, patterns, and disparities in implementation of infection prevention and control measures across racial, ethnic, and socioeconomic groups. Use this evidence to inform targeted interventions and adjust strategies as needed.
    - o **Lead**: Epidemiology and Surveillance Branch; Data Branch
    - o **Support**: Public Information Officer; Community Mitigation and Wellbeing Branch
- *Strategy:* Share monitoring and assessment data with local health departments, healthcare providers, and policymakers, fostering collaboration and collective action in addressing disparities and improving implementation of infection prevention and control strategies.
    - o **Lead**: Public Information Officer
    - o **Support**: Community Mitigation and Wellbeing Branch; Epidemiology and Surveillance Branch

Assess the impact of infection prevention and control strategies on health outcomes and disparities among communities in King County.

- *Strategy:* Collect and analyze health outcome indicators, such as case rates, hospitalizations, and mortality, disaggregated by race, ethnicity, and socioeconomic status, to assess the effectiveness of infection prevention and control measures in different communities.
    - o **Lead**: Epidemiology and Surveillance Branch; Community Mitigation and Wellbeing Branch
- *Strategy:* Conduct equity assessments and use health equity metrics including economic and social impact of infection prevention and control measures on impacted populations (i.e., considering factors such as unemployment rates, housing stability, food security, and access to healthcare).
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Epidemiology and Surveillance Branch

Integrate infection prevention and control implementation efforts across HMAC structure to ensure coordination and effective utilization and prioritization of available staffing and resources.

- *Strategy:* Track and escalate issues and problems related to implementation of setting specific infection prevention and control measures to *Operations Section Chief*, *Logistics Section*, or others as needed.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support:** Epidemiology and Surveillance Branch; Public Information Officer
- *Strategy:* Establish a meeting series with *Epidemiology and Surveillance Branch* to identify trends in adherence to infection prevention and control measures and any associated changes in community health outcomes.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Epidemiology and Surveillance Branch

Personal Protective Equipment

Coordinate with local, state, and federal partners on specific PPE guidance and implementation, potential supply shortages, and procurement options.

- *Strategy*: Coordinate with state and develop a plan for addressing potential PPE supply shortages by reviewing existing warehouse inventory of all PPE supplies and identifying demand across response and community partners.
    - o **Lead**: Logistics Section
    - o **Support**: Operations Section Chief
- *Strategy:* In coordination with the Northwest Healthcare Response Network (NWHRN), convene healthcare partners to discuss PPE guidelines and assess for any shortages of supplies across King County facilities.
    - o **Lead**: Operations Section Chief
    - o **Support**: Logistics Section

- *Strategy*: In coordination with the Emergency Medical Services Division (EMS), convene regional EMS agencies to discuss PPE guidelines and assess for any shortages of supplies.
    - o **Lead:** Operations Section Chief
    - o **Support:** Logistics Section
- *Strategy:* In coordination with local community partners (CBOS, FBOs, community centers, schools, etc.), identify any shortages and/or PPE supply needs.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Operations Section Chief; Logistics Section Chief
- *Strategy*: Identify vendors that can supply required PPE.
    - o **Lead**: Logistics Section
    - o **Support**: Operations Section Chief
- *Strategy*: Begin outlining prioritization criteria for PPE distribution to prepare for scarce supplies.
    - o **Lead**: Operations Section Chief
    - o **Support**: Logistics Section

Using a data-driven approach, support prioritization and distribution of PPE to impacted groups and facilities in accordance with statewide guidance (as available).
- *Strategy:* Use data to assess most frequently requested items and order available supplies through regular procurement channels.
    - o **Lead**: Logistics Section
    - o **Support**: *Epidemiology and Surveillance Branch*
- *Strategy:* In the event of supply shortages, coordinate with King County OEM and DOH to request supplies from the Strategic National Stockpile.
    - o **Lead**: Logistics Section
    - o **Support**: Operations Section Chief
- *Strategy*: Coordinate with King County Office of Emergency Management and Washington State Department of Health on the allocation and distribution of PPE.
    - o **Lead:** Logistics Section; Operations Section
- *Strategy:* Utilize prioritization tool to ensure equitable distribution of PPE supplies to facilities and communities at highest risk, with particular focus on communities with highest disease burden rate and limited resources.
    - o **Lead**: Community Mitigation and Wellbeing Branch
    - o **Support**: Operations Section Chief; Logistics Section; Equity Officer

Ensure equitable access to PPE resources and support for at-risk populations in King County. Coordinate with local and state partners to implement PPE prioritization and distribution approach.
- Strategy: Coordinate with King County Office of Emergency Management (King County OEM) and Washington State Department of Health (DOH) to request supplies from the Strategic National Stockpile.
    - o **Lead:** Community Mitigation and Wellbeing Branch
    - o **Support:** Logistics Section
- *Strategy*: Coordinate with King County OEM and DOH on the allocation and distribution of PPE.
    - o **Lead:** Community Mitigation and Wellbeing Branch.

- *Strategy:* Utilize prioritization tool to ensure equitable distribution of supplies to facilities and communities at highest risk.
    - **Lead**: Community Mitigation and Wellbeing Branch
    - **Support**: Operations Section Chief; Logistics Section Chief; Equity Officer

Review implementation of PPE strategies for ongoing challenges.
- *Strategy*: Review ongoing supply shortages and support for distributing PPE to local community partners.
    - **Lead**: Community Mitigation and Wellbeing Branch
    - **Support**: Operations Section Chief; Logistics Section Chief
- *Strategy*: Continue to coordinate with local and state partners on prioritization, allocation, and distribution, scaling as needed.
    - **Lead**: Community Mitigation and Wellbeing Branch
    - **Support**: Operations Section Chief; Logistics Section Chief
- *Strategy*: Coordinate with the warehouse to monitor supply and track expiration date.
    - **Lead**: Community Mitigation and Wellbeing Branch
    - **Support**: Operations Section Chief; Logistics Section Chief

Integrate and update PPE implementation efforts to align with local and state initiatives to ensure effective utilization and prioritization of available resources.
- *Strategy:* Coordinate with state and local partners on changes to PPE guidance based on resource supply and epidemiology of the disease.
    - **Lead**: IQ Group Supervisor
    - **Support**: Operations Section Chief; Logistics Section Chiefs

Integrate PPE implementation efforts across HMAC structure to ensure coordination and effective utilization and prioritization of available resources.
- *Strategy:* Work with *Safety Officer* to develop PPE acquisition and distribution process for incident response staff.
    - **Lead:** Community Mitigation and Wellbeing Branch
    - **Support:** Operations Section Chief
- *Strategy:* Track and escalate issues and problems related to prioritization and distribution of PPE to *Operations Section Chief*, *Logistics Section*, or others as needed.
    - **Lead:** Community Mitigation and Wellbeing Branch
    - **Support:** Operations Section Chief
- *Strategy*: Ensure *Policy Officer* and Government Affairs response staff are equipped to advocate for and communicate around distribution and allocation of PPE.
    - **Lead:** Community Mitigation and Wellbeing Branch
    - **Support:** Operations Section Chief

Isolation and Quarantine
Determine which isolation and/or quarantine measures are appropriate disease containment and mitigation strategies to address the spread of disease in the community.

- *Strategy*: Assess disease characteristics and additional essential elements of information to determine appropriate containment and/or mitigation strategies.
  - o **Lead**: Epidemiology and Surveillance Branch
  - o **Support**: Operations Section Chief; Local Health Officer; Area Commander; Equity Officer; Data Branch
    - ▪ **Resource**: [Non-Pharmaceutical Interventions (NPI) Implementation Guide (wa.gov)](#)
- *Strategy*: Develop strategy implementation recommendations to present to HMAC Command Staff.
  - o **Lead**: Epidemiology and Surveillance Branch
  - o **Support**: Operations Section Chief
- *Strategy*: Approve disease containment and/or mitigation recommendations and planning steps.
  - o **Lead**: Local Health Officer; Area Command; Operations Section Chief
  - o **Support**: Equity Officer; Public Information Officer; Safety Officer; Logistics Section
- Strategy: Determine and recommended resource needs to implement isolation and quarantine measures. Consider support from Washington Department of Health and Washington Health and Human Services, where applicable.
  - o **Lead**: Epidemiology and Surveillance Branch
  - o **Support**: Logistics Section
- *Strategy*: Staff appropriate HMAC positions to manage implementation plan, as needed.
  - o **Lead**: Epidemiology and Surveillance Branch Director
  - o **Support**: Logistics Section; Epidemiology and Surveillance Branch

Determine need for activation of Emergency Support Function #6 – Mass Care (ESF #6).

- *Strategy*: Define scope of care coordination and wraparound services needed to support individuals isolating and quarantining at home and at external locations (hotels, motels, and IQ sites).
- *Strategy*: Define roles and responsibilities between *Isolation and Quarantine Group* aligning with ESF #8 scope and that of ESF #6.
  - o **Lead**: Operations Section Chief
  - o **Support**: King County ESF #6 lead agency
    - ▪ **Resources**: *Emergency Support Function #6 – Mass Care Plan*

Develop isolation and quarantine requests and referral management process.

- *Strategy*: Define priority population and resources required to support IQ referrals and care coordination support.
- *Strategy*: Develop IQ referral and triage coordination process with *Epidemiology and Surveillance Branch* to align with approved mitigation strategies.
- *Strategy*: Develop IQ care coordination support process with *Epidemiology and Surveillance Branch* to align with determined levels of care coordination and wraparound services.
- *Strategy*: Develop initial fact sheets or protocol guides with answers to legal questions and other matters for staff engaging with affected individuals, key settings (healthcare, etc.) or the public.
- *Strategy*: Identify a call line to handle IQ questions.
  - o **Lead**: Isolation and Quarantine Group
  - o **Support**: Epidemiology and Surveillance Branch; Public Information Contact Center (PICC) Group

Develop process to identify, monitor, and track cases among individuals experiencing homelessness and/or living in congregate shelter settings and connect them to appropriate IQ facilities and resources.

- *Strategy*: Develop congregate setting and shelter outbreak reporting process and community feedback mechanism.
  - **Support**: Epidemiology and Surveillance Branch; Data Branch; Community Mitigation and Wellbeing Branch
- Strategy: Monitor and track cases identified as experiencing homelessness by case investigators and data staff for follow up regarding care coordination and out of home IQ services.
  - **Support**: Epidemiology and Surveillance Branch
- *Strategy*: Recommend expansion of isolation and quarantine services to meet community needs, as needed.

Identify care coordination and wraparound service needs for those disproportionately impacted by isolation and quarantine measures, both or at home or in an external location.
Implement appropriate individual and community isolation and quarantine measures.

  - **Lead:** Isolation and Quarantine Group
- *Strategy*: Develop and disseminate isolation and quarantine recommendations and guidance to support community-based isolation and quarantine, prioritizing at-risk settings based on disease epidemiology and severity (examples include: healthcare settings, congregate settings, schools, long-term care facilities and adult family homes), and/or home guidance for general public.
  - **Support**: Public Information Officer*;* Communications Response Team; Community Mitigation and Wellbeing Branch
- *Strategy*: Implement and manage isolation and quarantine external site services.
- *Strategy*: Develop and disseminate Local Health Officer orders, directives, and/or involuntary compliance measures relating to isolation and quarantine.
- *Strategy*: Implement port of entry isolation and quarantine measures.

Implement IQ care coordination support process.

- *Strategy*: Receive and review requests for care coordination and wraparound services for individuals isolating and quarantining at home, including requests for meals, medication support, transportation for essential medical care, etc.
  - **Lead**: Isolation and Quarantine Group
  - **Support**: Epidemiology and Surveillance Branch; Public Information Contact Center (PICC) Group; Community Mitigation and Wellbeing Branch

Implement IQ referral and triage process.

- *Strategy*: Receive and review out of home IQ referrals from *Epidemiology and Surveillance Branch*.
  - **Lead**: Isolation and Quarantine Group
  - **Support**: Epidemiology and Surveillance Branch; Public Information Contact Center (PICC) Group

Monitor and assess implemented measures to ensure they meet community and response needs.

- *Strategy:* Utilize *Epidemiology and Surveillance Branch* data to track isolation and quarantine measures' impact on transmission and key at-risk population health outcomes, as possible.

- o **Lead**: Isolation and Quarantine Group
  - o **Support**: Epidemiology and Surveillance Branch
- *Strategy:* Utilize community feedback mechanisms to monitor and assess isolation and quarantine measures (including guidance development) for accessibility, usability, cultural relevance, and accuracy.
  - o **Lead**: Isolation and Quarantine Group
  - o **Support**: Community Mitigation and Wellbeing Branch; Communications Response Team; IQ Site Supervisors
- *Strategy*: Utilize monitoring system to ensure individuals experiencing homelessness and those living in congregate settings have alternative locations to isolate and quarantine effectively and that resources are matching demand.
  - o **Lead**: Isolation and Quarantine Group
  - o **Support**: Epidemiology and Surveillance Branch; Data Branch; Community Mitigation and Wellbeing Branch
- *Strategy*: Utilize monitoring and feedback processes to address gaps in care coordination services for individuals isolating and quarantining at home as well as at external sites.
  - o **Lead**: Isolation and Quarantine Group
  - o **Support**: Emergency Support Function #6 – Mass Care (ESF #6)

Integrate isolation and quarantine operations across HMAC structure to ensure coordination and effective utilization and prioritization of available resources.

- *Strategy***:** Develop isolation and quarantine public information content which can be provided to at-risk or affected populations, based on implemented IQ strategies.
  - o **Lead:** Isolation and Quarantine Group
  - o **Support:** Public Information Officer; Operations Section Chief; Community Mitigation and Wellbeing Branch
- *Strategy:* Distribute isolation and quarantine guidance among HMAC and Public Health field responders.
  - o **Lead:** Isolation and Quarantine Group
  - o **Support:** Safety Officer; Operations Section Chief

Responder Safety and Wellbeing

Determine appropriate measures to protect the safety and wellbeing of response staff.

- *Strategy*: Assess essential elements of information (EEIs) to inform an initial safety assessment of the situation and responders.
  - o **Lead:** Safety Officer
  - o **Support**: Epidemiology and Surveillance Branch; Logistics Section
- *Strategy*: Develop policies and processes, which include identified resource needs, for HMAC Command Staff regarding implementing safety and wellbeing measures for response staff.
  - o **Support:** Public Health Employee Health; King County Human Resources
- *Strategy*: Approve recommendations and planning steps.
- *Strategy*: Staff relevant HMAC positions to manage implementation of recommendations.
  - o **Lead***:* Safety Officer

Develop responder safety and wellbeing **monitoring process** to identify and address responder needs.

- *Strategy:* Determine whether the response requires enhanced systems to monitor responder health and wellbeing.
- *Strategy*: Contribute safety and wellbeing components into the responder tracking system to accurately meet response scope and needs, as needed.
  - **Lead**: Safety Officer
  - **Support**: Planning Section – Resource Unit; Logistics Section
- *Strategy*: Develop responder feedback mechanism to identify burnout, stress, and other impacts to workforce.
- *Strategy*: Develop responder wellbeing assessment or survey to inform provision of Employee Assistance Program (EAP) and other wellbeing resources.
- *Strategy*: Develop process to disseminate feedback and use of feedback to response staff.

Develop necessary **infection control measures** for response staff.
- *Strategy*: Develop health and safety infection control protocols for key operational sites, such as testing, vaccinations, and isolation and quarantine sites.
  - **Lead:** Safety Officer
- *Strategy*: Develop sanitation and hygiene recommendations in line with *Epidemiology and Surveillance Branch* recommendations, as needed.
- *Strategy*: Develop PPE protocols, training, and guidance to access available PPE, including fit testing processes and protocols.

Develop necessary **safety measures** for response staff and operational sites.
- *Strategy*: Develop safety protocols and guidance relating to additional or cascading hazards, including: sharps guidance; severe weather exposure guidance; physical safety guidance.
  - **Lead**: Safety Officer
- *Strategy*: Develop safety protocols and guidance for key operational sites, such as testing, vaccinations, and isolation and quarantine sites.
  - **Lead**: Safety Officer
  - **Support:** Site Safety Officers

Develop safety and wellbeing **guidance and training** for response staff across all response operations.
- *Strategy:* Conduct assessment of responder health and safety training needs, as needed.
- *Strategy*: Develop relevant responder safety and wellbeing guidance resources, including recommendations for external resources and tools.
- *Strategy*: Develop appropriate responder safety and wellbeing training in relevant formats and including feedback mechanism and contact process for staff to receive further guidance, as needed.
  - **Lead**: Safety Officer
  - **Support**: Public Information Officer*;* Risk Communications Team; King County IT (KCIT); Logistics; Operations Section Chief

Implement **infection control measures** to support responder safety.
- *Strategy*: Customize any health screening tools based on the needs of the response.
- *Strategy*: Implement fit-testing processes and protocols for response staff.

- *Strategy*: Recommend provision of infection control measures (HEPA filters, personal protective equipment, and other environmental controls) in HMAC response spaces.
    - o **Lead**: Safety Officer
    - o **Support**: Logistics Section

Implement **safety measures** to support responder safety.
- *Strategy*: Implement relevant safety measures across *Operations Section's* response activities to protect the safety of responders, such as: sharps guidance, severe weather exposure guidance, physical safety guidance, etc.
    - o **Lead**: Safety Officer
- *Strategy*: Implement relevant safety measures across other HMAC sections' scope of response activities to protect the safety of responders, such as: severe weather exposure guidance, physical safety guidance, etc.
    - o **Lead**: Safety Officer

Implement **wellbeing measures** to support responder wellbeing.
- *Strategy*: Recommend safe work/rest ratio and staffing support accommodations (e.g., childcare, meals, overnight needs, ergonomic resources).
    - o **Lead**: Safety Officer
- *Strategy*: Integrate wellbeing check-ins and available wellbeing resources into response staff's operational processes (e.g., staff facilitation, classes, EAP resources).
    - o **Lead**: *Responder Wellbeing Team*
- *Strategy*: Integrate available wellbeing support into response staff's operational processes.
    - o **Lead**: *Responder Wellbeing Team*

Deliver safety and wellbeing **guidance and training** to response staff across all response operations.
- *Strategy*: Provide appropriate PPE guidance and training for response staff.
    - o **Support**: Logistics Section; Operations Section Chief; Public Health Employee Health
- *Strategy:* Provide appropriate safety trainings and guidance (sharps, severe weather, physical safety) to response staff.
- *Strategy*: Deliver relevant responder safety and wellbeing guidance resources in accessible formats, including recommendations for external resources and tools.
    - o **Lead**: Safety Officer
    - o **Support**: Logistics Officer; Operations Section Chief
- *Strategy*: Deliver appropriate responder safety and wellbeing training in accessible formats. Include feedback mechanism and contact process for staff to receive further guidance, as needed.
    - o **Lead**: Safety Officer
    - o **Support**: Communications Response Team; Equity Officer; King County IT

Conduct responder safety and wellbeing **monitoring and surveillance** based on identified risks, responder roles, and recommendations of subject matter experts throughout response.
- *Strategy*: Utilize responder safety and wellness monitoring process to continually assess and determine appropriateness and effectiveness of wellness and safety measures.

- o **Lead:** Safety Officer
- o **Support:** Public Health Employee Health

Continuously assess **safety needs** and revise safety staffing plan as necessary.
- *Strategy*: Assess and recommend changes to responder safety requirements and recommendations, including infection control measures, safety measures, and wellbeing measures to meet the needs and scope of the response.
- *Strategy*: Conduct regular site visits to engage with field staff to review safety of facility and procedures used by staff and make recommendations for improvements.
  - o **Lead:** Safety Officer or delegated Responder Safety Team
  - o **Support**: Operations Section Chief and/or appropriate Branch or Group Supervisor
- *Strategy*: Establish reporting process with Public Health site safety staff.
- *Strategy*: Request additional staffing for Assistant Safety Officer and/or safety and wellbeing Technical Specialist positions to support scope of safety activities.

Continuously assess **wellbeing needs** and revise wellbeing staffing plan as necessary.
- *Strategy*: Assess and recommend changes to wellbeing measures and resources, including available resources from EAP, Balanced You, and others.
- *Strategy*: Request additional staffing for Assistant Safety Officer and/or wellbeing Technical Specialist positions to support scope of safety activities.
  - o **Lead**: Safety Officer
  - o **Support**: King County Employee Assistance Program, Responder Wellbeing Team

Testing
Coordinate with local, state, and federal partners to understand testing guidelines and availability of supplies during the initial stages of a biological incident.
- *Strategy*: Coordinate with the Centers for Disease Control and Prevention (CDC) and Washington State Department of Health (DOH) on establishing testing criteria and protocols for provider referrals, specimen collection and handling, reporting, and shipping. Coordination may also include ensuring local labs are vetted and approved for testing.
1. Just in time training on specimen collection, handling, storage and shipping may be required for bioterrorism agents and other novel organisms that not covered by standard processes.
   - o **Lead:** Epidemiology and Surveillance Branch
   - o **Support:** Operations Section Chief; Logistics Section
- *Strategy*: Engage early with internal and external planning partners who are critical to testing services.
1. Identify Public Health's role in providing low-barrier direct testing services, from individuals to large-scale fixed sites.
   a. Explore site options for fixed-site testing operations
   b. Identify need for Public Health staff to conduct testing services in congregate settings that may include long-term care facilities and locations frequented by people experiencing homelessness

c. Identify need for Public Health to conduct testing services in focused on highest risk populations in collaboration with community leaders and community-based organizations
d. Identify the Public Health lab's role for testing samples
e. Identify the role of Public Health programs, such as Jail Health Services or Sexual Health Clinic, for supporting testing operations of their own patients. At some locations, testing community members may be appropriate, and necessary
f. Coordinate with DOH, healthcare systems, pharmacies, and neighboring jurisdictions to plan for a regional approach to community testing across high-risk sectors, such as schools and businesses
g. Coordinate with CDC's Division of Global Migration and Quarantine (DGMQ) to align workflows and responsibilities when testing needs to be arranged for travelers at SeaTac International Airport
h. Contract with mobile testing partners to augment Public Health's capacity to provide services in congregate settings and for individuals who are homebound.
i. Coordinate with state and federal partners in the event that diagnostics need to be requested from the Strategic National Stockpile.
  - **Lead:** Epidemiology and Surveillance Branch
  - **Support:** Operations Section Chief; Logistics Section; Community Mitigation and Wellbeing Branch; Liaison Officer; Equity Officer**;** Policy Officer
- *Strategy*: Coordinate with DOH and NWHRN to update healthcare community on testing guidelines and protocols.
  1. Assess partner's capacity for providing direct testing services in a healthcare or community setting.
    - **Lead:** Epidemiology and Surveillance Branch
- *Strategy:* Provide technical input into local guidance, policy development, communications, and content development.
  - **Lead:** Epidemiology and Surveillance Branch
  - **Support:** Operations Section Chief; Public Information Officer (PIO): Equity Officer; Policy Officer; Community Mitigation and Wellbeing Branch
- *Strategy:* Identify any technology that may be required for testing services at Public Health-operated sites (e.g., scheduling platforms, documentation, reporting).
  - **Lead:** Epidemiology and Surveillance Branch,
  - **Support:** Operations Section Chief; Logistics Section
- *Strategy*: Order supplies in preparation for Public Health's direct service role during initial stages of testing (e.g., Public Health clinics or congregate settings).
  - **Lead:** Logistics Section
  - **Support:** Epidemiology and Surveillance Branch; Operations Section Chief; Equity Officer**;** Policy Officer

When appropriate, conduct and coordinate targeted community-based testing for high-risk populations and essential service personnel.
- *Strategy*: Based on community feedback and recommendations, we well as local epidemiology, determine testing locations to reach highest-risk populations, ensuring equitable access to

testing, and addressing the unique needs of historically marginalized groups, such as those with access and functional needs and people who speak a primary language other than English.

1. Ensure educational materials and information shared is in language and formats accessible to all groups.
2. Build upon established relationships with community partners.
3. Collaborate with community navigators.
4. Partner with healthcare systems, clinics, providers, and community-based organizations who specialize in serving the impacted population.
5. Consider additional accommodations at testing sites for reducing stigma for high-risk groups, such as measures that support maintaining the privacy of individuals seeking testing.
   - **Lead:** Testing Group
   - **Support:** Operations Section Chief; Equity Officer**;** Policy Officer; Logistics Section; Community Mitigation and Wellbeing Branch

- *Strategy*: When necessary, operate one or more Public Health fixed-site testing locations in King County.
  - **Lead:** Testing Group
  - **Support:** Operations Section Chief; Equity Officer**;** Policy Officer; Logistics Section; Community Mitigation and Wellbeing Branch; Isolation and Quarantine Branch
- *Strategy*: Ensure partner-operated sites are located in "testing deserts" and are accessible to high-risk groups and communities with historic inequities in healthcare access who may be at risk for infection.
  - **Lead:** Testing Group
  - **Support:** Operations Section Chief, Equity Officer**,** Policy Officer, Logistics Section, Community Mitigation and Wellbeing Branch
- *Strategy*: Coordinate with the healthcare community to provide testing for their patients and staff.
  - **Lead:** Testing Group
- *Strategy:* Provide guidance to healthcare community on connecting eligible patients to available treatment options.
  - **Lead:** Testing Group

Coordinate distribution of home test kits (when indicated).

- *Strategy*: Procure and store test kits at a Public Health Warehouse
  - **Lead:** Testing Group
  - **Support:** Logistics Section
- *Strategy*: Using an equity prioritization tool, coordinate with internal programs and external partners to distribute kits to highest risk groups (FBOs, CBOs, libraries, schools, businesses, long-term care facilities)
  - **Lead:** Testing Group
  - **Support:** Logistics Section, Community Mitigation and Wellbeing Branch, Operations Section Chief, Equity Officer

Evaluate testing needs in the community and expand, scale or transition fixed testing sites and distribution of home testing kits in response to demand, available resources and partner capacity.

- *Strategy:* Engage with community for ongoing feedback related to testing access for high-risk groups.
- *Strategy*: Review case rates and ensure testing needs are met in geographical areas with highest disease burden.
- *Strategy*: Increase or decrease the volume or location of testing sites based on local Epidemiology.
  - o **Lead:** Testing Group
  - o **Support:** Logistics Section, Community Mitigation and Wellbeing Branch, Operations Section Chief, Equity Officer, Policy Officer

Integrate testing operations across Health and Medical Area Command (HMAC) structure to ensure coordination, proper safety measures, appropriate internal and external communication, and effective utilization and prioritization of available resources are implemented.

- *Strategy:* Provide ongoing technical input into local guidance related to testing, development of internal and external guidance, policy development, and communications
  1. Technical input supports the PIO, Public Information Contact Center (PICC), or communication response teams with:
     a. Responding to inquiries from internal groups, external partners, and the public
     b. Developing, sharing, and disseminating timely information to the public and partners through different communication channels, which may include social media, Public Health blog, local media outlets, Public Health website, healthcare facility listservs, regional partners (i.e., NWHRN) and during coordination meetings
     c. Technical input may also be used to support content development for responder safety materials
     d. Ensure information is in languages and formats that reach as many communities as possible in King County
- *Strategy:* Resolve, track and escalate issues and problems related to testing to Operations Section Chief, Isolation and Quarantine Group Supervisor, or others as needed.
- *Strategy*: Ensure Policy Officer and Government Affairs response staff are equipped to advocate for and communicate around testing needs and challenges.
- *Strategy:* Coordinate with Safety Officer to develop guidelines and processes for testing in the field.
  1. Ensure standards for responder safety and health, including PPE and respiratoy fit-testing, are identified and implemented
- *Strategy:* Coordinate with Logistics Section for supplies and resources that may be needed to support Public Health testing activities.
- *Strategy:* Coordinate with Finance and Administration Section for staffing needs, as well as facilitating contracts or Memorandums of Understanding (MOUs) for sites or staffing
  - o **Lead:** Epidemiology and Surveillance Branch/Testing Group

Demobilization and Transition

DEMOBILIZATION

Demobilization refers to activities that focus on disengaging response resources as incident objectives are met and transitioning response staff and activities to routine services. Planning for demobilization begins at the start of the response to ensure an orderly and appropriately phased conclusion of response activities. During a larger biological incident response, different activities and/or roles may demobilize or transition to division-led operations at different stages of the outbreak. Transition planning is a key component to effective demobilization of response operations. This Section will describe how response personnel and activities will be reduced and/or closed out as the biological incident abates.

Demobilization and transition actions may commence with consideration of the following factors:

I. Decision-Making Criteria

- *Epidemiological Metrics*: The demobilization timeline should be closely linked to epidemiological data, such as infection rates, case-fatality rates, hospitalization rates, and test positivity rates. In addition, the scale and size of the current outbreak/progression of the incident, sites of potential exposure and where disease transmission risk is highest, any additional unique disease characteristics (i.e., evolution of the pathogen), and availability of effective treatment, vaccination, and containment measures. A sustained decline in these metrics may trigger the initiation of demobilization plans.
- *Healthcare System Capacity*: The status of healthcare facilities, including bed availability, ventilator capacity, and medical supply stocks, must be continuously assessed. Demobilization should be contingent on the healthcare system's ability to manage cases without being overwhelmed.
- *Vaccine and Therapeutics Availability*: Availability and distribution of vaccines and therapeutics play a pivotal role in demobilization. Widespread vaccination coverage may allow for a more expedited demobilization.
- *Local Response Partner Input*: Collaboration with other local health departments, healthcare providers, and community groups and leaders is essential in the decision-making process for demobilizing response operations. Their insights can inform decisions on demobilization readiness.

II. Phased Demobilization

- *Response Staff and Personnel*: Demobilization should occur in a phased approach, identifying essential operations and prioritizing the release of staff that work in operations that are deemed as no longer essential, while maintaining a core workforce for ongoing surveillance and response. Rotate personnel to mitigate exhaustion and ensure a capable response team is retained.
- *Resource Deactivation*: Gradual deactivation of resources and facilities is key. Maintain a sufficient reserve of resources in case of resurgence. Medical equipment, field hospitals, and stockpiles must be carefully assessed for repurposing or redeployment.

- *Community Education*: A demobilization phase should include a concerted effort to educate the public about continued hygiene practices, vaccination opportunities, and potential risks, emphasizing the need for continued vigilance.

III. Continual Surveillance and Monitoring

- *Syndromic Surveillance*: Continue syndromic surveillance to detect potential outbreaks or resurgence. Maintain a robust reporting system for rapid response to any suspicious clusters.
- *Testing Infrastructure*: Sustain testing infrastructure for early case detection, contact tracing, and surveillance. Adapt testing capacity to evolving community needs.
- *Healthcare Preparedness*: Maintain the ability to rapidly expand healthcare capacity if needed. Develop protocols for timely reactivation of field hospitals and other surge resources in case of resurgence.

IV. Logistics and Supply Chain

- *Strategic Stockpile Management*: Maintain a strategic stockpile of essential medical supplies, personal protective equipment, and pharmaceuticals to support healthcare facilities. Ensure these supplies are rotated to prevent expiration.
- *Resource Redistribution*: Resources that are no longer needed in the primary response area should be strategically redistributed to regions still grappling with the outbreak or stored for future needs.

V. Communication and Public Engagement

- *Clear Messaging*: Continue clear and consistent communication with the public, using appropriate channels to disseminate information on the state of the infectious disease emergency and the rationale behind demobilization decisions.
- *Psychosocial Support*: Provide access to psychosocial support services to address the mental health needs of responders and the public as they adapt to changes in emergency response services and/or the end of the infectious disease emergency.

VI. After-Action Review and Corrective Action Planning

- *Debriefing and Evaluation*: Following the demobilization of response operations, conduct a comprehensive after-action review (AAR) involving all response partners to identify strengths and areas for improvement in the demobilization and transition process. This evaluation to collect lessons learned and recommendations for improvement. Public Health staff involved in the response are expected to participate in evaluation or debrief sessions as part of the demobilization process. For longer activations there may be one or more debrief sessions part-way through the response to have feedback at different stages of the response. Focus on things that went well, areas for improvement, and recommendations for the future. As needed, also gather feedback via interviews, surveys, at staff meetings during the response, and through other methods. A compilation and analysis of lessons learned gathered through the debrief sessions and other activities will make up the After-Action Report and Corrective Action Plan.
- *Documentation*: Maintain detailed records of demobilization activities, lessons learned, and recommendations for future planning, updating the infectious disease response plan accordingly. In conclusion, the demobilization and transition phase in an infectious disease emergency response plan requires a structured and adaptable approach, founded on

epidemiological data, healthcare capacity, and community needs. By strategically phasing the demobilization, maintaining surveillance, safeguarding logistics, and fostering clear communication, public health agencies can ensure a smooth transition from emergency response to recovery and readiness for future challenges. Demobilization is a dynamic process that necessitates close collaboration with all stakeholders and ongoing monitoring to safeguard public health.

Demobilization checklist

- ☐ Review the Incident Action Plan and resources to determine the size and extent of the demobilization effort.
- ☐ Coordinate demobilization with Command and General Staff and the Continuity of Operations Branch.
- ☐ Identify surplus resources and probable release time in coordination with the Logistics Section. Identify logistic (including transportation and supply) needs to support demobilization and transition activities.
- ☐ Develop a plan detailing specific responsibility, release priorities, procedures, and necessary checklists to guide staff who are being demobilized and/or transition.
- ☐ Track progress of demobilization and transition
- ☐ Ensure that all Operations Section Branches understand their demobilization and/or transition responsibilities and the procedure for demobilizing.
- ☐ Hold a debrief with all activated staff.
- ☐ Gather feedback from staff via interviews, surveys, email, and/or other methods.
- ☐ Write the After-Action Report and Corrective Action Plan.

TRANSITION

A critical aspect of the demobilization of response operations is the transition of activities back to being led by divisions and programs. The process of transitioning Health and Medical Area Command (HMAC) response activities must focus on building back departmental activities that emphasize staff and community well-being and highlight lessons learned from the response. Transition processes must be inclusive of and responsive to community voices highlighting the importance of continued response services and center equity impacts of transitioning or demobilizing those services. Transition processes must also sustain cross-departmental relationships and collaborations which were built during the response while minimizing administrative burdens on staff and partners. To accomplish the goals of effectively transition response services, HMAC leadership and staff may reference resources developed during the COVID-19 HMAC activation, including but not limited to *Future State Decision Briefing Template, Transition Principles, Division/Program Expansion Planning, Activity Transition Plan,* and *Transition Planning SBARs.*

Transition of Response Staff

Identify the roles and responsibilities of response staff that are serving in Special Duty Assignments and Term-Limited Temporary positions and note where shifts in team staffing, i.e., sunsetting of certain roles or staff returning to base positions, may introduce challenges to transitioning operations to partners or

into routine services. Staff cross-training needs must be considered when transitioning staff and services to routine operations or transitioning response operations to external partners. A set of questions to consider for decision-making around demobilization and future planning of response staff across operational areas includes the following:

- *What are the key functions of the response team?*
- *Of the identified functions, which functions plan to ramp down and which functions need to continue beyond HMAC demobilization?*
- *How is this work currently staffed (i.e., how many King County staff and contracted staff)? How do you anticipate this changing by [estimated HMAC demobilization date]?*
- *What is the anticipated staffing need beyond HMAC demobilization? What types of positions and skills may be needed? Special considerations (e.g., need for multi-lingual staff or ability to work nights and weekends, etc.)?*
- *What work is currently being contracted out?*
  - *Who with?*
  - *What is the work?*
  - *Until when?*
- *What is the funding source(s) that support response roles?*

Transition of Response Operations

Planning for a gradual scale down of response operations across multiple phases must include consideration of the unique set of challenges that different operational teams may navigate, i.e., staffing, funding, and community priorities. For instance, teams engaged in direct service to high-risk groups and groups impacted by inequities must ensure that a scale down of services does not instigate additional disparities in access to and the quality of services that those groups are seeking. Effective demobilization of operations may require engaging in an SBAR (Situation-Background-Assessment-Recommendation) analysis to identify funding, policy, and service priorities for each operational response area. Furthermore, response teams may approach demobilization with a focus on equity while considering funding and resource realities by considering the following:

- Being responsive to the changing nature of an infectious disease outbreak/biological incident
- Demand for services
- Changes in funding
- Opportunities to integrate with other existing Public Health services or transition to external partners.
- Whether the service is unique to Public Health and there are no other options available

Plan Maintenance

REVIEW AND REVISION

The *Biological Incident Response Annex* will be regularly updated through an iterative process and if needed, may include the addition of operational guides, processes, and/or templates. The revision process will be reflective of ongoing engagement with community advisory groups and outreach to relevant Public Health divisions and programs represented in the annex, to ensure response activities and services are documented accurately and equitably. This version of the *Biological Incident Response Annex* represents information compiled through a collaborative planning process that occurred between

2022-23 with submission in November 2023. Future revision processes for this annex will include outreach to community partners (i.e., Community Advisory Group for Public Health Emergency Preparedness, Equity Response Team, Community Navigators Team, Community Based Organizations, and Faith-based Organizations) and relevant Public Health divisions and programs represented in the annex, to ensure their response activities and services are documented accurately.

Following any activation of the plan, Public Health will seek feedback on the response from HMAC responders, Public Health divisions and programs involved in the response, community partners, and other key response partners across the county. Findings from the evaluation process will be shared with those involved in and impacted by the event. Based on this feedback as well as items outlined in the Corrective Action Plan, the *Biological Incident Response Annex* will be updated to include lessons learned and address recommended improvements.

SOCIALIZATION

Relevant portions of the updated plan will be shared with the following groups during each review process:
- Public Health divisions and programs
- Office of Equity and Community Partnerships, including but not limited to the following groups:
  - Equity Response Team
  - Community Navigators Team
  - Community Advisory Group for Public Health Emergency Preparedness
- King County Office of Emergency Management
- City of Seattle Office of Emergency Management
- Northwest Healthcare Response Network
- Relevant county departments and agencies
- Washington State Department of Health – Office of Resiliency and Health Security (ORHS)

Socialization is intended to seek feedback from as well as to inform partners of changes to the contents of this annex. Public Health divisions and programs directly involved in emergency response and key community partners will participate in the revision process, ensuring thorough engagement prior to any socialization.

TRAINING AND EXERCISE

Preparedness maintains an Integrated Preparedness Plan (IPP), which details the training and exercise priorities for Public Health response actions. Portions of the *Biological Incident Response Annex* may be integrated into the IPP to ensure key capabilities are exercised and relevant training developed.

Attachments

ATTACHMENT LIST

- Biological Incident Complexity Assessment Tool
- Initial Response Flow Chart
- Initial Response Assessment Meeting Guide

- Situational Awareness Tracker

Biological Incident: Complexity Assessment Tool

This document may be used during initial and ongoing meetings between Preparedness Section (Preparedness) and Communicable Disease Epidemiology and Immunization Section (CD-Imms) leadership during an biological incident to evaluate incident complexity and need for additional Preparedness support or activation of Public Health's Health and Medical Area Command (HMAC).
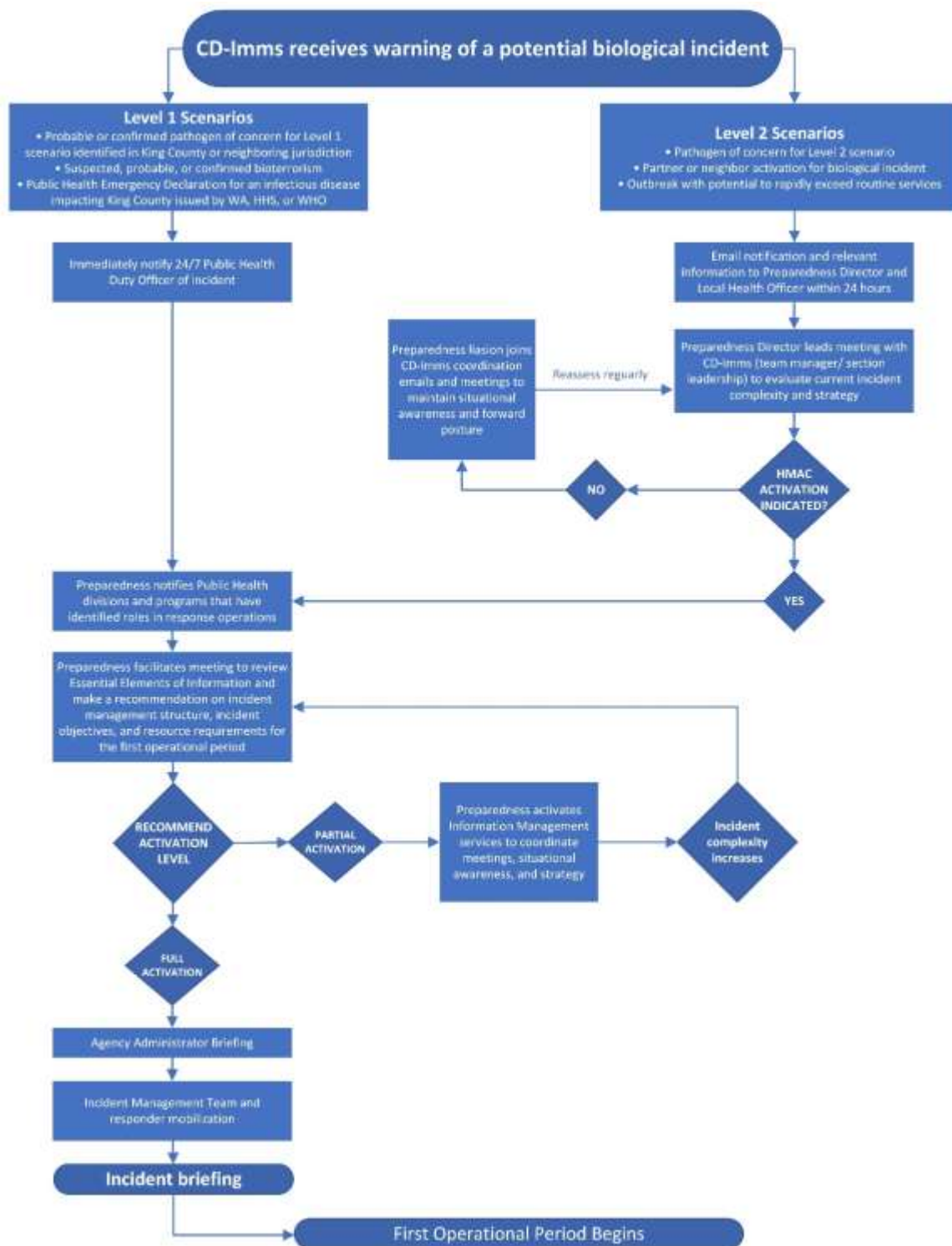
INSTRUCTIONS

Copy analysis tool into separate document. Review each criteria for applicability to current incident. Based on assessment, identify key response support required from Preparedness to support Prevention-led response efforts. If the assessment determines additional thresholds for emergency response are required, document rational and develop request for HMAC activation.

INCIDENT COMPLEXITY ANALYSIS TOOL

Incident Complexity Analysis		
Incident Behavior	*Yes*	*No*
Epidemiologic information indicating unusually severe, large scale, or worsening situation or no significant relief. ✓ Incident caused by a pathogen with high potential to cause outbreak with significant illness (severity and infectiousness of the agent, multiple transmission routes, asymptomatic transmission, potential for zoonotic transmission, etc.).		
Current or predicted incident behavior dictates defensive control strategy and/or increasing resource and personnel commitments. ✓ Incident represents a significant public health risk even if no or very few human cases have yet been identified. ✓ No or limited cases of a biological pathogen of concern have been identified but there is a factor that should alert us to the potential for spread into our jurisdiction. ✓ Incident involves high risk exposure setting(s), even if currently identified cases are limited.		
Incident is unusual. ✓ The incident is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown. ✓ Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms. ✓ Occurrence of the incident itself unusual for the area, season, or population.		
Responder Safety		
Inadequate access to proper PPE for responders and healthcare workers.		
Lack of clear or existing infection control protocols for pathogen of concern for potentially impacted response services and settings (such as EMS, CHS, or MEO).		
Division/program staff overextended mentally and/or physically.		
Cases reported among Public Health staff.		
Incident Organization		
Coordination beyond the scope of routine daily services required.		

✓ External coordination with partners in King County or neighboring jurisdictions. ✓ Internal coordination between multiple involved divisions and programs. ✓ Coordination required to stand up joint services, such as isolation and quarantine.		
Division/ programs unable to properly staff operations within the scope of daily service. ✓ CD-Imms unable to staff priority disease investigation services or manage incoming call volume. ✓ Prevention, CHS, or other appropriate program unable to staff prophylactic or post-exposure treatment or vaccination activities. ✓ Communications unable to manage incoming call volume/requests for information.		
Division/program unable to resource incident response within normal operations, requiring internal or external resource support requests. ✓ Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination or disposal equipment, or supportive equipment to cover estimated needs. ✓ Insufficient laboratory, epidemiological capacity, including community navigator and outreach support, to investigate the event (equipment, personnel, financial resources). ✓ Unified King County OEM and Public Health logistical support required to manage requests for personnel, services, or resources from supporting ESF #8 agencies. ✓ Emergency/ disaster funding needed.		
Concurrent factors that may hinder, delay, or threaten the public health response (natural catastrophes, severe weather, multiple ongoing incidents).		
Coordinated risk communication messages with diverse response partners required.		
Equity and Community Impacts		
Equity considerations ✓ Incident concentrated in or disproportionately impacting at-risk communities. ✓ Need for enhanced response/ support services that support at-risk communities/populations (BIPOC, tribal groups, low income, unhoused, immigrant/refugee, persons living with disabilities, children, elderly, low level of immunization) disproportionately impacted by incident. ✓ Language Access resources, Communications, and OECP support needed to quickly build communication lines with impacted populations. ✓ Incident requires prioritization of limited resources in alignment with equity and strategic objectives.		
Community Impacts ✓ Incident impacts communities with high barriers to resource access (language access, institutional racism, healthcare access, information access). ✓ Sensitive political concerns or unusual media interest with increased concern around transparency and community trust.		
Total		
'Yes' responses indicate existing or potential complexities of the incident, which should be used to guide the decision-making process and inform response needs. Use identified complexity factors to prioritize organization and coordination of response services and resources, and/or recommendation of HMAC activation.		

Initial Response Process Flow Chart

CD-Imms receives warning of a potential biological incident

Level 1 Scenarios
- Probable or confirmed pathogen of concern for Level 1 scenario identified in King County or neighboring jurisdiction
- Suspected, probable, or confirmed bioterrorism
- Public Health Emergency Declaration for an infectious disease impacting King County issued by WA, HHS, or WHO

Level 2 Scenarios
- Pathogen of concern for Level 2 scenario
- Partner or neighbor activation for biological incident
- Outbreak with potential to rapidly exceed routine services

Immediately notify 24/7 Public Health Duty Officer of incident

Email notification and relevant information to Preparedness Director and Local Health Officer within 24 hours

Preparedness liaison joins CD-Imms coordination emails and meetings to maintain situational awareness and forward posture

Reassess regularly

Preparedness Director leads meeting with CD-Imms (team manager/ section leadership) to evaluate current incident complexity and strategy

HMAC ACTIVATION INDICATED?

NO

YES

Preparedness notifies Public Health divisions and programs that have identified roles in response operations

Preparedness facilitates meeting to review Essential Elements of Information and make a recommendation on incident management structure, incident objectives, and resource requirements for the first operational period

RECOMMEND ACTIVATION LEVEL

PARTIAL ACTIVATION

Preparedness activates Information Management services to coordinate meetings, situational awareness, and strategy

Incident complexity increases

FULL ACTIVATION

Agency Administrator Briefing

Incident Management Team and responder mobilization

Incident briefing

First Operational Period Begins

Initial Response Assessment Meeting Guide

This document describes the agenda and key outcomes of an initial coordination meeting between Preparedness and Communicable Disease Epidemiology and Immunization (CD-Imms) leadership during a Level 2 biological incident or scenario. The Preparedness Director or designee will facilitate the meeting to better understand the situation and establish an ongoing information sharing process. The meeting is a key step in the *Biological Incident Response Annex'*s initial response process.

FACILITATOR GUIDANCE

Facilitator:
- Preparedness Director or designee

Participants:
- Communicable Diseases Epidemiology and Immunization Chief and Deputy Chief (or designee); additional participants as needed, such as Prevention Leadership

Meeting Goals:
- Receive situation update from CD-Imms Chief and Deputy Chief (or designee)
- Evaluate current incident complexity and determine potential support needs
- Identify incident-specific thresholds which may indicate additional Preparedness support or HMAC activation
- Specify which CD-Imms incident coordination emails and meetings should include a Preparedness staff liaison for situational awareness
- Identify Preparedness staff member to act as a liaison and maintain situational awareness between CD-Imms and Preparedness
- Establish meeting cadence between the Preparedness Director and CD-Imms leadership to reevaluate changes in incident complexity and adjust strategy to share situational awareness

Agenda Template

Facilitator Guidance:
- *Ask CD-Imms to provide a summary of the situation.*
- *Use the table below to evaluate the current situation and scale of response operations.*
- *Use clarifying questions to better understand potential for sudden increase in response needs.*

Essential Elements of Information		
	EEI	*Clarifying Questions and Notes*
Situational Assessment	**Scale**	• How large is the current outbreak/ incident? • Where and when have exposures occurred? <u>**Notes:**</u>
	Urgency	• How contained is the current outbreak and are there significant challenges to containment? • What is the potential for further spread given disease transmissibility and sites of potential exposure? • What is the risk of morbidity and mortality in the impacted and general populations? • What preventative and/or treatment resources exist and what potential support may be needed to distribute them? <u>**Notes:**</u>
Response Operations Assessment	**Complexity**	• Are there known or potential sensitive aspects of the event or potential for high media interest? • Does the incident involve multiple programs, jurisdictions, agencies, or other partners? <u>**Notes:**</u>
	Capacity	• Do staff have capacity to handle current and projected caseloads within the scope of their regular duties? • Are supporting services (IQ needs, wraparound services, PPE acquisition and distribution, etc.) indicated? • Are there significant competing priorities or constraints to CD-Imms' capacity? <u>**Notes:**</u>
	Equity	• What communities or at-risk populations are currently being or may be disproportionately impacted by the event? • What support may be needed to provide culturally relevant information and guidance to affected populations and settings? • If guidance is provided requiring action by patients, settings, or general population, what disproportionate impacts might these have on communities disproportionately impacted by racism and inequities? • Additional Resources: *Equity Impact Review Tool*; *Equity Response Annex*.

		Notes:

THRESHOLDS

Facilitator Guidance:
- *What thresholds for the following areas would trigger need for additional support or HMAC activation?*
- *What does additional support look like from Preparedness and other relevant Public Health divisions or programs (such as Communications, Office of Equity and Community Partnerships, Environmental Health, Community Health Services)?*

Notes:

Area	Threshold	Initial Support Needed
Scale		
Urgency		
Complexity		
Capacity		
Equity		

SITUATIONAL AWARENESS

Facilitator Guidance:
- *Determine how Preparedness can best maintain situational awareness within CD-Imms' current information sharing process.*
  - *Which CD-Imms incident coordination emails and meetings should a Preparedness staff liaison join or be included on for situational awareness?*
- *Identify and share with CD-Imms a Preparedness staff member to act as a liaison and ensure situational awareness between CD-Imms and Preparedness.*

Notes:

NEXT STEPS

Facilitator Guidance:
- *Establish meeting cadence between the Preparedness Director and CD-Imms leadership to reevaluate changes in incident complexity and adjust strategy to share situational awareness*
- *Close with reminder of additional steps of the initial response process if the incident meets a defined trigger for immediate HMAC activation or* Incident Complexity Assessment *recommends HMAC activation. This may include the inclusion of Prevention Director and additional leadership staff to this meeting space.*
  - *Note: While this agenda is for the initial meeting, additional input and outreach to Office of Equity and Community Partnerships, Communications, and Public Health leadership may be required as the situation continues to be assessed.*

Notes:

Infectious Disease Situational Awareness Template

This document is intended as a template to support situational awareness during a biological incident. The table below is organized to highlight relevant public sources and internal Health and Medical Area Command (HMAC) SharePoint response sources or points of contact which can provide a rapid assessment of the situation.

OVERVIEW

Purpose

This document Is a resource to support effective situational awareness by providing a tool to capture and organize relevant sources of essential information and key incident planning throughout a response.

- An *essential element of information* (EEI) is any key piece of information that HMAC leadership needs in order to have a fuller understanding of the situation and make decisions on response priorities and resource allocation. Typically, the Situation Unit within HMAC's Planning Section is responsible identifying the sources for collecting EEI.
- *Key incident planning information* is information used to track internal response activities such as planning cycle meeting schedules, meeting notes, operational updates, and information management documentation.

While the template below focuses on the sources of EEI and key incident planning information collection, the EEIs themselves may be used to populate an EEI tracker to be shared with relevant HMAC leadership, and inform relevant portions of snapshots, situation reports, and the Incident Action Plan. The sources may be public URLs or link to relevant HMAC SharePoint sites, such as PDFs, live documents, or contact lists.

Scope

The essential elements of information and key incident planning information sources align with the scope of the Situation Unit's responsibilities in maintaining and sharing situational awareness during a response. The information available on the sites linked in the template should effectively inform snapshots, situation reports, and development of Incident Action Plans and Operational Briefings for response staff.

Core job aids to support situational assessment, information management, and dissemination include:

- Situation Report & Snapshot Instructions
- Snapshot Template; Snapshot Cheat Sheet
- Situation Report Template
- ICS 201 Incident Briefing Template; ICS 202 Incident Objectives
- HMAC EEI Tracker Template

Documents and other resources specific to an incident will be developed in a virtual incident response SharePoint site. Key folders to relevant documents should be linked from the table below.

This template is intended to systematize the tracking of information sources during a biological incident. Only elements relevant to the response need to be filled out. Additional elements may be added as necessary.

RESPONSE ACTIVITIES

Activities and Instructions

- Copy template below into the response's HMAC Planning Section SharePoint site folder.
- Fill out relevant essential elements of information and key planning information as needed to maintain situational awareness. Align with Public Information Officer resource documents and key information sources.
- Review sources for usefulness and relevance each operational period. Sources should effectively inform relevant pieces of a situation report, snapshot, and Incident Action Plan.
- Utilize the template as an onboarding document between operational periods to ensure continuity between staffing of Planning Section roles.
- Save new version each operational period. Archive version for previous operational period in appropriate SharePoint folder.

SITUATIONAL AWARENESS TEMPLATE

[Incident Name] Situational Awareness Tracker		
Information Source	*Source Link*	*Key Notes*
Epidemiological data and guidance		

Epidemiological data, dashboards
   • Local/King County
   • State
   • CDC
   • WHO
	•
	•
		•

Treatment information & guidance
   • Local/King County
   • State
   • CDC/ NIH/ FDA
	•
	•
		•

Prevention information & guidance
   • Local/King County
   • State
   • CDC
	•
	•
		•

Mitigation information & guidance
   • Local/King County
   • State
   • CDC
	•
	•
		•

Healthcare system impacts		

Healthcare system status
   • NWHRN web or Sitrep
   • UW/Hospital sitreps and updates
   • MEO Impacts
   • EMS Impacts
	•	•

Medical Resource Shortages
   • PPE
   • Sanitation & hygiene resources
   • Medical equipment
	•	•

Additional ESF #8 partner updates	•	•
Jurisdictional partner EOC activations		

Status, dissemination channels, sitrep • King County OEM • Snohomish, Pierce • Seattle EOC	•	•
Scheduled briefings		
Upcoming • Local Health Officer • King County Executive • Governor; Secretary of Health	•	•
Recent • Local Health Officer • King County Executive • Governor; Secretary of Health	•	•
Governmental policy and directives		
King County • Local Health Officer Orders • Executive Orders	•	•
State • WA DOH • Governor's office (emergency declarations) • WA Labor & Industries	•	•
Federal • CDC • HHS • FEMA • White House Administration	•	•
Incident planning information		
Operational Briefing Material • Ops briefing template • Ops briefing folder • Ops Summary	•	•
Policy and Leadership • Notes	•	•
Operations Branch • Operational Response form	•	•
Logistics Section processes • Resource Request Tracker	•	•

Continuity of Operations (COOP) • Impacted facilities (clinics, other Public Health facilities • COOP lead names and information	•	•
Incident Action Plan • Current operational period • Archive folder	•	•
Responder Safety & Well-being • Responder Safety Guidance & Information for staff • Responder PPE resource information	•	•
Responder Tracker • Responder Tracker document • Onboarding document or process	•	•
Operational Period:		
Updated by:		**Date/Time:**