

PANDEMIC INFLUENZA RESPONSE PLAN

CLARK COUNTY,
WASHINGTON

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Version 2.2

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1 **I. INTRODUCTION**

2 Severe influenza pandemics represent one of the greatest potential
3 threats to the public's health. Pandemics are distinct from seasonal
4 influenza epidemics that happen nearly every year, causing an average of
5 36,000 deaths annually in the United States. Seasonal influenza
6 epidemics are caused by influenza viruses which circulate around the
7 world. Over time, people develop some degree of immunity to these
8 viruses, and vaccines are developed annually to protect people from
9 serious illness. Pandemic influenza refers to a worldwide epidemic due to
10 a new, dramatically different strain of influenza virus. A pandemic virus
11 strain can spread rapidly from person to person and, if severe, can cause
12 high levels of disease and death around the world.

13 The creation of a novel virus means that most, if not all, people in the
14 world will have never been exposed to the new strain and have no
15 immunity to the disease. It also means that new vaccines must be
16 developed and therefore are not likely to be available for months, during
17 which time many people could become infected and seriously ill.

18 There are several characteristics of an influenza pandemic that
19 differentiate it from other public health emergencies. First, it has the
20 potential to suddenly cause illness in a very large number of people, who
21 could easily overwhelm the health care system throughout the nation. A
22 pandemic outbreak could also jeopardize essential community services by
23 causing high levels of absenteeism in critical positions in every workforce.
24 It is likely that vaccines against the new virus will not be available for six to
25 eight months following the emergence of the virus. Basic services, such
26 as health care, law enforcement, fire, emergency response,
27 communications, transportation, and utilities, could be disrupted during a
28 pandemic. Finally, the pandemic, unlike many other emergency events,
29 could last for several weeks, if not months.

30 **II. PURPOSE**

- 31 A. The Clark County Pandemic Influenza Response Plan provides
32 guidance to the health and medical community and regional
33 partners regarding detection, response and recovery from an
34 influenza pandemic. The Plan describes the unique challenges
35 posed by a pandemic that may necessitate specific leadership
36 decisions, response actions, and communications mechanisms.
37 Specifically, the purpose of the plan is to:
- 38 B. Define preparedness activities that should be undertaken before
39 a pandemic occurs that will enhance the effectiveness of
40 response measures.
- 41 C. Describe the response, coordination and decision making
42 structure that will incorporate Clark County Public Health, the
43 health care system in Clark County, other local response

- 1 agencies, and state and federal agencies during a pandemic.
- 2 D. Define roles and responsibilities for Clark County Public Health,
3 local health care partners and other local agencies during all
4 phases of a pandemic.
- 5 E. Describe public health interventions in a pandemic response
6 and the timing of such interventions.
- 7 F. Serve as a guide for local health care system partners,
8 response agencies and businesses in the development of
9 pandemic influenza response plans.
- 10 G. Provide technical support and information on which
11 preparedness and response actions are based.
- 12 H. During an influenza pandemic, Clark County Public Health and
13 regional partners will use the plan to achieve the following
14 goals:
- 15 1. Limit the number of illnesses and deaths
- 16 2. Preserve continuity of essential government functions
- 17 3. Minimize social disruption
- 18 4. Minimize economic losses
- 19 I. The plan will be coordinated with other Clark County Public
20 Health preparedness plans and activities, and will be
21 coordinated with the plans of community, state and federal
22 partners.

23 **III. SCOPE**

- 24 A. The Plan is an annex to Emergency Support Function 8 (Health
25 and Medical Services) of the Clark County Comprehensive
26 Emergency Management Plan. Emergency Support Function 8
27 and its annexes are referenced in the Plan as they provide a
28 broad description of the responsibilities, authorities, and actions
29 associated with public health emergencies.
- 30 B. The Plan primarily focuses on the roles, responsibilities, and
31 activities of the health and medical community and regional
32 partners. It is expected that health care facilities and health care
33 professionals, essential service providers, local government
34 officials, and business leaders will develop and incorporate
35 procedures and protocols addressing influenza preparedness
36 and response activities into their emergency response plans.
- 37 C. This plan currently does not address measures that would be
38 taken to contain an outbreak of the avian influenza virus in birds
39 or other animal populations occurring in Clark County. Federal
40 and state departments of agriculture are primarily responsible
41 for surveillance and control of influenza outbreaks in domestic

animals, although agricultural control measures interface with public health actions to prevent transmission into humans. Appendix F of this plan identifies the roles and responsibilities of local, state and federal agencies in response to an avian influenza threat to Clark County.

IV. ASSUMPTIONS

- A. An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
- B. There will be a need for heightened global, national and local surveillance.
- C. Birds with an avian influenza strain may arrive and cause avian outbreaks in Clark County prior to the onset of a human pandemic, significantly impacting domestic poultry, wild and exotic birds, and other species *[Note: Response protocols for avian influenza outbreaks are contained in Appendix F of this plan]*.
- D. Clark County will not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts.
- E. Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized by Clark County Public Health for use in hospitalized influenza patients, health care workers providing care for patients, and other priority groups based on current national guidelines and in consultation with the Washington Department of Health (DOH).
- F. A vaccine for the pandemic influenza strain will likely not be available for 6 to 8 months following the emergence of a novel virus.
- G. As vaccine becomes available, it will be distributed and administered by Clark County Public Health based on current national guidelines and in consultation with the Washington DOH.
- H. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies and public education to control the spread of the disease in the county.
- I. The number of ill people requiring outpatient medical care and hospitalization could overwhelm the local health care system.
- J. Hospitals and clinics will have to modify their operational structure to respond to high patient volumes and maintain

functionality of critical systems.

K. The health care system may have to respond to increased demands for service while the medical workforce experiences 25-35% absenteeism due to illness.

L. Demand for inpatient beds and assisted ventilators will increase by 25% or more, and prioritization criteria for access to limited services and resources may be needed.

Table 1. *Estimated number of Episodes of Illness, Healthcare Utilization, and Deaths Associated with Moderate and Severe Pandemic Influenza Scenarios for the US Population and Clark County*

Characteristic	Moderate (1958/68–like)		Severe (1918 – like)	
	US	Clark County	US	Clark County
Illness	90 Million	117,000	90 Million	117,000
Outpatient Care	45 million	41,275	45 million	96,309
Hospitalization	865,000	1,219	9,900,000	8,702
ICU Care	128,750	291	1,485,000	2,004
Mechanical Ventilation	64,875	144	742,500	1,037
Deaths	209,000	211	1,903,000	491

Estimates are based on extrapolation from past pandemics in the US, and do not include the potential impacts of interventions not available during the 20th Century pandemics.

The calculations used to determine the figures in Table one are based on the following assumptions:

- Clark County accounts for 0.13% of the total US population.
- Susceptibility to the pandemic influenza subtype will be universal.
- The clinical disease attack rate will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- Of those who become ill with influenza, 50% will seek outpatient medical care.

M. There will be tremendous demand for urgent medical care services.

N. Infection control measures specific to management of influenza patients will need to be developed and implemented at health care facilities, out-patient care settings and long-term care facilities.

O. The health care system may need to develop alternative care sites (designated “flu clinics”) to relieve demand on hospital emergency rooms and care for persons not ill enough to merit

- 1 hospitalization but who cannot be cared for at home.
- 2 P. Emergency Medical Service responders will face extremely
3 high call volumes for several weeks, and may face 25% - 35%
4 reduction in available staff.
- 5 Q. The number of fatalities experienced during the first few
6 weeks of a pandemic could overwhelm the resources of the
7 Medical Examiner's Office, hospital morgues, and funeral
8 homes.
- 9 R. The demand for home care and social services will
10 increase dramatically.
- 11 S. There could be significant disruption of public and
12 privately owned critical infrastructure including
13 transportation, commerce, utilities, public safety,
14 agriculture and communications.
- 15 T. Social distancing strategies aimed at reducing the
16 spread of infection such as closing schools,
17 community centers, and other public gather points and
18 canceling public events may be implemented during a
19 pandemic.
- 20 U. Some persons will be unable or unwilling to comply
21 with isolation directives. For others, social distancing
22 strategies may be less feasible (for example,
23 homeless populations who live in congregate
24 settings). It will be important to develop and
25 disseminate strategies for infection control appropriate
26 for these environments and populations.
- 27 V. It will be important to coordinate pandemic response strategies
28 throughout counties in Southwest Washington and Portland
29 Metropolitan areas and the State due to the regional mobility of
30 the population.
- 31 W. The general public, health care system, response agencies,
32 and elected leaders will need continuous updates on the status
33 of the pandemic outbreak, impacts on critical services, the
34 steps Clark County Public Health is taking to address the
35 incident, and steps response partners and the public can take
36 to protect themselves.

37 **V. AUTHORITIES**

38 Various state and local public officials have overlapping authorities with
39 regard to protecting public health and safety. The Governor, the State
40 Board of Health, the State Secretary of Health, the County Executive, the
41 local Board of Health, the executive heads of cities and towns, and the
42 County Health Officer each can implement authorities within the scope of
43 their jurisdiction aimed at protecting public health, including increasing

1 social distancing by closing public or private facilities. During a pandemic,
2 the presence of overlapping authorities will necessitate close
3 communication and coordination between elected leaders and the County
4 Health Officer to ensure decisions and response actions are clear and
5 consistent.

6 A. Governor of Washington State

7 The Governor has authority to proclaim a state of emergency
8 after finding that a disaster affects life, health, property, or the
9 public peace. RCW 43.06.010(12). The Governor may assume
10 direct operational control over all or part of local emergency
11 management functions if the disaster is beyond local control.
12 RCW 38.52.050. After proclaiming a state of emergency, the
13 Governor has the authority to restrict public assembly, order
14 periods of curfew, and prohibit activities that he or she believes
15 should be prohibited in order to maintain life and health. RCW
16 43.06.220.

17 B. State Board of Health

18 The State Board of Health has authority to adopt rules to protect
19 the public health, including rules for the imposition and use of
20 isolation and quarantine and for the prevention and control of
21 infectious diseases. RCW 43.20.050(2). Local boards of
22 health, health officials, law enforcement officials, and all other
23 officers of the state or any county, city, or town shall enforce all
24 rules that are adopted by the State Board of Health. RCW
25 43.20.050(4).

26 C. The State Secretary of Health

27 The Secretary of Health shall enforce all laws for the protection
28 of the public health, and all rules, regulations, and orders of the
29 State Board of Health. RCW 43.70.130(3). The Secretary also
30 shall investigate outbreaks and epidemics of disease and advise
31 County Health Officers about measures to prevent and control
32 outbreaks. RCW 43.70.130(5). The Secretary shall enforce
33 public health laws, rules, regulations, and orders in local matters
34 when there is an emergency and the local board of health has
35 failed to act with sufficient promptness or efficiency, or is unable
36 to act for reasons beyond its control. RCW 43.70.130(4). The
37 Secretary has the same authority as County Health Officers but
38 will not exercise that authority unless: (a) the County Health
39 Officer fails or is unable to do so; (b) by agreement with the
40 County Health Officer or local board of health; or (c) when in an
41 emergency the safety of the public health demands it. RCW
42 43.70.130(7).

43 D. Clark County Board of Health

1 The jurisdiction of local Board of Health is coextensive with the
2 boundaries of the county. RCW 70.05.035. The local Board of
3 Health shall supervise all matters pertaining to the preservation
4 of the life and health of the people within its jurisdiction. RCW
5 70.05.060. The Board shall enforce through the County Health
6 Officer the public health statutes of the state and the rules
7 promulgated by the State Board of Health and the Secretary of
8 Health. RCW 70.05.060(1). The Board may also enact such
9 local rules and regulations as are necessary to preserve and
10 promote the public health and to provide the enforcement of
11 those rules and regulations. RCW 70.05.060(3).

12 E. Director of Clark Regional Emergency Services Agency

13 The Director of Clark Regional Emergency Services Agency
14 may request that the Governor proclaim a state of emergency
15 when, in the opinion of the chair of the board of county
16 commissioners, the resources of the county, area or region are
17 inadequate to cope with the emergency. If a state of emergency
18 is declared, the Director shall administer local emergency
19 management activities, direct coordination between local
20 departments in carrying out provisions of the emergency
21 management plan while working with state agencies in joint
22 jurisdictional planning, disaster services plans and mutual aid
23 agreements. CCC 2.48.060.

24 F. Chair of the Board of County Commissioners

25 The Chair of the Board of County Commissioners is authorized
26 to request the board to declare the existence of a state of
27 emergency when, in the opinion of the Chair, immediate
28 measures are required to protect the public health, safety and
29 welfare. Should the Board not be in session, the Chair may
30 issue such declaration, subject to Board ratification,
31 confirmation, modification or rejection as soon as practicable.
32 CCC 2.48A070. Upon declaration of a state of emergency, the
33 Chair may impose curfews, close any or all private businesses,
34 close any or all public buildings and places including streets,
35 alleys, schools, parks, beaches and amusement areas, and
36 proclaim any such orders as are imminently necessary for the
37 protection of life and property. CCC 2.48A.090.

38 G. Vancouver City Manager

39 The Vancouver City Manager may proclaim a state of civil
40 emergency within the City when, in the judgment of the
41 Manager, extraordinary measures are necessary to protect
42 public peace, safety and welfare. VMC 2.12.030. Under a state
43 of civil emergency, the Manager may impose curfews, close any
44 or all business establishments, close any or all public buildings
45 and places including streets, alleys, schools, parks, beaches

and amusement areas, direct the use of all public and private health, medical and convalescent facilities and equipment to provide emergency health and medical care for injured persons, and proclaim any such orders as are imminently necessary for the protection of life and property. VMC 2.120.40.

H. City Executive Heads

Each political subdivision is authorized to exercise emergency functions. RCW 38.52.070. Other cities throughout Clark County may have explicit emergency powers and authorities in their municipal codes as well.

I. County Health Officer

1. The County Health Officer acts under the direction of the local Board of Health. RCW 70.05.070. The County Health Officer enforces the public health statutes, rules and regulations of the state and the local Board of Health. RCW 70.05.070(1). The County Health Officer has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction. RCW 70.05.070(3).
2. The County Health Officer shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. WAC 246-100-036(3). The County Health Officer may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations. WAC 246-100-040 through -070.
3. The County Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a health care provider, and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease. The County Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary, and require notification of additional conditions of public health importance occurring within the jurisdiction. WAC 246-101-505(11).
4. The County Health Officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease. WAC 246-100-036(1).

- 1 5. The County Health Officer may take all necessary actions to
2 protect the public health in the event of a contagious disease
3 occurring in a school or day care center. Those actions may
4 include, but are not limited to, closing the affected school,
5 closing other schools, ordering cessation of certain activities,
6 and excluding persons who are infected with the disease.
7 WAC 246-110-020(1). Prior to taking action, the County
8 Health Officer shall consult with the State Secretary of
9 Health, the superintendent of the school district or the chief
10 administrator of the day care center, and provide them and
11 their board of directors a written decision directing them to
12 take action. WAC 246-110-020 (2).
- 13 6. The County Health Officer's powers are not contingent on a
14 proclamation of emergency by the Chair of the Board of
15 County Commissioners or an executive head of a city or
16 town.

17 **VI. PHASES OF A PANDEMIC**

18 **A. WHO Classification System**

19 The World Health Organization (WHO) has developed a
20 global influenza preparedness plan that includes a
21 classification system for guiding planning and response
22 activities for an influenza pandemic. This classification
23 system is comprised of six phases of increasing public
24 health risk associated with the emergence and spread of a
25 new influenza virus subtype that may lead to a pandemic.
26 The Director General of WHO formally declares the current
27 global pandemic phase and adjusts the phase level to
28 correspond with pandemic conditions around the world. For
29 each phase, the global influenza preparedness plan
30 identifies response measures WHO will take, and
31 recommends actions that countries around the world should
32 implement.
33

Pandemic Phases	Public Health Goals
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<p><u>Interpandemic Period</u></p> <p>Phase 1 – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.</p> <p>Phase 2 – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.</p>	<p>Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.</p> <p>Minimize the risk of transmission of animal influenza virus to humans; detect and report such transmission rapidly if it occurs.</p>
<p><u>Pandemic Alert Period</u></p> <p>Phase 3 – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4 – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.</p> <p>Phase 5 – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.</p>
<p><u>Pandemic Period</u></p> <p>Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population.</p>	<p>Implement response measures including social distancing to minimize pandemic impacts</p>

In accordance with the Department of Health and Human Services Pandemic Influenza Strategic Plan, HHS will determine and communicate the pandemic phase level for the U.S. based on the global pandemic phase and the extent of disease spread throughout the country.

B. Local Response Levels

The WHO pandemic classification system reflects the life-cycle of a disease. It is oriented to the communication of milestones in the formation of a novel virus and its mutation into a true pandemic strain. For the purposes of local planning, preparedness, and response, Clark County uses its own "Pandemic Influenza Response Modes" because local response may be the same for more than one WHO pandemic phase. The Clark County Public Health Leadership Team will determine the appropriate response mode for the county. These modes are distinct from the WHO phases in that they reflect milestones in local response. Each mode may require

- 1 • Additional notification
- 2 • Expansion of the incident management organization
- 3 • Critical decisions
- 4 • New approaches to surveillance and assessment
- 5 • New control and treatment measures
- 6 • Release of specific public information

7 The response levels are –

- 8 1. Response Mode 1 – Prevention, Planning, Preparation
- 9 2. Response Mode 2 – Increased surveillance, traditional disease control
- 10 techniques such as isolation and quarantine
- 11 3. Response Mode 3 – Pandemic Management
- 12 Detailed descriptions of the Response Mode can be found in Table 1.

1 **Table1 – Clark County Pandemic Response Levels**

Clark County Response Level	Triggering Conditions	Objectives	Primary Response Actions (See Concept of Operations for additional detail)
1 –Prevention, Planning, and Preparation	<ol style="list-style-type: none"> 1. New Influenza Subtype with no or limited Human-to-Human Transmission 2. Or WHO Phase 3 and 4 but disease strain does not exist in the United States. 	<ol style="list-style-type: none"> 1. Create community-wide awareness of pandemic influenza hazards. 2. Implement and institutionalize communicable disease control measures at the home and workplace. 3. Support continuity of operations planning. 	<p>Prioritize CD-prevention education and continuity of operations planning.</p>
2 – Enhanced Influenza Response	<ol style="list-style-type: none"> 1. Evidence of genetic changes in virus permitting more efficient human-to-human transmission 2. Or increased public fear if infected birds arrive, requiring intensive public education campaign 3. Or WHO at Phase 4 and disease appears anywhere in the United States. 4. Or WHO at Phase 5 but disease strain does not yet appear in the United States. 	<ol style="list-style-type: none"> 1. Early detection of cases 2. Minimize morbidity and mortality 3. Limit the number of new cases 4. Provide targeted public information about protective actions. 	<ol style="list-style-type: none"> 5. Establish Health Department ICP 6. EOC Activated to support ICP as needed 7. Enhanced surveillance 8. Implement isolation and quarantine and other standard communicable disease control measures. 9. Launch appropriate public messages
3 – Pandemic Management	<ol style="list-style-type: none"> 1. Sustained human-to-human transmission and a true pandemic is recognized by health officials. 2. Or WHO at Phase 5 with disease strain striking anywhere in the United States. 3. Or WHO Phase 6 with disease strain anywhere, with an imminent threat to the United States. 	<ol style="list-style-type: none"> 1. Minimize fatalities. 2. Minimize the period of the pandemic. 3. Continue essential services. 4. Minimize social disruption. 5. Minimize economic disruption. 	<ol style="list-style-type: none"> 1. Implement social distancing and other extreme communicable disease control measures. 2. Establish a multi-agency incident management organization 3. Fully activate the EOC. 4. Adjust medical care protocols. 5. Provide mass treatment when available.

VII. RESPONSIBILITIES

LOCAL

A. General Responsibilities of Clark County Public Health

1. Facilitate countywide pandemic planning and preparedness efforts.
2. Coordinate the community's emergency public health response through Emergency Support Function 8 (Health and Medical Services), and the Clark County Comprehensive Emergency Management Plan.
3. Educate the public, health care system partners, response partners, businesses, community based organizations and elected leaders about influenza pandemics, expected impacts and consequences, and preventive measures.
4. Conduct county-wide surveillance to track the spread of the human disease and its impact on the community. Through liaison with agriculture and wildlife agencies, assist in influenza surveillance in animals in Clark County and monitor surveillance data.
5. Identify and declare diseases of public health significance, and communicate such declarations to health system partners.
6. Coordinate planning for and implementation of disease containment strategies and authorities.
7. Provide ongoing technical support to the health care system including current surveillance guidelines, recommendations for clinical case management, infection control measures and laboratory testing.
8. Support the health care system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents.
9. Support the development and management of local antiviral medication stockpiles.
10. Develop and implement protocols for the use of limited supplies of influenza vaccine and antiviral medicines consistent with national guidelines and in consultation with the Washington DOH.
11. Direct distribution and administration of vaccine, including mass vaccination efforts.
12. Provide effective communications to the public, the media, elected

officials, health care providers, business and community leaders throughout public health emergencies.

B. Specific Responsibilities of Clark County Public Health Services and Programs

1. Director and County Health Officer (CHO)

- a) Communicate and coordinate directly with the Clark County Administrator, executive heads of cities and towns, Local Board of Health, and the Health Care Coalition regarding pandemic preparedness and response activities.
- b) Coordinate directly with Health Care Coalition partners and make decisions regarding strategies, thresholds and methods for reallocating resources and temporary restructuring of health system operations in response to a pandemic.
- c) Authorize and communicate public health directives regarding social distancing strategies and other protective actions to elected leaders, the business community, schools, the health care coalition and other partners.
- d) Assign responsibilities to Clark County Public Health staff for planning and responding to the pandemic.
- e) Ensure business continuity of critical Clark County Public Health functions during all phases of the pandemic.
- f) Direct isolation and quarantine of individuals and groups, as needed.

2. Public Information Officer (PIO)

- a) Provide accurate, timely information to the public regarding preparations for a pandemic, the impacts of the outbreak, local response actions and disease control recommendations.
- b) Educate the public on how they can protect themselves from becoming infected and infecting others.
- c) Activate and direct the management of public information call centers focused on providing health information to the public.

3. Communicable Disease and Clinical Services Programs

- a) Carry out countywide surveillance, epidemiological investigation and disease control activities.
- b) Provide information and technical support on

surveillance, epidemiology and clinical issues, including case identification, laboratory testing, management, and infection control to health care providers and facilities.

- c) Advise the Director and Health Officer regarding the need for individual and group isolation and quarantine.
- d) Work with Clark County Public Health PIO to develop and disseminate risk communications messages to the public.
- e) Provide recommendations to the County Health Officer regarding measures to sustain the functionality of the local health care system.
- f) Advise the County Health Officer regarding the need for and potential consequences of social distancing measures.
- g) Coordinate receipt of vaccines and develop strategies for storage, distribution and allocation of vaccines among health care system partners.
- h) Develop protocols for prioritizing limited supplies of antiviral medicines and vaccines in Clark County.
- i) Participate in planning activities focused to develop capacity for community-based influenza evaluation and treatment clinics.
- j) Lead and coordinate all mass vaccination response activities.
- k) Lead efforts with community partners to manage a client care call center (Isolation and Quarantine Response Center).
- l) Develop infection control plans for Clark County Public Health sites, with technical assistance from the Communicable Disease Control Program, to protect staff and clients.

4. Community Outreach Program

- a) Coordinate countywide pandemic planning, education and outreach efforts with homeless service agencies.
- b) Provide technical assistance to licensed child care centers regarding preparedness for pandemic influenza.
- c) Coordinate countywide pandemic planning, education and outreach efforts with:
 - School systems

- Business community
 - Community based organizations
- d) Coordinate with economic development agencies and chambers of commerce regarding the economic consequences of a pandemic.

5. *Preparedness Staff*

- a) Lead pandemic planning and preparedness efforts for Clark County Public Health in conjunction with local, state and federal response partners.
- b) Conduct training, drills and evaluated exercises to enhance Clark County Public Health's readiness to respond to a pandemic.
- c) Coordinate planning and response activities with hospitals and community health clinics in collaboration with the Health Care Coalition and Communicable Disease and Clinical Services Programs.
- d) Coordinate activation and management of Clark County Public Health Operations Center.
- e) Advise the County Health Officer regarding the potential social and economic impacts of social distancing measures, and the extent to which implementation of such measures is feasible.
- f) Coordinate department-wide business continuity efforts specific to the potential impacts of a pandemic.

6. *Environmental Health Services Division [See Appendix F]*

- a) Assist in surveillance for animal influenza viruses through liaison with the State Departments of Agriculture and Fish & Wildlife.
- b) Work with Clark County Public Health PIO to develop and disseminate risk communications messages to the public concerning zoonotic influenza virus transmission, food safety, and animal waste disposal issues.

7. *All Services and Programs*

- a) Identify mission critical functions that must be maintained during all hazards including a pandemic.
- b) Identify staff who can be cross trained to perform emergency response functions
- c) Identify functions that could be temporarily discontinued or performed via telecommuting for several weeks.

- d) Be prepared to mobilize all necessary staff to support Clark County Public Health pandemic influenza response, as directed by Clark County Public Health Incident Commander.

C. CRESA - Emergency Management

1. Coordinate multi-agency and multi-jurisdictional planning, training, and exercising for pandemic influenza response and recovery.
2. Provide technical assistance to agencies involved in pandemic influenza and business continuity planning activities.
3. Provide information and resource support to pandemic influenza response and recovery operations through the Clark Regional Emergency Operations Center (CREOC).
4. Provide information and resource support to the continuity of critical government operations during pandemic influenza.

D. Health Care System Providers (Hospitals, Medical Clinics, Home Health Care and EMS)

1. Health care system partners will participate in a Health Care Coalition facilitated by Clark County Public Health to maximize the health care system's ability to provide medical care during a pandemic.

Essential functions this group will address:

- a) Direction and Control – Procedures in place to coordinate with the County Health Officer regarding policy level decisions regarding the operations of the local health system (Health Care Advisory Group Plan, Appendix I).
- b) Surveillance and Detection – In coordination with Clark County Public Health develop procedures for reporting syndrome surveillance data and participate in local influenza surveillance activities.
- c) Communications - Develop mechanisms to efficiently share information and resources between health system providers and incident management facilities e.g. Incident Command Post (ICP) and Clark Regional Emergency Operations Center (EOC).
- d) Worker Safety and Infection Control – In coordination with Clark County Public Health develop infection control plans to triage and isolate infectious patients and protect

1 staff from disease transmission.

- 2 e) Triage and Patient Care - Develop response plans that
3 address medical surge capacity to sustain the health care
4 delivery capabilities when routine systems are
5 overwhelmed (Appendix J-Triage and Home Health
6 Care).
- 7 f) Continuity of Operations – Develop approaches on how
8 health care providers can continue to operate with a
9 reduced work force due to illness, and recommendations
10 on stockpiling of infection control and medical supplies.

11 **E. Medical Examiner's Office**

- 12 1. Lead mass fatality planning and response efforts.
- 13 2. Coordinate with and support hospitals regarding mass
14 fatalities planning and response.
- 15 3. Incorporate funeral home directors into planning efforts for
16 pandemic response.
- 17 4. In conjunction with community partners, coordinate planning
18 and development of victim assistance centers.

19 **F. Health Care Advisory Group (HAG)**

- 20 1. The Health Care Advisory Group provides a rapid and
21 unified response to elevations of health related threat levels,
22 crisis situations, and disasters and provides medical
23 technical expertise and policy level guidance to ensure
24 uniform health preparedness and response practices.
- 25 2. The Health Care Advisory Group activities are defined in
26 Appendix I.

27 **G. Schools**

- 28 1. The Clark County School Superintendents will appoint a
29 representative to sit on the EOC policy group.
- 30 2. Schools may be closed for an extended period in response
31 to a developing pandemic.
- 32 3. School nurses represent a possible source of medical
33 resource for surge during a pandemic.

34 **H. Managers of Critical Infrastructure and Key Resources**

- 35 1. Critical resources include water purification facilities, waste
36 disposal facilities, sewage plants, and public safety facilities.
- 37 2. Managers of critical infrastructure and key resources should
38 plan for staff shortages approaching 50% and assure that
39 supply chains are as robust as possible.

3. Key resources include financial and banking services and food and grocery suppliers.
4. Managers of key resources should be sure that emergency plans support operations with a diminished work force and interrupted supply chains.

STATE

A. State Department of Health (DOH)

1. Coordinate statewide pandemic planning and preparedness efforts.
2. Coordinate statewide surveillance activities.
3. Operate a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing.
4. Coordinate submission of pandemic epidemiological data to CDC and dissemination of statewide data and situation updates to local health jurisdictions.
5. Coordinate development and implementation of disease containment strategies across multiple counties and regions within the state.
6. Request federal assistance to support the local health and medical response, including antiviral medicines and vaccines from the Strategic National Stockpile, when local and state resources are exceeded.
7. Educate and inform the public on the course of the pandemic and preventive measures.

FEDERAL

A. Department of Health and Human Services (HHS)

1. Provide overall guidance on pandemic influenza planning within the United States.
2. Coordinate the national response to an influenza pandemic.
3. Provide guidance and tools to promote pandemic preparedness planning and coordination for States and local jurisdictions.
4. Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.
5. Determine and communicate the pandemic phase for the U.S. based on the global pandemic phase (established by

WHO) and the extent of disease spread throughout the country.

B. Centers for Disease Control and Prevention (CDC)

1. Conduct national and international disease surveillance.
2. Serve as a liaison to the WHO.
3. Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.
4. Develop, evaluate, and modify disease control and prevention strategies.
5. Support vaccination programs; monitor vaccine safety.
6. Investigate pandemic outbreaks; define the epidemiology of the disease.
7. Monitor the nation-wide impact of a pandemic.
8. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.
9. Coordinate the implementation of international – U.S. travel restrictions.
10. Under federal authority, implement isolation, quarantine and social distancing measures on tribal lands, as needed.

C. Department of Homeland Security

INTERNATIONAL

A. World Health Organization

1. Monitor global pandemic conditions and provide information updates.
2. Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.
3. Declare global pandemic phase and adjust phases based on current outbreak conditions.

VIII. CONCEPT OF OPERATIONS

A. General Concepts of Operations

- a. Clark County Public Health and all response partners will operate under the Incident Command System (ICS) as further defined by the Clark County Response Plan throughout the duration of the pandemic response.
- b. This plan is to be used in concert with Emergency Support Function (ESF) - 8 (Health and Medical Services) and the Clark County Comprehensive Emergency Management Plan.
- c. Activation of the Clark County Response Modes (See Section VI. B) will be made by Clark County Public Health Leadership Team in consultation with the Health Care Advisory Group (Appendix I)
- d. Response actions will emphasize disease surveillance and investigation, social distancing measures to reduce the spread of infection, and providing frequent communication and education to the public about the pandemic, the public health response, and steps the public can take to reduce the risks of infection.

B. Direction and Control

a. Lead Agency

- a) Clark County Public Health is the Lead agency in coordinating the local health and medical response to a pandemic with local, state, and federal agencies and officials.

b. Incident Command Post

- a) At Response Levels 2 and 3, Clark County Public Health will activate a NIMS-compliant Incident Command System (ICS) and Incident Command Post (PHICP) to coordinate the county-wide public health and medical response during a pandemic.
- b) Clark County Public Health will authorize the acquisition of state or federal medical resources in support of health care system partners.

C. Surveillance and Detection

- a. Influenza is not a mandated notifiable disease under Washington Administrative Code. During a pandemic response, the Health Officer may declare the circulating strain of influenza causing the pandemic a Disease of Public Health Significance, requiring health care providers and/or laboratories to report cases.
- b. As a pandemic progresses, the Communicable Disease Program will enhance existing surveillance efforts, including gathering relevant available clinical data (i.e. admission and discharge diagnosis) from hospitals in the county and from selected large medical group practices, such as Vancouver Clinic and Kaiser Permanente.
- c. Surveillance during Response Level 1
 - a) The Communicable Disease Program conducts daily influenza tracking activities (reports regarding school absenteeism, pneumonia and influenza deaths submitted by Vital Statistics, nursing home reports, homeless shelter reports and sentinel providers).
 - b) The Communicable Disease Program coordinates surveillance activities with the disease control activities of the CDC, state agencies, and health departments in adjacent jurisdictions.
 - c) Clark County Public Health works with clinicians, hospitals, and infectious disease specialists to enhance case detection, according to CDC screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the clinical criteria for influenza.
 - d) Clark County Public Health develops partnerships with key employers to track absenteeism in the event of a flu pandemic (e.g., City and county government, large employers).
- d. Surveillance During Response Level 2 and 3
 - a) Clark County Public Health may require health care providers and institutions to report influenza and to send specimens from these cases to the State DOH Laboratory or a local laboratory for testing.
 - b) Clark County Public Health will inform community health care providers regarding recommendations for influenza laboratory testing based on consultation with Washington

1 DOH and CDC.

2 c) The Communicable Disease Program will comply with
3 CDC and Washington DOH guidelines to facilitate
4 monitoring of the influenza pandemic strain for antiviral
5 resistance.

6 d) The Communicable Disease Program will activate
7 tracking of absenteeism with schools and certain
8 sentinel employers, where feasible.

9 e) Syndromic surveillance data is collected and assessed
10 (chief complaint and hospital admission and discharge
11 data, when available, from Clark County hospitals,
12 Emergency Medical Service dispatch data, and daily
13 death reports from the Medical Examiner's Office).

14 **D. Worker Safety and Infection Control**

15 a. Clark County Public Health will publish recommendations for
16 responder safety and infection control guidelines for
17 responders.

18 b. When ICS is established, the Safety Officer will issue
19 directives concerning PPE and infection control techniques
20 for responders.

21 **E. Triage and Patient Care**

22 a. Hospitals will provide care to influenza patients during a
23 pandemic.

24 b. Large clinics and practices will provide care for medical
25 problems unrelated to influenza.

26 c. Triage will occur near hospitals but at remote drive-up points
27 and influenza patients meeting admission criteria will be
28 cohorted and treated in settings as isolated from patients
29 without influenza as possible in hospitals.

30 d. Triage may also occur at large clinics and practices, with
31 those patients meeting admission criteria for influenza
32 identified and sent to hospitals so that they do not need to be
33 re-triaged at the hospital.

34 e. All triaging facilities will use a common triage tool and a
35 common patient triage identification system.

36 f. Clark County will use a binary triage system in which
37 patients will be triaged either to hospital admission or to
38 home for care.

39 a) Those patients triaged to home care who have family or
40 community support will be sent home with care

instructions.

b) Those patients triaged to home who have no family or community support will be entered in a registry maintained by the triaging hospital and called by telephone periodically or visited by home health care professionals to monitor their disease status.

g. Triage flow for patients with influenza-like illness (ILI) is diagrammed in Appendix J.

h. Alternate care facilities are not part of the initial concept of operations because they require greater staffing resources than the community will be able to provide. Later sections of the plan speak to the possibility of establishing such facilities should they be desirable and practicable.

F. Continuity of Operations

a. During Response Level 2 and 3 Clark County Public Health will communicate with health system partners through the Health Care Coalition to coordinate management of health care system resources and information.

b. Clark County Public Health will assess the viability of social distancing measures and implement them according to the matrix in Appendix D-2.

c. Upon reaching Response Level 2 Clark County Public Health will:

a) assess whether to activate the Pandemic Influenza Response Plan and ESF 8 to coordinate the health care system response.

b) provide regular briefings to the Clark Regional EOC Policy Group and, as appropriate, other local elected officials, and regional response partners. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, actions that response partners should implement to protect critical functions, and health information being shared with the public and health care providers.

G. Communication and Public Information

a. Clark County Public Health serves as the lead agency in Clark County for risk communications messaging and public education regarding pandemic influenza. All Clark County jurisdictions will coordinate with Clark County Public Health to ensure consistency of communications and education messaging regarding pandemic influenza.

- 1 b. Communications with the public and health care providers
2 will be a critical component of the pandemic response,
3 including managing the utilization of health care services.
4 This plan's communications goals are to:
 - 5 c. Provide accurate, consistent, and comprehensive
6 information about pandemic influenza including case
7 definitions, treatment options, infection control measures,
8 and reporting requirements.
 - 9 d. Instill and maintain public confidence in the County's public
10 health and health care systems and their ability to respond to
11 and manage an influenza pandemic.
 - 12 e. Ensure an efficient mechanism for managing
13 information between Clark County Public Health, health
14 system partners and response agencies.
 - 15 f. Contribute to maintaining order, minimizing public panic and
16 fear, and facilitating public compliance by providing accurate,
17 rapid, and complete information.
 - 18 g. Address rumors, inaccuracies, and misperceptions as
19 quickly as possible, and prevent the stigmatization of
20 affected groups.
- 21 h. Communications During Response Level 1
 - 22 a) Clark County Public Health PIO:
 - 23 b) Assesses the information needs of health care providers.
 - 24 c) Assesses the information needs of the general public.
 - 25 d) Identifies any logistical constraints to effective
26 communications, such as communications staffing and
27 equipment needs, and public information call center
28 staffing and capacity.
 - 29 e) Intensifies public education efforts about influenza
30 pandemics, animal influenza and steps that can be taken
31 to reduce exposure to infection. Information may be
32 disseminated via web site postings, newspaper editorials,
33 flyers and billboards, television and radio broadcasts.
 - 34 f) Coordinates with CDC, the Washington DOH, and health
35 departments in adjacent jurisdictions to develop common
36 health messages and education materials.
 - 37 g) The Communicable Disease, Preparedness and
38 Community Outreach Programs educate providers, public
39 officials, businesses and emergency responders about
40 influenza pandemics and steps they should take to plan
41 for pandemic outbreaks.

- h) The Community Outreach Program will convene appropriate staff to develop a communications strategy for vulnerable populations including identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless citizens.
- i. Communications During Response Level 2 and 3
 - a) At Response Level 2 and 3, Clark County Public Health will implement a NIMS-compliant Incident Command system (ICS).
 - b) ICS Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response partners. A JIC will be activated when Clark County Public Health PIO deems it necessary based on specific characteristics of the pandemic.
 - c) PIO will evaluate the need to establish a public information call center to respond to public inquiries.
 - d) PIO will work with the Health Care Coalition and the Communicable Disease Program to develop public information messages related to the use of the health care system and other resources (triage centers, call centers, etc).
 - e) The Liaison Officer (LNO) will initiate regular communication briefings with hospital emergency rooms, infection control practitioners, infectious disease specialists, and community providers as necessary and in collaboration with the Health Care Coalition. The LNO will also regularly communicate with experts at the CDC and the Washington DOH.
 - f) PIO will conduct regular briefings with key response partners, to inform EOC staff, business leaders, community based organizations, first response agencies and critical infrastructure agencies on the status of the pandemic and local response actions.
 - g) As the pandemic expands, PIO will provide daily updates on the pandemic and will organize regular media briefings.
 - h) PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

H. Mitigation

- a. Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. Mitigation efforts should occur primarily during Response Level 1.
- b. Clark County Public Health's pre-event mitigation activities include:
- c. Planning, exercising, evaluating and revising the Pandemic Influenza Response Plan.
- d. Training and equipping Clark County Public Health staff to assure competencies and capacities needed to respond to a pandemic outbreak.
- e. Developing strategic partnerships and facilitating capacity building with local hospitals, non-hospital-based health care providers and agencies, other health care system stakeholders, and local, state and federal response agencies and their staff.
- f. Educating response partners, the media and public about the consequences of influenza pandemics and recommended preparedness measures.
- g. Informing and updating local elected officials about the potential impacts of an influenza pandemic on essential services and infrastructure in Clark County.
- h. Within the resource limits, stockpiling necessary medications and equipment that will be needed to respond to an influenza pandemic.

I. Public Education

- a. Public education through all phases of a pandemic may involve any or all of the following elements:
- b. Dissemination of printed and web-based information in multiple languages.
- c. Active outreach to traditionally underserved populations, in cooperation with community organizations.
- d. Frequent use of radio, television and print media.
- e. Coordination with other health care providers and care-givers to ensure consistent messaging.
- f. Implementation of a public information call center.
- g. Government agencies, businesses, schools, health care system partners, community based organizations and other agencies within Clark County will promote and disseminate pandemic influenza educational messages to their staff.

- h. Clark County Public Health leads efforts to strengthen support, outreach and training for vulnerable populations in Clark County. Specific actions include:
- i. Conduct needs assessments identifying types of resources and information vulnerable populations need during emergencies.
- j. Provide training and job aids for cultural leaders and medical interpreters to serve as information conduits to vulnerable populations during emergencies.
- k. Partner with cultural leaders and medical interpreters across the county to build sustainable preparedness capabilities within communities.

J. Vaccine and Antiviral Medications

- a. Vaccine serves as the most effective preventive strategy against outbreaks of influenza, including pandemics. However, dissemination of an effective influenza vaccine during a pandemic faces several challenges:
 - a) A pandemic strain could be detected at any time, and production of vaccine could take six to eight months after the virus first emerges.
 - b) The target population for vaccination will ultimately include the entire U.S. population.
 - c) It is expected that demand for vaccine will initially outstrip supply and administration of limited vaccine will need to be prioritized based on national guidelines and in consultation with the Washington DOH.
 - d) It is likely that two doses of vaccine occurring two to four weeks apart will be required.
 - e) Antiviral medications may be useful for controlling and preventing influenza prior to the availability of vaccines. However, there is a limited supply of antiviral drugs effective against pandemic strains.
- b. Vaccine Management During Response Level 1
 - a) The Communicable Disease Program, in consultation with Washington DOH and based on national guidelines, is developing and refining recommendations for use of available vaccine based on local priority groups, and include as Appendix A to this plan.
 - b) The Mass Dispensing and Vaccination Annex to Clark County Public Health's Emergency Response Plan addresses administration of vaccine to priority groups,

- 1 and eventually the entire county population, including
2 activation of mass vaccination clinics.
- 3 c) The Communicable Disease Program is coordinating with
4 Washington DOH to determine how adverse reactions to
5 the vaccine will be tracked and reported.
- 6 d) The Preparedness Staff, Communicable Disease Program
7 and Community Outreach Program are collaborating with
8 key stakeholders to identify essential personnel to be
9 included in priority groups for vaccinations.
- 10 e) The Vaccine Program is coordinating vaccination
11 planning with private sector health care providers.
- 12 c. Vaccine Management During Response Level 2 and 3
- 13 a) In consultation with Washington DOH, the Communicable
14 Disease Program will provide updated recommendations
15 to the County Health Officer regarding priority groups to
16 receive vaccination based on CDC guidelines.
- 17 b) The Operations Section Chief will finalize mass
18 vaccination plans with regional partners.
- 19 c) Clark County Public Health will distribute and administer
20 vaccine as soon as possible after receipt according to
21 local priorities and CDC guidelines, including activation of
22 mass vaccination plans as appropriate.
- 23 d. Antiviral Medication Management During Response Level 1
- 24 a) The Communicable Disease Program is identifying priority
25 groups and estimating the number of people in each
26 priority group, based on CDC guidelines, to receive
27 limited supplies of antiviral medications during a
28 pandemic and include as Appendix B to this plan.
- 29 b) The County Health Officer is coordinating with
30 appropriate health care system partners and elected
31 leaders to form strategies for acquiring antiviral
32 medications.
- 33 c) The Communicable Disease Program is developing and
34 will distribute guidelines for medical providers regarding
35 the use of antiviral medications.
- 36 e. Antiviral Medication Management During Response Level 2
37 and 3
- 38 a) Clark County Public Health will ensure that staff and
39 resources are in place to distribute antiviral
40 medications, as supplies allow.

b) Clark County Public Health will activate its plans for requesting medications from the Strategic National Stockpile (SNS).

c) Clark County Public Health will fully activate antiviral medication distribution plans.

K. Isolation and Quarantine

a. During all phases of a pandemic, persons ill with influenza will be directed to remain in isolation in health care settings or at home, to the extent possible.

b. Hospitals will implement isolation protocols for all patients suspected of being infected with pandemic influenza.

c. Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases will be of limited value in preventing further spread of the disease.

d. Quarantine of contacts of influenza cases may be beneficial during the earliest phases of a pandemic, and in response to an influenza virus that has not achieved the ability to spread easily from person-to-person.

e. Isolation and Quarantine During Response Level 1

a) Clark County Public Health is coordinating planning efforts for isolation and quarantine with Washington DOH, neighboring local health jurisdictions, community based organizations and local law enforcement.

b) Clark County Public Health is following CDC guidelines in developing and implementing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.

f. Isolation and Quarantine During Response Level 2 and 3

a) The Communicable Disease Program will coordinate with health care providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (homes, hospital, alternate care facilities).

b) The Communicable Disease Program will develop protocols for quarantine of close contacts of persons infected with a potential pandemic strain.

c) The Communicable Disease Program will provide technical assistance to health care providers and hospitals regarding options for management of health care workers who come in contact with influenza patients or who develop influenza.

- 1 d) The Isolation and Quarantine section of Clark County
2 Public Health's Emergency Response Plan will be
3 activated as needed to ensure availability of isolation and
4 quarantine facilities and support systems for patients.

5 **L. Social Distancing Strategies**

- 6 a. Social distancing strategies are non-medical measures
7 intended to reduce the spread of disease from person-to-
8 person by discouraging or preventing people from coming in
9 close contact with each other. These strategies could include
10 closing public and private schools; minimizing social
11 interactions at colleges, universities and libraries; closing
12 non-essential government functions; implementing
13 emergency staffing plans for the public and private sector
14 including increasing telecommuting, flex scheduling and
15 other options; and closing public gathering places including
16 stadiums, theaters, churches, community centers and other
17 facilities.
- 18 b. The effectiveness of social distancing strategies is not
19 known with certainty, nor is the degree of public compliance
20 with measures that is necessary for success.
- 21 c. Implementation of social distancing strategies in Clark
22 County may create social disruption and significant, long-
23 term economic impacts. It is unknown how the public will
24 respond to these measures.
- 25 d. It is assumed that social distancing strategies must be
26 applied on a county-wide or state-wide basis in order to
27 maximize effectiveness.
- 28 e. The Leadership Team will coordinate with the HCAG
29 throughout all phases of a pandemic regarding the
30 epidemiology and impact of the pandemic in and around
31 Clark County.
- 32 f. The County Health Officer will review social distancing
33 strategies and current epidemiological data during each
34 phase and coordinate with the Clark Regional EOC Policy
35 Group and executive heads of other cities and towns
36 regarding social distancing actions that should be
37 implemented to limit the spread of the disease.
- 38 g. Decisions regarding the implementation of social distancing
39 measures including suspending large public gatherings and
40 closing stadiums, theaters, churches, community centers,
41 and other facilities where large numbers of people gather will
42 be made jointly and concurrently by the County Health
43 Officer and the Clark Regional EOC Policy Group and

- 1 coordinated with all executive heads of cities and towns in
2 Clark County.
- 3 h. Decisions regarding the closing of all public and private
4 schools, and minimizing social interaction at colleges,
5 universities and libraries in Clark County will be made by the
6 County Health Officer after consultation with local school
7 superintendents, school presidents and the Clark Regional
8 EOC Policy Group.
- 9 i. The County Health Officer will coordinate in advance the
10 timing and implementation of social distancing decisions in
11 Clark County with Cowlitz, Skamania, Wahkiakum, and
12 Multnomah counties as well as the state Department of
13 Health and the U.S. Department of Health and Human
14 Services (see Appendix J).
- 15 j. Social Distancing Strategies During Response Level 1
- 16 a) The Preparedness Staff and Community Outreach
17 Program is coordinating with Clark County Public Health
18 PIO and Communicable Disease Program to educate
19 elected officials, government leaders, school officials,
20 response partners, homeless services agencies,
21 businesses, the media and the public regarding the
22 consequences of pandemics, the use of social distancing
23 strategies, the associated impacts they cause and the
24 process for implementing these measures.
- 25 b) A home health care coalition is coordinating with the
26 Communicable Disease, Clinical Services Program and
27 Clark County Health Officer to provide guidance and
28 instructions regarding infection control strategies to
29 homeless service agencies that operate congregate care
30 facilities.
- 31 c) The County Health Officer will confirm the decision
32 making process and criteria for recommending social
33 distancing strategies with the Clark Regional EOC Policy
34 Group and all other executive heads of cities and towns.
- 35 k. Social Distancing Strategies During Response Level 2 and 3
- 36 a) The Incident commander and County Health Officer will
37 coordinate with elected officials regarding decision
38 making and implementation of social distancing
39 strategies that are commensurate with the severity of
40 illness and societal impact of the pandemic.
- 41 b) Specific, county-wide strategies that may be
42 implemented by the Incident Commander and County
43 Health Officer include:

- 1 (1) Encourage government agencies and the private
2 sector to implement emergency staffing plans to
3 maintain critical business functions while maximizing
4 the use of telecommuting, flex schedules, and
5 alternate work site options.
- 6 (2) Recommend that the public use public transit
7 only for essential travel.
- 8 (3) Advise Clark County residents to defer non-
9 essential travel to other areas of the country and
10 the world affected by pandemic influenza
11 outbreaks.
- 12 (4) Suspend public events where large numbers of
13 people congregate including sporting events,
14 concerts, and parades.
- 15 (5) Close public and private schools, and large child
16 care centers
- 17 (6) Implement measures to limit social interaction at
18 libraries, colleges and universities
- 19 (7) Close all churches, theaters, community centers,
20 and other places where large groups gather.
- 21 (8) Suspend government functions not involved in
22 pandemic response or maintaining critical continuity
23 functions.
- 24 c) The County Health Officer will participate in conference
25 calls with neighboring counties, the state Department of
26 Health and the U.S. Department of Health and Human
27 Services to coordinate the timing, public announcement,
28 and impacts of social distancing measures in the region.
- 29 d) The County Health Officer will monitor the effectiveness
30 of social distancing strategies in controlling the spread of
31 disease and will advise appropriate decision-makers
32 when social distancing strategies should be relaxed or
33 ended.

34 **M. Health and Medical Response**

- 35 a. A severe influenza pandemic is expected to significantly
36 increase the demand for health care services at a time when
37 the availability of health care workers will be reduced due to
38 illness. In a severe pandemic, the imbalance between supply
39 and demand is likely to overwhelm current health care
40 system capacity and necessitate implementation of alternate
41 strategies to manage the demand on health system
42 resources.

- 1 b. During a pandemic impacting Clark County, all efforts will be
2 employed to sustain the functionality of the health care
3 system while maintaining an acceptable level of medical
4 care. In order to accomplish this, health care delivery system
5 partners may need to:
 - 6 a) limit the provision of health care services to patients
7 with urgent, health problems requiring
8 hospitalization;
 - 9 b) take steps to increase hospital bed capacity to care for
10 large numbers of influenza patients;
 - 11 c) mobilize, reassign and deploy staff within and
12 between health care facilities to address critical
13 shortfalls;
 - 14 d) implement pandemic-specific patient triage and
15 management procedures;
 - 16 e) provide alternative mechanisms for patients to address
17 non-urgent health care needs such as telephone and
18 internet-based consultation.
- 19 c. During a pandemic, alternate care facilities may be identified
20 and activated to provide additional health care system
21 medical surge capacity.
- 22 d. These facilities would add to the existing bed capacity in the
23 county and provide supportive care to influenza patients, or
24 could serve as triage facilities (flu clinics) to relieve the
25 burden on hospital emergency departments.
- 26 e. Locating, staffing and supplying these sites will be
27 accomplished through a coordinated effort between
28 Clark County Public Health, the Health Care Coalition,
29 and local emergency managers.
- 30 f. Emergency Medical and Health Care System Response
31 During Response Level 1
 - 32 a) Clark County Public Health is educating health care
33 providers about influenza pandemics and involving them
34 in community pandemic response planning through the
35 Health Care Coalition.
 - 36 b) Clark County Public Health is incorporating existing
37 groups, such as the Region 4 Hospital Emergency
38 Preparedness Committee, into pandemic planning efforts
39 through the Health Care Coalition.
 - 40 c) Hospitals and health care organizations are developing
41 pandemic influenza response plans addressing at a

- 1 minimum medical surge capacity, triage, infection control,
2 communications, and staffing issues.
- 3 d) Clark County Public Health provides technical
4 assistance to health system partners regarding
5 development of a Medical Reserve Corps and other
6 strategies to expand staffing resources.
- 7 e) Preparedness Staff is facilitating development of
8 protocols for reprioritizing Clark County Public Health
9 functions during a pandemic and mobilizing staff to
10 support maintenance of critical public health and medical
11 needs.
- 12 f) Clark County Public Health is providing regular briefings
13 to Health Care Coalition members regarding the status of
14 a novel virus and its potential for causing a pandemic.
- 15 g) Clark County Public Health is coordinating with the
16 Region 4 Hospital Emergency Preparedness Committee
17 to ensure systems are in place to track the following
18 items during a pandemic outbreak:
- 19 (1) Number of available Intensive Care Unit and
20 medical beds (adults and pediatrics)
- 21 (2) Number of available emergency department beds
22 (monitored and non-monitored)
- 23 (3) Number of patients and / or waiting times in
24 emergency departments
- 25 (4) Number of patients waiting for inpatient beds (in
26 emergency departments and clinics)
- 27 (5) Number of hospitals on emergency department
28 divert status
- 29 (6) Hospital and Medical Examiner morgue capacity
- 30 (7) Shortages of medical supplies or equipment
- 31 (8) Staff absenteeism at hospitals, clinics and morgues
- 32 g. Emergency Medical and Health Care System Response
33 During Response Level 2 and 3
- 34 a) Clark County Public Health will work with the Health
35 Care Coalition to heighten preparedness activities
36 and monitor the impact of a pandemic on health care
37 facilities and systems.
- 38 b) Communicable Disease Program will provide case
39 identification criteria, laboratory testing and treatment
40 protocols, and other case management resources to

- 1 health care providers in the region.
- 2 c) Communicable Disease Program will coordinate with
- 3 health care system members to assure appropriate use
- 4 of antiviral medicines.
- 5 d) Clark County Health Officer will develop and disseminate
- 6 instructions for the care of patients who can be treated at
- 7 home.
- 8 e) The Health Care Coalition will evaluate the need for and
- 9 feasibility of establishing a system separate from hospital
- 10 emergency departments for patient triage and clinical
- 11 evaluation. The Coalition will develop criteria for
- 12 activating and deactivating such facilities. Specific tasks
- 13 will include:
- 14 (1) Hospitals will establish separate triage areas for 1)
- 15 persons presenting with possible influenza, fever or
- 16 respiratory disease, and 2) persons at high risk for
- 17 severe complications such as pregnant women and
- 18 immunocompromised persons.
- 19 (2) The Health Care Coalition will, through coordination
- 20 between Clark County Public Health, hospitals, the
- 21 large medical group practices, and the community
- 22 health centers, identify specific facilities in different
- 23 geographic areas within Clark County to serve as
- 24 triage facilities.
- 25 f) Clark County Public Health will work through the Health
- 26 Care Coalition to establish and promote a 24-hour
- 27 telephone consulting nurse service to provide information
- 28 and advice to ill persons on management of illness and
- 29 accessing health care.
- 30 g) The Health Care Coalition will develop standardized
- 31 criteria for implementing the following strategies
- 32 countywide, and will recommend implementation of any
- 33 or all of these strategies to the County Health Officer
- 34 when pandemic conditions warrant:
- 35 (1) Canceling elective admissions and elective surgeries
- 36 (2) Requiring all hospitals in the county to receive and
- 37 treat any patient whose condition warrants
- 38 hospitalization, regardless of medical insurance
- 39 coverage.
- 40 (3) Implementing protocols to expand internal hospital
- 41 bed capacity.
- 42 (4) Activating alternate care facilities to conduct triage of

1 flu patients or to provide expanded bed capacity.

2 (5) Implementing early discharge protocols for patients
3 not requiring inpatient care.

4 (6) Implementing protocols for enhanced infection control
5 in all medical facilities.

6 (7) Monitoring and reporting of hospital-acquired
7 influenza infections.

8 h) Health Care Coalition members will identify and prioritize
9 staff to receive antiviral medications and influenza
10 vaccine according to the protocols established by Clark
11 County Public Health.

12 i) Through a Public Health Order, the County Health Officer
13 may direct the compliance of health care providers with
14 Clark County Public Health protocols for use of antiviral
15 medications and influenza vaccine.

16 j) Clark County Public Health will coordinate with and
17 support the Health Care Coalition in acquiring additional
18 medical supplies and equipment in support of medical
19 facilities throughout the county.

20 k) Requests for State and Federal resource support,
21 including resources from the Strategic National Stockpile,
22 will be managed by Clark County Public Health through
23 Clark Regional Emergency Operations Centers.

24 **N. Public Health Services**

25 a. During a pandemic, Clark County Public Health may
26 suspend routine department operations to provide staff for
27 flu clinics, triage centers, and telephone triage services.

28 b. The Director will assess the need to reprioritize department
29 functions and will direct the mobilization of staff to meet
30 emerging needs of the pandemic.

31 c. Clark County Public Health staff with clinical training and
32 licensure may be reassigned by the Director to support the
33 Department's critical clinical functions during a pandemic, or
34 to alleviate staffing shortages among health care partners.

35 d. Public Health Services During Response Level 1

36 a) All Clark County Public Health Divisions and Programs
37 are:

38 (1) Participating in business continuity planning to
39 identify mission critical systems and functions that
40 must remain operational during a pandemic.

- (2) Identifying Clark County Public Health services and functions that can be suspended during a pandemic thereby freeing up staff members for reassignment.
 - (3) Participating in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions.
 - b) The Director and Health Officer are identifying sites and functions within the Department's clinical services that will remain operational during a pandemic and specify the minimum level of resources needed to remain operational.
 - c) The Clark County Medical Examiner's Office is coordinating mass fatality planning efforts with hospitals and funeral homes through the Health Care Coalition.
- e. Public Health Services During Response Level 2 and 3
 - a) The Director will determine the need to suspend routine Department operations in order to reassign staff to critical duties. The timing of this decision will be coordinated with similar actions taken by other clinical facilities in the health care system.
 - b) Critical functions activated within Clark County Public Health may include:
 - (1) Establishing and supporting a public call center that provides information and medical advice over the telephone, including information on how to access the health care system.
 - (2) Distributing vaccine to health care system facilities and activating mass vaccination clinics to vaccinate priority g

O. Maintenance of Essential Services

- a. One of the critical needs during a flu pandemic will be to maintain essential community services.
- b. With the possibility that 25-35% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.
- c. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public utility personnel are unable to

- 1 carry out critical functions due to illness.
- 2 d. Government agencies and private businesses,
3 particularly those that provide essential services to the
4 public, must develop and maintain continuity of
5 operations plans and protocols that address the unique
6 consequences of a pandemic.
- 7 e. Local emergency management agencies in Clark
8 County will lead continuity of government planning
9 and preparedness within their jurisdictions with
10 technical support provided by Clark County Public
11 Health.
- 12 f. Local emergency management agencies in Clark County will
13 participate and in and support logistical and non-medical
14 infrastructure planning with hospital facilities within their
15 jurisdictions.
- 16 g. Clark County Public Health will develop continuity of
17 operations plans that address, at a minimum:
- 18 a) Line of Succession for the agency.
- 19 b) Approval of continuity of operations plans by the Clark
20 County Board of Health.
- 21 c) Identification of mission essential services and priorities.
- 22 d) Procedures for the reassignment of employees to support
23 public health functions essential during a public health
24 emergency.
- 25 e) Redundancy of mission critical communication
26 and information systems.
- 27 f) Physical relocation of critical Clark County Public Health
28 functions including the Department Emergency
29 Operations Center.
- 30 h. Maintenance of Essential Services During Response Level 1
- 31 a) Preparedness Staff works with all divisions and sections
32 in Clark County Public Health to develop plans for
33 maintaining essential departmental services during a
34 pandemic.
- 35 b) Preparedness Staff and Community Outreach Program
36 continue to educate government agencies, non-profit
37 organizations and businesses that provide essential
38 community services about the need for continuity
39 planning in advance of a pandemic.

i. Maintenance of Essential Services During Response Level 2 and 3

a) Clark County Public Health will update its essential services plans and will request that its community partners update their plans.

b) The Director will determine the appropriate time to implement the Department's continuity of operations plans and protocols and will advise community partners to implement their plans as needed.

P. Recovery

a. Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources, and response system capacity exists to manage ongoing activities without continued assistance from pandemic response systems.

b. In consultation with the Health Care Coalition and local elected leaders, the County Health Officer will recommend specific actions to be taken to return the health care system and government functions to pre-event status.

c. Clark County Public Health will assess the impact of the pandemic on the community's health as measured by morbidity and mortality and report findings to all response partners.

d. Clark County Public Health staff will support partners in Clark County government and the health care and business communities in assessing the economic impact of the pandemic.

e. Preparedness Program will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Plan.