

Director's Update



As another year comes to a close, the Health Security, Preparedness and Response Program has been busy exercising, responding to public health emergency events, and educating the community about general emergency preparedness.

In October, I had the opportunity to visit elementary schools in the Portland area to talk with kids about emergency preparedness. Several schools around the state are gearing up for [Oregon's Robotics](#)

[Tournament](#); it's a fun way to get kids involved in science, engineering, technology and math. This year the project's theme is Nature's Fury, in which teams will be presenting their work at the Dec. 14 event.. We wish them good luck!

SERV-OR and several Medical Reserve Corps units were also busy in September assisting with the annual [Central Oregon Project Connect](#) event in Deschutes County. A total of 804 professional and community volunteers provided services to 2,265 guests experiencing or at risk of homelessness. The SERV-OR program participates in order to exercise the official deployment of large numbers of volunteer health care professionals.

The Oregon Health Authority (OHA) has been working with the Oregon Department of Geology and Mineral Industries and the Army Corps of Engineers to plan and evaluate health care facilities and resource allocation procedures in order to respond to a Cascadia Subduction Zone earthquake. The type of interagency work is critical to ensuring statewide emergency resilience.

OHA is continuing to develop the Crisis Standards of Care guidance for the entire health care system. Many health care facilities are sponsoring the document. The latest draft is available on the program's "[Resources for Partners](#)" Web page.

The OHA Public Health Division is welcoming new Director Lillian Shirley, R.N., M.P.H., M.P.A., who has been a local and a national leader in advancing public health. She has led the Multnomah County Health Department and the National Association of City and County Health Officials, and currently serves as the organization's Immediate Past President. Lillian has been a leader in Oregon's effort to transform our state's health care system. In her current role as Director of the Multnomah County Health Department and on the governing board of Health Share of Oregon, she helped launch one of the first coordinated care organizations. She also is the vice chairwoman of the Oregon Health Policy Board, and she played a vital role in the state's move towards a health care system that works better for us all. The entire preparedness program looks forward to Lillian's guidance and leadership.

The National Health Security Preparedness Index (being released in December) is a new way to measure and advance our nation's preparedness. It represents the most comprehensive set of health security preparedness measures to date. The 2013 Index consists primarily of public health and health care system measures. Future versions of the Index will add other sectors to more fully illustrate the wide variety of elements contributing to health security preparedness. The 2013 Oregon Index Results provides agencies with information regarding the state's health capabilities. The Index provides Oregon an opportunity to focus on potential strengths and to better develop and strengthen partnerships and collaborations to improve health security.

Winter weather is fast approaching, so make sure to check your home, car and office emergency kits. Need a reminder on what to put into your kit? Check out these [short videos](#) from the preparedness team! Don't forget to check the [Oregon Department of Transportation's Trip Check](#) website before long trips in and around your community.

HSPR's New Operations Chief: Akiko Saito



By Alyssa Bostian
(Photo by Allan Visnick)

It is with great pride and excitement that we welcome Akiko Saito as the new Health Security, Preparedness and Response (HSPR) operations chief.

A little more than five years ago, Akiko Saito joined the HSPR staff as the State Medical Reserve Corps coordinator and ESAR-VHP project officer. Since her start with Oregon Health Authority (OHA) and HSPR, Akiko's demonstrated success has propelled positive change within OHA, local health departments, tribes, and other local entities, making Oregon a more prepared and healthy state.

Akiko's networking skills and "get-it-done" attitude have grown the Medical Reserve Corps program from nine units to 19 units in a five-year span. Akiko's work also spurred exponential growth within the State Managed Volunteer Pool (SMVP), which now has more than 1,400 volunteers ready to deploy in case of an emergency in Oregon or Southwest Washington.

In December 2008 Akiko proposed developing a statewide VISTA program that would recruit VISTAs interested in public health and place them in local governments in order to sustain MRC programs. In August 2009, the first 10 OHA VISTA team members began their service year. Since then, the OHA/AmeriCorps*VISTA Partnership Project has grown and now places 30 members throughout the state. These team members work on many other public health projects in addition to MRC, including accreditation, tribal health, health equity, community wellness, resiliency for vulnerable populations, and special projects.

The significance of VISTA accomplishments goes far and above the service numbers previously mentioned. MRC units have moved to sustainable platforms using volunteer leaders to complete projects with minimal burden on staff. Local health departments are seeing a cultural shift toward continuous quality improvement that will benefit entire counties. The project also creates future public health leaders by training VISTA members in the complexities of governmental public health.

Akiko also has been an integral part of HSPR's responses to events and exercises, including (to name a few) H1N1; the radiological event from the tsunami in Japan; 2011 winter flooding; and the PACE Setter Exercise in 2013.

We are thrilled to see what Akiko can do as our new operations chief and are grateful for her continued efforts to make Oregon a more resilient state.

HSPR Staff Honored with OHA Director Awards



By Julie Black

Multiple members of the HSPR staff were recently acknowledged by Oregon Health Authority Director Bruce Goldberg, M.D., with OHA Director's Excellence Awards for their outstanding service. This is a prestigious honor given to those who serve their organizations and communities far beyond expectations.

This summer Elizabeth Miglioretto, Justin Schumacher and Brian Mahoney, preparedness liaisons, were honored with the award for their work on the "Le Omelette" database. The purpose of the database is to gather data from counties regarding public health preparedness. The information from this inventory is being used to help local public health preparedness coordinators prepare work plans.

"This project was, and continues to be, quite the challenge," says Elizabeth Miglioretto. "But we have a great team working to build a useful tool."

Mike Harryman, director of the HSPR Program, also received the OHA Director's Excellence Award this November. "This is no surprise to me," says Katie McLellan, HSPR office manager, "Mike is always the one to step up when help is needed." Mike did just that. He stepped in to manage two programs when the need arose and he was able to make excellent progress with both.

Dr. Goldberg sent letters to all of the HSPR recipients saying, "Congratulations! I am pleased to announce that you are receiving an OHA Director's Excellence Award."

The letter continues, "Again, congratulations. I am proud to work with you as we help move OHA toward its goal of better health, better care and lower costs for all Oregonians. Thanks for all that you do."

Southern Oregon Wildfire Response



(Photo by Beth Depew)

Following the Southern Oregon wildfire response, HSPR received a letter of thanks from Jessica Schwarz, Josephine County Emergency Services manager.

“During the days of the fires, there was an incredible partnership from you and your staff,” she writes. “Having staff within OHA, such as Beth Depew and Elizabeth

Miglioretto, available to respond to the smoke and health issues was critical.” The letter continues, “With a big heart I say THANK YOU! You definitely made a stressful situation more palatable. Well done in your commitment to the safety of the people of Southern Oregon and Josephine County.”

In their words ...

Beth Depew, B.S., EMT-I, SW Oregon HPP liaison

I live in southern Douglas County. In the early morning hours of July 26, 2013, a very small, yet targeted thunderstorm, started multiple fires in Josephine and Southern Douglas counties. Later that morning, from my front yard, I could see that we were surrounded by smoke. I contacted the Josephine County Emergency manager for a fire update and her response was, “there is fire everywhere.” On Saturday, July 27, the Douglas Complex fire blew up and was burning out of control. The sheriff visited our home and informed us that we had to be ready to evacuate within a 30-minute time frame. Once I readied my home and family for evacuation I was able to re-focus my efforts on my role as HPP Region 5 health care liaison.

Fire and smoke, like other natural and human-made catastrophes, don't observe jurisdictional lines and during these catastrophes HPP and PHEP liaisons don't either. We work together to connect partners, share information, and provide seamless support where our skills and established relationships are most useful. I contacted Douglas County Public Health to give them a “heads up,” about the rapidly deteriorating air quality in the Glendale area. Then I went over to the fire camp and checked in with the Incident Commander and Public Information Officer (PIO). I provided them with the Crisis and Emergency Communication (CERC) toolkit and let them know that Douglas County Public Health would be in touch with them to coordinate public messaging. Then I provided Douglas County with the names and phone numbers of the fire Incident Management Team (IMT). This action connected Douglas County Public Health with the Fire IMT.

The next task was to establish ongoing communications with both the HPP Region 5 Coalition and the Health Security, Preparedness and Response team in Portland. I was welcomed into the Josephine County Emergency Operations Center and assisted them in the Planning Section. I was given full access to all the fire complex's reports, connected to the Joint Information Center, and air quality monitoring reports. From these data I ensured daily Situation Reports were generated for the county and partners to help ensure a common operating picture. Access to this information also allowed me to keep the Region 5 Coalition and HSPR staff informed on an ongoing basis. In the end, it's all about authentic partnerships and information sharing.

Elizabeth Miglioretto, M.P.H., S.W. Oregon PHEP liaison

My first notification that there was an issue was from a personal contact, which prompted me to start reaching out to my local public health departments. Once I made contact with a couple of my affected counties, the communication began.

One of the county public health programs I work with was in the middle of an organizational restructure in which the PHEP coordinator was taking on a new job. Another had to make an immediate shift out of the role as public health

A Liaison's Account of an Oregon Hospital's Active Shooter Drill



By Lonni Nicoll and Julie Black

Samaritan Albany General Hospital hosted an active shooter drill Oct. 22, 2013. Health Security, Preparedness and Response's (HSPR) own Lonni Nicoll, HPP liaison for Region 2, participated as an observer and evaluator. This "Code Silver" exercise tested the hospital's internal procedures as well as staff response

to an active shooter arriving at the facility and opening fire. The Albany Police Department responded through 9-1-1 and their local dispatch. They were in full play for the exercise and attended the post-exercise hotwash discussion.

The exercise began with shots heard coming from the bottom floor of the hospital. Staff responded with several overhead Code Silver announcements notifying staff of a shooter on the premises. Staff immediately cleared hallways, ducked under desks, turned off lights and locked themselves in rooms until the police gave an "all clear."

"These exercises are necessary to identify gaps in existing hospital policies. They also allow hospital personnel to physically practice procedures of a Code Silver incident," says Lonni. "The hospital staff at Samaritan Albany General did an excellent job of immediately responding according to their procedures."

Samaritan Albany General Hospital learned two primary lessons from this exercise. The first lesson being that active shooter incidents make the subject facility a crime scene. Doctors and nurses will naturally want to respond to the injured, but in these unique cases they cannot. When it is safe to do so, police with the assistance of EMS (if present) will triage living victims and take them to an exit point where nurses can move them to the emergency department for triage.

Hospital personnel will not be allowed to go to the areas where people were killed or injured because law enforcement must preserve the integrity of the crime scene and enact an evidence-gathering process. If this process is not done precisely according to procedure, the shooter has a chance of escaping charges based on the evidence at the scene being disturbed before it was properly documented.

The other takeaway is that police do not respond to victims down in an active shooter event. They step over the injured, regardless of the severity, and continue with their sole mission, which is to stop the shooter from killing or hurting anyone else. "Having your local police department present is valuable so that hospital personnel are aware of police processes and can revise internal policies according to how police handle these types of incidents."

"Observing this drill was extremely helpful," says Lonni. "I appreciated the opportunity to partner up with the Samaritan Emergency Management and be assigned to follow the shooter during the actual drill. It gave me a chance to witness the response of those staff members who were in the path of the perpetrator. I was impressed with the hospital's level of preparedness and training."

All hospitals in partnership with their local police are encouraged to set up active shooter drills.

Preparedness Moments to Remember



By Julie Black

December 25, 1964

This is the date of the now famous Christmas flood. Heavy rains fell for days on top of a near-record snowfall. The rain and subsequent snow melt caused devastating flooding throughout the city of Salem.

Homes, businesses and essential services were destroyed. Then-Governor Mark Hatfield called the flooding, “the worst disaster ever to hit the state.” ([Salem Online History](#))

December 26, 2004

This date saw the Indian Ocean tsunami that in one day killed more than 150,000 people and left millions homeless. The tsunami followed a 9.0 magnitude quake due to a 600-plus-mile long rupture between the India and Burma plates of the earth’s crust. The tsunami traveled 3,000 miles to Africa where it also killed people and destroyed property. “Death struck randomly. People who were together when the tsunami struck were separated in the torrent. Some survived; others succumbed or disappeared. A baby was found floating safely on a mattress.” ([National Geographic](#))

January 12, 2010

This is the day of the unforgettable Haiti earthquake (8.7–9.2) that according to official estimates killed 316,000, injured 300,000 and displaced 1.3 million people in southern Haiti. ([USGS](#))

January 17, 1994

On this date, the Northridge, California, earthquake (6.7) killed 60 people, injured more than 7,000, left 20,000 homeless and damaged more than 40,000 buildings. ([USGS](#))

January 26, 1700

This was the night of the last known major Cascadia Subduction Zone earthquake (9.0). The quake stretched 600 miles affecting California, Oregon, Washington and British Columbia. The resulting tsunami damaged the west coast of what are now the United States and Canada, as well as the coast of Japan. ([USGS](#))

February 27, 2010

On this day, the 8.8 magnitude Chilean earthquake killed at least 523 people and displaced 800,000. Property damages alone included 370,000 houses, 4,013 schools, 79 hospitals and 4,200 boats. ([USGS](#))

February 28, 2001

This is the date that the Nisqually Earthquake, a 6.8 magnitude quake, shook the southern Puget Sound of Washington state. The shaking lasted about 40 seconds. It is estimated that the quake caused \$250 million in property damage to state-owned buildings alone. ([Washington Department of Natural Resources](#))