



**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Signature Report**

**December 3, 2007**

**Ordinance 15977**

**Proposed No.** 2006-0594.2

**Sponsors** Phillips and Hague

1 AN ORDINANCE relating to approval of the Work Plan  
2 for Avian and Pandemic Flu Response.  
3

4 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

5 SECTION 1. Findings:

6 A. Ordinance 15597, Section 1, which amended Ordinance 15333, Section 81,  
7 declared that \$800,000 shall not be expended or encumbered until the executive transmits  
8 and the council adopts an ordinance approving a plan for how the \$4,760,000 of this  
9 appropriation previously allocated through Ordinance 15348 for the purchase of antiviral  
10 medications shall be expended. The plan shall be filed by December 4, 2006.

11 B. In accordance with Ordinance 15597, Section 1, which amended Ordinance  
12 15333, Section 81, the Work Plan for Avian and Pandemic Flu Response has been  
13 submitted to the county council for its review and approval.

14            SECTION 2. The council hereby accepts and approves the Work Plan for Avian  
15 and Pandemic Flu Response January – December 2007, Attachment A to this ordinance.

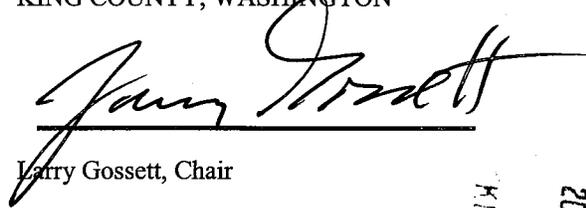
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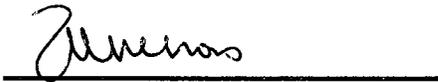
Ordinance 15977 was introduced on 1/8/2007 and passed by the Metropolitan King  
County Council on 12/3/2007, by the following vote:

Yes: 6 - Mr. Gossett, Ms. Patterson, Ms. Lambert, Mr. von Reichbauer, Mr.  
Dunn and Ms. Hague  
No: 0  
Excused: 3 - Mr. Ferguson, Mr. Phillips and Mr. Constantine

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

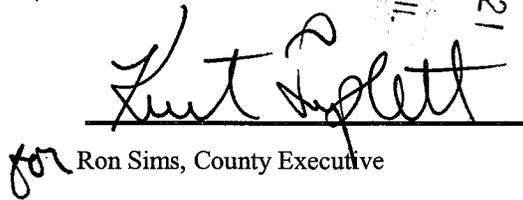
  
Larry Gossett, Chair

ATTEST:



Anne Noris, Clerk of the Council

APPROVED this 14<sup>th</sup> day of December, 2007.

  
for Ron Sims, County Executive

RECEIVED  
2007 DEC 14 PM 2:21  
CLERK  
KING COUNTY COUNCIL

**Attachments**      A. Public Health Preparedness--Work Plan for Avian and Pandemic Flu Response--  
January-December 2007--Dated December 4, 2006

**Public Health Preparedness  
Work Plan for Avian and Pandemic Flu Response  
January – December 2007**

Overview

Projections regarding the medical impacts of a severe influenza pandemic, based on methodology included in the National Pandemic Response Plan, estimate that King County may experience 60,000 patients requiring hospitalization during a six to ten week period. In addition, 250,000 persons may require outpatient (non-hospital) medical care during this same time period.

**A. Prepare Our Citizens, Protect Our Health Care System and Community**

**Audience Research**

**\$40,000**

Even the best preparedness plans require the support of the public behind them. They must be clearly communicated so that the public will be able to understand what they need to do to protect their health and the health of the community. We will need to communicate about such critical issues as access to health care, the use of limited medications, the need for social distancing, how to care for influenza patients at home, and what to do when a loved one dies. We cannot afford to miss the mark on these messages.

Audience research with vulnerable populations is especially important. With such diverse cultural practices, beliefs, and languages in King County, we need to ensure our messages are culturally and linguistically competent. They must also be appropriate for the deaf, blind, and physically disabled.

We propose to:

- Conduct formative research using interviews with key informants from community based organizations and vulnerable populations.
- Pretest pandemic flu messaging using focus groups recruited from the general public and vulnerable populations.

The data and reports resulting from this research will be used to inform and test the efficacy of pandemic flu communications.

**Outreach and Education****\$135,000**

To bolster the preparedness capacity of community based organizations and the public, we propose to:

- Provide technical assistance to a wide range of partners including child care centers (630), school districts (19), long term and adult care facilities (125+), and homeless shelter providers. Through this work we will address emergency plan development, social distancing impacts on operations, business continuity planning during a medical crisis, and personal preparedness to both agency staff and clients (which began in Fall 2006 and must continue).
- We propose to develop and distribute a series of short educational videos that will help us educate schools, health facilities, businesses, community-based organizations, and the general public about measures they will need to take during a pandemic. Possible topics for these videos include:
  - What to expect during an influenza pandemic.
  - Infection prevention procedures.
  - Reconfiguring work environments for social distancing.
  - Planning for business continuity.

We plan to make videos widely available through distribution of DVDs, web-casting, and community access television.

Video will be more effective than print in conveying many messages. It can visually show how work environments, public areas, and other spaces will need to be set up so that there is sufficient social distancing. Workers, students, and members of the public will comprehend such important procedures as how to correctly use masks, how to care for someone who has influenza, and proper hygiene etiquette if they are demonstrated in a video.

**Stop Germs Campaign****\$75,000**

Much of the work that we began in public education during 2006 must continue. We will continue the following:

- Stop Germs, Stay Healthy campaign: funds to purchase more airtime on television and radio for airing the Stop Germs public service announcement; educational messages in movie theaters and bus boards.
- Message development: preparing key messages to deliver during a pandemic, such as instructions for accessing health care; explanations of social distancing measures; protocol for vaccine distribution; and rationale for school closures and health care changes.

- Materials distribution: printing and shipping costs for pandemic flu educational materials.
- Translation of public education materials into Vietnamese, Chinese, Russian, Spanish, Somali, Korean, and Braille; closed-captioning of public service announcements.
- Adapting and extending the Washington State Department of Health pandemic flu education campaign to meet the needs of Limited-English-Proficient groups in King County. Include broadcast and print media.

### **Vulnerable Populations Assessment**

**\$350,000**

Significant progress has been made over the past eight months in preparing to address the needs of vulnerable populations during disasters. However, we need to expand and accelerate our efforts. The multiple needs of vulnerable populations are exacerbated by emergency situations, and many of our partners are just beginning their preparedness efforts. It is important that our community partners see this work as more than a one-time effort, that the Seattle-King County Department of Public Health (DPH) is committed to enhancing the preparedness of vulnerable populations and the agencies who serve them. We propose to:

- Expand capability assessments and needs assessments to include King County government divisions who serve vulnerable populations.
- Create a network of best practices among county government departments and community based organizations that will enhance the county's overall capability to serve vulnerable populations.
- Refine emergency response protocols and public education materials for community based organizations based on the results of assessment work.

### **Training**

**\$200,000**

The training needs of our response partners are numerous and critical. We propose the following:

- Develop and deliver medical training to ambulatory care, hospital, and Public Health medical staff to enhance personal protection and reduce absenteeism during a crisis.
- Develop and deliver training and technical assistance (infection control, social distancing, and business continuity) to community based organizations to build capacity and response capabilities.
- During a flu pandemic, we will activate a Public Information Call Center (PICC) staffed by trained Public Health personnel to communicate crucial non-medical

information, instruction and resource referrals to the public. By calling the PICC, residents can get the information they need to make the best decisions for their health without going to a healthcare provider. This in turn reduces the strain on health care facilities.

We anticipate that many residents who call the PICC will have special needs or will be under significant emotional duress. PICC staff would greatly benefit from training from the Crisis Clinic in how to work effectively with distressed callers. Additional training is needed from the 911 TTY staff at the Hearing, Speech, and Deafness Center on how to provide service to hearing and speech impaired callers.

- We propose to provide advanced training to public health leadership in risk communication, with an emphasis on preparing them to respond on camera. Effective communication with the public is vital to build public trust, support response and recovery efforts, and reduce rumors and misinformation. Public Health leaders must be ready to handle the intensity of media demands and deliver key health messages with compassion, clarity, and consistency. Skillful communication is even more challenging at the outset of a pandemic, when the situation is uncertain and media pressure is high.
- We will conduct a “pandemic flu roundtable” that brings news organizations, emergency responders, and public health professionals face-to-face will advance the media’s understanding of pandemic flu issues and promote more accurate news reporting. It will provide an opportunity for news organizations to:
  - Receive an up-to-date briefing about pandemic flu
  - Discuss pandemic flu response with public health and emergency response experts, and
  - Learn what they need to do to protect their employees and keep their operations running during a pandemic.

In turn, Public Health can use the roundtable to develop stronger partnerships with the media and gather feedback from the press about how best to deliver information updates to them. The Dart Center for Journalism and Trauma at the University of Washington is a potential partner for this event.

The media are our crucial partners in public education about pandemic flu. If news organizations run accurate, substantive news stories about pandemic flu now, the public will be better prepared and able to accept the health measures that will be necessary when a pandemic arrives. During a pandemic, the news media will also be the chief conduit of vital information that will help protect the health of the community. We need local news media to be informed and prepared for a pandemic.

## **B. Augment and Expand Capabilities for Responding to Avian and Pandemic Influenza**

### **Call Center Capability**

**\$100,000**

Since social interaction will be discouraged during a pandemic, we need to enhance several communications systems to handle the increased phone activity we anticipate during a pandemic event. To best prepare for this anticipated volume, we propose to:

- Leverage Homeland Security funding to assess call center capabilities across the King-Pierce-Snohomish Region.
- Implement recommendations identified through the assessment process to create region-wide telephone and web-based call center and triage capabilities.
- Link current capabilities existing within hospitals, ambulatory care centers, Crisis Clinic, Washington State Poison Control Center, and 911 dispatch centers.

### **Health Care Coalition Development**

**\$50,000**

We propose to:

- Work with the Executive Council of the countywide Health Care Coalition to develop and implement a communications plan for the Coalition that addresses:
  - Internal communications among Coalition members.
  - External communications between the Coalition and other health care organizations and providers, public officials, emergency preparedness personnel.
  - External communications with the media and the public.
- Create a Regional Medical Resource Center as an operational tool for countywide health and medical resource coordination during emergencies.
- Support health care partners in identifying, evaluating, acquiring and implementing resource and information management software that will track region-wide health and medical assets during emergencies and disasters.

### **Public Health Response**

**\$285,000**

- Enhance Public Health's capacity to register, train, equip and deploy medical volunteers during a pandemic, through the Public Health Reserve Corps (PHRC), to

support the health care system response and expand the overall numbers of volunteers registered in the PHRC to support the care system.

- Build capacity within King County to detect and respond to avian flu outbreaks by:
  - Strengthening liaison & coordination with Departments of Agriculture and Fish & Wildlife for avian flu agricultural terrorism preparedness.
  - Increase avian flu surveillance and capacity for GIS mapping, database management, and Dycast modeling of bird deaths.
  - Expand interagency coordination of avian flu control and increase technical assistance to municipalities, agencies and the general public.

### **Critical Care, Ambulatory Care, and Triage**

**\$383,300**

- Develop countywide critical care protocols and alternate standards of care for use during disasters, protocols and guidelines for their implementation, and training for medical staff in ambulatory and hospital settings.
- Enhance the capacity of all hospitals (23) and ambulatory care facilities to expand triage and evaluation. Link plans to telephone call center and web-based triage projects.
- Develop in-patient and out-patient response plans for medical disasters with hospitals and ambulatory care partners incorporating revised protocols, and best practices for expanding capacity within facilities based on emergency management zones.
- Conduct capacity inventory and surge capability assessment with the ambulatory care system and fully integrate ambulatory care system partners into the Regional Medical Resource Center.
- Develop response protocols including continuity and surge response plans to ensure public health centers can be quickly realigned to implement mass triage and patient screening capabilities as a pandemic unfolds.
- Identify, acquire and store a cache of medical equipment and supplies including Personal Protective Equipment (PPE) for first responders and medical staff, and equipment sufficient to activate and operate alternate care facilities.
- Enhance communications capabilities and redundant systems within the ambulatory care system.

## C. Create New Capacity to Manage a Surge of Patients

### Alternate Care Facilities

**\$100,000**

We propose to:

- Identify Alternate Care Facilities capable of providing 10,000 supportive care beds (approximately 40 facilities) for sick persons across three emergency planning zones.
  - Develop logistical support plans, security assessments, medical staffing plans, and acquire needed supplies.
  - Ensure plans incorporate provisions for medical liability, facility licensing, use of community volunteers, incorporation of the faith based community and cultural/ethnic leaders, and logistical support from key response partners.
- Coordinate with hospitals, Emergency Medical Services and emergency management partners across King County to ensure the appropriate management and operational structure for Alternate Care Facilities, including logistical support and staffing, are developed and consistent with the Regional Disaster Plan and local emergency response plans.
- Coordinate with the Vulnerable Populations Action Team (VPAT) and community based organizations to identify alternate care facility space specifically for the homeless and shelter dependent populations.
- Ensure all Alternate Care Facilities have sufficient emergency communications capabilities in place to link with Public Health, hospitals, and EMS units.

### Emotional Support

**\$150,000**

We propose to:

- Convene a countywide task force with broad representation to collaborate and develop capabilities for meeting the psycho-social impacts of public health and medical emergencies.
  - Include within this task force the capability to activate and operate a Family Assistance Center during a health and medical emergency involving a large number of deaths.
  - Develop capacity to address the needs of 70,000–100,000 persons (6–10 for each fatality) throughout the course of a pandemic.

- Initiate a Palliative Care Planning effort in conjunction with local hospitals, mental health providers, the faith based community and community based organizations to build new capabilities for supportive care in homes and alternate care facilities.
- Commence planning work with Long Term Care agencies, nursing homes and home health agencies and integrate them into the Healthcare Coalition. Identify key agencies and linkages across the health care system to support this effort.
- Perform an assessment of organizational preparedness and planning for long term care agencies, nursing homes and home health agencies. Provide technical assistance to organizations for operational planning.
- Ensure that long term care agencies, nursing homes and home health agencies are educated on and connected with healthcare coalition operations, including the regional medical resource center and sources of health information.

#### **D. Caring for the Living by Respectfully Managing the Dead**

##### **Build Capacity in the mortuary service system**

**\$150,000**

We propose to:

- Identify sites to serve as alternate morgue facilities to accommodate up to 11,000 fatalities during severe influenza pandemics or other large scale health and medical emergencies.
  - Develop logistical support plans, security assessments, and acquire needed supplies.
  - Ensure plans incorporate the faith based community and cultural/ethnic leaders, and logistical support from key response partners.
- Incorporate funeral home directors (30+ funeral homes in King County), the faith based community, hospitals and the private sector in identifying surge capacity for management, transportation, and storage of fatalities, and support of families.