

## Partners in Preparedness: Innovative Practices in Public-Private Partnerships for Pandemic Influenza Preparedness

### *Case Study #5: Public Health Seattle and King County H1N1 Preparedness Implementation Plan for Business Engagement*



### **ABSTRACT**

The 2009 H1N1 influenza pandemic provided an opportunity for Public Health–Seattle and King County (PHSKC) to use their established methods of business engagement to support public health response. After the onset of H5N1 avian flu, PHSKC identified the need to engage the business community in pandemic response. In response to this need, PHSKC’s Advanced Practice Center (APC) developed a Business Engagement Toolkit and training program for local health departments (LHDs).

During the H1N1 influenza pandemic, PHSKC used their Business Engagement Toolkit and training program to strengthen their partnerships with the business community so businesses would have direct access to public health. As a trusted resource, PHSKC established and maintained a system of communication with businesses, including frequent meetings and conference calls, informational briefings, announcements of possible school closings, and ongoing consultation called “technical assistance.” PHSKC’s technical assistance included suggestions about sick leave policy changes, explanations of local prevention and response planning efforts, simple flu prevention strategies, and answers to questions from business owners, employers, and employees.

Frequent communication gave PHSKC the opportunity to inform and educate the business community about H1N1 prevention, vaccination, and response; and it gave businesses a chance to educate PHSKC on the economic implications of the response to a pandemic threat. Businesses also offered PHSKC access to their resources and expertise.

The partnership between PHSKC and the business community resulted in the business community’s implementation of best practices around flu prevention and response. The partnership created an environment of open communication and mutual understanding between businesses and PHSKC. The Business Engagement Toolkit documents the strategies that PHSKC used to build this supportive and effective relationship.

### **INTRODUCTION**

The H1N1 influenza pandemic provided an opportunity for PHSKC to use their established methods of business engagement for pandemic response. In 2006, prior to the H1N1 influenza threat, PHSKC developed a Business Engagement Toolkit and training program. PHSKC

developed this program in order to share their business engagement and outreach plan, and to provide tools for other LHDs. The toolkit includes sample letters, PowerPoint presentations, handouts, and other resources for businesses.

In an effort to strengthen overall community H1N1 pandemic preparedness, PHSKC used the concepts presented in a 2006 training, as they continued to work with business to do the following:

- Engage key businesses in planning and preparing for pandemics and other large-scale public health events.
- Identify resources and best practices to assist local businesses in continuity planning.
- Establish ongoing communication and coordination between businesses and PHSKC.

## **BACKGROUND**

PHSKC worked closely with the local business community around various types of disaster planning, including pandemic influenza. Through these efforts, PHSKC offered businesses a consistent flow of public health and disaster preparedness information. Preparedness section manager, Michael Loehr, stated that PHSKC first connected with the community's largest local employers and those who had the strongest interest in a partnership with PHSKC.

In 2005, PHSKC engaged businesses around pandemic flu preparedness when the threat of H5N1 avian flu emerged as a potential threat. PHSKC then designed a pandemic flu planning guide that included the names of community stakeholders, public health goals, and steps for action.

## **METHODS**

### **Partner Formation**

During the 2009 H1N1 influenza pandemic, PHSKC needed to educate and inform the public rapidly and frequently without causing public hysteria. Using the model that was presented in the training, PHSKC identified key stakeholders in their community, including elected officials such as city and county mayors, government, associations, public utilities, labor councils, universities, and business leaders. PHSKC identified business leaders by coordinating with local chambers of commerce, economic development agencies, and existing business coalitions. PHSKC stakeholders included the director of public health, community liaisons, the preparedness director, and the communications director.

As an initial outreach measure, PHSKC sent a letter to local businesses, presenting ways a pandemic flu outbreak might disrupt operation and what it would cost. PHSKC then offered to provide business leaders and their staff with informational briefings. Briefings included explanations of local prevention and response planning efforts, simple flu prevention strategies such as hand washing and social distancing, and any anticipated school closings. PHSKC also scheduled frequent meetings and conference calls about prevention and response of pandemic flu.

Mr. Loehr stated that PHSKC provided technical assistance to businesses during the H1N1 outbreak. PHSKC staff received questions from local businesses and provided them with

information. They addressed issues such as concerns over cash handling procedures, access to vaccine for employees, signs and symptoms of flu in the workplace, and PHSKC's recommendations around sick leave policy revisions. Because of these outreach efforts during H1N1, many businesses had direct access to PHSKC.

Mr. Loehr stated that this frequent communication was especially important because of the "complexity of the message" about H1N1. This allowed PHSKC to give businesses up-to-date and accurate information on H1N1 prevention, vaccination, and response. It also gave businesses a chance to educate PHSKC on the economic implications of their actions.

For example, in response to a concern over school closings during the spring 2009 outbreak of H1N1, PHSKC scheduled conference calls with businesses as soon as they anticipated a possible school closing. PHSKC kept businesses informed of such measures a few days ahead of time.

By way of calls, meetings, and bi-monthly electronic and print briefings, PHSKC encouraged businesses to establish continuity and contingency plans that addressed staff shortages, human resource policies for ill workers, incentives for sick workers to stay home, and disincentives for ill workers to return to work prior to recovering from the flu.

This partnership also informed PHSKC of the capabilities, resources, and expertise that exist in the private sector.

### **Challenges**

Establishing and maintaining new relationships with businesses was a challenge, especially in the midst of a pandemic H1N1 influenza threat. Not having a specific business liaison limited the acquisition of new partnerships and PHSKC's ability to maximize the use of business resources during the H1N1 outbreak.

### **Innovation**

Businesses understood the threat associated with ill employees remaining at work because of ongoing communication and consultation with PHSKC. Some businesses created innovative programs that allowed for "loaned" sick leave time or established sick leave "pools" where employees could borrow sick leave from each other.

PHSKC's training and toolkit offered engagement methods and strategies to businesses prior to the H1N1 influenza pandemic. The training program "Preparing for Pandemic Flu: It's Not Business as Usual," presented by the PHSKC APC, taught participants ways to develop a business engagement plan for public health preparedness. This training is available to all health departments nationwide.

### **RESULTS**

Due to the partnership between PHSKC and local businesses, PHSKC was able to support and educate business leaders and employees during the 2009 H1N1 influenza pandemic. PHSKC benefitted the business community in the following ways:

- Helped business implement best practices to reduce potential spread of illness in the workplace.
- Provided businesses with up-to-date, relevant, and accurate messages regarding H1N1 through direct technical assistance and electronic briefings.
- Established a system of meetings and phone calls that promoted the exchange of information between public health and business.

PHSKC's training and toolkit offered engagement methods and strategies to businesses prior to the H1N1 influenza pandemic. Learning objectives included the following:

- Participants will be able to understand the purpose of engaging their business community in public health preparedness planning.
- Participants will be able to identify at least three internal and three external stakeholders for business engagement planning.
- Participants will develop a draft business engagement plan for their jurisdictions.

Emergency Preparedness Competencies addressed in the training included the following:

- Participants will be able to describe communication role(s) in emergency response: within agency, media, general public (businesses), and personal (family, neighbors).
- Participants will identify the limits to own knowledge, skill, and authority; and identify key system resources for referring matters that exceed these limits.
- Participants will apply creative problem solving and flexible thinking to unusual challenges within his or her functional responsibilities and evaluate the effectiveness of all actions taken.

This training program and its attached resources are available on PHSKC's website at

[www.kingcounty.gov/healthservices/health/preparedness/apc/resources.aspx](http://www.kingcounty.gov/healthservices/health/preparedness/apc/resources.aspx).

Resources include the following pandemic flu preparedness resources for business engagement (referenced at the February 2006 APC Training Conference):

- 2006 APC Training Conference Facilitator's Guide (MS Word)
- Community Groups presentation (PowerPoint)
- Agency presentation (PowerPoint)
- County Executive Briefing Letter (MS Word)
- Business Engagement Letter (MS Word)
- Business Forum Agenda (MS Word)
- Public Health Business Engagement Plan (MS Word)
- Business Engagement Planning Template (MS Word)
- Other Public Health Pandemic Flu resources

## **RECOMMENDATIONS**

The partnership between the business community and PHSKC was successful because of PHSKC's planning, training, and established relationships prior to the H1N1 outbreak. When the pandemic occurred, PHSKC's preparedness section and the business community had direct access to each other, facilitating an environment of frequent open exchange of information and resources.

Although PHSKC had previously established methods of engagement, it may have been more effective if there had been a pre-established liaison function between PHSKC and the business community. Mr. Loehr provided the following recommendation:

“Health departments should collaborate with the business community to establish the emergency role of a public health business liaison. The ideal candidate for this emergency position would be an individual who has experience working in the business world and with government. This individual would serve as a gateway for information exchange and coordination between public health personnel and businesses. The position would ensure that businesses had access to technical assistance and information updates and would promote a system for communicating resource needs from [PHSKC] that could be matched to available resources within the private sector.”

### **Other Recommendations**

1. Health departments nationwide should continue to share resources and information with each other. For example, the Boston Public Health Commission consulted with PHSKC regarding their suggestions to businesses around sick leave policies and adjustments in business operations. PHSKC has Boston Public Health Commission's public service announcement videos posted on their website.
2. Public health agencies should begin outreach by identifying at least three external stakeholders for business engagement planning. These stakeholders should include business leaders, elected officials, government agencies, and public health.
3. Stakeholder engagement should include the following:
  - a. Development of a business engagement plan and plan approval.
  - b. Initial briefing of main stakeholders.
  - c. Interviews with stakeholders to assess concerns and needs.
  - d. Business forum on pandemic flu.
  - e. Establishment of a “leadership circle” of business representatives who will assist with preparedness planning and provide ongoing leadership to the rest of the business community.
  - f. Formation of and follow-up according to contingency plans.
  - g. Ongoing assessment of business and public health's needs for additional resources, briefings, and other communication and collaboration.
  - h. Scheduled follow-up meetings in times in between crises.

In order to sustain partnerships and engagement between businesses and public health agencies, public health agencies should do the following:

1. Establish regular and ongoing communication with local businesses. Obtain key contact lists and emergency contact lists.
2. Identify “promising practices” and resources that can be used as models for business continuity, human resource policies, and preparedness planning.
3. Inventory resources that could be available during a pandemic event and establish utilization agreements if needed.

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**Suggested Resources for More Information**

2009 H1N1 Resources for Business and Employers:  
[www.cdc.gov/h1n1/business.html](http://www.cdc.gov/h1n1/business.html)

Advanced Practice Toolkits for Emergency Preparation:  
[www.kingcounty.gov/healthservices/health/preparedness/apc.aspx](http://www.kingcounty.gov/healthservices/health/preparedness/apc.aspx)

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KING COUNTY  
Healthcare  
Coalition

Prepare. Respond. Recover.

# Business Resiliency Workshop for Healthcare Providers

PARTICIPANT MANUAL 2008



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The Business Resiliency Workbook is included between the Personal Preparedness and Local Emergency Response sections.





To be prepared is half the  
victory.

— Miguel de Cervantes



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|   |  |
|---|--|
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## Agenda

### Day 1: Fundamentals of Business Resiliency

|               |   |
|---------------|---|
| 9:00 – 9:30   | Learning objectives for today                       |
|               | Introductions                                       |
|               | Welcome   |
| 9:30 – 9:50   | Activity: expectations check-in                     |
| 9:50 – 10:30  | Emergency management system: the basics             |
| 10:30 – 10:45 | Break   |
| 10:45 – 11:15 | Hazards in our region                               |
| 11:15 – 12:00 | Panel presentations: critical infrastructure issues |
| 12:00 – 1:00  | Lunch   |
| 1:00 – 2:00   | Personal and family preparedness                    |
| 2:00 – 2:30   | Business Resiliency Workbook                        |
| 2:30 – 2:45   | Break   |
| 2:45 – 3:30   | Business Resiliency Workbook cont.                  |
| 3:30 – 4:15   | Group discussion: putting resiliency into practice  |
| 4:15 – 4:30   | Review and wrap up                                  |

### Learning Objectives

1. Identify the value of the King County Healthcare Coalition.
2. Examine roles of emergency management and the value of the incident command system
3. Identify the types of hazards in our region and how they may impact your organization's ability to protect your staff and serve your patients/clients.
4. Outline infrastructure vulnerabilities and describe impacts to your organization
5. Describe the importance of personal and family preparedness and ways to increase your personal preparedness level
6. Outline methods to increase organizational preparedness and business resiliency

# Agenda

## Day 2: Business Resiliency in Practice

- |               |                                     |
|---------------|-------------------------------------|
| 9:00 – 9:30   | Learning objectives for today       |
|               | Introductions                       |
|               | Brief review of Day 1               |
| 9:30 – 10:30  | Local emergency response system     |
| 10:30 – 10:45 | Break                               |
| 10:45 – 11:45 | King County Healthcare Coalition    |
| 11:45 – 12:45 | Lunch                               |
| 12:45 – 2:45  | Incident Command System             |
|               | Video: Business Not as Usual        |
|               | Activity: putting ICS into practice |
| 2:45 – 3:00   | Break                               |
| 3:00 – 3:45   | Activity for review                 |
| 3:45 – 4:30   | Question and answers, wrap up       |

## Learning Objectives

1. Describe local emergency response system
2. Identify how your organization can access information and request resources during an emergency
3. Demonstrate the regional and organizational preparedness efforts coordinated by the King County Healthcare Coalition
4. Identify the benefits and function of the Incident Command System (ICS)

*Learning Objective: Identify the value King County Healthcare Coalition.*

## **Introductions: Getting to know you...**

- Name
- Agency
- Title
- One thing you would like to get out of today's workshop
- One fact about yourself few people know

## **Welcome**

Welcome to the King County Healthcare Coalition's Business Resiliency workshop. With all the other tasks and responsibilities you have on a daily basis, we congratulate your organization on preparing to prosper in the face of disaster!

Healthcare providers' responsibilities includes ensuring the safety and well-being of staff and volunteers while on the job and the people you serve while in your care. The purpose of this workshop is to help build your organization's resiliency so your staff, volunteers, and the people you serve can be ready to respond to, and "bounce back" from, an emergency.

Collaboration between public health, hospitals, healthcare agencies, and other community organizations is crucial to organizational survival and regional healthcare system response. This is why the King County Healthcare Coalition (Healthcare Coalition) was formed.

The Healthcare Coalition is a network of healthcare organizations and providers that are committed to coordinating their emergency preparedness and response activities. The purpose is to develop and maintain a comprehensive system that ensures coordination, effective communications, and optimal use of available health resources in preparation for and in response to emergencies and disasters.

Planning now instead of reacting in the moment is critical. After all, during a disaster is *not* the right time to exchange business cards!

Healthcare sectors that participate in the Healthcare Coalition include

- hospitals
- medical groups
- safety net providers
- pediatrics
- tribal clinics
- long term care (nursing homes, boarding homes, adult family homes, home health, and home care)
- mental health and substance abuse (inpatient, outpatient, residential, detox centers, sobering centers, specialty providers)
- specialty providers (dialysis providers, blood centers, poison centers, surgical centers).

## **Vision of the Healthcare Coalition**

*A coordinated response across the continuum of healthcare that meets the health and medical needs of the community during an emergency.*

The Coalition coordinates and assists providers with their preparedness efforts on three levels:

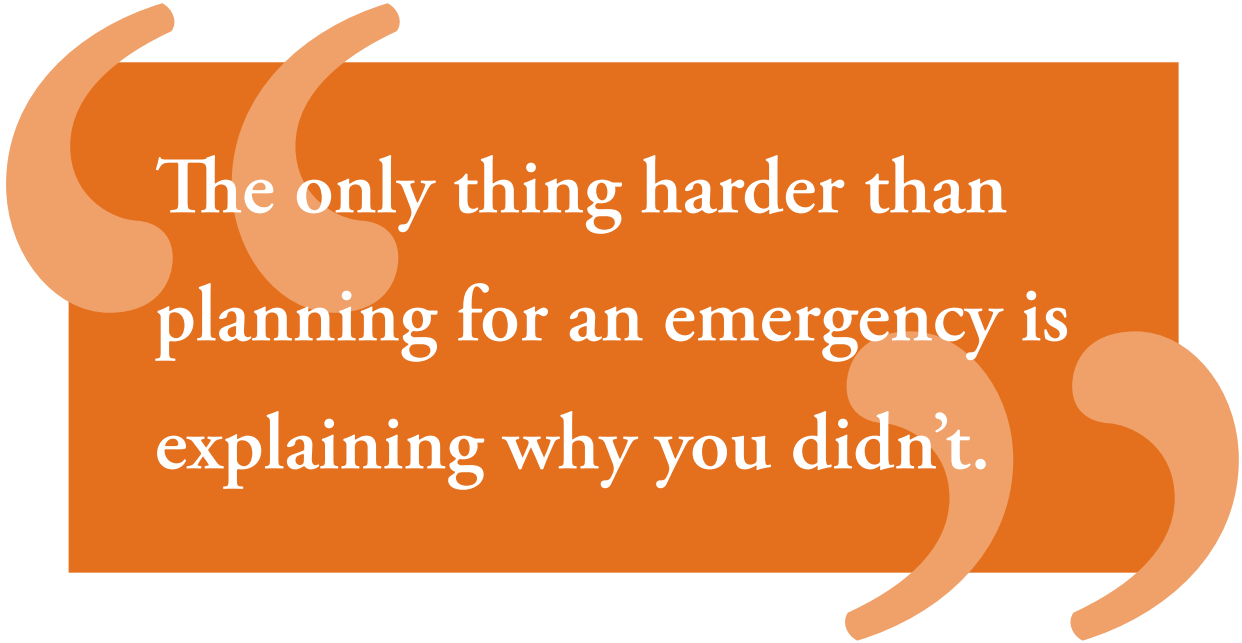
- individual organization
- sector/neighborhood
- regional (King County).

For more information, visit [www.metrokc.gov/health/hccoalition](http://www.metrokc.gov/health/hccoalition).

Over the next two days you will learn not only why but also how to increase your preparedness level and what resources you will have when an emergency strikes.

Thank you for being a part of making our healthcare system and community stronger and ready to prosper in an emergency.





The only thing harder than  
planning for an emergency is  
explaining why you didn't.



*Learning Objective: Increase your knowledge of the regional emergency response system.*

## Discussion

During a disaster, what do you expect from...

- your community
- your workplace
- non-governmental organizations?

## Emergency Management Phases

**Mitigation:** Actions taken to eliminate a hazard, or to reduce the probability and the effect, should the disaster occur.

Examples include

- securing equipment and furniture
- installing latches on cabinets
- establishing a computer back-up system.

**Preparedness:** Actions taken to facilitate disaster response and recovery. This includes planning, training, and equipping organizations to respond to emergencies arising from hazards that cannot be eliminated through mitigation.

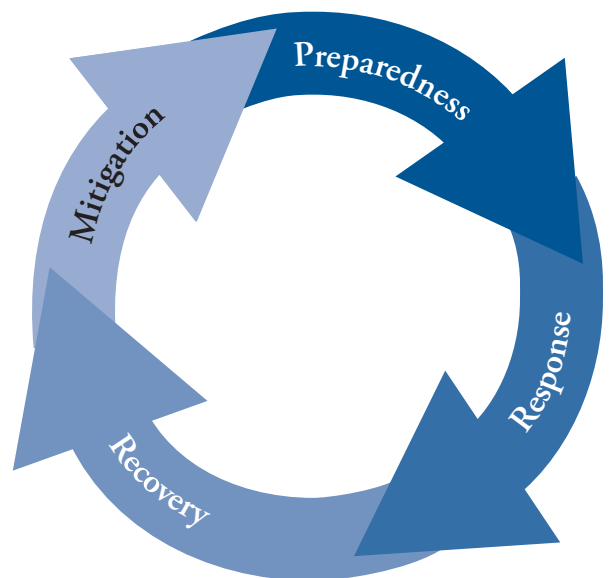
Examples include

- developing emergency operations plans
- training personnel
- conducting exercises to test plans.

**Response:** Actions taken to save lives and property during an emergency.

Examples include

- search and rescue
- physical and psychological First Aid
- evacuation
- emergency shelter
- activation of Emergency Operations Plan
- activation of an Emergency Operations Center (EOC).



**Recovery:** Actions taken to return to normal or near normal conditions.

Examples include

- reconstructing roads and public facilities
- securing financial aid for disaster victims
- reviewing and critiquing of response activities.

## Role of Government in Emergency Management

The Robert T. Stafford Act defines a **major disaster** that can result in federal assistance.

*Major disaster* means any natural catastrophe or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of State and local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Additionally, the Stafford Act defines an **emergency** as a dangerous event that normally can be managed at the local level. Furthermore, the following is the legal definition of an **emergency** that can result in federal assistance:

*Emergency* means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

## Government Areas of Responsibility

### Federal Government

- The Federal Emergency Management Agency (FEMA) provides federal coordination, planning, and training to support state and local jurisdictions.
- In the event that the capabilities of state government are exceeded, federal disaster assistance may be requested.

According to the Small Business Administration, 52% of companies will go out of business as the result of a major disaster.

## State of Washington

- The Washington State Emergency Management Division coordinates resources to support state agencies, cities, counties, towns, and tribal governments with either state mutual aid or federal government resources.
- The governor may proclaim a state of emergency for a portion of the state or the entire state and invoke response and recovery actions. RCW 43.06.010(12).

## King County Office of Emergency Management

- Counties have emergency management organizations and plans according to RCW 38.52.
- King County Emergency Coordination Center coordinates non-medical resource requests and information for emergency events with Washington state, cities, and other local jurisdictions, special purpose districts, volunteer agencies, and private businesses.

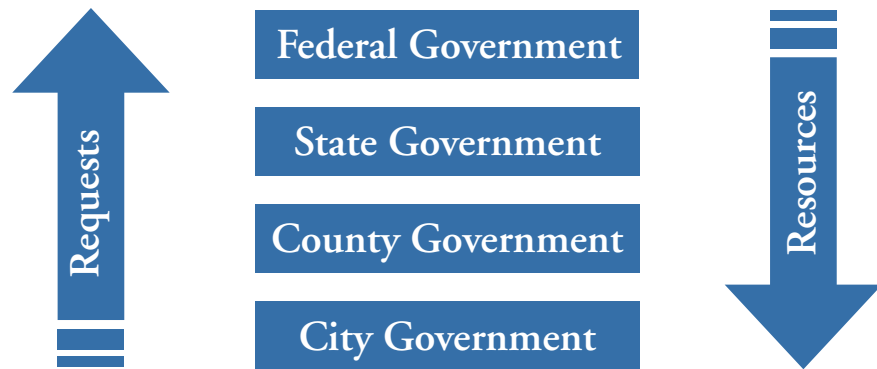
## Public Health - Seattle & King County (PHSKC)

- PHSKC coordinates medical resource requests and information for emergency events with healthcare organizations, King County ECC, Washington State Department of Health, cities, and other local jurisdictions, and special purpose districts, volunteer agencies, private businesses, and non-governmental organizations.

## City

- Local jurisdictions assign emergency or disaster responsibilities based upon existing capabilities or mutual aid agreements.
- During an emergency event, local jurisdictions communicate with each other and describe what response efforts are being conducted.
- Cities report their status to the King County ECC.
- Seattle reports directly to Washington state.

## Flow of Information and Resources



## Role of Non-Governmental Organizations (NGOs)

NGOs provide critical support to government and community efforts. Although there are NGOs that play a role in mitigating and preparing for disasters, they are often best known for their response and recovery activities.

NGOs may be religious or secular based, but more are reliant on individual donations and grants from the public and private sector.

Common response and recovery activities NGOs perform include

- feeding
- sheltering
- crisis counseling
- case management
- referrals
- disaster supply distribution (blankets, hygiene kits, tarps, clean up kits, etc.)
- repair/rebuilding of homes.

## Role of Healthcare Organizations

Healthcare organizations play a critical role in the overall response. Healthcare staff need a safe and supportive work environment. Patients/clients rely on organizations to continue to provide the services that they need.

Healthcare organizations need to have a business continuity and surge capacity plan that incorporates communications with staff, patients, and families.

Healthcare organizations need to know how to coordinate with the Public Health Emergency Operations Center to request medical resources, get information on the regional response, and provide a status of their organization. They also need to know how to coordinate with their local emergency operations center for non-medical support.

## Incident Command System (ICS)

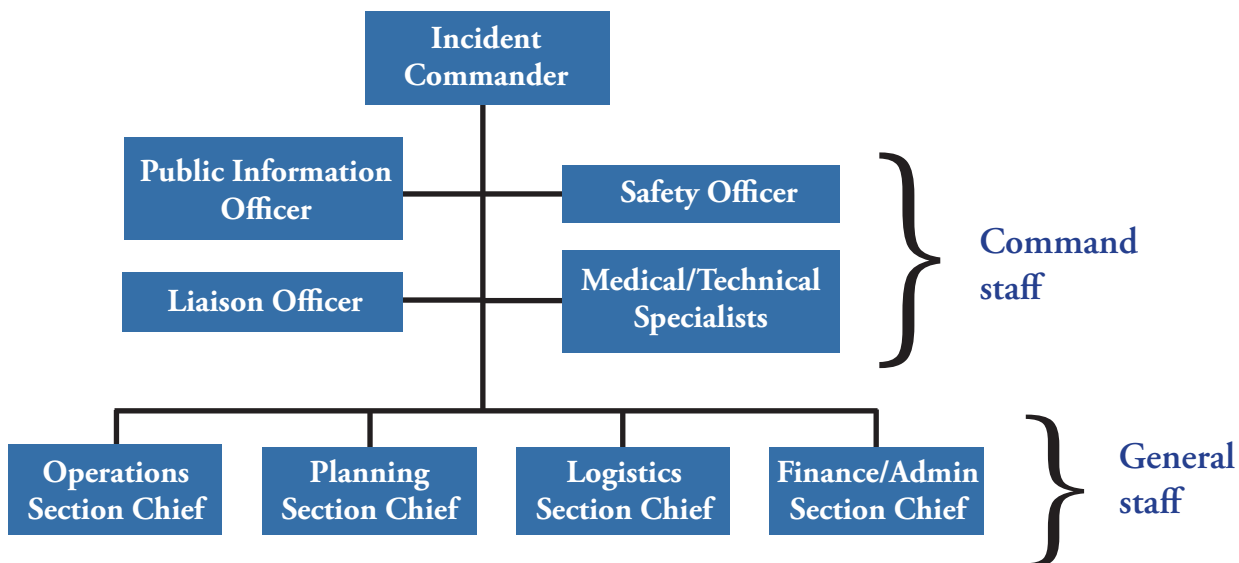
With so much at stake in an emergency, effectively managing your response efforts is vital. This is why adopting ICS is an important step for healthcare providers.

ICS was developed in the 1970s following a series of catastrophic fires in urban California. Property damage ran into the millions, and many people died or were injured. The personnel assigned to determine the causes of this disaster studied the case histories and discovered that response problems could rarely be attributed to lack of resources or failure of tactics. Surprisingly, studies found that response problems were far more likely to result from inadequate management than from any other single cause.


ICS is used to organize activities for a broad range of emergencies:

- small to large
- naturally occurring and human-made
- emergency or planned events.

Did you know? Providers accredited by the Joint Commission are required to adopt ICS. Other accrediting institutions, as well as funders, are increasingly including ICS implementation as a requirement.








Buildings are left standing,  
and the roads remain open,  
but the health impacts of a  
severe pandemic flu will be  
felt throughout our commu-  
nity. Everyone will need to  
change how we do business  
when a pandemic flu comes,  
so it's important that every-  
one prepares now.

— Dr. David Fleming  
Director and Health Officer  
Public Health - Seattle & King County





*Learning Objectives: Identify the types of hazards in our region and how they may impact your organization's ability to serve your patients/clients, and outline infrastructure vulnerabilities and describe impacts to your organization.*

## Hazards in Our Region

When developing your organization's Emergency Operations Plan, it is important that the plan be effective for all hazards that have a moderate to high probability of occurring in our region.

Being that we are in the Puget Sound region, we must plan for hazards such as

- severe weather
- earthquake
- disease outbreak (e.g., pandemic flu)
- toxic spill (e.g., transportation or biotech facility accident)
- terrorism.

As healthcare providers, our goal is to ensure *continuity* of care within the *continuum* of care in an emergency. This includes activities designed to

- reduce mental/physical decline and need for higher level of care for the people you serve
- sustain critical healthcare services for the public
- avoid surge at hospitals.

To achieve these goals, it is critical that non-hospital healthcare providers continue to care for the people they serve in an event. Continuing to provide care may not mean only giving the care directly but also ensuring that care is given by other organizations in the healthcare system if your facility is unable to function.

## Hazard Identification Vulnerability Analysis (HIVA)

The first step toward a mitigation program is the identification of the hazards a community may face. Firsthand information can be obtained from interviews of businesses, local employees, first responders, and residents; or gathered from newspaper archives, FEMA documents, state and local government

Consider these statistics:

Almost 40% of small businesses that close due to a disaster event never re-open. (Source: American Red Cross)

Ninety-one percent of Americans live in places at moderate to high risk of earthquakes, volcanoes, tornadoes, wildfires, hurricanes, flooding, high-wind damage, or terrorism.

records, and the Internet. Generally, local hazards can be categorized as either natural or technological/human-caused events.

Some hazard events occur on an almost annual basis while others may not happen within our lifetime. Additionally, not every hazardous event occurs with notable damage or loss of life. For this reason, hazards are assessed by comparing the experienced frequency of the event versus the potential impact that may result.

Each type of hazard has a different set of characteristics that impact our response to it. Some hazards may leave infrastructure such as gas, power, and sewer lines intact, while another may destroy infrastructure.

Other characteristics to consider include the duration of the impact (e.g., was it an acute event such as an airline accident, or enduring, such as a pandemic flu?). Finally, our response may be greatly impacted depending upon whether there was warning of the event (e.g., snowstorm versus an earthquake).

**Severe weather** is rated in the King County HIVA as high probability/moderate impact. Impacts of severe weather may include

- flooding
- land and mud slides
- power outages
- road, rail, and airport closures.


**Earthquakes** in our region are rated as high probability/high impact. Severe impacts to our infrastructure are likely to occur, such as building and road collapse, power outages, as well as liquefaction. The University of Washington defines liquefaction as

A phenomenon in which the strength and stiffness of a soil is reduced by earthquake shaking or other rapid loading. Liquefaction occurs in saturated soils, that is, soils in which the space between individual particles is completely filled with water. This water exerts a pressure on the soil particles that influences how tightly the particles themselves are pressed together.

**Pandemic flu** is generally rated as probability low/impact moderate. Although it is rated as a low probability because it happens in 10–30 year cycles, it







Preparedness is not about  
disasters. It's about who you  
are committed to being for  
your family and community  
when disaster strikes. Prepare  
the people you love to prosper!

— Collaborating Agencies  
Responding to Disaster (CARD)





*Learning Objective: Describe the importance of personal and family preparedness and ways to increase your personal preparedness level.*

## Discussion

Who benefits when you and your staff are prepared?

## Index Card Activity

**Step 1** On each of nine index cards, write down

- three things you like to do
- three people you love
- three of your favorite things that you own.

**Step 2** Spread cards out face down on table and mix around.

**Step 3** Choose three cards.

Imagine that in a disaster the items on those three cards are the only things you did not lose. For many victims of disaster, this is a reality.

The process of increasing your level of personal preparedness may feel overwhelming. But, by including all members of your household, establishing priorities, actions and reasonable time lines, you can prosper in an emergency.

## Protecting Life and Property

Ensuring your environment is safe is an activity you can do with your entire family, so do a home hazard hunt and include the kids.

Here are 10 steps recommended by Collaborating Agencies Responding to Disaster (CARD) and the Healthcare Coalition to make your home and other places safer.

1. Move heavy furniture (such as bookcases) away from beds, couches, and other places where people sit or sleep. Also make sure that exit paths are clear of clutter.
2. Secure large furniture and appliances with flexible nylon safety straps. When attaching straps to the wall, make sure they are attached to the studs in the wall.
3. Install latches on kitchen or other cabinet doors to keep contents inside during an earthquake.

4. Keep your home safer by using adhesives such as earthquake putty to keep vases, knickknacks, and other fragile items from falling and breaking.
5. Secure water heaters with two straps—one near the top and the other near the base. Firmly anchor these straps to the studs or masonry. Bracing kits are widely available to make this easier.
6. Hang paintings and other objects on closed hooks so they stay on the wall during an earthquake.
7. Retrofit your home, if possible. Homeowners and renters should explore what government and private resources are available to help make this happen.
8. Store heavy items in cabinets, storage racks, and bookcases on bottom shelves.
9. Remove fire and chemical hazards from the home.
10. Install smoke alarms throughout the house and fire extinguishers on every floor.

## **Emergency Go-Kits for Home**

Go-Kits are emergency kits you pack in advance so that if an emergency strikes, you just pick up the kit and go. By assembling critical documents and supplies, you are more self-sufficient and able recover faster from a disaster. Place your kit in an easily accessible place, such as a closet near your front door.

You will want to keep additional supplies at home in the event that you cannot leave, but here is a list of supplies to include in your Go-Kit.

- Water—preferably several small packets
- Food
- Small First Aid kit
- AM/FM radio
- Flashlight
- Lightsticks
- Whistle
- Comfortable/sturdy shoes

- Clothes (several light layers pack better than bulky items)
- Garbage bags/plastic bags
- Duct tape
- Towelettes, toilet paper, feminine hygiene supplies
- Deck of cards, book, coloring books/crayons for kids, or other items to pass the time
- Face masks/dust masks/bandana or cloth to cover your face
- Pocket knife/utility knife/scissors
- Copies of important papers/documents (picture ID, birth certificates, credit cards, insurance policies, out-of-area contact information, and list of important contacts)
- Cash and coins (cash in case ATMs and credits cards do not work; coins for pay phones)
- Pre-paid calling cards
- Pen and paper
- Personal support items: eye glasses, medications, hearing aid and battery, etc.
- For people with limited English proficiency: dual-language dictionary, contact information for bilingual friends and supporters, and translated emergency information for sharing with emergency personnel

Remember, food and medications need to be rotated out of your emergency kit; otherwise, they may go bad or become useless.

## Personal Preparedness Food and Water Recommendations

Prepare to be on your own for a minimum of three days—preferably seven days. Your first activity toward increasing you and your family’s personal preparedness level should be to ensure you have the right amount and type of food and water safely stored in your home.

- Water: at least one gallon of water per day, per person. Emergency water pouches are best because the water stays drinkable for approximately five years. Water is for drinking, cooking, and hand washing.
- Food: non-perishable foods you enjoy that require no refrigeration, preparation or cooking, and little or no water. You also should include high-protein items, including energy bars, ready-to-eat soup, peanut butter, etc.

Do not forget to store food and water at your office and in your car.

## **Food Storage Tips**

- Keep food in a dry, cool spot—a dark area if possible.
- Wrap perishable foods, such as cookies and crackers, in plastic bags and keep them in sealed containers.
- Empty packages of sugar, dried fruits, and nuts into screw-top jars or air tight containers for protection from pests.
- Throw out canned goods that become swollen, dented, or corroded.
- Use foods before they go bad, and replace them with fresh supplies and date with ink or marker. Place new items at the back of the storage area and older ones in the front.

## **Shelf-Life of Food for Storage**

- Six months: boxed powdered milk, dried fruit, dry crisp crackers, potatoes
- One year: canned condensed meat and vegetable soups, ready-to-eat cereals and uncooked instant cereals, peanut butter, jelly, hard candy and canned nuts, vitamins
- Indefinitely: (in proper containers and conditions) wheat, vegetable oils, dried corn, baking powder, soybeans, instant coffee, tea, cocoa, salt, noncarbonated soft drinks, white rice, bouillon products, dry pasta, powdered milk (in nitrogen-packed cans)

## **Tips for Using Stored Food During a Power Outage**

- Use perishable food from the refrigerator, pantry, garden, etc.
- Use foods from the freezer.
  - To limit the number of times you open the freezer, post a list of the freezer contents.
  - Frozen foods in a well insulated freezer will keep for two days.
- Begin using non-perishable foods and staples.

## **Protect Critical Documents**

Prevent delay, frustration, and anxiety after a disaster by securing critical documents ahead of time. Keep one copy of the documents listed below in

your Emergency Go-Kit and another in a safe deposit box, with a relative, or at a friend's house outside the area. You can also store them at home in a fire-resistant container or put into a water tight bag and place in the freezer.

- Copy of vital household information
  - Name and Social Security Number of each household member
  - School name, address, and phone for each child
  - Name, address, and phone number of
    - friends and family members
    - attorney
    - doctor
    - vet
- Tax records for the past three years
- Medical information
  - Health plan numbers
  - Allergies
  - Regular medications (name and dosage)
- Insurance information
  - account/policy type and number
  - insurance agent phone number
  - pictures of all valuables for documentation and insurance claims
- Deed, wills, birth certificates
- Vehicle information (registration, VIN, insurance)

## MacGyver Activity

Just like the 1980s hit TV show, MacGyver, in an emergency you may need to get creative with the resources you have on hand. As a way to practice this skill, list all the things you can use a Ziploc-type bag for in a disaster situation.

- |           |           |
|-----------|-----------|
| 1. _____  | 1. _____  |
| 2. _____  | 2. _____  |
| 3. _____  | 3. _____  |
| 4. _____  | 4. _____  |
| 5. _____  | 5. _____  |
| 6. _____  | 6. _____  |
| 7. _____  | 7. _____  |
| 8. _____  | 8. _____  |
| 9. _____  | 9. _____  |
| 10. _____ | 10. _____ |

## Preparedness and Children

It is important to educate children about disasters without alarming them. A simple way to explain your disaster planning efforts to young children is to let them know that sometimes nature provides too much of a good thing like rain, wind, or fire, and so the family needs to have a plan to be ready to respond.

Teach your children

- how and why to call for help
- to call the family contact if separated
- to keep personal identification information in their possession at all times.

Give babysitters a copy of emergency numbers, including your out-of-area contact number.

Finally, practice drop/cover/hold, evacuating the house, and reuniting at the family meeting point with all family members.

## Preparedness and Pets

For many people, their pets are a beloved member of the family. Planning for the well-being of your pet is not only your responsibility but also the right thing to do. Here are some tips for ensuring your pet will be safe in a disaster.

1. Leaving your pet behind if you evacuate should be avoided. Arrange a safe haven for your pets in the event of evacuation. Red Cross will not allow pets in shelters.
  - Contact your veterinarian for a list of preferred boarding kennels and facilities.
  - Ask your local animal shelter if they provide emergency shelter or foster care for pets.
  - Identify hotels or motels outside of your immediate area that accept pets.
  - Ask friends and relatives outside your immediate area if they would be willing to take in your pet.
2. Place rescue alert sticker on your front window or door.
3. Assemble a pet Go-Kit (see the Resources section for a supply list).
4. Have pets chipped and/or put collar on with ID tags.

## Key Points to Remember

### Earthquake

Drop, cover, hold.

### Fires

Stop, drop, roll.

Sweep extinguisher at base of fire.

### Floods

Get upstream.

## Hazardous Materials Release

Get uphill, up wind, up stream.

Use “thumb rule” for visible releases in the air (when your thumb can cover it in your view, you are far enough away).

## Keep a flashlight and whistle on your key chain.

Signals: 1 = Yes    2 = No    3 = Help!

## Power Outages

Use flashlights, natural light, or light sticks—**not** candles or open flames.

Prevent carbon monoxide poisoning

- only use a generator outdoors and far from open windows and vents
- never use a generator indoors, in garages, or carports.
- never cook or heat inside on a charcoal or gas grill.

## Setting Priorities

### Step 1: Identify areas of concern.

List the top two personal concerns you would have regarding the following events:

#### Earthquake

1. \_\_\_\_\_
2. \_\_\_\_\_

#### Fire

1. \_\_\_\_\_
2. \_\_\_\_\_

#### Flood

1. \_\_\_\_\_
2. \_\_\_\_\_

#### Hazardous material spill

1. \_\_\_\_\_
2. \_\_\_\_\_

**Terrorism**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Other**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Step 2: Identify people in your life.**

List the people in your life you would be most concerned about after an emergency or disaster.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Step 3: Identify significant items in your home.**

List the items in your home you would be most concerned about after an emergency or disaster.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

## Actions

Now that you have identified your priorities, it is time to begin an action plan.

Within two weeks, take an action that

1. addresses an area of concern that you identified

---

*Action*

*Date completed*

2. supports at least one person you would be concerned about

---

*Action*

*Date completed*

3. protects at least one significant item in your home.

---

*Action*

*Date completed*

## Action Ideas

### Create a Phone Tree

A phone tree can be a great way to keep in touch with friends and family in a disaster. For those who wish to participate in the tree in the event of a disaster, they will phone in a report to an out-of-area contact person and receive information on who else from the tree has called in.

For example: “Hi Tom, we just had a pretty big earthquake out here. I’m fine, just a little shaken up, but am staying put here at work where it is safe. Can you tell me who else has reported in and how they are doing?”

**Step 1** Create a list of people in your life who want to participate and their telephone and contact information.

**Step 2** Assign a primary and a secondary person to be the out-of-state relay person (one should live somewhere other than the west coast).

**Step 3** Clearly indicate on the list who the primary and secondary relay people are and include all their phone numbers.

Why select a contact person located outside the area? Because after a disaster the local telephone system is often jammed due to a surge in calls or damages. In these situations, you may still be able to place long-distance calls.

**Step 4** Place phone tree list in Go-Kits (home, car, work).

**Step 5** Distribute list to all those participating.

In addition, you may offer to be a relay point person for others. Contact friends or family out of state and initiate the planning process.

### **Create a Treasure Map**

**Step 1** Create a list of your most treasure possession and their locations.

**Step 2** Include a description, if necessary, and the exact location of the items.

**Step 3** Place a copy of the list in your Emergency Go-Kit and with trusted friends.

### **Preserve Your Photographs**

If your photos are among your treasured items, scan them onto CDs and place them in a secure, water-tight location such as a safe deposit box. If you keep photos on your computer, back them up regularly and store them safely.

### **Store Treasured Items for Easy Transport**

Some of the items you most care for, but do not access regularly, can be stored in an easy-to-grab, secure container right next to your Emergency Go-Kit. Make sure to include only the items that are light and can fit into a storage container one person can safely move. In planning for an evacuation event, pre-assign family members to grab the Emergency Go-Kit, the container of treasured items, and any pets you may have.

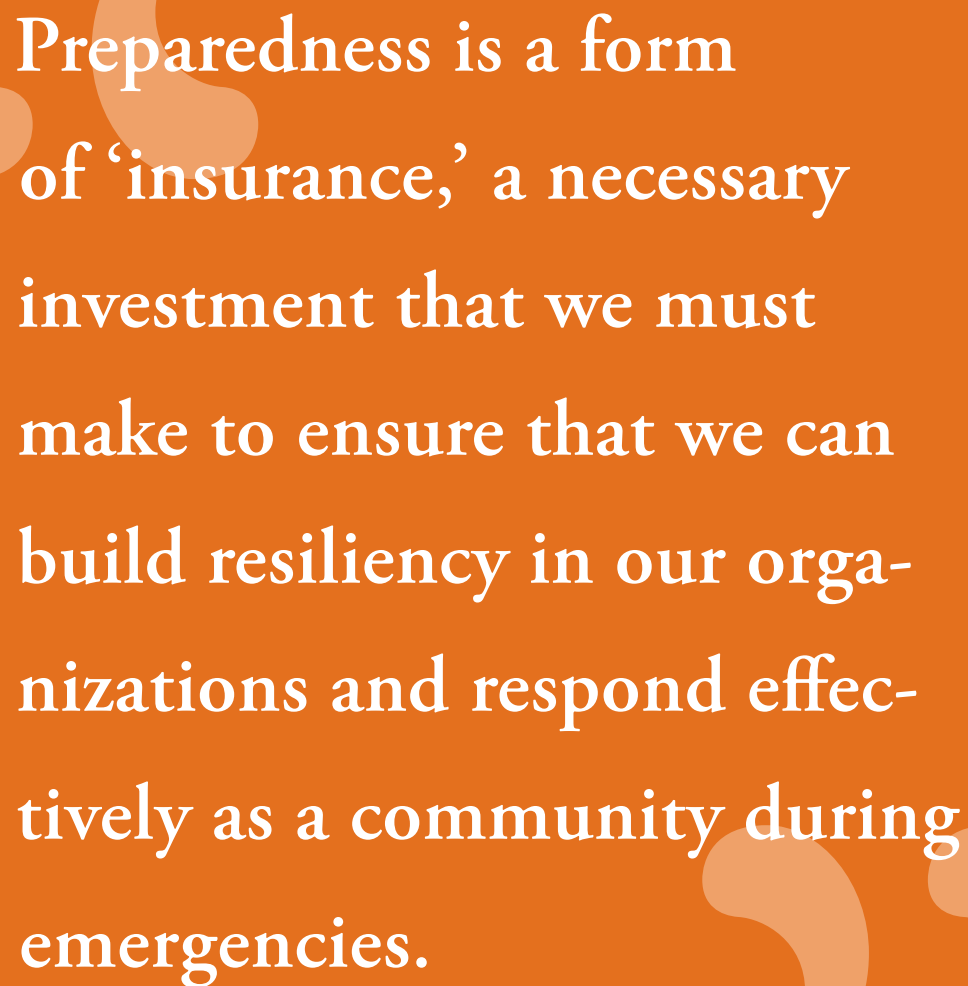
### **Designate Evacuation Spots**

Designate spots and share this with your family.

First choice \_\_\_\_\_


Second choice \_\_\_\_\_






Preparedness is a form of ‘insurance,’ a necessary investment that we must make to ensure that we can build resiliency in our organizations and respond effectively as a community during emergencies.





If we learned anything from  
(Hurricane) Katrina, it is  
that we need to know how  
to reach our vulnerable resi-  
dents now if we're going to  
meet their needs in a disaster.



— Ron Sims, King County Executive



# LOCAL EMERGENCY RESPONSE

*Learning Objectives: Describe local emergency response system. Identify how your organization can access information and request resources during an emergency.*

## Discussion

Review list of expectations from workshop day 1.

## National Response Framework (NRF)

The NRF establishes a single, comprehensive approach to domestic incident management. It is an all-hazards plan, built on the template of the National Incident Management System (NIMS), providing structure and mechanisms for national level policy and operational direction for domestic incident management.

It is important to know that the NRF applies to all incidents requiring a coordinated federal response as part of an appropriate combination of state, local, tribal, private sector, and non-governmental entities.

## Emergency Support Functions (ESFs)

ESFs describe the structures and responsibilities for coordinating incident resource support. Established as an effective mechanism to group capabilities and resources into the functions that are most likely needed during a response, there are a total of 15 ESFs outlined in the NRP. Specifically, ESF 8 outlines Health and Medical Services.

|       |  |        |                               |
|-------|--|--------|-------------------------------|
| ESF 1 | Transportation   | ESF 8  | Health, Medical, and Mortuary |
| ESF 2 | Communications   | ESF 9  | Search and Rescue             |
| ESF 3 | Public works   | ESF 10 | Hazardous Materials           |
| ESF 4 | Fire   | ESF 11 | Food and Water                |
| ESF 5 | Emergency Management   | ESF 12 | Energy                        |
| ESF 6 | Mass Care, Emergency Assistance, Housing, and Human Services | ESF 13 | Public Safety and Security    |
| ESF 7 | Logistics Management and Resource Support                    | ESF 14 | Long Term Community Recovery  |
|       |  | ESF 15 | External Affairs              |

## National Incident Management System (NIMS)

NIMS is a federally recognized compliance program that was developed by the Secretary of Homeland Security at the request of the president.

NIMS integrates effective practices in emergency preparedness and response into a comprehensive national framework for incident management.

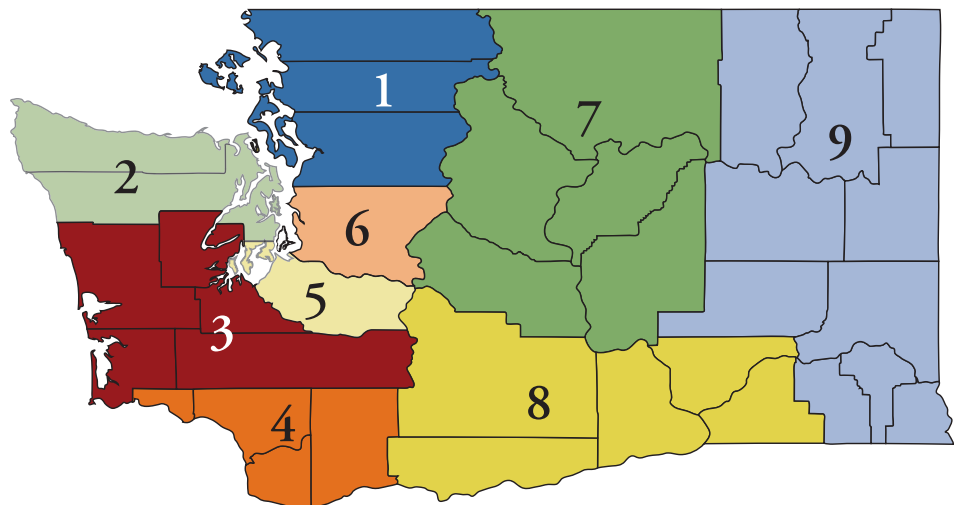
NIMS compliance activities for hospitals and healthcare include

- manage emergency incidents using the Incident Command System
- coordinate with other emergency response partners for decision making and public messaging
- complete preparedness training, as outlined by the NIMS Integration Center
- update plans to incorporate NIMS components
- participate in all-hazard exercises.

Finally, NIMS compliance is required to be eligible for federal preparedness grant funding.

## Washington State

On a state level, Washington is divided into nine preparedness regions.

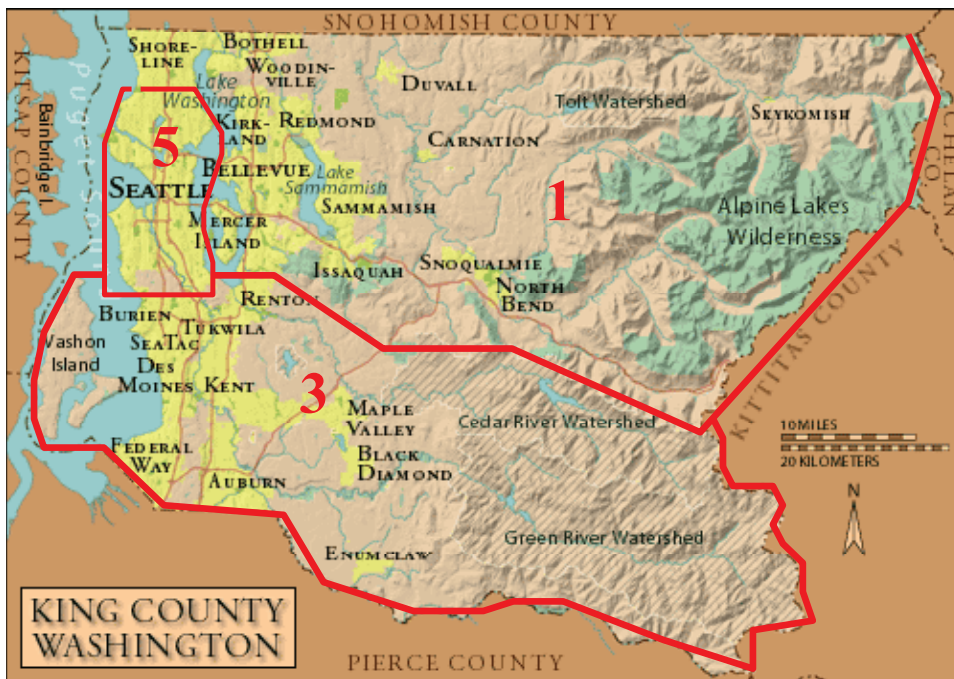


# King County

## Facts about King County

- population of more than 1.8 million people
- thirteenth most populous county in the nation
- comprises of 39 cities, over 130 special purpose districts
- over 46 languages spoken
- eight thousand and three hundred homeless individuals
- two tribal nations
- eighteen hospitals with emergency rooms
- twenty-seven safety net clinics
- eleven hundred residential long term care facilities

Additionally, King County is divided into three emergency response zones. Zone 1 encompasses the Eastside and includes the lead agency of Bellevue Emergency Management, Zone 3 encompasses the southern section of King County (south of Interstate 90) and includes the lead agency of Kent Emergency Management, and Zone 5 consists of the City of Seattle, for which Seattle Emergency Management is the lead agency.



## **Regional Disaster Plan (RDP)**

Managed by the King County Office of Emergency Management, the RDP is a voluntary plan, with legal and financial agreement, that provides the framework needed to inter-link response plans of a wide range of public, private, tribal, and non-profit organizations within King County. A key concept of the RDP is Coordinated Incident Management, which includes mobilization of King County and zone resources. RDP is in alignment with NIMS requirements.

There are currently 141 signatories, including private and public organizations such as Microsoft, American Red Cross, Washington Mutual, Sound Transit, Northwest Kidney Centers, and Puget Sound Blood Center.

You can review the latest version at [www.metrokc.gov/prepare/programs/regionalplan.aspx](http://www.metrokc.gov/prepare/programs/regionalplan.aspx).

## **ESF 6: Mass Care, Housing, and Human Services**

The lead agency in King County for ESF 6 is King County Department of Natural Resources and Parks (DNRP).

### **Primary agencies**

- King County cities emergency management organizations
- King County Emergency Coordination Center
- Private sector organizations in King County
- Regional King County emergency coordination zones

### **Support agencies**

- Public Health - Seattle & King County
- Amateur radio organizations
- The American Red Cross serving King and Kitsap Counties
- King County Animal Services
- Washington State University (WSU) King County Extension
- Washington Department of Agriculture WARM Team
- Washington Department of Fish and Wildlife
- Other veterinary and animal care organizations

The purpose of ESF 6 is to facilitate a coordinated regional approach to the prioritization, establishment, and maintenance of mass care, housing, and human services capabilities throughout King County. Mass care services include sheltering for people and animals, emergency feeding and relief supplies, First Aid, and disaster welfare information. Housing services may include provisional assistance for short and long term needs. Human services may include related recovery efforts such as counseling, benefit claims assistance, identification and postal services, financial services, and associated human services that can be delivered through Disaster Assistance Service Centers, as needed.

The American Red Cross has been a critical ESF 6 partner in emergency response for over 120 years. The mission of American Red Cross Disaster Services is to ensure nationwide disaster planning, preparedness, community disaster education, mitigation, and response that will provide the American people with quality services delivered in a uniform, consistent, and responsive manner.

The American Red Cross responds to disasters such as hurricanes, floods, earthquakes, and fires, or other situations that cause human suffering or create human needs that those affected cannot alleviate without assistance.

When a disaster strikes, the American Red Cross will provide relief for disaster-caused needs to address basic human needs, such as

- food
- shelter
- First Aid
- mental health services.

The Red Cross also feeds emergency workers, supports family assistance centers, and helps people connect with resources.

It is important to note that Red Cross shelters are unable to accommodate pets, so taking an animal to a Red Cross shelter is not an option. Additionally, Red Cross shelters may be able to offer First Aid-level care; however, they are not equipped to provide medical treatment or monitoring.

## **ESF 8: Health, Medical, and Mortuary**

The lead agency in King County for ESF 8 is Public Health - Seattle & King County.

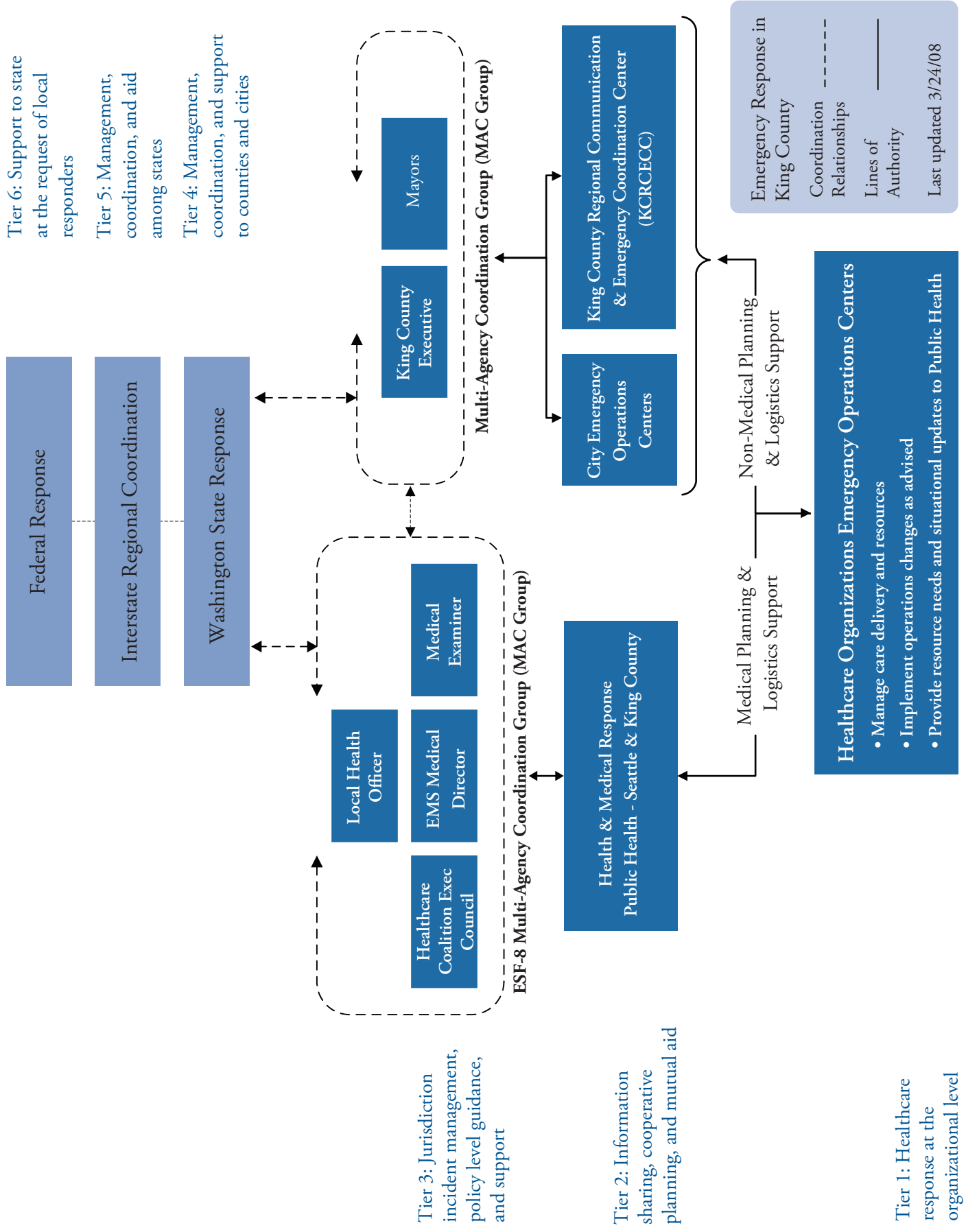
### **Primary agencies**

- King County Healthcare Coalition
  - Ambulatory care providers
  - Home health providers
  - Hospitals
  - Long term care providers
  - Mental health providers
  - Palliative care and hospice providers
- Public and private emergency medical services providers

### **Support Agencies**

- Airlift NW
- Amateur Radio Emergency Services
- American Red Cross, Seattle Chapter
- King County Department of Community and Human Services
- King County Department of Natural Resources and Parks
- King County Department Transportation
- King County Fire Chief's Association
- King County Sheriffs Office
- Local Emergency Management
- Local law enforcement agencies
- Northwest Kidney Center
- Puget Sound Blood Center
- Seattle Human Services Department
- Washington State Poison Center
- King County Mortuary Service Providers
- Washington State Forensic Laboratories (Washington State Patrol)

The purpose of ESF 8 is to provide for the organization, mobilization, and coordination of health and medical services in an emergency or disaster.



Examples include mobilizing health and medical volunteers, managing mass fatalities, distributing health information, and mobilizing medical shelters or alternate care facilities.

## **Health and Medical Response Structure**

Based on the complexity, size, and geographic dispersion of health and medical response activities, an Area Command structure is utilized to manage emergency response. Area command will set overall strategy and priorities, allocate critical resources, and ensure that response activities are properly managed, objectives are met, and strategies are followed. This body will also coordinate with healthcare organizations on their status and resource needs, as well as provide a daily report of the status of the region and impacts to the healthcare system.

## **Health and Medical Policy Decision Making Body**

A Multi-Agency Coordination Group (MAC) may be activated to direct policy and priorities for the county-wide health and medical response. The MAC Group will include the following participants:

- local health officer as the authorized decision maker
- Healthcare Coalition Executive Council
- Emergency medical system medical directors for King County and Seattle
- medical examiner.

All members will advise the local health officer regarding policy level decisions, priorities, public messaging and resource allocations. The local health officer will make final decisions for the MAC Group.

## **Health and Medical Support for Healthcare Organizations**

- Call Public Health duty officer:
- State name and type of organization.
- State location.
- State need for information or resources.


## Non-Medical Support for Healthcare Organizations

- Call local emergency operations center for your jurisdiction (see Emergency Management tab).
- State name and type of organization.
- State location.
- State your need for information or resources.

A healthcare organization can contact the Public Health EOC to support non-medical resource request if attempts at contacting their respective local EOCs or county ECCs were not successful.


| Medical requests   | Non-medical requests   |
|--|--|
| What is a medical request?   | What is a non-medical request?   |
| <i>Examples</i>  | <i>Examples</i>  |
| <ul style="list-style-type: none"> <li>• oxygen</li> <li>• hospital beds</li> <li>• pharmaceuticals</li> <li>• medical supplies</li> <li>• ventilators</li> <li>• medical equipment</li> <li>• specialty staff</li> <li>• evacuation equipment</li> <li>• specialized medical transport equipment</li> </ul> | <ul style="list-style-type: none"> <li>• fuel</li> <li>• food</li> <li>• water</li> <li>• telecommunications</li> <li>• utility coordination</li> <li>• Metro Transit</li> <li>• snow removal</li> <li>• security</li> <li>• fire/police assistance (non-emergent)</li> <li>• transportation—public and staff</li> <li>• generators</li> <li>• blankets</li> <li>• lumber</li> <li>• sharing of non-medical equipment</li> </ul> |





We did not anticipate that airliners would be commandeered and turned into guided missiles; but the fact that we practiced for other kinds of disasters made us far more prepared to handle a catastrophe that nobody envisioned.

— Rudolph W. Giuliani  
former mayor of New York City





*Learning Objective: Demonstrate the regional and organizational preparedness efforts coordinated by the King County Healthcare Coalition.*

## **The King County Healthcare Coalition**

The King County Healthcare Coalition (Coalition) is a network of healthcare organizations and providers that are committed to coordinating their emergency preparedness and response activities.

Since November 2005 the Coalition has focused on two major initiatives:

1. build infrastructure to support a coordinated, regional emergency response across the health system
2. assist healthcare organizations in strengthening continuity of operations and emergency preparedness.

The purpose of the Coalition is to develop and maintain a comprehensive system that assures coordination, effective communications, and optimal use of available health resources in response to emergencies and disaster for all hazards.

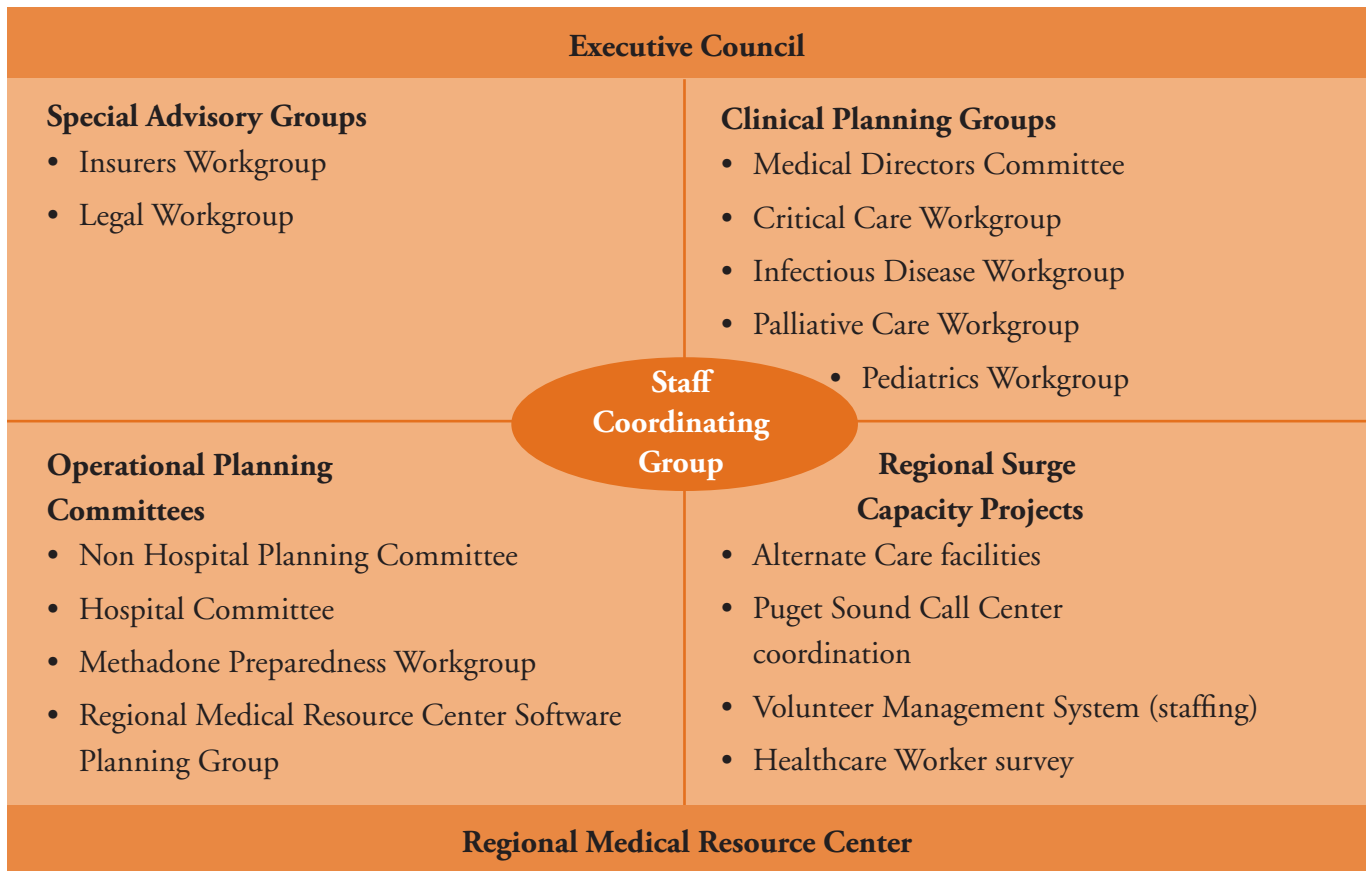
Additionally, Coalition staff provide consultation and technical assistance to Coalition members and partners on trainings, exercises, resource acquisition, critical infrastructure enhancement, and regional planning opportunities.

## **Governing Body: Executive Council**

The Coalition's Executive Council functions as the board of the Coalition, guiding the organization's development. Policy-level decisions are made by the Executive Council, which is comprised of chief executive officers, chief operating officers, and other executive level representatives from all types of member healthcare organizations.

Did you know? Healthcare Coalition planning assists Joint Commission accredited providers in addressing over 50% of required Joint Commission Emergency Standards.

## King County Healthcare Coalition Preparedness Structure



### Regional Surge Capacity Projects

#### Alternate Care Facilities/Medical Sheltering

Alternate Care Facilities will be designed to supplement the regular health care system in the event of emergencies that generate demand that exceeds existing surge capacity. These facilities will serve a variety of functions intended to relieve pressure on the local healthcare system during a response by serving as triage stations, urgent care centers, or inpatient facilities when local healthcare infrastructure is damaged or overwhelmed.

#### Volunteer Management System (VMS)

VMS is our overarching management system for all health and medical volunteer support within the region. VMS will manage the following types of volunteers: Medical Reserve Corps, volunteer groups (faith based, profes-

sional organizations, healthcare organizations), spontaneous volunteers, and non-medical labor pool to assist in the health and medical response.

### **Puget Sound Call Center Coordination**

This project creates a network of call centers that can provide medical phone triage and disseminate up-to-date public health information in King, Pierce, and Snohomish Counties during a disaster.

### **Regional Medical Resource Center (RMRC)**

The preparedness roles of the RMRC are to build communication redundancy, support the design and implementation of KCHealthTrac (the regional health and medical incident management system), ensure critical infrastructure planning, and anticipate and mitigate community impacts on the healthcare system.

During a response, the RMRC functions as part of the health and medical Area Command, so information and resources can be leveraged.

### **Ensuring Communication Redundancies**

Being able to communicate during an emergency is vital to obtaining situation awareness and making informed decisions. RMRC assists members in obtaining and operating redundant communications system.

### **Government Emergency Telecommunications Service (GETS)**

GETS provides priority access to the switches that route telephone calls. This service is most useful during an event when there is no damage to the telephone system, but the circuits are overloaded. In this situation, the caller usually hears a very fast or very slow busy signal after the number is dialed, indicating that too many people are making calls at the same time. GETS provides you priority access to the circuit, which allows your call to go through.

### **Wireless Priority Service (WPS)**

WPS provides priority access to the cellular towers that route cell phone calls. This service is most useful in situations when the cellular infrastructure is intact but the circuits are overloaded by a large number of callers. In this situ-

ation, the caller usually receives a message indicating that the call cannot be completed or receives a fast busy signal. WPS helps your call receive priority access through the cellular phone system.

## **KCHHealthTrac**

KCHHealthTrac is an Incident Management software system designed to support the health and medical response and Healthcare Coalition members and partners.

A Web-based software, KCHHealthTrac ([www.kchealthtrac.com](http://www.kchealthtrac.com)), will be used to manage emergency events, track resources and pharmaceuticals, provide contact management, store important planning documents, track patients, alert responders of an emergency event, and provide a communications mechanism that can be archived for future reference.

KCHHealthTrac was chosen by a workgroup that included hospital representatives, Healthcare Coalition partners, and public health staff. The software is being implemented by healthcare sector (e.g., hospitals, non-hospital mental health and substance abuse providers, long-term care). Coalition members will receive training, a user name and password, and will be able to log on to the system to view situational status reports, receive informational updates, and interact with the Regional Medical Resource Center.

## **Training and Exercises**

Coalition staff assist with preparedness planning and support by providing references, tools, and support to healthcare organizations to enhance their preparedness efforts. Examples include collaborating with community partners, assisting with preparedness and response planning, and coordinating opportunities to exercise plans.

Drafting a comprehensive emergency operations plan is a significant accomplishment for any agency. The next challenge is to make sure your plan is routinely tested, enhanced, and practiced. Holding regular drills and exercises is a critical element aspect of preparedness planning.

Exercising is a valuable tool for practicing and testing response and identifying areas of need before a disaster occurs. Evaluation of exercises provides information on accomplishments and helps identify areas for improvement.

There are many types of exercises, but this course focuses on four of the most common: tabletops, drills, functional, and full scale.

### Tabletop Exercises (TTX)

- Involves key personnel in an informal setting to discuss simulated situations
- Intended to foster discussion of various issues regarding a hypothetical situation
- Can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, and recovery from a defined event

### Drills

- Coordinated, supervised activity usually employed to test a single specific operation or function in a single agency
- Commonly used to provide training on new equipment, develop or test policies or procedures, or practice and maintain current skills
- Example: fire drill

### Functional Exercises


- Designed to test and evaluate individual capabilities, multiple functions or activities within a function, or interdependent groups of functions
- Generally focused on exercising the plans, procedures, and staff of the Incident Command Structure
- Uses an event-based exercise scenario with updates that drive activity at the management level

### Full Scale Exercises

- Multi-agency, multi-jurisdictional exercises that test many facets of emergency response and recovery
- Provides an opportunity to execute plans, procedures, and cooperative (mutual aid) agreements in response to a simulated live event in a highly stressful environment
- Conducted in real-time to closely mirror a real event

Different people define exercise in different ways. To some, it means training and drills. To others, it's a way to evaluate and confirm the soundness of policies and procedures, through in-depth discussion. An exercise can be all of these—and more.





A serious (flu) outbreak and its fallout would probably overwhelm medical centers, cause lengthy delays in emergency and routine care, and trigger shortages of beds, ventilators, drugs, masks, gloves and other supplies, experts said. Unlike a hurricane or a terrorist bombing, the crisis would drag on for months and affect communities nationwide at the same time.

— Washington Post, February 2, 2008





*Learning Objective: Identify the benefits and function of the Incident Command System (ICS).*

## **Incident Command System (ICS)**

Learning and adopting ICS at your organization is strongly advised. Effectively managed incidents can protect the health and safety of your staff, volunteers, people you serve, and the reputation and finances of your organization. ICS provides the foundation to efficiently manage incidents of all sizes and complexities.

An incident is an occurrence, either caused by humans or natural phenomena, that requires response actions to prevent or minimize loss of life or damage to property and/or the environment.

Examples of incidents include

- fire, both structural and wildland
- natural disasters, such as tornadoes, floods, ice storms, or earthquakes
- human and animal disease outbreaks
- search and rescue missions
- hazardous materials incidents
- criminal acts and crime scene investigations
- terrorist incidents, including the use of weapons of mass destruction
- national special security events, such as presidential visits or the Super Bowl
- other planned events, such as parades or demonstrations.

## **What ICS Is Designed to Do**

Designers of the system recognized early that ICS must be interdisciplinary and organizationally flexible to meet the following management challenges:

- meet the needs of incidents of any kind or size
- allow personnel from a variety of agencies to meld rapidly into a common management structure
- provide logistical and administrative support to operational staff
- be cost effective by avoiding duplication of efforts.

## ICS Facts

- ICS is a proven management system based on successful business practices.
- ICS is the result of decades of lessons learned in the organization and management of emergency incidents.
- ICS has been tested in more than 30 years of emergency and non-emergency applications, by all levels of government and in the private sector.
- ICS represents organizational “best practices,” and as a component of NIMS has become the standard for emergency management across the country.
- NIMS requires the use of ICS for all domestic responses. NIMS also requires that all levels of government, including territories and tribal organizations, adopt ICS as a condition of receiving federal preparedness funding.

ICS consists of procedures for controlling personnel, facilities, equipment, and communications. It is a system designed to be used or applied from the time an incident occurs until the requirement for management and operations no longer exists.

## ICS Features

ICS is based on proven management principles, which contribute to the strength and efficiency of the overall system. ICS principles are implemented through a wide range of management features including the use of common terminology, clear text, and a modular organizational structure.

ICS emphasizes effective planning, including management by objectives and reliance on an Incident Action Plan. ICS helps ensure full utilization of all incident resources by

- maintaining a manageable span of control
- establishing pre-designated incident locations and facilities
- implementing resource management practices
- ensuring integrated communications.

Through accountability and mobilization, ICS helps ensure that available resources are on hand and ready.

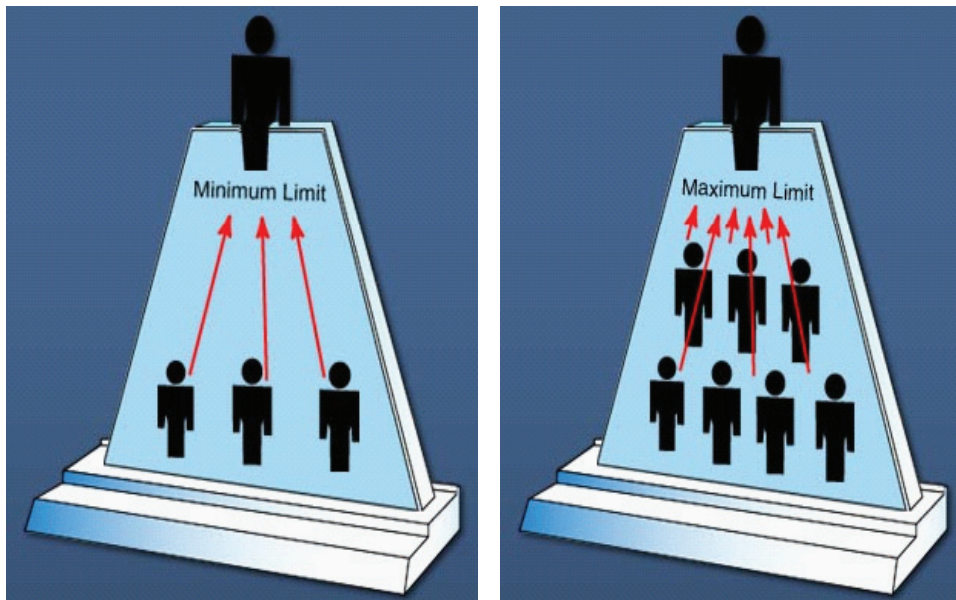
Finally, ICS supports responders and decision makers by providing the data they need through effective information and intelligence management.

## Span of Control

Span of control pertains to the number of individuals or resources that one supervisor can manage effectively during emergency response incidents or special events. Maintaining an effective span of control is particularly important on incidents where safety and accountability are a top priority.

Span of control is the key to effective and efficient incident management. The type of incident, nature of the task, hazards and safety factors, and distances between personnel and resources all influence span of control considerations.

Maintaining adequate span of control throughout the ICS organization is very important.



Effective span of control on incidents may vary from three to seven, and a ratio of one supervisor to five reporting elements is recommended.

## Command

The ICS features related to command structure include chain of command and unity of command as well as unified command and transfer of command. Formal transfer of command occurs whenever leadership changes.

**Chain of Command:** Orderly line of authority within management structure.

**Unity of Command:** Every individual is accountable and reports to only one supervisor.

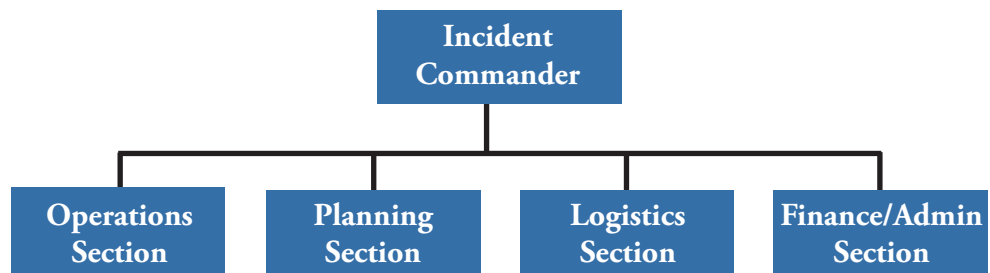
**Single Command:** IC has complete responsibility for management.

**Unified Command:** Shared incident management among all responding agencies or organizations.

**Area Command:** Management of an incident that expands a large geographic area and has multiple incident management teams.

## ICS Management Functions

There are five major management functions that are the foundation on which the ICS organization develops. These functions apply whether you are handling a routine emergency, organizing for a major non-emergency event, or managing a response to a major disaster. The five major management functions are



1. **Incident Command:** Sets the incident objectives, strategies, and priorities and has overall responsibility at the incident or event.
2. **Operations:** Conducts tactical operations to carry out the plan. Develops the tactical objectives and organization, and directs all tactical resources.
3. **Planning:** Prepares and documents the Incident Action Plan to accomplish the objectives, collects and evaluates information, maintains resource status, and maintains documentation for incident records.
4. **Logistics:** Provides support, resources, and all other services needed to meet the operational objectives.
5. **Finance/Administration:** Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.

When activating ICS, you should only include the functions and positions needed to achieve the incident objectives.

ICS titles are distinct, standardized, and serve three purposes:

1. allows for filling with most qualified persons and not by rank.
2. assists with requesting outside resources to staff these positions.
3. assists with clarifying the activities undertaken by specific personnel.

## Incident Commander (IC)

The IC maintains overall responsibility for managing the incident.

This position is the only position that is **always** staffed and has overall responsibility for setting objectives, devising priorities and planning strategies, implementing operational tactics, and ensuring the safety of those involved in the incident response.

Personnel assigned by the Incident Commander have the authority of their assigned positions, regardless of the rank they hold within their respective agencies. However, the IC should be the most qualified and trained person available, regardless of rank, grade, seniority, or educational degree.

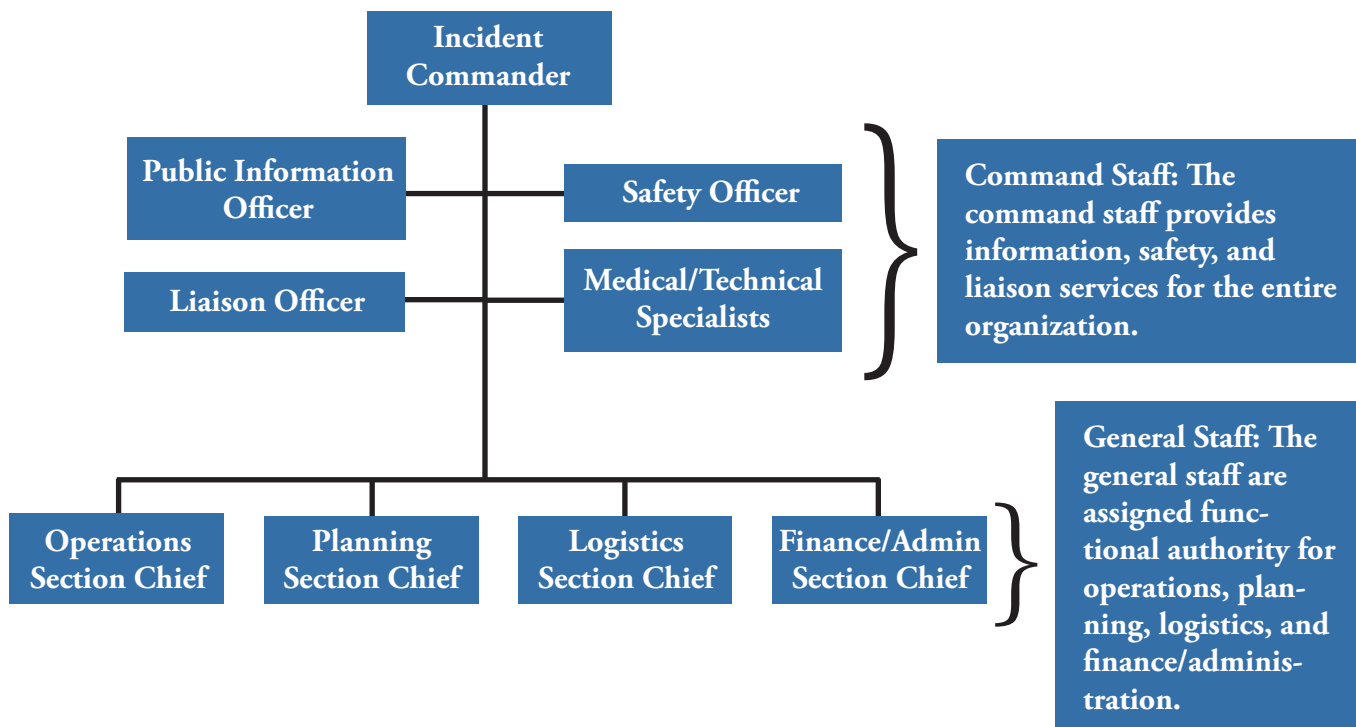
The mission of IC position is to organize, direct EOC, and give overall strategic direction for incident management.

## Command Staff

Depending upon the size and type of incident or event, it may be necessary for the IC to designate personnel to provide information, safety, and liaison services for the entire organization. In ICS, these personnel make up the Command Staff and consist of the

- **Public Information Officer**, who serves as the conduit for information to internal and external stakeholders, including the media or other organizations seeking information directly from the incident or event
- **Safety Officer**, who monitors safety conditions and develops measures for assuring the safety of all assigned personnel
- **Liaison Officer**, who serves as the primary contact for supporting agencies assisting at an incident.
- **Medical/Technical Specialist**, who advises on issues related to emergency response in their area of expertise.

It is important to note that the Command Staff reports directly to the Incident Commander.



## ICS General Staff

### Operations Mission

- develop and implement strategy to carry out objectives
- carry out the plan using defined objectives
- direct all needed tactical resources

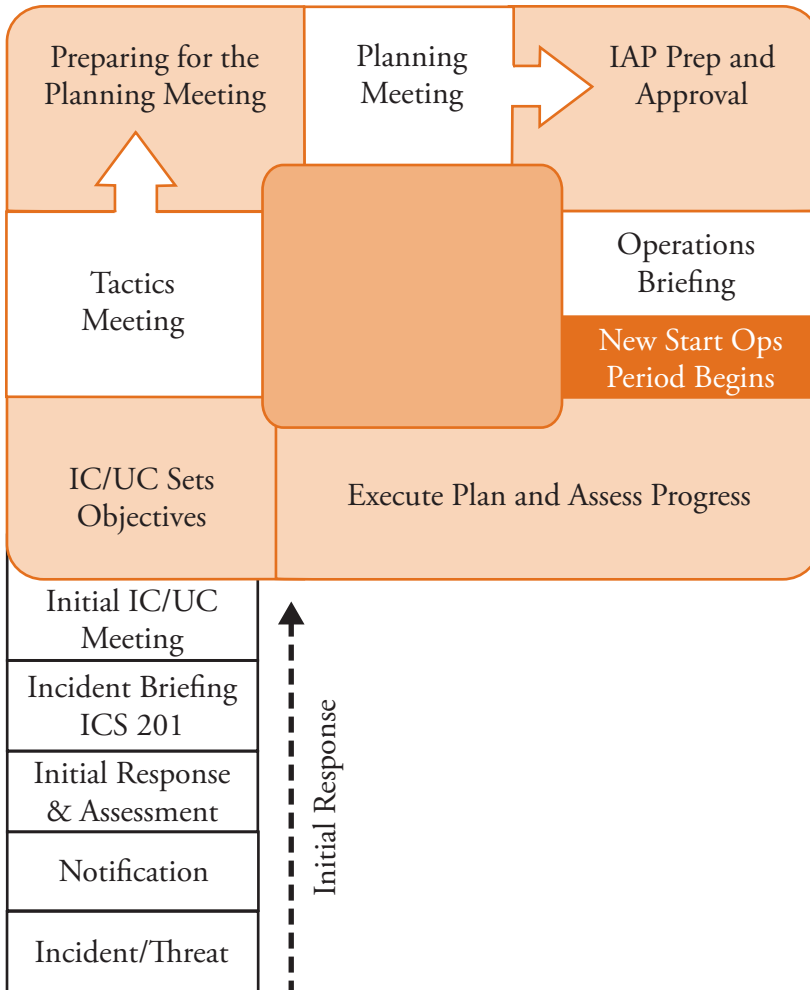
### Planning Mission

- collect and disseminate incident information to IC
- prepare status reports
- prepare Incident Action Plan (IAP)

### Logistics Mission

- organize and direct operations associated with the provision of human resources, material, and service
- oversee acquisition of resources
- works closely with Operations, Planning, and Liaison Officers

## The Planning “P”

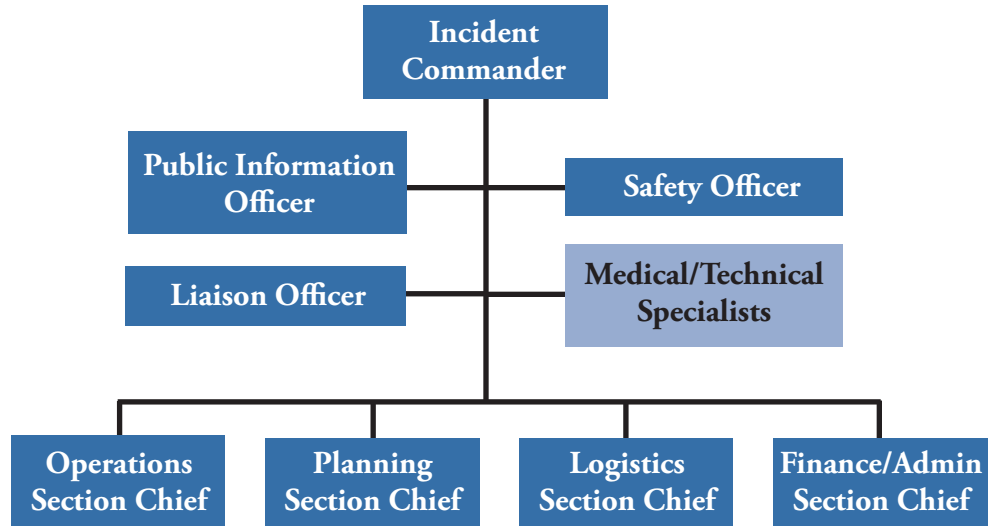


### Finance/Administration Mission

- account for costs
- monitor, track, and report personnel, time, repair, purchase, replacement, and lost revenue

In a healthcare setting another position is considered in command staff:

Medical/Technical Specialist(s).



## Job Action Sheets (JAS)

JAS are an incident management tool to familiarize the user with critical aspects of the command position he or she is assuming. The series of action steps are intended to “prompt” the incident management team members to take needed actions related to their roles and responsibilities.

## Incident Action Plan (IAP)

At the beginning of an incident, the Incident Commander will develop incident objectives for addressing the event. In small events, the IAP can be communicated verbally. In events where two or more jurisdictions are impacted or the incident is expected to continue into multiple operational periods a more formal, written IAP is considered. In this case, the Incident Commander meets with the Operations Section Chief to develop an operational and strategic plan to address the incident objectives. The written Incident Action Plan is a series of standard forms and supporting documents that convey the directions for the accomplishment of the plan for that operational period.

## Forms

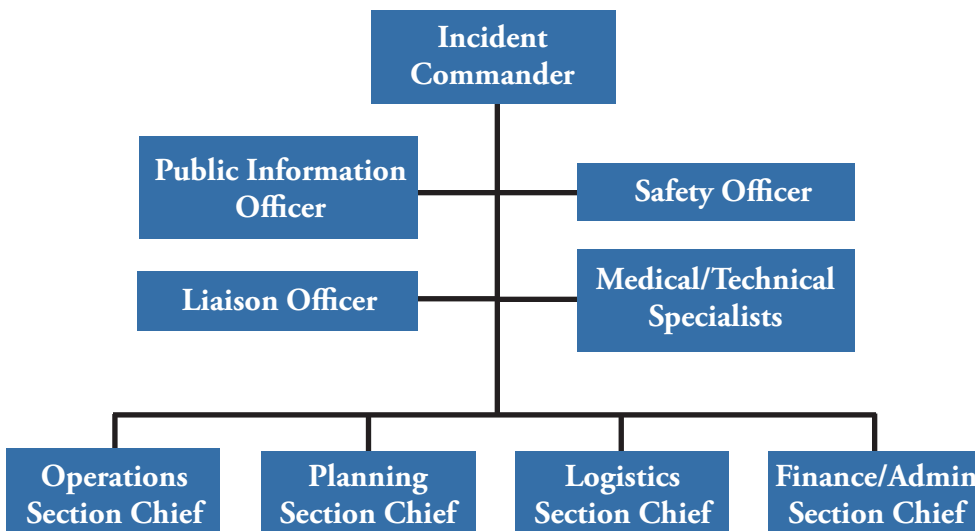
The incident management forms provides the incident management team with the documents needed to manage a response. Each form has a specific purpose identified at the bottom of the form, and instruction sheets for each form can be printed on reverse side of each form, if desired.

## Incident Action Plan forms


- 201—Incident Briefing Form
- 202—Incident Objectives
- 203—Organization Assignment List
- 204—Branch Assignment List
- 205—Incident Communication Plan
- 206—Incident Medical Plan
- Additional information would include safety messages, forecasts, or maps.

## Incident Briefing


|  |                     |                     |
|--|---------------------|---------------------|
| 1. Incident name                             | 2. Date of briefing | 3. Time of briefing |
| 4. Event History and Current Actions Summary |                     |                     |
|  |                     |                     |
|  |                     |                     |
|  |                     |                     |
|  |                     |                     |
|  |                     |                     |
|  |                     |                     |
|  |                     |                     |
|  |                     |                     |
| 5. Current organization                      |                     |                     |







Morgan Stanley took a close look at its operation, analyzed the potential disaster risk and developed a multi-faceted disaster plan. Perhaps just as importantly, it practiced the plan frequently to provide for employee safety in the event of another disaster.



— Ready Business; [www.ready.gov](http://www.ready.gov)



## Supply Lists

### Emergency Go-Kit for Home

- Water—preferably several small packets
- Food
- Small First Aid kit
- AM/FM radio
- Flashlight
- Lightsticks
- Whistle
- Comfortable/sturdy shoes
- Clothes (several light layers pack better than bulky items)
- Garbage bags/plastic bags
- Duct tape
- Towelettes, toilet paper, feminine hygiene supplies
- Deck of cards, book, coloring books/crayons for kids, or other items to pass the time
- Face masks/dust masks/bandana or cloth to cover your face
- Pocket knife/utility knife/scissors
- Copies of important papers/documents (picture ID, birth certificates, credit cards, insurance policies, out-of-area contact information, and list of important contacts)
- Cash and coins (cash in case ATMs and credits cards do not work; coin for pay phones)
- Prepaid phone card
- Pen and paper
- Personal support items: eye glasses, medications, hearing aid and battery, etc.
- For people with limited English proficiency: dual-language dictionary, contact information for bilingual friends and supporters, and translated emergency information for sharing with emergency personnel

## Additional Supplies for Home

- Extra food and water
- Wrench, screwdriver, hammer, pliers, multi-tool
- Manual can opener
- Plastic sheeting
- Map (including evacuation routes marked on it from your local area)

## Emergency Supplies You Can Carry on You

- Cash and coins
- Whistle (on key chain)
- LED flashlight (on key chain)
- Cell phone (program ICE—in case of emergency number)
- Bandana/handkerchief
- Pen and paper
- Marker
- Extra cell phone battery (charged)
- Tissues
- Medication and medical information
- Critical phone numbers (on paper)
- Water bottle
- Pocketknife
- Hand sanitizer
- Ziploc bags
- Computer jump drive (key chain)
- Pocket First Aid kit

## Car Emergency Kit

- Car title and insurance documents
- Cell phone car charger
- Jack, spare tire, crowbar, reflectors
- Road emergency kit
- Maps

- Cash and coins
- First Aid kit
- Change of clothes (including sturdy shoes)
- Important phone numbers
- Mylar blankets
- Ziploc bags
- Water and food
- Gloves
- Medication and medical information
- Hidden spare car key
- Road assistance service (OnStar, AAA)
- Reflective vest
- Hard hat
- GPS
- Agency Go-Kit

### **Emergency Supplies to Keep at Work**

- Water and food
- Tissues
- Phone list
- Hand sanitizer
- Agency Go-Kit
- Map of neighborhood

### **Pet Go-Kit**

- Pet First Aid kit and guide book
- Three to seven days' worth of canned (pop-top) or dry food (be sure to rotate every two months)
- Disposable litter trays (aluminum roasting pans are perfect)
- Litter or paper toweling
- Liquid dish soap and disinfectant
- Disposable garbage bags for clean-up

- Pet feeding dishes
- Extra harness and leash (Note: harnesses are recommended for safety and security)
- Photocopies of medical records and a waterproof container with a two week supply of any medicine your pet requires
- Bottled water, at least seven days' worth for each person and pet (store in a cool, dry place and replace as recommended)
- A traveling bag, crate, or sturdy carrier, ideally one for each pet
- Flashlight
- Blanket (for scooping up a fearful pet)
- Recent photos of your pets (in case you are separated and need to make "Lost" posters)
- Especially for cats: Pillowcase or EvackSack, toys, scoopable litter
- Especially for dogs: Long leash and yard stake, toys and chew toys, a week's worth of cage liner

# FACILITY DAMAGE ASSESSMENT FORM

## Facility Damage Assessment Form

| Date/Time                    | Locations/Address  | Comments (If not fully operational/functional, give reason and estimated time/resources for necessary repairs.)   |
|------------------------------|--|---|
| Communications systems       | Operational status   |   |
| Telephone system             | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 | Able to make internal calls <input type="checkbox"/> Yes <input type="checkbox"/> No<br>external calls <input type="checkbox"/> Yes <input type="checkbox"/> No<br>long distance <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email                        | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Internet                     | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Fax                          | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Nurse call system            | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Paging/public address system | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Two-way handheld radios      | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Satellite phones             | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |

| Communications systems                                       | Operational status   | Comments (If not fully operational/functional, give reason and estimated time/resources for necessary repairs.) |
|--|--|---|
| 800 MHz radio  | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Other communication systems (specify)                        | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 |   |
| Infrastructure systems                                       | Operational status   | Comments (If not fully operational/functional, give reason and estimated time/resources for necessary repairs.) |
| Electrical power   | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 | Building wiring<br>Neighborhood grid  |
| Back-up generator  | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A | Type of fuel _____<br>Number of hours of fuel left running at current rate _____                                |
| Water  | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 |   |
| Sewer  | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 |   |
| Natural gas ( <i>if gas odor, turn off gas immediately</i> ) | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Oxygen   | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A | (reserve supply status)   |

| Infrastructure systems                                  | Operational status   | Comments (If not fully operational/functional, give reason and estimated time/resources for necessary repairs.) |
|---|--|---|
| Campus roadways/<br>roads to access facility            | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 |   |
| Fire detection/<br>suppression system                   | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Laundry/linen service<br>equipment                      | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Building structure                                      | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 |   |
| Security/door lockdown<br>systems                       | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Elevators/escalators                                    | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Heating, ventilation,<br>and air conditioning<br>(HVAC) | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 |   |
| Kitchen/food storage<br>facilities                      | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional<br><input type="checkbox"/> N/A |   |
| Other (specify)   | <input type="checkbox"/> Fully functional<br><input type="checkbox"/> Partially functional<br><input type="checkbox"/> Nonfunctional                                 |   |

Completed by \_\_\_\_\_

# EMERGENCY MANAGEMENT CONTACTS

## City Emergency Management Contact Information

*Please note: Phone numbers are the main contact number. Emergency management phone numbers are for non emergencies. Connect with your local emergency management agency to find out how to contact them 24/7 during an emergency.*

|  |  |              |
|--|--|--------------|
| <b>Algona</b>  | Phone  | 253.833.2897 |
|  | Emergency management   | 253.833.2897 |
|  | <a href="http://www.cityofalgona.com">www.cityofalgona.com</a>   |              |
| <b>Auburn</b>  | Phone  | 253.876.1925 |
|  | Emergency management   | 253.876.1909 |
|  | <a href="http://www.ci.auburn.wa.us">www.ci.auburn.wa.us</a><br><a href="http://www.ci.auburn.wa.us/emergency_prep">www.ci.auburn.wa.us/emergency_prep</a>                           |              |
| <b>Beaux Arts</b>  | Phone  | 425.454.8580 |
|  | Fax  | 425.688.1786 |
|  | Emergency management   | 425.454.8580 |
| <a href="http://www.beauxarts-wa.gov">www.beauxarts-wa.gov</a> |  |              |
| <b>Bellevue</b>  | Phone  | 425.452.6800 |
|  | Emergency management   | 425.452.7923 |
|  | <a href="http://www.bellevuewa.gov">www.bellevuewa.gov</a><br><a href="http://www.ci.bellevue.wa.us/emergency_preparedness.htm">www.ci.bellevue.wa.us/emergency_preparedness.htm</a> |              |
| <b>Black Diamond</b>   | Phone  | 253.886.2560 |
|  | Emergency management   | 253.886.2560 |
|  | <a href="http://www.cityofblackdiamond.com">www.cityofblackdiamond.com</a>   |              |
| <b>Bothell</b>   | Phone  | 425.486.3256 |
|  | Fax  | 425.486.2434 |
|  | Emergency management   | 425.486.1678 |
| <a href="http://www.ci.bothell.wa.us">www.ci.bothell.wa.us</a> |  |              |

|                   |  |              |
|-------------------|--|--------------|
| <b>Burien</b>     | Phone  | 206.241.4647 |
|                   | Fax  | 206.248.5539 |
|                   | Emergency management   | 206.241.4647 |
|                   | <a href="http://www.ci.burien.wa.us">www.ci.burien.wa.us</a><br><a href="http://www.burienwa.gov/news/emergency.htm">www.burienwa.gov/news/emergency.htm</a> |              |
| <b>Carnation</b>  | Phone  | 425.433.4192 |
|                   | Fax  | 425.333.4336 |
|                   | Emergency management   | 425.333.4192 |
|                   | <a href="http://www.ci.carnation.wa.us">www.ci.carnation.wa.us</a>   |              |
| <b>Clyde Hill</b> | Phone  | 425.453.7800 |
|                   | Fax  | 425.4621936  |
|                   | Emergency management   |              |
|                   | <a href="http://www.clydehill.org">www.clydehill.org</a>   |              |
| <b>Covington</b>  | Phone  | 253.638.1110 |
|                   | Fax  | 253.638.1122 |
|                   | Emergency management   | 253.638.1110 |
|                   | <a href="http://www.ci.covington.wa.us">www.ci.covington.wa.us</a>   |              |
| <b>Des Moines</b> | Phone  | 206.878.4595 |
|                   | Fax  | 206.870.6540 |
|                   | Emergency management   | 206.878.4595 |
|                   | <a href="http://www.desmoineswa.gov">www.desmoineswa.gov</a>   |              |
| <b>Duvall</b>     | Phone  | 425.788.1185 |
|                   | Fax  | 425.788.8097 |
|                   | Emergency management   | 425.788.1185 |
|                   | <a href="http://www.cityofduvall.com">www.cityofduvall.com</a>   |              |

|                         |  |              |
|-------------------------|--|--------------|
| <b>Enumclaw</b>         | Phone  | 360.825.3591 |
|                         | Emergency management   | 360.825.5544 |
|                         | <a href="http://www.ci.enumclaw.wa.us">www.ci.enumclaw.wa.us</a>         |              |
| <b>Federal Way</b>      | Phone  | 253.835.7000 |
|                         | Fax  | 253.835.2409 |
|                         | Emergency Management   | 253.835.2701 |
|                         | <a href="http://www.cityoffederalway.com">www.cityoffederalway.com</a>   |              |
| <b>Issaquah</b>         | Phone  | 425.837.3000 |
|                         | Fax  | 425.837.3009 |
|                         | Emergency Management   | 425.837.3400 |
|                         | <a href="http://www.ci.issaquah.wa.us">www.ci.issaquah.wa.us</a>         |              |
| <b>Kenmore</b>          | Phone  | 425.398.8900 |
|                         | Fax  | 425.481.3236 |
|                         | <a href="http://www.cityofkenmore.com">www.cityofkenmore.com</a>         |              |
| <b>Kent</b>             | Phone  | 253.856.5200 |
|                         | Emergency management   | 253.856.4440 |
|                         | <a href="http://www.ci.kent.wa.us">www.ci.kent.wa.us</a>                 |              |
| <b>Kirkland</b>         | Phone  | 425.587.3000 |
|                         | Emergency management   | 425.587.3650 |
|                         | <a href="http://www.ci.kirkland.wa.us">www.ci.kirkland.wa.us</a>         |              |
| <b>Lake Forest Park</b> | Phone  | 206.368.5440 |
|                         | Emergency management   | 206.368.5440 |
|                         | <a href="http://www.cityofflp.com">www.cityofflp.com</a>                 |              |
| <b>Maple Valley</b>     | Phone  | 425.413.8800 |
|                         | Fax  | 425.413.4282 |
|                         | Emergency management   | 425.413.8800 |
|                         | <a href="http://www.ci.maple-valley.wa.us">www.ci.maple-valley.wa.us</a> |              |

|                      |  |              |
|----------------------|--|--------------|
| <b>Medina</b>        | Phone  | 425.233.6400 |
|                      | Fax  | 425.454.8490 |
|                      | Emergency management   | 425.454.9222 |
|                      | <a href="http://www.medina-wa.gov">www.medina-wa.gov</a>                                     |              |
| <b>Mercer Island</b> | Phone  | 206.275.7600 |
|                      | Fax  | 206.275.7663 |
|                      | Emergency management   | 206.236.3576 |
|                      | <a href="http://www.ci.mercer-island.wa.us">www.ci.mercer-island.wa.us</a>                   |              |
| <b>Milton</b>        | Phone  | 253.922.8733 |
|                      | Emergency management   | 253.922.0944 |
|                      | <a href="http://www.cityofmilton.net">www.cityofmilton.net</a>                               |              |
|                      | <a href="http://www.cityofmilton.net/page.php?id=65">www.cityofmilton.net/page.php?id=65</a> |              |
| <b>Newcastle</b>     | Phone  | 425.649.4444 |
|                      | Fax  | 425.649.4363 |
|                      | Emergency management   | 425.649.4444 |
|                      | <a href="http://www.ci.newcastle.wa.us">www.ci.newcastle.wa.us</a>                           |              |
| <b>Normandy Park</b> | Phone  | 206.248.7603 |
|                      | Fax  | 206.439.8674 |
|                      | Emergency management   | 206.248.7603 |
|                      | <a href="http://www.ci.normandy-park.wa.us">www.ci.normandy-park.wa.us</a>                   |              |
| <b>North Bend</b>    | Phone  | 425.888.1211 |
|                      | Emergency management   | 425.888.1211 |
|                      | <a href="http://www.ci.north-bend.wa.us">www.ci.north-bend.wa.us</a>                         |              |
| <b>Pacific</b>       | Phone  | 253.929.1100 |
|                      | Emergency management   | 253.929.1110 |
|                      | <a href="http://www.cityofpacific.com">www.cityofpacific.com</a>                             |              |

|                  |  |              |
|------------------|--|--------------|
| <b>Redmond</b>   | Phone  | 425.556.2900 |
|                  | Emergency management   | 425.556.2130 |
|                  | <a href="http://www.ci.redmond.wa.us">www.ci.redmond.wa.us</a>         |              |
| <b>Renton</b>    | Phone  | 425.430.6400 |
|                  | Emergency management   | 425.430.7000 |
|                  | <a href="http://www.rentonwa.gov">www.rentonwa.gov</a>                 |              |
| <b>Sammamish</b> | Phone  | 425.295.0500 |
|                  | Fax  | 425.295.0600 |
|                  | Emergency management   | 425.898.0660 |
|                  | <a href="http://www.ci.sammamish.wa.us">www.ci.sammamish.wa.us</a>     |              |
| <b>SeaTac</b>    | Phone  | 206.973.4800 |
|                  | Emergency management   | 206.973.4500 |
|                  | <a href="http://www.ci.seatac.wa.us">www.ci.seatac.wa.us</a>           |              |
| <b>Seattle</b>   | Phone  | 206.684.2489 |
|                  | Emergency management   | 206.233.5076 |
|                  | <a href="http://www.seattle.gov">www.seattle.gov</a>                   |              |
| <b>Shoreline</b> | Phone  | 206.546.1700 |
|                  | Fax  | 206.546.7868 |
|                  | Emergency management   | 206.546.1700 |
|                  | <a href="http://www.cityofshoreline.com">www.cityofshoreline.com</a>   |              |
| <b>Skykomish</b> | Phone  | 360.677.2388 |
|                  | Fax  | 360.677.2407 |
|                  | Emergency management   | 206.677.2388 |
|                  | <a href="http://www.town.skykomish.wa.us">www.town.skykomish.wa.us</a> |              |

**Snoqualmie** Phone 425.888.1555  
Fax 425.831.6041  
Emergency management 425.888.5911  
[www.ci.snoqualmie.wa.us](http://www.ci.snoqualmie.wa.us)

**Tukwila** Phone 206.433.1800  
Fax 206.433.1833  
Emergency management 425.433.0179  
[www.ci.tukwila.wa.us](http://www.ci.tukwila.wa.us)

**Woodinville** Phone 425.489.2700  
Emergency management 425.489.2700  
[www.ci.woodinville.wa.us](http://www.ci.woodinville.wa.us)

**Yarrow Point** Phone 425.454.6994  
Fax 425.454.7899  
Emergency management 425.454.6994  
[www.ci.yarrow-point.wa.us](http://www.ci.yarrow-point.wa.us)

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Position Currently Vacant

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### **Medical Directors Committee**

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### **Regional Medical Resource Center**

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### **Volunteer Management System**

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When your disaster plans protect and serve the most vulnerable in your community, all people are better positioned to survive, thrive and prosper.


— Ana-Marie Jones, Collaborating Agencies Responding to Disasters (CARD)





[This page is a placeholder for organizational community maps.]





Things were very different this time around, but in the gridlock I still made the most of the little time we had before the storm hit. Having an emergency preparedness plan helps you focus your priorities and helps you know what you need to be doing with the limited time you have in any situation.

— Sandy Whann, President  
Leidenheimer Baking Company





## **Business Resiliency Workshop CD-ROM**

### **Table of Contents**

- King County Healthcare Coalition Business Resiliency Workshop Participant Manual
- King County Healthcare Coalition Business Resiliency Workbook
- Developing a Communication Plan
- Mapping Your Community Resources
- King County Healthcare Coalition
- Public Health - Seattle & King County
- Collaborating Agencies Responding to Disaster (CARD)
- CARD Agency Emergency Preparedness Tools and Signage

### **Workplace Preparedness**

- American Red Cross Workplace Preparedness
- Tualatin Valley Fire and Rescue Emergency Preparedness
- Resources for Businesses
- FEMA Emergency Management Guide for Business and Industry
- Institute for Business & Home Safety Open for Business
- OSHA Principal Emergency Response and Preparedness
- Small Business Administration Disaster Preparedness
- Washington State Emergency Management Division

### **Pandemic Flu Planning**

- Pandemic Flu Checklists, Toolkit, and Guidelines for Healthcare Providers and Service Organizations

### **Facility Preparedness/Non-Structural Mitigation**

- Tualatin Valley Fire and Rescue Non-Structural Mitigation Worksheet
- CARD Workplace Hazard Mitigation Checklist

### **Incident Command System**


- FEMA Online Course ICS 100
- FEMA Online Course ICS 200

### **Personal and Family Preparedness**

- Children’s Hospital & Regional Medical Center: Creating a Care Plan for Your Child with Special Needs
- 4 Steps to Prepare Your Family for Disasters
- Public Health - Seattle & King County Preparedness: Information and Resources

### **Planning for Pets**

- American Red Cross Pets and Disaster: Be Prepared
- American Society for the Prevention of Cruelty to Animals Disaster Preparedness
- Humane Society of the United States Disaster Center



Trained, coordinated and united local agencies are the best and often the only support available for people with special needs in times of emergency.

— Ana-Marie Jones, Collaborating Agencies Responding to Disasters (CARD)





# SAMPLE EMERGENCY OPERATIONS PLANS

The following are segments taken from various Emergency Operation Plans. These sections were chosen in order to give your organization a look at what other non-hospital healthcare providers have created.

## **I. Introduction and Mission**

This plan is intended to provide basic information for staff to respond to a disaster or emergency situation and to minimize the adverse impact of such event on \_\_\_\_\_'s occupants and property.

It is understandable that in a larger scale emergency, a major concern of staff will be the safety and welfare of family members. Staff is encouraged to setup their own family or home emergency plan. This increases the likelihood that staff and their families can cope with the emergency more effectively.

The onset of disasters and emergencies are often sudden, and create situations that are dynamic and fluid. This plan should be viewed as a general guideline rather than a "hard-and-fast" rule in disaster/emergency mitigation. In the midst of an emergency situation, you would need to rely heavily on common sense and the general principles outlined in this plan. Therefore, it is important for you to be familiar with this plan, especially your role and responsibilities in the event of a disaster.

In the event of an emergency situation, staff is expected to remain in their post until the staff of the following shift report to work. Depending on the situation, off-shift staff that is on site might be asked to extend their work hours to provide support and assistance. All department managers are to report to the facility as soon as feasible to assist in the operation of the facility. Under safe circumstances, staff should strive to report to work as scheduled. In the event the incident is severe enough to affect normal staffing level, the affected department should activate its respective emergency plan in respond to the situation.

## **IV. Assignment of Duties of Key Personnel in the Event of an External Disaster (Person-in-charge)**

**A. The person-in-charge is the one present in the facility at the time of the disaster that is highest on this list.**

- Administrator/Executive Director
- Director of Nursing Services
- Day Shift Charge Nurse
- Evening Shift Charge Nurse
- Night Shift Charge Nurse
- Environmental Supervisor

### **Responsibilities**

1. Contact the Administrator if the facility received directive from the state or federal government to provide temporary shelter and emergency medical services for members of the community. If unable to reach him/her, the person in charge should call down the following list until reaching someone.
  - Director of Nursing Services
  - Director of Social Services
  - Medical Director
  - Environment Supervisor
2. Direct tallying of all empty beds and identify locations in the facility that could serve as temporary shelter for members in the community.
3. Estimate \_\_\_\_\_'s capacity in providing temporary shelter and the kind (e.g., level of medical severity) of patients that it is able to serve.
4. Coordinate the preparation and setup of such area to serve community members.
5. If the disaster has destroyed communications lines but the roads and general situation are deemed safe, make contact with the personnel listed above by sending someone out. If all types of communication are impossible, assume the responsibilities of the Administrator (duties as listed below), until he or she arrives and delegates the crucial responsibilities to available hands.

## B. Executive Director/Administrator

### Responsibilities

1. In any external disaster that might put the facility in the position of providing temporary shelter and emergency medical care to the public, the administrator is to report to the facility immediately, whether notified or not by anyone at the facility.
2. Upon reporting to the facility, in consultation with the Medical Director and the Director of Nursing Services, assess facility's capacity for providing the requested services.
3. Make preliminary inspection of the facility to assess damage that the facility might have sustained.
4. Direct and oversee the procurement, distribution, and utilization of emergency supplies and act as spokesperson for the facility.
5. Coordinate the efforts of each department in providing care during the emergency or disaster.

**Station: Administrator's office or other location as needed.**

## C. Director of Nursing Services

### Responsibilities

1. In an external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical assistance to the public, the Director of Nursing Services is to report to the facility immediately whether notified or not by anyone in the facility. The Director of Nursing Services should contact the Medical Director and nursing staff to ensure the facility has adequate medical and nursing coverage, if possible.
2. Upon reporting to the facility, assess the staffing and supplies necessary to provide first aid and emergency medical assistance.
3. Coordinate nursing staff to provide emergency services as needed.
4. Act as liaison between \_\_\_\_\_ and outside medical personnel and facilities.
5. Assign priorities in the provision of medical assistance to casualties and ensure that appropriate emergency aid is being provided to casualties.

6. Be the “person-in-charge” of the facility during the absence of the Administrator.

**Station: DNS office or other location as needed.**

## **D. Medical Director**

### **Responsibilities**

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Medical Director is to report to the facility immediately, whether or not notified by anyone at the facility, and to summon other physicians who might be available to provide assistance. If the Medical Director is involved in providing emergency services elsewhere, he should stay in contact with the facility, if possible.
2. Upon reporting to the facility, consult with the Administrator and the Director of Nursing Services on the numbers and types of injured to be admitted; supervise medical and nursing treatment of patients. Provide guidance to the Director of nursing and physicians as needed.
3. Inform Administrator of the projected medical, nursing, and related needs and arrange for emergency supply of medications.
4. Serve as the liaison person between \_\_\_\_\_ and other health care institutions where necessary.
5. Ensure priorities in the provision of medical assistance are accurately assigned.
6. Provide direct medical assistance as needed.

**Station: Any location in the facility as needed.**

## **E. All Other Nursing Personnel**

1. In any external disaster that might put the facility in the position of providing temporary shelter and medical assistance to the public, report to the facility immediately whether or not notified by any one at the facility.
2. Follow the instructions of the Medical Director, other physicians, the

Director of Nursing Services in rendering medical assistance, such as First Aid, to the injured.

3. Maintain a calm demeanor.
4. Ensure that there is identification (e.g., wristband or other written identification) on each person transferred into or out of the nursing facility and that medical records accompanies the residents who need to be evacuated. If the individual's name is not known, use an alternative method such as numbering.
5. Unless instructed otherwise, assume the duties and responsibilities typically associated with your position.

**Station: As assigned by Director of Nursing Services.**

## **F. Director of Finance/Business Manager**

### **Responsibilities**

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Director of Finance/Business Manager should report to the facility immediately, whether notified or not. The Director of Finance/Business Manager should contact his or her staff to report to the facility to render assistance.
2. Upon reporting to the facility, work with the Medical Records/Ward Clerk, Director of Social Services, and business office staff to assemble a master list of incoming patients. Coordinate the supply and distribution of forms, papers, and stationary.
3. Assist the Administrator in the coordination of key personnel, communicating directives, and information among key personnel as needed.
4. Under the direction of the Administrator, make duty assignment to non-nursing and volunteer personnel.
5. In the event of an evacuation, work with the Medical Records/ Ward Clerk to compile a master list of residents (with identifying information) who need to be discharged.

**Station: Admission area or other location as needed.**

## **G. Medical Records/Ward Clerk**

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, Medical Record/Ward Clerk is to report to the facility immediately, whether or not anyone from the facility has contacted them.
2. Work with the Business Manager in carrying out Business Manager responsibilities 2 and 5 (previous section).
3. Assist in identifying residents that are to be transferred out of the facility and to ensure they have the necessary paperwork and records with them.
4. Perform duties as assigned by the Medical Director or Director of Nursing Services.

**Station: Admission area and other location as needed.**

## **H. Dietary Manager**

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Dietary Manager is to report to the facility immediately, whether or not anyone from the facility has contacted him or her. The Dietary Manager should contact the dietary staff to report to the facility.
2. Upon reporting to the facility, assess the food supply situation and consult with the Administrator regarding any shortage or special need.
3. Supervise the preparation and service of food and drinks for residents and staff.
4. If water contamination is suspected, purify water for drinking and First Aid use. Contact U.S. Food Services (206.XXX.XXXX) for delivery of bottled water.
5. If the disaster involves the loss of electrical power or water damage in food storage areas, check food and supplies for spoilage before use. Do not use goods that have come in contact with floodwater.
6. Set priority for food usage when supply is limited. In general, food should be served first to the residents then to personnel performing physically demanding tasks.

7. If the Dietary Department is not able to provide food services for the occupants, inform the Administrator.

**Station: Kitchen or other location as needed.**

## **I. Environmental Supervisor**

### **Responsibilities**

1. In an external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Environmental Supervisor is to report to the facility immediately, whether or not notified by any one at the facility. The Environmental Supervisor should contact housekeeping, maintenance, and laundry staff to report to the facility.
2. Upon reporting, begin assessment of the building condition, emergency generator, power and telephone lines, gas and water mains, and equipment to determine safety and determine if precautionary measures are necessary.
3. Notify utility companies of power outages, if possible.
4. Take necessary steps to maintain or repair vital equipment. Oversee building safety.
5. Keep the Administrator and DNS informed of the safety and operational status of the facility.
6. Deliver bottled water to the area designated by Administrator.

**Stations: Maintenance office and other locations as needed.**

## **J. Housekeeping and Maintenance Staff**

### **Responsibilities**

1. All housekeeping staff are to report to the facility as soon as being contacted by the Environmental Supervisor.
2. Upon reporting to the facility, assist in the cleaning up debris; health and safety hazard.

3. Assist in the moving of residents' beds and equipment under the direction of nursing staff. Assist in setting up of emergency quarters and beddings as needed.
4. Assist in obtaining and distributing supplies, bedding, and other necessary provisions.
5. Pick up and dispose of refuse.

**Station: Throughout facility as directed by the Administrator and persons in charge of outside assistance.**

## **K. Laundry Staff**

### **Responsibilities**

1. All laundry staff should report to the facility as soon they are contacted by the Environmental Supervisor.
2. Upon reporting to the facility, assist in the distribution of supplies or perform other duties under the direction of the Environmental Supervisor.
3. Process laundry if feasible.

**Station: Laundry room and other locations as required.**

## **L. Activity Director/Staff**

### **Responsibilities**

1. In an external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Activity Director is to report to the facility immediately, whether or not notified by anyone at the facility.
2. Coordinate or provide services to meet the social, emotional, and spiritual needs of the residents. Request clergy to be at the facility as needed.
3. Assist Ward Clerk and social service staff to notify residents' families or representatives of the residents' condition and place of discharge as indicated.
4. Perform duties as instructed by the person-in-charge.

**Station: Activity Room and other location as needed.**

## M. Director of Social Services/Staff

### Responsibilities

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Director of Social Services is to report to the facility immediately, whether or not notified by anyone at the facility.
2. Work with Medical Records/Ward Clerk and Director of Finance/ Business Manager in coordinating plans for notifying residents' families or representatives of residents' conditions and discharge destination as indicated.
3. Provide crisis intervention and supportive counseling as needed.

**Station: Social Services office or as required to perform duties.**

## V. Role of Volunteers

\_\_\_\_\_ cherishes the contribution of volunteers to the well-being of the residents. Depending on the needs, \_\_\_\_\_ will contact volunteers to assist in providing support to the operation.

\_\_\_\_\_ will consider enlisting the help of volunteers in the following areas in an emergency:

- feed residents
- debris removal
- cleaning
- spiritual supportive
- other assignment as appropriate
- reception
- data entry
- accompanying residents
- transport/pick up supplies
- facilitate activities

Consistent with state regulations, individuals volunteering at \_\_\_\_\_ must pass the state background check requirement. Proper training will be provided unless the volunteer has the required credentials for the tasks.

## **Emergency Plan Activation**

When an emergency situation arises, the Chief Executive Officer or designee should activate the Plan. The Incident Commander will implement the Incident Command Plan. \_\_\_\_\_ personnel and equipment will be utilized to provide priority protection for

- life safety
- preservation of property
- restoration of services and business operations.

The manner in which \_\_\_\_\_ personnel and equipment will be used will be determined by the Plan under the direction of the Chief Executive Officer or Incident Commander.

The Chief Executive Officer or Incident Commander will immediately appoint available individuals, with appropriate skills, to fill each of the Emergency Operations Center positions: Operations, Planning, Logistics, and Finance.

The Chief Executive Officer or designee will be responsible for notifying the Incident Commander to deactivate the emergency operations response when s/he deems it appropriate.

### **Activation During Business Hours**

When an emergency situation such as those envisioned by the Plan occurs during agency business hours, the following should take place:

#### **If Telephone Services Are Operational**

The IT Director or designee will

- Notify the Chief Executive Officer and advise of the emergency situation.
- The Chief Executive Officer or designee will notify EOC personnel and advise them where to report.

#### **If Telephone Services Are Not Operational**

\_\_\_\_\_ management personnel will make personal contact with EOC members or their office, where possible.

As they become aware of a major emergency situation at \_\_\_\_\_, EOC personnel will immediately report to the EOC.

### **Activation During Non-working Hours**

There is a significant chance that an emergency situation such as those envisioned by the Plan may occur before or after regular agency business hours, or on a holiday or weekend when the agency is closed.

While the structure of this plan remains precisely the same, its implementation may vary depending upon available resources and staff. The personnel assuming the most responsibility will be members assigned to the Emergency Operations Center located at the agency's Main site.

## EOC Location

In accordance with standard emergency management system planning, \_\_\_\_\_ has established the Emergency Operations Center (EOC) in the Board Room of the Main site. The \_\_\_\_\_ site has been designated as an alternate EOC site. As outlined in this plan, the EOC will serve as the center for emergency management and response operations.

### Sample EOC Equipment List

1. Cellular phone
2. Telephones: handsets, lines, switchboard
3. Fax machine
4. Copy machine
5. Public address system
6. Television/VCR
7. Weather radio
8. Computer terminals
9. Surge protectors
10. Lap top computer
11. Tables and chairs
12. Markers and display boards
13. Overhead with screen
14. Flip chart easel and pad
15. Bulletin boards
16. Reference materials (blueprints, maps, etc.)
17. Walkie-Talkie
18. First Aid kit
20. Bottled water
21. Materials/supplies to make identification cards., (e.g., pens, pads, tape)

22. Miscellaneous office supplies (e.g., staplers, staples, staple pullers, envelopes of various sizes, paper clips, push pins, masking/scotch tape, pencils, pens assorted colors, assorted rubber bands, binders, writing pads, note pads).

# EMPLOYEE EMERGENCY CONTACT

## Employee Emergency Contact (Confidential)

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

The marked phone numbers can be used in the telephone tree:

Home       Cell       Other

If applicable, please list any **medical conditions** that may assist us in case of an emergency (Note: This information does not need to be disclosed.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, please contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Message \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Message \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Message \_\_\_\_\_

This form shall be completed at time of hire and updated annually. If any changes occur before the annual update, I will update my information and submit to Human Resources.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date*

## Utility Shut Offs

### Natural Gas

\_\_\_\_\_ is supplied with natural gas. The main gas valve is located adjacent to the garage entrance on the northeast corner of the building.

### Electrical

The main electrical disconnect switch for the building is located on the main transformer in Health Center electrical vault.

### Water

The main water shut-off valve for the building is located in the ceiling of the housekeeper's Supply Room on Garage Level.

### Sprinklers

The main sprinkler shut-off is located in the valve room on Garage Level.

### Steam

The main steam shut-off valve is located above the false ceiling in the Resident's Laundry Room on Garage Level.

### Telephone Equipment

Located in the phone room on Health Center Level.

### Emergency Generator

The emergency generator is located in the parking garage one level below Garage Level. Access can be made by using the west garage stairwell leading to the garden area.

In the event of a power failure, emergency power is provided by a diesel powered generator. The generator is capable of a rated output of 102 KW.

Emergency power is supplied to

- all exit and stairwell lights
- all corridor lights
- certain service room lights

- phone system
- damper motors
- passenger elevators 1, 2, and 4
- fire alarm systems.

The emergency generator is activated automatically upon a power failure.

## Instructions on Getting Water from the Hot Water Tank

**Caution:** Water coming out from the hot water tanks could be very **hot** and may cause injury.

### a. Type and Model: Rheem Budd 119 Gallon Commercial Booster Water Heater

1. Identifying information and characteristics
  - The water heater is located at the far corner of the laundry-machine room.
  - On the wall just next to the boiler, there is an 8"x16" Cutler-Harmer Safety Switch.
  - On the boiler there is a 2"x7" yellow tag which is attached on the temperature-pressure relief valve.
  - Attached to the tank (near the bottom), there is a faucet which you can attach a garden hose to it.
2. Getting water from the water tank
  - Move the handle of the Cutler-Harmer Safety Switch to the "off" position.
  - Attach one end of a clean hose to the water faucet.
  - Put the other end of the water hose inside a clean bucket or water container.
  - To release and control the flow of water from the hot water tank, turn the knob of the faucet counter-clockwise (you may need a screw driver or a pliers to do it).
  - Water should start coming out from the faucet.
  - To allow the water to run freely, open the temperature-pressure relief valve by moving the silver color metal switch to a horizontal position.

### b. Type and Model: The LAARs 200 Gallon and the Bradford White 119 Gallon Hot Water Tanks

1. Identifying information and characteristics
  - The LAARs and the Bradford White water tanks are both located

inside the mechanical room. They are both white colored and in cylindrical shape.

- On each of the hot water tanks, there is a 2"x7" yellow tag attached to its temperature-pressure relief valve.
- On the LAARs hot water tank, there is a faucet attached to the tank 8" above ground.
- On the Bradford White hot water tank, there is a faucet attached to the tank 18" above ground facing a red colored pump.
- Identify the Thermal Solutions Evolution boiler inside the same room and locate the on/off switch at its front and the two on/off switches at its back.
- Identify the Patterson Kelley boilers inside the same room and locate one on/off switch at its front and one on/off switch at its back. Also locate the two on/off switches on its right next to a green colored pump.
- Please notice that the two boilers and the two hot tanks are connected and operated as one system.

## 2. Getting water from the water tanks

- Move all the switches mentioned above to their "off" positions (that will shut down the power to the boilers and the pumps).
- Attach one end of a clean hose to the water faucet of the tank you choose.
- Put the other end of the water hose inside a clean bucket or water container.
- To release and control the flow of water from the hot water tank, turn the knob of the faucet counter-clockwise (you may need a screw driver or a pair of pliers to do it).
- Water should start coming out from the faucet.
- To allow the water to run freely, open the temperature-pressure relief valve by moving the silver color metal switch to a horizontal position.

## Heat Loss During Cold Weather

### Procedure

In the event of a loss of steam from the utility source (Seattle Steam), portable electric heaters will be used to heat the building. An emergency on-site diesel generator runs the fire and life safety systems in the event of a power outage.

Should the steam heating system fail and temperatures inside the building fall to less than 60 degrees, emergency action will be required to protect frail residents.

Notify Executive Director of emergency and current status.

### Health Center

Option 1. Keep residents in bed as much as possible and use extra blankets.

Option 2. Isolate a portion of the Health Center floor and use electric space heaters to maintain a minimum temperature.

- Residents can be gathered in the Health Center dining room and the area around the Nursing Station.
- Close the hallway fire doors and room doors to limit the size of the space and the exposure to the glass windows.
- Use space heaters in those areas. These heaters are stored with other disaster equipment in the Maintenance Mechanical Room located on the Garage Level.

Extra blankets and bedspreads shall be supplied to resident to provide additional protection.

Electric oil filled radiators shall be available for use to provide additional warmth to the facility. They shall be used primarily in common areas of the facility, such as the dining room, and staff members shall congregate the residents into those areas common areas. While these radiators are in use, staff will check on residents every half hour to ensure that they are safe and that the radiators are not presenting any safety risk to the residents.

### **Assisted Living Residents**

Option 1. Call family members to ask if they have heat and can take the resident to their home. The Assisted Living Nurse or the Nurse on Duty will keep a log of those leaving the building, where they are going, and a phone number to reach them.

Option 2. Isolate the fourth floor dining room and utilize space heaters to maintain a minimum temperature.

### **Residential Residents**

A Public Address System announcement will be made explaining the situation. They will be asked to make their own individual arrangements and to notify the Front Desk if they are leaving the building overnight.

### **Control Officer**

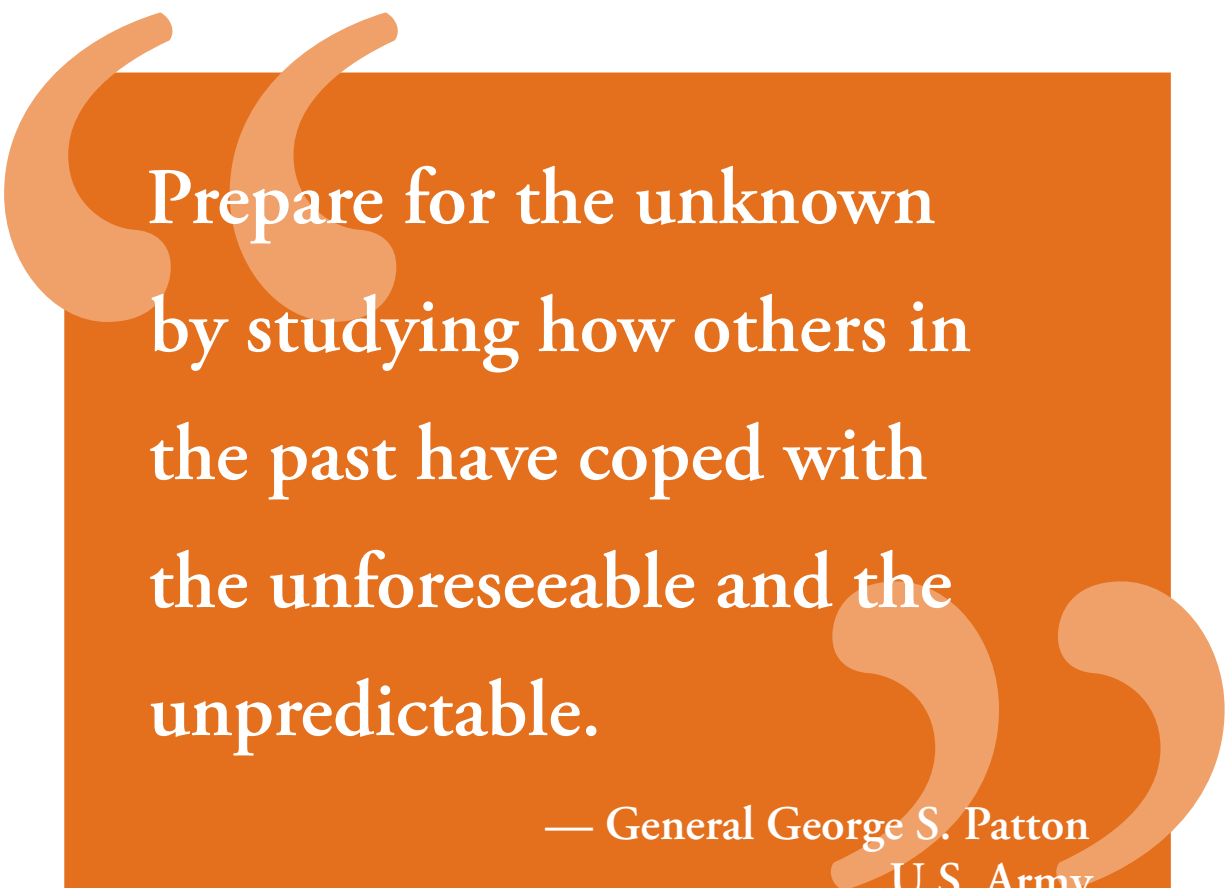
Monday–Friday (days)

Director of Maintenance

All other times

Maintenance/Weekend Night

Security/Custodian on duty/Charge Nurse HC



Prepare for the unknown  
by studying how others in  
the past have coped with  
the unforeseeable and the  
unpredictable.

— General George S. Patton  
U.S. Army



### Common Preparedness Acronyms

**ACF:** Alternate Care Facility

**ADS:** Seattle Aging and Disability Services

**AHA:** American Hospital Association

**AHRQ:** Agency for Healthcare Research and Quality (Federal)

**AMA:** American Medical Association

**ASPR:** Office of the Assistant Secretary for Preparedness and Response  
(formerly **OPHEP:** Office of Public Health Emergency Preparedness)

**APHA:** American Public Health Association

**ARC:** American Red Cross

**BOH:** Board of Health

**BSL:** Bio-safety Level (generally in the context of laboratories)

**BT:** Bioterrorism

**CBRNE:** (often heard as “C-bearne” or C-bearnee”) Chemical, Biological,  
Radiological, Nuclear, Explosive

**CDC:** Centers for Disease Control and Prevention

**CO:** Carbon Monoxide

**CRI:** Cities Readiness Initiative

**DCHS:** Department of Community and Human Services (King County)

**DHS:** Department of Homeland Security (federal)

**DMAT:** Disaster Medical Assistance Team (a part of the National Disaster  
Medical System)

**DMORT:** Disaster Mortuary Operational Response Team (a part of the  
National Disaster Medical System)

**DOD:** Department of Defense

**DOH:** Department of Health

**DOT:** Department of Transportation

**DRC:** Disaster Recovery Center

**DSC:** Disaster Services Center

**DSHS:** Department of Social and Health Services (statewide)

**EMAC:** Emergency Management Advisory Committee (King County)

**EMAC:** Emergency Management Assistance Compact (inter-state mutual aid contract)

**EMD:** Emergency Management Division (usually refers to state department)

**Epi:** Epidemiology

**ESF:** Emergency Support Function

**FAC:** Family Assistance Center (could also be Fire Alarm Center)

**FEMA:** Federal Emergency Management Agency

**HAN:** Health Alert Network

**HHS** (sometimes DHHS): Department of Health and Human Services (federal)

**HRSA:** Health Resources and Services Administration

**HSD (SHSD):** Human Services Department (Seattle Human Services Department)

**IC:** Incident Command/Incident Commander

**ICS:** Incident Command System

**I/Q:** Isolation and Quarantine

**JCAHO:** Joint Commission on Accreditation of Healthcare Organizations

**JFSOC:** Joint Family Services Operations Center

**JIC:** Joint Information Center

**KCMEO** (sometimes just **ME**): King County Medical Examiner's Office (or Medical Examiner)

**KCSO:** King County Sheriff's Office

**MEPG:** Multi-Disciplinary Emergency Purchasing Group (local to King County)

**MFI:** Mass or Multiple Fatality Incident

**MHCADS:** King County Mental Health, Chemical Abuse and Dependency Services

**N-95:** A type of mask/Personal Protective Equipment

**NACCHO:** National Association of City and County Health Officials

**NDMS:** National Disaster Medical System

**NIMS:** National Incident Management System

**OEM:** Office of Emergency Management

**Pan flu:** Pandemic Influenza

**PAPR:** Powered Air Purifying Respirator (a type of Personal Protective Equipment)

**PHIN:** Public Health Information Network

**POD:** Point of Dispensing/Point of Distribution

**PPE:** Personal Protective Equipment

**RDP:** Regional Disaster Plan

**RERC:** Regional Emergency Response Coordinator

**Risk comm:** Risk Communications

**RMRC:** Regional Medical Resource Center

**SAR:** Search and Rescue or Search and Recovery

**SEL:** Standardized Equipment List

**SHSP:** State Homeland Security Program (often used in context of grants)

**SNS:** Strategic National Stockpile

**SPD:** Seattle Police Department

**SPOC:** Seattle Police Operations Center

**TCL:** Target Capabilities List

**UASI:** Urban Area Security Initiative (a homeland security funding program)

**USAR:** Urban Search and Rescue

**UTL:** Universal Task List

**VPAT:** Vulnerable Populations Action Team

**WA-SECURES:** Washington State Electronic Communications and Urgent  
Response Exchange System

**WHO:** World Health Organization

**WMD:** Weapons of Mass Destruction

**WSHA:** Washington State Hospital Association

## Pandemic Flu Planning with Businesses

LHJ: \_\_\_\_\_

### Objectives:

1. Engage key businesses in planning and preparing for pandemics and other large scale public health events.
2. Identify resources and best practices to assist local businesses in continuity planning.
3. Establish ongoing communication and coordination.
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Pandemic flu** refers to a world-wide epidemic involving the spread of a flu virus to which few if any human beings have previously been exposed. Because of this, a pandemic flu has the potential to cause increased levels of serious illness and death in a very short period of time. The current outbreak of avian flu in Southeast Asia is of concern to health officials because it could lead to an influenza pandemic.

### Impact of pandemic flu on business:

- From 25-35% of the workforce could be affected at any given time
- The economic impact in the U.S could range from \$71.3 to \$166.5 billion
- The epidemic could persist for two months or longer
- Psychological impacts on the workforce will be extreme
- Community containment measures, such as closing schools and other establishments and canceling events, may be implemented to minimize disease spread.

### **Role of Local Health Jurisdiction:**

- ✓ Brief businesses on pandemic flu and community containment measures that may be used i.e., (social distancing, restriction of large public gatherings, school closures, etc)
- ✓ Provide technical assistance
- ✓ Establish ongoing communication with businesses before, during and after an event

### **Planning Goals:**

- Limit death and illness
- Preserve continuity of essential government and business functions
- Minimize social disruption
- Minimize economic losses

**This planning** is a model for responding to any rapidly emerging or unexpected biological hazard. Many of the activities overlap with preparations to counteract chemical, radiological and biological terrorism.

### **Key Assumptions:**

- Due to travel, a flu pandemic and other emerging diseases such as SARS could spread rapidly
- A pandemic is widespread and local jurisdictions will not be able to rely on other government entities for staff and resources
- There are limited supplies of antiviral drugs, and vaccine is not likely to be available for 6-12 months from the onset of pandemic flu or other newly emerging infection
- Pandemic flu will overwhelm the medical system
- Ill individuals may be isolated and their contacts quarantined during the first stages of the pandemic to delay spread in the community
- In addition, community containment measures may be implemented to control the spread of disease

### **Implications for Businesses and Actions to Consider:**

- 25%-35% of the workforce may be ill at any given time due to pandemic flu
- Do businesses have human resources policies for workers isolated or quarantined and unable to work?

- Do businesses have continuity and contingency plans for staff shortages in critical functions due to pandemic flu or other emerging infections?
- Do businesses have plans and strategies for communicating with employees and customers during a pandemic?
- Do businesses have resources and capabilities that would be of benefit to the community – capital resources, space and facilities, manpower, etc.?

National Pandemic Plan –<http://www.hhs.gov/pandemicflu/>

### **Key External and Internal Stakeholders**

| <b>Elected Officials</b> | <b>Businesses</b> | <b>Government and Other Partners</b> | <b>LHJ Staff</b> |
|--------------------------|-------------------|--------------------------------------|------------------|
|                          |                   |                                      |                  |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**Workplan:**

| <b>Task #</b> | <b>Activity</b>   | <b>Lead Staff/Other Participants</b> | <b>Resources Needed (i.e venue, printed material, press releases)</b> | <b>Additional Considerations (i.e. grant funding, potential barriers,</b> | <b>Timeline/ Completed By</b> |
|---------------|---|--------------------------------------|---|---|-------------------------------|
| 1.            | Develop Business Engagement Plan  |                                      |   |   |                               |
| 2.            | Obtain Plan approval  |                                      |   |   |                               |
| 3.            | Brief elected official(s)   |                                      |   |   |                               |
| 4.            | Brief government partners and other elected officials                       |                                      |   |   |                               |
| 5.            | Conduct key informant interviews with key stakeholders                      |                                      |   |   |                               |
| 6.            | In partnership with business, convene a business forum, series of briefings |                                      |   |   |                               |

|    |  |  |  |  |         |
|----|--|--|--|--|---------|
|    | or other informational sessions  |  |  |  |         |
| 7. | Establish a 'Leadership Circle" of business representatives to assist with planning and provide ongoing leadership |  |  |  |         |
| 8. | Follow-up re continuity plans and ongoing assessment of need for additional resources, briefings, etc.             |  |  |  |         |
| 9. | Ongoing Meetings, etc  |  |  |  | Ongoing |

**Business Engagement Outcomes:**

1. Establish regular and ongoing communication with local businesses. Obtain key contact lists and emergency contact lists.
2. Identify 'Promising Practices' and resources that can be used as models for business continuity, human resources policies, communication strategies and preparedness planning.
3. Inventory resources that could be available during an event and establish utilization agreements if needed.

12.30.05

August 18, 2005

RE: Preparing for Pandemic Flu in King County

Dear

Recent reports have brought the growing danger of a pandemic flu into sharp focus: at last count, 109 humans have been infected with avian flu, with 55 deaths (as of 7/27/05), and over 140 million chickens have died a consequence of avian flu. Other mammals, such as pigs and tigers have been infected and died, and there is evidence that migratory birds are taking the disease beyond Southeast Asia.

This spread of avian flu is just one step removed from a pandemic flu, where the virus mutates into a new form of human flu that would spread easily from person-to-person. Infecting humans at a rapid rate, it would likely cause widespread illness and death within a matter of months, and could last up to two years.

This concern is global in scope, and local in impact.

The CDC predicts that that as much as 25% to 30% of the United States population could be affected by a pandemic. In King County, we could see over 2500 deaths and 450,000 outpatient visits in the first six weeks of a pandemic.

Undoubtedly, a pandemic flu would be disruptive and costly to business:

- Up to 35% of the workforce could be affected at any given time
- The economic impact in the United States could reach \$166.5 billion
- Containment measures, such as isolating ill people, quarantining their contacts, closing schools and other establishments and canceling events, may need to be implemented to minimize disease spread

A local perspective on these challenges for the business community were highlighted in a July 15<sup>th</sup> Puget Sound Business Journal article, which we have enclosed for your review.

If our community is to be prepared to respond to a pandemic flu outbreak, your input and engagement as a key business partner is essential. Public Health is prepared to brief you and your staff on this issue and local planning efforts, provide technical assistance, and establish ongoing communication.

In addition, the Mariners have offered to host a forum on this issue at Safeco Field later this fall. This will be an opportunity to obtain the latest information on pandemic flu, share business continuity practices and plan together with community leaders to mitigate the effects of pandemic flu on the community.

As follow up to this letter, Allene Mares, Regional Health Officer for Public Health –Seattle & King County, will be contacting you to arrange for a meeting. Until then, we would invite you to

Page 2

visit our web site for more information on pandemic flu at  
<http://www.metrokc.gov/health/prevcont/pandemic-flu.htm>.

We appreciate this opportunity to work together on behalf of King County.

Sincerely,

Ron Sims  
King County Executive

Dorothy Teeter  
Interim Director and Health Officer  
Public Health-Seattle & King County

# **Public Health - Seattle and King County Pandemic Flu Planning with King County Businesses**

## **Objectives:**

1. Engage key businesses in King County in business continuity planning in preparation for pandemics and other large scale public health events.
2. Identify resources and best practices to assist local businesses in continuity planning.
3. Establish ongoing communication and coordination with King County businesses.

**Pandemic flu** refers to a world-wide epidemic involving the spread of a flu virus to which few if any human beings have previously been exposed. Because of this, a pandemic flu has the potential to cause increased levels of serious illness and death in a very short period of time. The current outbreak of avian flu in Southeast Asia is of concern to health officials because it could lead to an influenza pandemic.

## **Impact of pandemic flu on business:**

- From 25-35% of the workforce could be affected at any given time
- The economic impact in the U.S could range from \$71.3 to \$166.5 billion
- The epidemic could persist for two months or longer
- Psychological impacts on the workforce will be extreme
- Community containment measures, such as closing schools and other establishments and canceling events, may be implemented to minimize disease spread.

## **Role of Public Health Seattle and King County:**

- ✓ Brief businesses on pandemic flu and community containment measures that may be used i.e., (social distancing, restriction of large public gatherings, school closures, etc)
- ✓ Provide technical assistance
- ✓ Establish ongoing communication with businesses before, during and after an event

## **Planning Goals:**

- Limit death and illness
- Preserve continuity of essential government and business functions
- Minimize social disruption
- Minimize economic losses

**This planning** is a model for responding to any rapidly emerging or unexpected biological hazard. Many of the activities overlap with preparations to counteract chemical, radiological and biological terrorism.

## **Key Assumptions:**

- Due to travel, a flu pandemic and other emerging diseases such as SARS could spread rapidly
- A pandemic is widespread and King County will not be able to rely on other government entities for staff and resources
- There are limited supplies of antiviral drugs, and vaccine is not likely to be available for 6-8 months from the onset of pandemic flu or other newly emerging infection
- Pandemic flu will overwhelm the medical system
- Ill individuals may be isolated and their contacts quarantined during the first stages of the pandemic to delay spread in the community
- In addition, community containment measures may be implemented to control the spread of disease

## **Implications for Businesses and Actions to Consider:**

- 25%-35% of the workforce may be ill at any given time due to pandemic flu
- Do businesses have human resources policies for workers isolated or quarantined and unable to work?
- Do businesses have continuity and contingency plans for staff shortages in critical functions due to pandemic flu or other emerging infections?
- Do businesses have resources and capabilities that would be of benefit to the community – capital resources, space and facilities, manpower, etc.?

## Key Stakeholders

| <b>Elected Officials</b>   | <b>Businesses</b>  | <b>Government and Other Partners</b>  | <b>PHSKC Staff</b>  |
|--|--|---|---|
| County Executive<br>Mayor, City of<br>Seattle<br>Mayor, City of<br>Bellevue<br>Suburban City<br>Mayors | Retail Leadership<br><br>Greater Seattle<br>Chamber of<br>Commerce | King County<br>City of Seattle<br>City of Bellevue<br>Suburban Cities'<br>Association<br>Pierce County<br>Snohomish County<br>Kitsap County<br>Public Utilities<br>Labor Council<br>Puget Sound<br>Regional Council<br>Universities<br>Enterprise Seattle | Director of Health<br>Chief<br>Administrative<br>Officer<br>Preparedness<br>Section<br>Communications<br>Community-based<br>Public Health<br>CD-Epi |

## Scope of Work:

| <b>Task #</b> | <b>Activity</b>                  | <b>Lead Staff/Other Participants</b> | <b>Timeline/Completed By</b> |
|---------------|----------------------------------|--------------------------------------|------------------------------|
| 1.            | Develop Business Engagement Plan | CBPH/Preparedness                    | May 9, 2005                  |
| 2.            | Obtain Plan approval             | Office of Director/Preparedness/CPBH | May 13, 2005                 |
| 3.            | Brief Executive                  | Office of                            | July 1, 2005                 |

|    |  |  |                    |
|----|--|--|--------------------|
|    |  | Director/Preparedness                          |                    |
| 4. | Brief Government Partners and Elected Officials  | Office of Director/Preparedness, CBPH          | September 30, 2005 |
| 5. | Conduct key informant interviews with key stakeholders   | CBPH   | September 30, 2005 |
| 6. | In partnership with business, convene a King County Business Forum on Pandemic Flu                                 | Executive/Director of Health/Leadership Circle | September 30, 2005 |
| 7. | Establish a 'Leadership Circle' of business representatives to assist with planning and provide ongoing leadership | CBPH   | November 30, 2005  |
| 8. | Follow-up re continuity plans and ongoing assessment of need for additional resources, briefings, etc.             | CBPH   | December 31, 2005  |
| 9. | Ongoing Meetings, etc  | CBPH   | Ongoing            |

## **Business Engagement Outcomes:**

1. Establish regular and ongoing communication with local businesses. Obtain key contact lists and emergency contact lists.
2. Identify 'Promising Practices' and resources that can be used as models for business continuity, human resources policies and preparedness planning.
3. Inventory resources that could be available during an event and establish utilization agreements if needed.

Draft # 7 October 20, 2005

# 2006 Advanced Practice Center Training Conference Facilitator's Guide

## Preparing for Pandemic Flu: It's *Not* Business as Usual

This guide has been prepared by The Seattle-King County Advanced Practice Center with assistance from the North Carolina Center for Public Health Preparedness at the University of North Carolina at Chapel Hill. The National Association of County and City Health Officials, in collaboration with the Centers for Disease Control and Prevention, have provided funding and support for the development of the materials and production of the CD-ROM.

This guide will help you to prepare, deliver, and evaluate an effective training session using the training materials presented at the 2006 Advanced Practice Center Training Conference in Washington, DC. Our goal is to encourage public health preparedness professionals across the county to use the best practice tools and resources developed by the Advanced Practice Centers.

### Contents:

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# 1. Training Program Overview

## Preparing for Pandemic Flu: It's Not Business as Usual Seattle-King County Advanced Practice Center

This program was developed by The Seattle-King County Advanced Practice Center, located at Public Health – Seattle and King County, 999 Third Avenue, Suite 1200, Seattle, WA 98104. For additional information, contact Michael Loehr, preparedness section program manager at Michael.Loehr@metrokc.gov or (206) 205-5824, or visit the NACCHO APC Web page: [www.naccho.org/topics/demonstration/APC/WA.cfm](http://www.naccho.org/topics/demonstration/APC/WA.cfm).

### Overview:

Public Health – Seattle & King County (PHSKC) expanded its preparedness and planning partners to include the business community. In a public health emergency, such as pandemic flu, it will be critical to have partnerships established with businesses for communication and as a potential resource. This session will describe the PHSKC business engagement and outreach plan, provide tools for other local health jurisdictions, including sample letters, PowerPoint presentations, handouts, and provide resources for businesses.

### Goal:

To train participants on how to develop a business engagement plan for public health preparedness in their respective jurisdiction

### Learning Objectives:

- ◆ Participants will be able to understand the purpose of engaging their business community in public health preparedness planning
- ◆ Participants will be able to identify at least three internal and three external stakeholders for business engagement planning
- ◆ Participants will develop a draft business engagement plan for their jurisdictions

### Emergency Preparedness Competencies addressed in this session:

- ◆ Describe communication role(s) in emergency response: within agency, media, general public (specifically, businesses), and personal (family, neighbors).
- ◆ Identify limits to own knowledge/skill/authority and identify key system resources for referring matters that exceed these limits.
- ◆ Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and evaluate effectiveness of all actions taken.

*Emergency Preparedness Competencies can be found at [www.nursing.hs.columbia.edu/institutes-centers/chphsr/btcomps.pdf](http://www.nursing.hs.columbia.edu/institutes-centers/chphsr/btcomps.pdf)*

## 2. CD-ROM Training Materials

The following resources are available on the 2006 APC Training Conference Trainer's Guide CD-ROM to assist you to deliver this training in your agency or community.

- ♦ **Highlights Presentation** – “Preparing for Pandemic Flu: It’s not business as usual,” an overview narrated by Allene Mares, RN, MPH, regional health officer for Public Health – Seattle & King County
- ♦ **Facilitator’s Guide** – Preparing for Pandemic Flu: It’s not business as usual
- ♦ **Presentation Slides with Notes** – Preparing for Pandemic Flu
- ♦ **Training Activity Handouts:**
  - Sample Business Engagement Plan for Pandemic Flu
  - Business Engagement Plan Template
  - Sample Letter to Public Officials
  - Sample Letter to Businesses
  - Sample Agenda for Pandemic Flu Business Forum
- ♦ **Pre- and Post-Tests**
- ♦ **Session Evaluation Form**
- ♦ **Additional Resources:** Available on the Public Health – Seattle & King County website:
  - Advanced Practice Center resources – [www.metrokc.gov/health/apc/index.htm](http://www.metrokc.gov/health/apc/index.htm)
  - Pandemic Flu Multimedia Presentations – [www.metrokc.gov/health/pandemicflu/multimedia/index.htm](http://www.metrokc.gov/health/pandemicflu/multimedia/index.htm)

### 3. Planning Your Training Session

Here are the basic steps to prepare a training session using the resources contained on the **2006 Advanced Practice Centers Trainer's Guide CD-ROM**. Resources available on the CD-ROM are highlighted in italics in the steps below.

- a) **Get comfortable with the training topic and the materials.** As the trainer of this session, it is important for you to become familiar with the training topic and the materials.
- ◆ Review the *Highlights Presentation* on the CD-ROM. (Note: your computer will need an Internet connection to access this 10-minute narrated presentation.)
  - ◆ Study the *Facilitator's Guide* on the CD-ROM, starting with the Training Program Overview.
  - ◆ Examine the *PowerPoint Presentation Slides* in the "Notes View" and the *Training Activity Handouts*.
  - ◆ If you are not familiar with the topic, study the *Additional Resources* suggested by the developers and consider inviting a partner with expertise in this topic to assist you in delivering this training.
- b) **Assess the audience you want to train.** Before you move ahead with implementing this training in your agency or community, think carefully about the characteristics of the people you want to train and compare your audience to the planned audience for this training.
- ◆ Review the audience assumptions in the *Facilitator's Guide*.
  - ◆ Identify your "target" audience and conduct a brief needs assessment to confirm your assumptions including:
    - 1) What are the skills and experience of your audience?
    - 2) Does your audience perceive a need for this training in their current work and/or express a strong interest in the topic?
    - 3) How much time does your audience have available for this training?
    - 4) Do the managers of your audience support their attendance at this training and their implementation of the skills on the job?
    - 5) Are there travel constraints or other logistics you need to consider?
  - ◆ Determine if the planned audience matches your audience or describe the differences.
  - ◆ Use the Trainer's Planning Worksheet in the *Facilitator's Guide* to document your assessment.
- c) **Tailor the training to meet the needs of the audience.** If you found that there is a good match between your audience and the planned audience, you can skip this step. However, you may need to modify the training based on your audience analysis, including:
- ◆ The number and duration of sessions (e.g., audience can only participate in three one-hour sessions rather than one three-hour session).
  - ◆ Goals and objectives (e.g., too many objectives given the background of your audience).

- ◆ Examples relevant to your audience (e.g., replace or change examples given in the PowerPoint slides and handouts to be more relevant to your audience). If you modify your presentation, review the Checklist for Effective Presentations in Appendix A of the *Facilitator's Guide*.
  - ◆ Other changes to meet the needs of your audience (e.g., modify the evaluation forms).
- d) **Prepare the training materials.** The CD-ROM contains the presentation slides and handouts to deliver the training session. You can access these materials to make any changes identified in the previous step to better suit the audience you will be training.
- ◆ Open the *Presentation Slides* (PowerPoint files) and save the file on your computer. You can edit the slides, add your information to the introductory slide, and make any other changes necessary. Then print the slides to copy and distribute (recommend printing 3 slides per page to allow for taking notes).
  - ◆ Open the *Training Activity Handouts* and the evaluation forms (*Pre- and Post-Tests* and *Session Evaluation Form*) and save the Word or PDF files on your computer. You can edit the handouts, add your information, and make any other changes necessary. Then print all the handouts to copy and distribute.
- e) **Plan the training logistics.** Once you have received approval and a budget for your training, you can begin planning for scheduling and implementation. See the Training Facilitation Guidelines in the *Facilitator's Guide* for recommendations on these training logistics and use the Trainer's Planning Worksheet in the *Facilitator's Guide* to document your plans.
- ◆ Determine possible dates that you and your audience are available for training.
  - ◆ Secure a training facility for the dates and size of your audience that meets your requirements (number and set-up of tables and chairs, projection screen, etc.) Take into consideration accessibility and convenience for your audience.
  - ◆ Arrange for continuing education units if desired.
  - ◆ Invite your potential audience, including information such as the topic, presenters, date/time, location, registration deadline, cost, overview of goals and reasons that the indented audience may want to attend, etc.
  - ◆ Confirm your participants and create an attendance roster.
  - ◆ Obtain the equipment (e.g. laptop computer, LCD projector, extension cords and screen, flipchart stand and paper, etc.) that you need to deliver the presentation.
  - ◆ Order the supplies you need based on the recommendations in the Training Facilitation Guidelines in the *Facilitator's Guide*.
  - ◆ Decide if refreshments are needed and make an order.
  - ◆ Make copies of the presentation slides and handouts and place in folder or binder.
  - ◆ Ensure an adequate number of staff to assist with room set-up, registering participants, refreshments, and other logistics as well as to facilitate the training.
  - ◆ Prepare a back-up plan in case of illness or bad weather, and communicate this plan to the attendees and staff assisting with the training.

- f) **Conduct the training session.** We will review a few essentials to delivering an effective training program. However, if you haven't conducted a training program prior to this, we recommend that you partner with someone who has strong training facilitation skills and experience with your audience. The *Facilitator's Guide* is not a complete "how-to" for facilitating an effective session.
- ◆ Consider conducting a pilot session or dress rehearsal if you are unsure of your audience or the materials.
  - ◆ Have everything set up and ready to go before the session so you can greet people as they enter the room (e.g., test computer and projector well in advance to have time to address problems).
  - ◆ Start with a strong, clear introduction (see Tips for Starting a Session and Facilitating Discussion in Appendix C of the *Facilitator's Guide*).
  - ◆ Review ground rules for participation and ask for buy-in (see Sample Ground Rules in Appendix B of the *Facilitator's Guide*).
  - ◆ Manage discussion effectively (see Tips for Starting a Session and Facilitating Discussion in Appendix C of the *Facilitator's Guide*).
  - ◆ Keep focused on your goals and make sure your audience understands the connection between what you are doing in the session and why it is important.
  - ◆ Build in check-in times to gauge how the session is going. This doesn't mean just asking, "Are there any questions?" It is better to ask more specific questions to elicit information such as, "How do you see this relating to what you do on the job?" If you need to spend more time on an activity than you had planned, remember it is better to meet the needs of a majority of the learners than to satisfy your desire to cover all the content. Take a 3 minute stretch break if you need to reconsider how to proceed.
  - ◆ Maintain control of the time. If you are going over your expected timeframes, figure out how to adjust the content, but don't take more time or try to talk faster.
- g) **Evaluate and follow up on the training session.** There are two types of evaluation instruments included on the CD-ROM:
- ◆ *Pre- and Post-Tests* measure what your participants learned during the session. The pre-test is administered at the very beginning of the session before you review the objectives and start delivering the content. Stress that this is really a test of how well you do as a trainer and that the results are reported anonymously. The post-test is administered at the very end of the session. To assist with the analysis of the pre/post-test, an answer key is provided for the knowledge-based questions.
  - ◆ The *Session Evaluation Form* measures how satisfied the participants were with the session. This is also administered at end of the session. Be sure to thank participants for completing these evaluation forms.

After collecting the evaluation forms, it is important to analyze the results and report your findings to key stakeholders. This is particularly important if you plan to deliver this training again or conduct other trainings with this audience. You might want to consider additional follow-up with your audience after the training session to assess the longer-term results in terms of learning, skill application and overall value of and satisfaction with the training.

## 4. Training Facilitation Guidelines

The following guidelines will help you plan and conduct this training session prepared by The Seattle-King County Advanced Practice Center. After reviewing these guidelines and Planning Your Training Session in Section 3, you can use the Trainer's Planning Worksheet in Section 5 to document how you will implement this training program for your audience.

### **Training Audience:**

This training program is designed for approximately 30 people.

The expected audience will consist of staff from local and state health departments with preparedness responsibilities; primarily public health nurses and environmental specialists from small to mid-size local public health agencies (LPHAs). We expect some of them to be relatively new to public health preparedness, and may have little to no knowledge of preparedness. The diversity of participants will be in the public health disciplines they represent and the size and location of their LPHAs.

The audience may have knowledge of a variety of communicable diseases, including influenza, depending on their background. However, they may not have much experience working with businesses since this is a relatively new public health partnership for most LPHAs. Depending on the size of the LPHA, the audience may also not have the communication team resources that assisted in The Seattle-King County Advanced Practice Center material development and may not have the time to develop these types of materials. Therefore, this subject matter and handouts/tools will hold a great deal of interest for the audience.

### **Duration:**

The training will last approximately 3 hours, with one 15-minute break

### **Training Program Goal:**

To train participants on how to develop a business engagement plan for public health preparedness in their respective jurisdiction.

## **Training Program Overview:**

Participants will identify a minimum of 6 internal and external stakeholders for business engagement by working in small groups, brainstorming, and discussing, then reporting back to the larger group to begin to identify stakeholder categories/groups for planning efforts. Participants will learn from each other about possible stakeholders by reporting to the larger group on the small group discussion using post-it notes. The facilitator will assist with categorization of stakeholders on the post-it notes. Participants will develop a draft engagement plan using a template and working on their own or with 2-3 people who work in close geographic proximity or come from similar size LPHAs. Participants will learn to examine a variety of options for working with their business community. Participants will report to the larger group to increase understanding of challenges and opportunities related to business engagement planning.

## **Readings and Resources for Further Study:**

Public Health - Seattle-King County (PHSKC) pandemic flu webpage, available at: <http://www.metrokc.gov/health/pandemicflu/>. This site includes resources for businesses, business forum presentations, the Public Health - Seattle-King County Pandemic Flu Response Plan, “It’s Not Flu As Usual” brochure (produced by Trust for America’s Health), a “Stop Germs-Stay Healthy” poster, and more.

## **Learning Objectives for this Training Program:**

- ◆ Understand the purpose of engaging their business community in public health preparedness planning by the end of the session.
- ◆ Identify at least three internal and three external stakeholders for business engagement planning by the end of the session.
- ◆ Develop a draft business engagement plan for their jurisdictions by the end of the session.

## **Number of Trainers/Presenters to Deliver this Training:**

Three trainers facilitate this session, including one main presenter (regional health officer) and two other health department staff (preparedness section manager and program manager) to help facilitate the breakout groups. Ideally there should be one trainer for about eight participants.

## **Materials Needed:**

### Equipment:

- ◆ 5 Flip Chart stands with paper
- ◆ Laptop, LCD projector and screen
- ◆ Optional – microphone for presenter and Internet connection for laptop

### Office Supplies:

- ◆ Post-it notes (3” by 3” pads, 2 per table of 8 people)
- ◆ Pens for all participants
- ◆ Markers to write on flipcharts (2 per table)
- ◆ Alcohol gel and packages of facial tissues

### Handouts:

- ◆ Presentation slides printed 3 to a page for note taking
- ◆ Sample business engagement plan from Public Health – Seattle/King County
- ◆ Business engagement plan template
- ◆ Sample letter to businesses
- ◆ Sample letter to public officials
- ◆ Sample agenda for pandemic flu business forum
- ◆ Pre-Test
- ◆ Post-Test
- ◆ Session Evaluation

## **Training Facility:**

The training facility should accommodate 4 to 5 round tables seating 8 people at each table depending on the size of your audience (approximately 40’ by 35’). The room should have a projection screen, laptop computer, LCD projector, and microphone.

Before participants arrive, set up and test the LCD projector and laptop, set up easels and flip charts, and place alcohol gel, tissue packs, and other supplies on the tables.

Assign participants to tables for the small group discussion based on the size of the participants’ jurisdictions or other characteristics of the audience.

## Agenda:

| <b>Agenda Item</b>  | <b>Duration</b>   | <b>Activity</b>   | <b>Goal, Objective, &amp; Overview of Activity</b>   | <b>Resources</b>   |
|---|-------------------|---|--|--|
| <b>1. Introductions</b>   | 15 minutes        |   | Welcome participants, introduce facilitators and speakers, and administer pre-test.  | Copies of pre-test   |
| <b>2. Overview of Public Health - Seattle-King County (PHSKC) business engagement planning efforts</b> <ul style="list-style-type: none"> <li>◆ Developing the plan</li> <li>◆ Implementation</li> </ul>  | 45 minutes        | Presentation  | Train participants on concepts related to business engagement for public health preparedness planning.   | PowerPoint slides, LCD, laptop   |
| <b>3. Identifying stakeholders for business engagement</b> <ul style="list-style-type: none"> <li>◆ Identify internal stakeholders (min. 3)</li> <li>◆ Identify external stakeholders (min. 3)</li> </ul> | 30 minutes        | Facilitated small group discussion & brainstorming (2-3 groups) | Train participants to think about stakeholders for business engagement in their communities. Participants will identify a minimum of 3 internal and 3 external stakeholders for business engagement by working in small groups, brainstorming, and discussing, then reporting back to the larger group to begin to identify stakeholder categories or groups for planning efforts. | 3 Flip charts, 3 easels, 6 assorted colored markers, 35 pens, 3x3 post-it notes (5 pads)   |
| <b>4. Reporting on identified internal and external stakeholders</b>  | 15 minutes        | Debrief   | Identify stakeholder groups that participants can begin to contact. Participants will learn from each other about possible stakeholders by reporting to the larger group on the small group discussion using post-it notes. Facilitator will assist with categorizing stakeholders.  | 3 Flip charts, 6 markers, pens, 3x3 post-it notes (2 pads)                                 |
| <b>BREAK</b>  | <b>15 minutes</b> |   |  |  |
| <b>5. Developing a business engagement plan</b> <ul style="list-style-type: none"> <li>◆ Develop an engagement plan for your community using the PHSKC template</li> </ul>                                | 30 minutes        | Template/tool   | Train participants to develop a business engagement plan for their communities. Participants will develop a draft engagement plan using a template and working on their own or with 2-3 people who work in close geographic proximity.   | Pens, Template/Worksheet, PPT slides, plan, template letters, web page, business resources |
| <b>6. Reporting on individual business engagement plans</b>   | 15 minutes        | Debrief   | Train participants to examine a variety of options for working with their business community. Participants will report to the larger group to increase understanding of challenges and opportunities related to business engagement planning.  | NA   |
| <b>7. Conclusion and Q&amp;A</b> <ul style="list-style-type: none"> <li>◆ Ongoing business engagement</li> <li>◆ Optional: show video clips from PHSKC <i>Business Forum on Pandemic Flu</i></li> </ul>   | 15 minutes        |   |  | Laptop, LCD projector, and Internet connection   |

Note: Examples of Public Health - Seattle-King County's presentations with business leaders are available on the PHSKC website [<http://www.metrokc.gov/health/pandemicflu/>]. If you have a laptop with an Internet connection and LCD projector, you can show this example. This can also be a follow-up activity that participants can do when they return to their offices.

## **Facilitation Guidelines:**

Here are the suggested guidelines for the training activities in the agenda.

### **Small Group Activity: Identifying stakeholders for business engagement**

#### *Introduce the activity:*

“This is an opportunity for you to develop the tools necessary to engage businesses in your jurisdictions around public health preparedness planning. When you go back home you will have identified concrete steps you will use to work with your businesses.”

#### *Give instructions to get the activity started:*

“We are breaking you into 4 groups by the size of the jurisdiction your health department serves. Write stakeholder categories on the flip chart or on post-it notes that you place on the flip chart. We will have a facilitator with each group who will take notes and watch the time.”

#### *Facilitate during the activity:*

Prompt participants for additional stakeholder categories. Ask questions like, “Who do you need to think about internally?” Answer questions about the types of stakeholder categories.

#### *Debrief the activity and summarize key points:*

Small group spokesperson will highlight key points from discussion and also place post-it notes with stakeholder categories up at the front of the room. The facilitator will work with the audience to identify key categories and themes among the post-it notes and group the post-it notes together under those categories.

### **Small Group Activity: Developing a business engagement plan**

#### *Introduce the activity:*

“Now you will take the stakeholder identification process and begin to lay out action steps to engage them. You will fill out a business engagement plan from the perspective of your jurisdiction. You will identify the steps you need to take and the activities and responsible parties for each step. You are also going to begin to identify the types of venues for your business engagement meetings and the positive and negative aspects of different planning activities. You can work either on your own or with others who are in your jurisdiction.”

*Give instructions to get the activity started:*

“Here is the template that you are going to fill out. You have 30 minutes to fill it out as best you can. You can reference the “Pandemic Flu Planning with King County Businesses” document to help you. And, we will be walking around the room, answering questions, and providing technical assistance. The time and effort you put in here today will help you when you get back home.”

*Facilitate during the activity:*

Provide individual technical assistance and answer questions.

*Debrief the activity and summarize key points:*

The presenter will ask the participants to report out by asking the following questions:

- ◆ What planning challenges did you identify as you worked through the template?
- ◆ What “ah-ha” moments did you have or what “low hanging fruit” did you identify?
- ◆ What is the first planning step you will take when you go back home? And, when will you do it by?

The presenter will ask the participants to email her within 2 weeks of the session and report on their business engagement planning progress.

### **Administering evaluation instruments:**

There are two types of evaluation instruments to administer:

- ◆ Pre- and Post-Test to measure what your participants learned during the session
- ◆ Session Evaluation to measure how satisfied the participants were with the session

The Pre-Test is administered at the very beginning of the session before you review the objectives and start delivering the content. Stress that this is really a test of how well you do as a trainer and that the results are reported anonymously. The Pre-Test should be completed quickly and immediately collected by the trainer.

The Post-Test is administered at the very end of the session and should be completed quickly and immediately collected by the trainer.

The Session Evaluation is also administered at end of the session and immediately collected. Be sure to thank participants for completing these evaluation forms.

## 5. Trainer's Planning Worksheet

This worksheet parallels the Training Facilitation Guidelines in the last section and enables you to customize the plans for the training program you will deliver to your audience. You can note any differences between the Training Facilitation Guidelines, prepared by the Advanced Practice Center and your plans. Enter your information in the boxes after each item and save this document as the plan for your training session.

### Your Training Audience:

- ◆ How many people do you want to train?

- ◆ What do you expect are the range and levels of professional and volunteer experiences among the training participants? What experience can you tap into?
- ◆ What degree of diversity do you expect among the participants?

- ◆ Do you expect the audience have any knowledge about the subjects of this training? If so, what is the general level of knowledge?
- ◆ Do you expect a "learning curve" among audience participants?

- ◆ What expectations of the audience and their managers and sponsors should you consider?

**Duration of Your Session:**

- ◆ What is the duration of your training in terms of number and duration of sessions?
- ◆ When do you plan to deliver this training?

**Your Training Program Overview:**

- ◆ What changes do you plan to make to the basic description and goal of your program?

**Learning Objectives for Your Training Program:**

- ◆ What additional or different learning objectives do you have?

**Number of Trainers/Presenters to Deliver Your Training:**

- ◆ How many trainers will you need to deliver/facilitate this session?
- ◆ Who will serve as presenters/assistant facilitators?

**Materials Needed for Your Session:**

- ◆ What materials will you need for your session?
- ◆ Given the size of your audience, how many of each will you need?

Equipment:

- ◆ Flip charts, paper, and pens – specify number needed: \_\_\_\_\_
- ◆ Laptop, projector, and screen
- ◆ Overhead projector and screen, slides copied onto transparencies (if laptop not available)
- ◆ Other Equipment: \_\_\_\_\_

Office Supplies:

- ◆ Post-it notes (3” by 3” pads, 2 per table of 8 people)
- ◆ Pens for all participants
- ◆ Markers (2 per table)
- ◆ Other supplies: \_\_\_\_\_

Handouts:

- ◆ What additional activity instructions, readings, examples, or other handouts will you need?

**Your Training Facility:**

- ◆ What training room do you plan to use?

- ◆ What additional room set-up and other preparations are necessary prior to your session?

**Agenda for Your Session:**

- ◆ Do you need a different or modified agenda?

| <b>Agenda Item</b> | <b>Approximate Duration</b> | <b>Activity</b>                                | <b>Resources</b>                 |
|--------------------|-----------------------------|--|----------------------------------|
| Introduction       | 15 min                      | Welcome & introductions<br>Administer pre-test | Pre-test instrument              |
|                    |                             |  |                                  |
|                    |                             |  |                                  |
|                    |                             |  |                                  |
|                    |                             |  |                                  |
|                    |                             |  |                                  |
|                    |                             |  |                                  |
|                    |                             |  |                                  |
| Evaluation         | 10 min                      | Administer post-test and session evaluation    | Post-test and session evaluation |

**Your Facilitation Guidelines:**

- ◆ How you will introduce each agenda item?

- ◆ Describe any additional instructions to get the training activities started.

- ◆ Describe any additional things you will do during the activities (e.g. watch for certain things to happen, anticipate confusion about this, answer these kinds of questions, etc).

- ◆ Describe any additional ways you will debrief the training activities, summarize key points, and administer the evaluation instruments.

- ◆ Do you have any changes to the evaluation instruments?

**Other Notes about Your Training Session:**

## Appendix A. Checklist for Effective Presentations

| Yes  | No | Presentation Tip   |
|--|----|--|
| <b><i>Tips on Text and Fonts:</i></b>        |    |  |
|  |    | For bullet points, use the 6 x 6 Rule: <ul style="list-style-type: none"> <li>◆ One thought per line</li> <li>◆ No more than 6 words per line</li> <li>◆ No more than 6 lines per slide</li> </ul> |
|  |    | Use sans-serif fonts (e.g. Arial) rather than serif fonts (e.g. Times New Roman)   |
|  |    | Use single font for most of presentation   |
|  |    | Use font size of 24 point or larger  |
|  |    | Use larger size font for slide titles (35-45 points)   |
|  |    | Avoid italicized fonts   |
|  |    | Do not use all capital letters to emphasis your point  |
|  |    | Don't overuse different colors, sizes and styles (bold, underline) for impact  |
|  |    | Stand back 6 feet from the monitor to see if you can read the slide  |
| <b><i>Tips on Graphics and Design:</i></b>   |    |  |
|  |    | Keep the background consistent and subtle  |
|  |    | Keep the overall design clean and uncluttered  |
|  |    | Leave empty space around the text and graphics   |
|  |    | When using charts or graphs, use text to label, not to explain   |
|  |    | Use quality clipart sparingly and only to relate to and enhance the topic  |
|  |    | Use a limited number of graphics style throughout (e.g. cartoon, photographs)  |
|  |    | Limit the number of graphics on each slide   |
|  |    | Avoid flashy graphics and animation effects  |
|  |    | Limit number of slide transitions used   |
|  |    | Check graphics & animations on projection screen before the actual presentation  |
| <b><i>Tips on Color:</i></b>                 |    |  |
|  |    | Limit number of colors on a single screen and use a different color for title  |
|  |    | Use dark text on light background or light text on dark background   |
|  |    | Avoid vibrant colors (e.g. red) that are difficult to read   |
|  |    | Use no more than four colors per chart   |
|  |    | Check colors on projection screen before presentation  |
| <b><i>General Tips on Presentations:</i></b> |    |  |
|  |    | Begin with brief overview, present & conclude with important points  |
|  |    | Limit the number of slides to no more than 1 slide per 2 or 3 minutes  |
|  |    | Check spelling and grammar on all slides   |
|  |    | Number slides in the footer area of the slide  |
|  |    | Practice presentation to speak from bullet points; never read your presentation  |
|  |    | If bullet points are complex, have points appear one at a time to keep audience on track   |
|  |    | If the content is complex, provide handouts of slides with space to take notes   |

## Appendix B. Sample Ground Rules

There are many possible ground rules...

You may be able to use ones that the group has already agreed to, or you can create a short list yourself and ask the group for input. Two examples of possible ground rules are below.

### **Ground Rules from the DeKalb County APC Training Session:**

- ◆ Participate Actively
- ◆ Be Candid
- ◆ Be Brief
- ◆ Listen Actively
- ◆ Be Open to New Ideas
- ◆ Respect Others
- ◆ Avoid Side Conversations
- ◆ Be On Time
- ◆ Other suggestions by the group

### **Sample Ground Rules List from Michael Wilkerson, *The Secrets of Facilitation*:**

- ◆ Everyone speaks
- ◆ One conversation
- ◆ Use the parking boards (for comments that you want to refer to later in the discussion)
- ◆ Take a stand!
- ◆ Soft on people, hard on ideas
- ◆ No beeps, buzzes or ringy-dingies
- ◆ Recharge (a brief activity to raise the group's energy level)
- ◆ Start and end on time
- ◆ Other suggestions agreed to by the group

# Appendix C. Tips for Starting a Session and Facilitating Discussion

## “Openers” – Tips for Starting a Session:

Often referred to as “icebreakers,” the way you introduce your training activity to your audience can have a big impact on its effectiveness. A good icebreaker can enable the participants to get acquainted, become energized about the topic and being in the session, and established a baseline for group participation.

In the opening of your session, it is important to answer the following questions that most participants have when they walk into the room:

- ◆ Why are we having this session? Why am I here?
- ◆ What do we need to accomplish during the session? How does it fit with what we need to accomplish outside of the session?
- ◆ What is our role in the session? What will be doing?
- ◆ Why should I invest my time?

A strong opening sets the tone, pace and expectation for the rest of the session. In *The Secrets of Facilitation: The S.M.A.R.T. Guide to Getting Results with Groups* (2004), Michael Wilkinson recommends that you answer the questions above and that you:

- ◆ Inform participants of the purpose, objectives and deliverables,
- ◆ Excite them about the process, results and benefits,
- ◆ Empower them by discussing the role they play, and
- ◆ Involve them as early as possible in identifying their personal objective for participating in the session.

## Tips for Facilitating Discussion:

- ◆ Invite the group to respond to a question
- ◆ Proceed one question at a time
- ◆ Begin the discussion with a volunteer or by following a certain order (e.g., hearing from one person at each table)
- ◆ Encourage participation by drawing on group members’ different fields of expertise
- ◆ Engage quieter participants by relating to their particular skills and experience
- ◆ Share your own perspectives occasionally, but don’t dominate the discussion
- ◆ Be support of people’s answers and provide positive feedback to encourage participation
- ◆ Maintain the pace of discussion so that time is distributed evenly among all questions
- ◆ Record key ideas on a board or flip chart; it helps some people to see responses or issues listed
- ◆ Maintain a positive, enthusiastic attitude throughout the discussion
- ◆ Do not criticize or embarrass any member of the group
- ◆ Bring the discussion to an end with a brief summary or by stating aspects of the answers that were left unsaid
- ◆ Thank the participants for their involvement and contributions