



Ready to Respond

Health Security, Preparedness and Response

Summer 2015

Special points of interest:

- Jackson County gets new PH Building
- A glimpse into the 2015 Tribal Preparedness Conference
- Check out our new column: Staff Preparedness Tips!

Lessons from Nepal for Oregonians

By: Beth Pratt-Sitaula, PhD

Research in behavioral science has shown that hearing other people’s stories can be an important component of engendering change. To that end, I wanted to share my story related to Nepal and earthquake preparation.

Some of you may know that my husband is from Nepal and that I teach a geoscience field program there in the summers. Of course, with my background in geohazards education and my knowledge of the extreme vulnerability of Nepal to earthquakes, I started advocating from early in my marriage that our family in Nepal move into more sturdy houses. As time went on I made sure that the houses were properly assessed and that the family had an earthquake plan that everyone knew and practiced. I can’t say that I met strong resistance, but on the other hand, no one enthusiastically encouraged me either, especially at the beginning. It took some convincing to get the investment in the stronger houses. It took perseverance to keep bugging people to have go-bags, household items secured, and practice drills. I undertook a similar effort after I started my field program in 2013. The building center I use is actually the domain of another program that ran during the main academic year. It took perseverance to work with essentially another director’s staff to make sure that the center had a more functional earthquake plan and comprehensive emergency supplies and that the staff was trained.



A family beside a damaged house near Naglebhare, Nepal.

As most of you are probably aware, Nepal has now experienced two major earthquakes in the last three weeks (Mag 7.8 April 25 and Mag 7.3 May 12). I cannot tell you how grateful I am that I stuck to my guns and did the best I could to make sure that both my family and work site were properly prepared. Our family houses were undamaged by either quake. The family reported that the training and knowledge they had about what to do was hugely helpful in getting through the events without panic. Everyone found each other within an hour of the Mag 7.8 earthquake because they all knew where to meet. They had supplies. They knew to expect aftershocks and, while the aftershocks were still very stressful, the

Inside this issue:

Cascadia	2
Jackson County’s new building	3
Cross Borders	5
Samaritan Partnerships	5
ELC Grant	7
Flash Report	9
HSPR Staff Shout Out	10
2015 Tribal Preparedness Conf.	11
Director’s Message	12
ECHO Summit	14
Preparedness Tips	15
HOSCAP	15

Summer 2015

Nepal (continued)

family has been able to recover more quickly emotionally because the whole thing was not a great unknown.

I know there are times that all of you probably feel like voices in the dark as you try to move your communities towards greater earthquake and tsunami resilience. I just wanted to share my story of how very very glad I am that I kept plugging away at earthquake resilience in the little pocket of Nepal that I was able to affect. I know that the seeds you all are planting now will be part of the flower of a more resilient future for Cascadia.

Thank you for the work you are doing
-Beth



A man surveying damage caused by Nepal's massive earthquake

Cascadia: What are We Preparing for?

By: Julie Black

The recent high magnitude quakes in other parts of the world, Japan (2011) and Nepal (2015) just to name a couple, are vivid reminders of what the West Coast will face after a Cascadia Subduction Zone earthquake. With these sneak peeks into what Oregonians may experience, we want to provide a set of potent Cascadia information tools. Take a look at these resources. Let us know what you think and of any other resources that should be added. Send your thoughts to me at Julie.black@state.or.us.



Oregon tsunami evacuation route sign

Here's to being informed and prepared:

- Oregon Public Broadcasting's (OPB) recent "Unprepared: Will we be ready for the megaquake?" series

This link includes the "Living Off Your Quake Kit" series, tips on getting prepared, how to turn off your utilities and even a tool where you enter your address to see how bad experts predict things will be in your area.

www.opb.org/news/series/unprepared/

This video gives a sneak peek at an upcoming (October 2015) documentary that looks specifically at Oregon and the impact of a Cascadia Subduction Zone earthquake. OPB "Unprepared" documentary trailer:

www.opb.org/artsandlife/video/youtube-opb-unprepared-documentary-trailer/

- Magnitude videos:

www.opb.org/news/video/youtube-how-big-is-a-9.0-earthquake/

Summer 2015

Cascadia (continued)

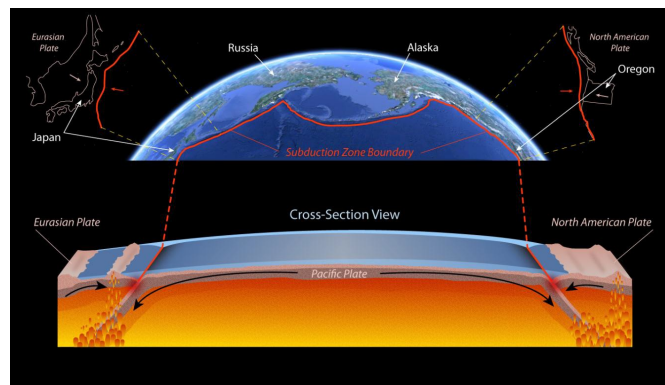
www.youtube.com/watch?v=yNN7eDXzIMo

- OBP article on the 1700 Cascadia earthquake (includes 1700 tsunami animation video):

www.opb.org/news/series/unprepared/jan-26-1700-how-scientists-know-when-the-last-big-earthquake-happened-here/

- The Oregon Resiliency Plan - Cascadia: Oregon's Greatest Natural Threat:

www.oregon.gov/omd/oem/osspac/docs/01_orp_cascadia.pdf



Oregon is a geologic mirror-image of Northern Japan. In both places, the Pacific Ocean floor is sliding beneath the adjacent continents along giant faults called subduction zones (Source: Graphic by Dan Coe, DOGAMI).

Jackson County Health and Human Services New Building

By: Tanya Philips

In January 2015, Jackson County Health & Human Services (HHS) co-located their three largest divisions (Mental Health Division, Public Health Division and Developmental Disability Services Division) with other health-related programs and an array of community partners (Families for Community, Living Opportunities, La Clinica, HIV Alliance, Health Care Coalition of Southern Oregon and Oregon Pain Advisors).

This large-scale building design and planning effort began in February 2012, when a group of staff and community partners began meeting to develop the floor plan for the new HHS building. Some of the discussions centered on how the design of the new building could enhance the experience of those served. To gain client input into the design process, DeeAnne Everson, executive director of Jackson County United Way, agreed to interview 40 people who either currently receive services at HHS or have in the past. A common theme that came up was how the new facility could help those served feel more welcome and involved in their own care. As a result of the interviews, there now are height-adjusted conference tables so those in wheel chairs can sit at a table with the people they are meeting with. Empty space in waiting rooms are designated and labeled so those in wheelchairs can wait for their appointment without moving furniture or waiting in the middle of the room.

The suggestions enhanced the public areas of the building and now offer a better experience to those served. The new facility includes a child watch area where parents can



Jackson County's new Health & Human Services Building

Jackson County (continued)

leave their children while they are onsite, in a safe, child-friendly environment. A resource library where information can be found on mental health, developmental disabilities, public health, nutrition and child development is also onsite. The new facility has rounded corners, wide hallways and more accommodating restrooms, along with furnishings that better serve all individuals.

Jackson County HHS uses a way-finding system to help clients and the public find their way in the new building. Each area of service is color coded and has a symbol associated with it. For example, the Public Health Clinic check-in area is green with a symbol of a tree; the WIC check-in area is red and the symbol is an apple. All signage has also been translated into Spanish.

The new facility is LEED certified and has security and safety features. High definition cameras are at the front doors, video feeds record each level of the garage and there are automatic fire sprinklers throughout. Public areas are separated from service areas by key card access points. The general public must be escorted to service areas by Jackson County HHS staff who use secure badges to unlock the doors into staff areas. The new ShoreTel phone system has been programmed with a “code grey” button to alert trained employees that assistance is needed with a difficult person. All reception areas are equipped with “panic buttons” that are hidden from public view, so staff can alert 911 in an emergency. For those staff who do not have a panic button, Jackson County has programmed a “police” button to discretely request law enforcement in a time of crisis.

With the relocation and increase in capacity based on square footage, Jackson County HHS can now host community and partner trainings, conferences and meetings for small or large groups. The new building has 27 meeting/group rooms, two computer labs and a conference center that can hold 198 individuals. All large meeting/group rooms and the conference center are equipped with media screens, laptop podium, and audio and video conferencing capabilities. The new building also has Wi-Fi internet with three tiers: secure county access, partner access and community access. The larger meeting room, located on the first floor, has been designated as the media room. During an emergency, all press conferences will take place there. The Department of Operations Center is on the second floor. This will allow the Incident Management Team to continue working while press conferences are held.

The Jackson County HHS management team is continually developing plans for a more efficient and integrated service model. Community partners that lease space in the building are located near county staff. The new model allows for information sharing, with the goal of creating unified treatment plans that will address coordination across multiple systems of care.



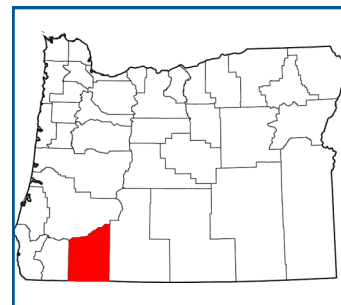
Jackson County's new Health & Human Services Building

Summer 2015

Jackson County (continued)

Children and families who engage with multiple services providers were one of the populations identified for co-location. An intersection of integration may occur between a child's mental health therapist, a developmental disabilities case manager, and a maternal child health nurse who may visit the family's home to help oversee care for a medically fragile child. These staff are then working together to provide care for this family.

It is the hope and commitment of Jackson County HHS that the new facility, location and structure of services will lead to increased collaboration and improved service outcomes for the community.



Jackson County Oregon

Cross Borders 2015

By: Larry Torris

The Pacific Northwest Border Health Alliance Cross Borders Workshop was held the last week of April in Victoria, British Columbia. The theme was "Back to Basics" with presentations on communications, surveillance, data collection and Ebola. Representatives from around the Pacific Northwest and Canada listened to and presented practices, successes and issues that will strengthen the ability to care for citizens and enhance the abilities for different states and provinces to move patients and practitioners across our borders.



Larry Torris at Cross Borders

As most work through the winter and spring was around Ebola, the conference took advantage of practitioners who responded to Africa to present on the realities and experiences of their time overseas. Additionally, regional presentations on the successes and problems during the preparation for Ebola resulted in the sharing of ideas for future planning to deal with highly infectious diseases. Topics on communications and identification of capabilities in health care systems provided data and processes that will allow each group to further enhance understanding of how planning and operations intersect. Oregon presented on the work surrounding Ebola surveillance processes, cooperative planning and future projects, and EMS planning for patient transport coordination and the continuum of care.

"Larry Torris gave an outstanding plenary presentation about Ebola preparations at the Pacific Northwest Border Health Alliance Workshop in Victoria, BC," wrote Tom Eversole, center administrator for the Public Health Division's Center for Public Health Practice. "He represented Oregon well and was a true credit to OHA, explaining its successful work with EMS, hospitals, counties and affected communities. We are so proud of him and all our staff!"

Cross Borders 2015 (continued)

Throughout 2015, workgroups will be focusing on capabilities with the goal to have outputs for the 2016 conference. Next year the regional emergency managers will again be having their annual meeting in conjunction with the Cross Borders Workshop further expanding the collective experience and enhance the cooperation between the two disciplines.

For more information visit: www.pnwbha.org/

Samaritan Hospitals: Strength in Preparedness Partnerships

By: Lonni Nicoll Rutter

When the topic of excellence in hospital emergency management and preparedness arises, several partners come to mind. Among those who have built and maintain a robust preparedness system are the Samaritan hospitals in Region 2.

The Samaritan group is fortunate to have the strong support of Dr. Larry Mullins, president/CEO for Samaritan Health Services. Dr. Mullins has a long history of service to the citizens here and a good understanding of the big picture when it comes to health and health care in Oregon. One project that he and his colleagues have worked diligently to establish is the beneficial partnership with Peace Health.

Samaritan Lebanon Community Hospital is one of Oregon's Tier 2 (Ebola/infectious disease) facilities. Training of Peace Health staff is underway so they are able to augment Samaritan should an Ebola or other infectious disease incident occur locally. Samaritan's Biopreparedness Training Center (BTC) is holding these trainings, which are not open to other partners at this time. However, future outreach has been discussed.

Bob Vanderford has worked for Samaritan more than 40 years now. That is no small accomplishment. As the director of emergency management system-wide, he is tasked with overseeing training, planning, response and other hospital preparedness activities for the five Samaritan hospital locations: Lebanon, Albany, Corvallis, Newport and Lincoln City. Bob has a team of well-trained, strong and talented professional hospital emergency managers.

Vicky Lyons has been in emergency management with Samaritan for more than 10 years and has a long list of accomplishments to her credit. She is a trainer; planner; developer and facilitator of hospital drills and exercises; coordinator of HPP grants for all five hospitals; and has a number of other plates spinning just above her head all at once.



Vicky Lyons, Emergency Manager, Lonni Rutter, Region II HPP Liaison, and Bob Vanderford, Director of Emergency Management

Samaritan Hospitals (continued)

Somehow those plates never seem to hit the ground.

Recently joining the Samaritan preparedness team is Joe Hutchinson. Joe joins this emergency management group with an extensive professional background. He is primarily working at the Good Samaritan Regional Medical Center (Corvallis location), but also works on projects with the other hospital locations.



GSRMC Panorama

Cliff Sabin is the emergency manager for the Lebanon and Albany hospitals. Like his preparedness colleagues, he is engaged in several large projects and functions with a busy work schedule. In addition to overseeing the emergency management work for these two hospitals, he also has the responsibility of safety.

Samaritan Newport and Lincoln City hospitals are fortunate to have Eli Davis. Eli not only has emergency management experience, but also a clinical background. He splits his busy weeks between these two coastal hospitals while carrying an otherwise heavy workload. Recently, Eli has been focusing on Incident Command (HICS) refresher training for staff members.

We would be remiss without mentioning Mary Landis (Samaritan's senior grants administrator) and Mary Lanz (materials management buyer) who have both, for many years, worked in tandem to support the grants and purchasing process for the Samaritan hospitals. Of course, Samaritan also has a great group of volunteers, interns and regular staff all working to ensure success across the board.

The Samaritan group has been actively involved with the Region 2 health care coalition for many years. They work diligently to maintain positive and strong relationships with all emergency management and preparedness partners, including local and state government. Their hard work in building this impressive level of preparedness for the citizens of Oregon has not gone unnoticed.

ELC Grant: Assessment Hospital and EMS Consultative Visits

By: Genevieve Buser, M.D.

In April, Oregon received federal funding to consult with Ebola Tier 2 assessment hospitals and emergency medical transport agencies over the next several months. Consultations will be coordinated through the division's communicable disease program during 2015–2016. Based on the model used by CDC, a multi-disciplinary team will schedule visits with

ELC Grant (continued)

each of the hospitals and emergency medical service (EMS) agencies to learn about the facility's preparations and provide feedback. A tool detailing the preparedness domains listed above will be provided to each site before the visit and will guide the team's review. Extensive partnership coordination and input from stakeholders is critical to ensuring successful consultations with the hospitals and EMS agencies. Specific recommendations will be provided to each facility.

Hospital verification

Six hospitals have agreed to serve as Ebola Tier 2 assessment hospitals in Oregon; OHA recognizes the many months of preparations these health care systems have undertaken in order to care for a suspect Ebola patient. Ebola Tier 2 assessment hospitals should have the ability to initiate laboratory testing, evaluate and care for patients for up to 96 hours, or until discharge or transfer. Tier 2 hospitals should have: 1) isolation facilities that allow safe, effective care for a person under investigation, 2) direct-care staff with rigorous training in appropriate infection prevention practices and use of personal protective equipment, 3) ability to perform necessary laboratory testing, and 4) ability to maintain a four to five day supply of personal protective equipment.

For more information on Tier 2 hospital consultations, please contact Genevieve Buser, M.D., at 971-673-1111.

EMS verification

In addition to verifying hospital capacity, CDC is also requesting consultation to assist with Ebola preparedness of EMS. This will be done by documentation review and an in-person, non-regulatory consultation. Prior to the onsite consultation, an interview and review of the assessment checklist will be conducted with the EMS agency. This does not affect the EMS agency's regulatory requirements, but could affect the potential inclusion as a transporting entity within the Ebola continuum of care system. Specific recommendations will be provided to each facility.

For more information on EMS assessments, please contact Larry Torris at 971-673-0538.

At this time, CDC has outlined 11 key domains to guide the verification process:

- Facility infrastructure - patient rooms
- Patient transport
- Laboratory
- Staffing
- Training
- Personal protective equipment
- Waste management
- Worker safety
- Environmental services
- Clinical management
- Operations coordination

Jackson County communication tool: Flash Report

By: Tayna Phillips

During the H1N1 pandemic response in 2009, Jackson and Josephine counties needed a way to communicate with the medical community about personal protective equipment, vaccine availability, flu virus virulence and more. They created a document called the Flash Report to fulfill this need. Jackson County Public Health reinvented the Flash Report in 2011 as a consistent way to communicate to the medical community, emergency responders and other identified stakeholders.

The purpose of the Flash Report is to keep ongoing and accurate communication between the medical community, emergency responders and other identified stakeholders, about public health locally, in the state and nationally. The Flash Report is also a way for Jackson County Public Health to communicate internally to 331 employees (and counting) at Jackson County Health & Human Services. More specifically, Jackson County Public Health wanted to create a tool that partners would be familiar with, so when an emergent situation arose, partners receiving the report would be familiar with the tool and method of communication.

The Flash Report is released at the beginning of each month by email. If there is an urgent situation or critical information that needs to be released, additional Flash Reports are sent in another color scheme to differentiate the monthly report from an urgent report. The Flash Report is also posted on the Jackson County Public Health Web page, so the community can access it. The Flash Report is sent out to more than 800 partners of Jackson County Public Health.

Sample of partners receiving the Flash Report:

- Jackson County HHS
- Nonprofit community partners
- Dentists
- Ambulance services
- Fire departments
- County and city emergency management
- Hospitals systems
- Primary care providers
- Pediatric providers
- FQHCs
- Funeral homes
- Law enforcement
- Josephine County Public Health
- Siskiyou County Public Health
- School nurses and administration (elementary schools, middle schools, high schools, Southern Oregon University)
- Nursing homes
- Public Health Advisory Board
- Pharmacies
- Oregon Health Authority Public Health Division

The Flash Report is a very successful communication tool and has become part of the alerting and response system for ESF 8 in Jackson County. Hospitals, pediatric providers

Flash Report (continued)

and other medical providers have used the Flash Report to trigger an activation response around measles. When these providers receive an emergent Flash Report with information of a measles case(s) locally or in Oregon, it triggers their measles protocol/procedures to be activated. The Flash Report is also used for activating protocols for Ebola, other communicable diseases and natural disasters such as wildfire smoke.

Partners of Jackson County Public Health now expect this report to keep them up-to-date on all public health issues. Monthly topics have included syphilis, measles, pertussis, influenza, health advisories, suicide, gun violence, rabies reporting, cancer screenings, Oregon disease reporting requirements, public health laws, future trainings and conferences. Emergent reports have been released on confirmed measles cases, chickenpox outbreak in Ashland, Ebola and enterovirus D68.

HSPR Staff Shout Out

I would like to thank both **Jill Snyder** and **Jere High** for their long hours and behind-the-scenes work to submit five separate federal grants within a seven-week period that totaled more than \$13.2 million for Oregon!

I would also like to offer my appreciation to **Cristin Corcoran** for her work in supporting the University of Oregon's mass vaccination clinic in response to the meningitis outbreak. Her leadership in medical countermeasures helps streamline the entire process and ensures the best use of the facility and staff. She also played a major role as the state's operation chief within the Public Health's Incident Management Team during the same time period.

I would also like to take this opportunity to let you know that the beloved **Katie McLellan** has accepted a position with a private company in Lake Oswego. After 11 years in state government and 8 with HSPR, her last day will be July 20, 2015. The HSPR family will miss her greatly. Katie has been a rock in HSPR and she has gone the extra mile numerous times for each one of us. Her steady hand, professionalism and humor will be missed!!! But we do know that Katie will shine wherever her path takes her.

Thank you for all you do.
Mike Harryman



Cristin Corcoran, Jere High and Jill Snyder



Katie McLellan

2015 Tribal Public Health Emergency Preparedness Conference

By: Carey Palm

The 2015 Tribal Public Health Emergency Preparedness Conference was hosted by the Quinault Indian Nation at the Quinault Beach Resort in Ocean Shores, Washington on June 9–10, 2015. Sponsored by the Northwest Portland Area Indian Health Board, Washington State Department of Health, Oregon’s Health Security, Preparedness and Response Program, Indian Health Service, American Indian Health Commission and the Northwest Center for Public Health Practice.

The theme of the conference was “The Power of Positive Partnerships.” There were 113 people in attendance and 28 tribal nations from the Pacific Northwest were represented, as well as a variety of federal and state agencies.



“Fireside” chat participants

A tribal public health improvement workshop, led by the Northwest Portland Area Indian Health Board, was held the day before the conference. The workshop reviewed the public health (PH) accreditation process and prerequisites, including the updated standards and measures, and tribal-specific guidance. Twenty-four people attended this session with 13 tribal attendees representing eight tribal nations. This included Oregon’s Confederated Tribes of Grand Ronde, Confederated Tribes of the Coos, Lower Umpqua & Siuslaw Indians, Confederated Tribes of Warm Springs, the Cow Creek Band of Umpqua Indians and the Coquille Indian Tribe. There are not any tribes in the Pacific Northwest that have definitely committed to PH accreditation, but the Coquille Indian Tribe is furthest along, having completed their community health assessment and community health improvement plan. Future work/lessons learned from this workshop are that the tribes would like more training on public health improvement and accreditation readiness, and how to move forward after completing some of the key prerequisites.

This was the 10th annual Tribal Public Health Emergency Preparedness conference hosted by the Northwest Portland Area Indian Health Board and it was a huge success. Feedback received thus far is this year’s agenda was the best yet, it was very difficult to decide which session to attend, and the tribes want more than an hour in the individual state breakout sessions (Idaho, Oregon, Washington) for open discussion. However, attendees really appreciated all three states coming together after the individual sessions to share what was discussed as a group. Three days of intense networking and learning from partners highlights all of the incredible work and synergy happening among the tribes and partners in the Pacific Northwest.



Traditional salmon bake

Director's message

The continuous cycle of public health preparedness work in Oregon is particularly evident this year. As we wrap up the Ebola incident management team activation with a completed after-action review (AAR), we are now partners in the University of Oregon meningococcal outbreak response, collaborating with local, federal and state agencies regarding a vapor release in John Day and keeping vigilant watch for the hazards that summer brings. We are also beginning to prepare for the December 2015 Operational Readiness Review (ORR), planning for the June 2016 Cascadia Rising exercise and gearing up for our annual ECHO Preparedness Summit this fall.

And if that wasn't enough, this spring has been an unusually busy year for grant applications. From the end of February to the beginning of May, our team has applied for five federal preparedness grants. These include: 1) PHEP Ebola Supplemental-1, 2) PHEP Ebola Supplemental-2, 3) HPP Ebola Supplemental-3, 4) PHEP Budget Period 4 Base, and 5) HPP Budget Period 4 Base. They have different performance periods, so we will be extra vigilant in communicating end-of-year report data needs, due dates, performance measure data and keeping everyone on track. Thanks to everyone who provided input for the applications.

In addition, 2013 House Bill (HB) 2348 initiated a Task Force on Modernizing Oregon's Public Health System. The Task Force presented the conceptual framework for governmental public health services, which includes seven foundational capabilities: assessment & epidemiology, emergency preparedness & response, communications, policy & planning, leadership & organizational competencies, health equity & cultural responsiveness, and community partnership & development. The Task Force's recommendations were introduced at the 2015 legislative session and are encompassed in HB 3100.

At the Public Health Division, we are preparing to align with this modernization framework. The PHD Strategic Leadership Council is overseeing our internal work on public health modernization. The division has seven work groups formed around each foundational capability. These work groups started to meet in early June and will bring forth recommendations for change and alignment with each of the seven capabilities at the division level. I am the lead for the Emergency Preparedness Foundational Capability work group and I look forward to the challenge of modernizing public health.

For more information on HB 3100, you can go to the bill online:

<https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/HB3100/Introduced>



Mike Harryman, Director

Director's message (continued)

or you can find the overview of HB 3100 at:

<https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/HB3100>

We are in the process of replacing our Oregon Health Alert Network (HAN). The HAN system has served our health and preparedness community for many years, but due to the contract ending in October 2015, it is time to look towards a new system. The HAN replacement project team has completed several milestones to-date that includes posting a Request for Proposal to assist us in finding potential candidates for a new system. We are all very excited to partner with a new vendor and provide Oregon with a modern communication solution. We will keep our partners informed regarding the process and will do everything in our power to ensure a smooth transition when the time comes.

Multiple members of our team have been planning for and look forward to participating in the Pathfinder Minuteman exercise being held at Camp Rilea in August. This exercise brings members of the military, preparedness and volunteer communities together and allows all participants to demonstrate their strengths, learn new skills and build partnerships. We encourage all of our partners to participate. If you are interested or want more information, contact [Jere High](#).

The [risk communication toolkit](#) for wildfire smoke was recently updated and is available on our Resources for Partners Web page. This toolkit is designed to assist local health authorities with public messaging during a severe wildfire smoke event. There are currently five toolkits available on our website addressing topics such as extreme heat, seasonal influenza and flooding. In 2013, Preparedness Surveillance Epidemiological Team (PSET) conducted a quantitative and qualitative evaluation of the risk communication toolkit for wildfires. PSET wanted to ensure the toolkit was meeting the needs of the local health authorities and the public.

We surveyed local health departments that used the toolkit during the 2013 wildfire season for the quantitative portion of the evaluation. We asked them to provide specific feedback on the items included in the toolkit (such as press releases, social media messages, talking points, etc.). The qualitative evaluation focused on the public's perception of health effects from wildfire smoke. Members of the public from Glendale and Shady Cove, two communities near the 2013 Douglas Complex fire, participated in key informant interviews. Glendale experienced hazardous PM_{2.5} levels for several days during the Douglas Complex Fire and we were part of Governor Brown's pre-wildland fire briefing in March.

Based on findings from both the quantitative and qualitative evaluation, the following changes were made to the toolkit:

Crisis and Emergency Risk Communication Toolkit for Wildfire Smoke



Developed for Oregon Local Health Departments by the
Oregon Health Authority, Public Health Division
Health Security, Preparedness, and Response Program

Director's message (continued)

- Updated title to Crisis and Emergency Risk Communication Toolkit for Wildfire Smoke: http://public.health.oregon.gov/Preparedness/Partners/Documents/RiskCommToolkitforWildfireSmoke_FINAL_4.29.15.pdf;
- Changed fire photo to a smoke photo;
- Clearly stated OHA's position on the distribution of N95 respirators during smoke episodes;
- Refocused messages to highlight health effects from smoke and self-protective actions;
- Provided link to DEQ Oregon Smoke Protocol which outlines key public health interventions based on duration and level of PM_{2.5} in communities: www.deq.state.or.us/aq/burning/docs/WFresponse.pdf;
- Added PM_{2.5} talking points;
- Removed wildfire recovery messages; and
- Updated press release language for local health authorities.

As always, you can check out our website for the latest on [seasonal and emerging hazards](#). We also provide tools for our local preparedness, tribal and health care partners on our [Resources for Partners](#) page. There you will find things such as [useful links](#), [emergency risk communication toolkits](#) as well as [medical countermeasures information and tools](#). Thank you all for the work you do. It is my and my team's pleasure to collaborate with each of you.

Stay safe, stay focused,
Mike Harryman

ECHO 2015 Preparedness Summit

EXPLORE | CONNECT | HIGHLIGHT | OBTAIN

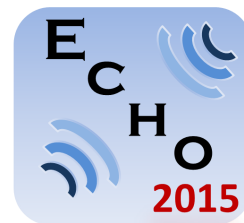
Join us! Look for a notice from the summit planning committee when registration opens this July.

The ECHO Preparedness 2015 Summit aims to provide tools, resources and inspiration to advance health and medical emergency preparedness, response, recovery and resilience to better prepare Oregonians for disaster. Participants will EXPLORE new ideas, CONNECT with key partners, HIGHLIGHT lessons learned and OBTAIN new skills.

October 8-9, 2015

[Riverhouse Hotel and Convention Center](#)
3075 U.S. 97 Business | Bend, OR 97701

For more information take a look at the [ECHO Preparedness Summit Web page](#).



ECHO Preparedness
Summit 2015

Preparedness Advice Column—PHD Staff tips and answers

By Julie Black

Welcome to the latest HSPR newsletter column! We have all heard the drill: build a kit, make a plan, be informed. We want to take it a step further and explore what preparedness looks like in action. We are using this column to capture the individual nature of preparedness by highlighting one staff member and their preparedness experiences per quarterly newsletter. Candy Cates, All Hazards Planner, is kicking off this project.



“The one thing I realized was missing from my preparedness food supply was fruit,” says Cates. “When I need this food I want to enjoy it and I want variety.” Cates saw banana chips while grocery shopping recently and picked them up for her kit. “I think of Cascadia when I’m shopping for my kit, so I’m preparing for a minimum of two weeks. I know myself, so I know I will get bored of peanut butter and tuna fish real quick.”

“Most people think of water and canned foods when they are building their emergency kits, but I try to think about what I would actually want to eat. The challenge,” says Cates, “is finding foods you would normally eat that are packaged in a way that lasts.” Cates also tries to buy something for her kit every month, so it is not overwhelming and her supplies are constantly updated. She’s been adding freeze dried meals to maximize her meal variety when her supplies are needed.

Tips:

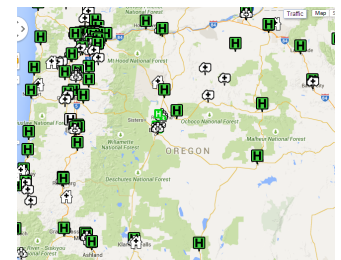
- Buy a variety of foods that you actually want to eat.
- Build your kit little by little, so your supplies stay fresh and the process is not overwhelming.

Oregon’s Hospital Capacity System

By: Nick May

Oregon’s hospital capacity web system (HOSCAP) is a critical information-sharing tool that we use to monitor stress on hospitals and health care systems. Systems are asked to update their status once every 24 hours, or as their capacity drastically changes. These updates allow partner agencies (EMS, 911, local health departments, state public health, etc.) and neighboring hospitals to be aware of a hospital’s status without making a call.

We are excited to announce that Hospital Preparedness Region 9 is using the system in a heightened manner this month to share their status and create a common operating picture. Region 9 hospitals are more rural and have different needs than hospitals in large population density environments. With frequent updates come the ability to run robust system reports that may show trends in the hospital and Region 9’s operations. A big thanks to Region 9 hospitals and partners for making this trial run a success.



HOSCAP map view of Oregon



Stay safe, stay focused



Health Security,
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About Health Security, Preparedness and Response

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

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

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