

**Whatcom County Pandemic Influenza Task Force
Community Preparedness Planning Recommendations
July 2006**



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

Sponsored by:

Whatcom County Health Department

Executive Summary

Pandemic Influenza Preparedness Planning

Pandemic influenza is different from most emergency situations in that it involves a communicable disease, it is sustained, and it is universal. A pandemic influenza event has a high potential to instill panic due to the ongoing threat after the initial event. Exposure and risk of infection may not be visible, and a scarcity of products to prevent and treat illness will contribute to community unrest. Preparedness planning and response efforts face a much bigger challenge beyond influenza treatment and prevention. Since up to 35% of the population may be unable to work, planning efforts must take into consideration how Whatcom County will maintain its social and economic fabric and continue to provide critical services during and after a pandemic influenza event. With these considerations in mind, Whatcom County's Pandemic Influenza Task Force was created to support development of an integrated approach to community preparedness planning for this unique type of emergency.

Whatcom County Pandemic Influenza Task Force

The Whatcom County Pandemic Influenza Task Force was formed in February 2006 to conduct an inter-organizational planning effort to better understand our community's capacity and adaptability in the event of a sustained emergency. Task Force membership includes 120 individuals and organizations from a broad cross section of private businesses, government agencies, nonprofit organizations, and community members. (See Appendix H - Task Force Membership Roster.)

The Pandemic Influenza Task Force worked across disciplines to identify how our community would respond to a sustained emergency with limited outside resources. While possible influenza infection rates may vary, the Task Force worked with a common set of planning assumptions, keeping in mind that the community must be able to scale up or down based upon new projections or information during an outbreak. (See Appendix H - Task Force Planning Scenario.) While pandemic influenza served as the catalyst for this planning effort, the work of the Task Force and the recommendations outlined in the Pan Flu Report can contribute to increasing our county's ability to provide a healthy community response in a variety of adverse circumstances.

The primary goals of the Pandemic Influenza Task Force are to:

- Develop a community-wide plan and planning process that provides a framework for organizations to integrate their emergency response with an overall community emergency response.
- Assess our community's existing levels of capacity, flexibility, adaptability, and threshold for maintaining critical services.
- Build working relationships between organizations and increase community capacity and adaptability.
- Identify further challenges in preparedness planning and proposals for meeting those challenges.

To accomplish its work the Task Force operated in five Work Groups:

- Communications
- Infrastructure & Organizational Contingency Planning
- Legal & Ethical Considerations
- Medical Care
- Social & Economic Support

Task Force members selected the Work Group in which they would participate for the four-month planning period. Work Groups met monthly for two to three hours, with direction provided by the chairpersons and facilitation provided by a consultant. Several Work Groups formed subcommittees that met in addition to the monthly work sessions.

Planning Focus

The Task Force's work was guided by four fundamental planning directives: 1) limit sickness and death during an emergency, 2) maintain continuity of critical services, 3) minimize social disruption, and 4) reduce economic losses. The Task Force examined the community's capacity, identified gaps in our ability to meet anticipated needs during a pandemic, and developed strategies for integrating community preparedness planning and response across organizations.

The Pandemic Influenza Community Planning Feb 06 Report served as a starting point for the Task Force. From this summary of community challenges, members selected core issues —specific challenges or dilemmas that must be addressed early in preparedness planning. These core issues provided a focal point for the Work Groups' planning. A brief overview of each Work Group's focus and accomplishments are outlined below.

Communications Work Group

The Communications Work Group was comprised of professionals in emergency communications, public information officers, and print, radio and web-based media. The group focused on the following core issues:

1. Communications planning for centralized, local community education in all phases of a pandemic.
2. Assuring communications services are maintained throughout a sustained emergency, with attention to the unique needs of all populations in Whatcom County.

The following work products were developed by the Communications Work Group:

- Community communications guidelines for pandemic influenza phases, a framework for public information and education message development and delivery for each phase of a pandemic.
- Early planning messages regarding pandemic influenza preparedness and risk reduction and early media story ideas to promote increased awareness and education regarding pandemic influenza and preparedness planning.
- Criteria for assessing critical communications resources necessary to maintain communications across Whatcom County during a pandemic emergency.
- Draft structure and considerations for a Joint Information Center to assure coordinated, accurate and timely information is provided to the public.

Infrastructure & Organizational Contingency Planning Work Group

The Infrastructure & Organizational Contingency Planning Work Group was comprised of professionals in emergency management, public agencies response planners, nonprofit operations, and private businesses. The group focused on the following core issues:

1. Incorporating needed preparedness and response functions within the Unified Area Command (UAC) structure for pandemic influenza and increasing general awareness of the UAC in the community.
2. Promoting contingency planning and developing inventories of resources.
3. Maintaining critical services in a pandemic emergency and promoting awareness and readiness across all size organizations that provide these essential services.

The following work products were developed by the Infrastructure Work Group:

- Identification of critical services necessary to maintain social order and care for all populations.
- Initial inventory tool to assess capacity and the challenges that will arise when conducting a thorough countywide inventory.
- Pandemic Influenza Unified Area Command structure to address the unique challenges a pandemic influenza presents.
- Compilation of contingency planning resources and guidelines to support readiness at critical services provider, small business, large employer, and neighborhood levels.

Legal & Ethical Considerations Work Group

The Legal & Ethical Work Group included members of the legal community, law enforcement and emergency management personnel, public health professionals, and members of the faith community. This group focused on the following legal and ethical issues that should be considered as part of a countywide response in the event of a sustained pandemic influenza emergency, including:

1. Establish clear legal process and templates for pandemic influenza specific isolation and quarantine orders.
2. Plan for fair, equitable, and safe distribution of available antiviral and vaccine resources.
3. Promote a culture of readiness to assure critical infrastructure systems are maintained and the necessary workforce is prepared and resources are in place.
4. Develop local structure, leadership and recommended guidelines to lead inter-organizational pandemic preparedness planning.

The following work products were developed by the Legal & Ethical Work Group:

- Implementation strategy for activating interim and expanded UAC in coordination with local jurisdictions' existing responsibilities.
- Selection criteria for appointing UAC staff.
- Whatcom County Health Department isolation and quarantine policy for use in a pandemic influenza emergency.
- Draft Isolation and Quarantine order legal templates.

Medical Care Work Group

Members of the Medical Care Work Group included professionals from public and private health organizations, cemetery and funeral homes, public institutions, and social health agencies. This work group addressed core issues in the following areas:

1. Prevention and illness risk reduction, including early public education messages.
2. Illness management, including triage and treatment strategies, vaccine and antiviral distribution policy and care facilities.
3. Funeral and mortuary service needs, including death certification, handling of remains and support for surviving family and friends.

The following work products were developed by the Medical Care Work Group:

- Prevention levels and illness risk reduction message recommendations.
- Medical planning assumptions.
- Initial triage and treatment pathways for illness management.
- Compilation of alternative care sites assessment tools to support local planning and an initial assessment of community resources.

Social & Economic Support Work Group

The Social & Economic Support Work Group members included individual business owners, social service providers, both public agencies and private non-profits, a representative from the Whatcom County Health Board, and members of rural business districts and communities. The Work Group focused on core issues in the following areas:

1. Contingency planning for private businesses and social service agencies.
2. Emergency preparation education for individual homes.
3. Planning for special needs populations.
4. Psychological and emotional well-being and community support.

The following work products were developed by the Social & Economic Work Group:

- A draft action plan for engaging mental health practitioners.
- A compilation of special and at-risk populations and outreach strategies.
- Compilation of contingency planning resources, checklists and guidelines.

The complexities of inter-jurisdictional planning for a sustained emergency presented many challenges for the Task Force. Members worked across disciplines and levels of expertise. Valuable working relationships were built between organizations and members expanded their knowledge of the complexity a pandemic emergency presents. The Joint Coordinating Team, which included each Work Group chairperson(s) and Whatcom County Health Department staff, provided an important coordinating function for this inter-organizational planning effort.

“Thank you so much for taking the lead and supporting this planning effort with the County Health Department. Our time was well spent. I believe the end result will be a more effective, creative, and humane response to this pandemic when it knocks on our door.”

*Participant Evaluation
Comment*

Task Force Key Recommendations

The Joint Coordination Team reviewed all of the Task Force recommendations and identified key focus areas for the next phase of community preparedness planning. The Task Force recommendation that the Pan Flu Unified Area Command structure be activated with the Planning Section functional at this phase of alertness has been completed. The initial structure will include a three-member Unified Area Command team:

Don Boyd, representing Whatcom County
Regina Delahunt, representing Whatcom County Health Department
Bill Boyd, representing the City of Bellingham

The Unified Area Commanders will appoint a Planning Section Chief, Public Information Officer, and be responsible for leading efforts on the following recommendations:

- Develop and implement an immediate communication campaign.
- Finalize legal order templates related to isolation and quarantine.
- Finalize MOA's with the tribes and WWU to establish clear jurisdiction related to health orders during disease outbreaks.
- Finalize plans for fair, equitable and safe distribution of available antiviral and vaccine resources.
- Identify alternative care sites to increase bed capacity to care for large numbers of influenza patients.
- Establish a Medical Reserve Corps to address needed medical surge capacity.
- Finalize pandemic-specific triage and treatment procedures to be used by all Whatcom County health care providers.
- Finalize plans to address a surge in deaths including morgue capacity and expanded capacity for death certification.
- Develop and implement a preparedness campaign for the local business community.
- Recommend employee personal preparedness plans
- Develop and implement neighborhood preparedness planning campaigns.
- Develop an emergency childcare plan with consideration of necessary social distancing.
- Develop and implement a preparedness campaign with local special population service providers and advocacy groups to support coordinated preparedness planning.
- Complete an inventory of critical services capacity including utilities, law enforcement and food supply and distribution to ensure continuity of service during a pandemic.
- Quantify community food needs and develop emergency distribution plans.

Table of Contents

Executive Summary	2
Table of Contents.....	7
1. Introduction	9
2. Medical	12
3. Public Information and Communications	16
4. Business Planning	19
5. Support Networks	22
6. Legal Considerations	24
7. Infrastructure and Critical Services.....	28
8. Pandemic Influenza Incident Management.....	31
9. Summary	35

Appendices

A. Medical

- A.1 Prevention Levels and Message Recommendations
- A.2 Medical Planning Assumptions
- A.3 Draft Alternative Care Facilities Site Selection Framework
- A.4 Triage and Treatment Pathways – Working Draft 2006

B. Public Information and Communications

- B.1 Community Communications Guidelines for Pandemic Influenza Phases
- B.2 Identified Special and At Risk Populations and Implementation Recommendations
- B.3 Early Planning Messages Regarding Pandemic Influenza Preparedness and Risk Reduction
- B.4 Draft Structure and Considerations for a Joint Information Center
- B.5 Critical Communications Resource Criteria
- B.6 Communications Resource Ideas

C. Business Planning

- C.1 Suggested Resources

D. Support Networks

- D.1 Mental Health Practitioner Engagement Draft Action Plan

E. Legal Considerations

E.1 Draft Isolation and Quarantine Orders and Legal Templates

F. Infrastructure and Critical Services

F.1 Critical Services as Defined by Task Force April 2006

F.2 Initial Inventory of Whatcom County Critical Services and Recommendations

G. Pandemic Influenza Incident Management

G.1 Qualities and Characteristics for Unified Area Command Position Assignment

H. Whatcom County Pandemic Influenza Task Force

H.1 Pandemic Influenza Task Force Roster February – June 2006

H.2 Pandemic Influenza Task Force February 2006 Planning Scenario

Chapter 1 Introduction

The Pandemic Influenza Preparedness Report July 2006 (Pan Flu Report) was developed through the cooperative efforts of the Whatcom County Pandemic Influenza Task Force, a body of over 120 individuals and organizations charged with conducting an inter-organizational planning effort to better understand our community's capacity and adaptability in the event of a sustained emergency.

While many organizations throughout Whatcom County have individual emergency plans, an integrated plan is needed, outlining how organizations, agencies, and communities will collaborate during a sustained emergency, such as pandemic influenza. This Pan Flu Report outlines a proposed framework for continued preparedness planning and the key challenges that should be addressed in the next phase of pandemic influenza planning in Whatcom County.

Whatcom County Pandemic Influenza Task Force

The Whatcom County Pandemic influenza Task Force was created to support development of an integrated approach to community preparedness planning for pandemic influenza, a unique type of emergency due to its scope and duration.

Pandemic influenza is different from most emergencies as it is communicable, sustained and universal. A pandemic influenza event has a high potential to instill panic due to the ongoing threat after the initial event. Exposure and risk of infection may not be visible, and a scarcity of products to prevent and treat illness will contribute to community unrest. Preparedness planning and response efforts face a much bigger challenge beyond influenza treatment and prevention. Planning efforts must take into consideration how our community will maintain its social and economic fabric during and after pandemic influenza.

"It was extremely encouraging seeing the efforts of this community to prepare. It's all about developing good working relationships and leadership functions. The community is to be commended for their proactive stance."

Participant Evaluation Comment

The Task Force was formed after Whatcom County government convened a Pandemic Influenza Community Preparedness and Response Summit in November 2005, followed by a full day community forum introducing and initiating the Task Force in February 2006.

The Whatcom County Pandemic Influenza Task Force's work was guided by four fundamental planning directives:

- 1) Limit sickness and death during an emergency,
- 2) Maintain continuity of critical services,
- 3) Minimize social disruption, and
- 4) Reduce economic losses.

The primary goals of the Pandemic Influenza Task Force were to:

- Develop a community-wide plan and process that expands and integrates the emergency planning that has already been accomplished by individual organizations.
- Assess our community's existing levels of capacity, flexibility, adaptability, and threshold for maintaining critical services.
- Build working relationships between organizations and increase community capacity and adaptability.
- Identify further challenges in preparedness planning and proposals for meeting those challenges.

To accomplish its work the Task Force operated in five Work Groups:

- Communications
- Infrastructure & Organizational Contingency Planning
- Legal & Ethical Considerations
- Medical Care
- Social & Economic Support

Task Force members selected the Work Group in which they would participate for the four-month planning period from February through May 2006. Work Groups met monthly for two to three hours, with direction provided by the chairpersons and facilitation provided by Dumas & Associates, Inc. Several Work Groups formed subcommittees that met in addition to the monthly work sessions. Summaries and draft work products were distributed to all Work Group members regardless of attendance to increase community awareness of early planning and engage the broad range of perspectives.

The Pandemic Influenza Community Planning Feb 06 Report served as a starting point for the Task Force. From this summary of community challenges, members selected core issues—specific challenges or dilemmas that must be addressed early in preparedness planning. These core issues provided a focal point for the Work Groups' planning.

The Work Groups were given the following charges:

- 1) Identify needs and gaps in resources related to their core issues,
- 2) Identify and complete one or two short term projects that could be completed within the Task Force time frame, and
- 3) Define further planning needs and recommendations to meeting those needs.

A Joint Coordination Team, comprised of Task Force Work Group chairpersons, Whatcom County Health Department representatives and the consulting team, coordinated the work of these five Work Groups. The Joint Coordination Team directed issues to the appropriate work groups and integrated the work of the Task Force as a whole. Task Force membership includes 120 individuals and organizations from a broad cross section of private businesses, government agencies, nonprofit organizations, and community members. (See Appendix H - Task Force Membership Roster.)

Pandemic Influenza Preparedness Report July 2006

The Pan Flu Report provides the following information for community leaders responsible for pandemic preparedness planning for Whatcom County:

- Key challenges to be addressed in the next phase of preparedness planning and recommendations on how to proceed on this work.
- A proposed structure for integrated community planning and response – Pandemic Influenza Unified Area Command (UAC) structure aligned with the National Incident Management System (NIMS) framework.
- A compilation of created and collected resources, tools, and templates to support continued pandemic influenza preparedness planning for individuals, businesses, service providers, and government agencies.

The Pandemic Influenza Task Force worked across disciplines to identify how our community would respond to a sustained emergency with limited outside resources. While pandemic influenza served as the catalyst for this planning effort, the work of the Task Force and the recommendations outlined in the Pan Flu Report can contribute to increasing our county's ability to provide a healthy community response in a variety of adverse circumstances.

The following chapters describe the core issues and accomplishments of each of the five Work Groups, as well as their recommendations for further action. Some of the recommendations have already been acted upon. A summary chapter describes what has been initiated and the next steps in preparing our community for pandemic influenza.

Chapter 2 Medical

Pandemic influenza 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. With antiviral medications likely to be in extremely short supply, local supplies of antiviral medications will be prioritized by the Whatcom County Health Department (WCHD) 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).

Since a pandemic influenza virus will be a novel virus, and since current influenza vaccine technology requires a close match to the circulating virus, a vaccine will not likely be available for 6-8 months. Insufficient supplies of vaccines and antiviral medicines will place a greater emphasis on social distancing strategies and public education to control the spread of the disease in the county. With these planning assumptions in mind, the Medical Work Group worked on the following core issues in this phase of planning and developed the following resources to support future preparedness planning.

Core Issues Addressed

1. Prevention and illness risk reduction, including early public education messages.
2. Illness management, including triage and treatment strategies, vaccine and antiviral distribution policy, and care facilities.
3. Funeral and mortuary service needs, including death certification, handling of remains, and support for surviving family and friends.

Accomplishments (Full text available in Appendix A Medical)

- Medical planning assumptions
- Local health care pandemic planning responsibilities
- Prevention levels and message recommendations
- Draft alternative care facilities site selection framework
- Draft triage and treatment pathways

Task Force Recommendations

To promote a culture of infection control and personal responsibility for all community members to help reduce the spread of infectious disease:

- 2.1. Prepare and distribute general prevention and infection control measures prior to and during a pandemic influenza epidemic. Messages will:**
 - Be early, consistent and frequent to reinforce the general recommendation.
 - Be based on existing information from the Center for Disease Control and Washington State Department of Health (DOH).
 - Reflect the phase of the pandemic and what is known about modes of transmission.
 - Support social distancing as appropriate.(See Appendix A - Prevention Levels and Message Development Guidelines)

To assure Whatcom County residents with illness during pandemic influenza are assessed and treated with appropriate and most effective use of available local resources:

2.2. Develop policies and plans for fair, equitable, and safe distribution of available antiviral and vaccine resources. Current policy recommendations include:

- As vaccine becomes available, it will be distributed and administered by WCHD based on current national guidelines and in consultation with the DOH.
- Address issues that may arise due to insufficient supplies of vaccines and antiviral medicines:
 - o Place greater emphasis on social distancing strategies and public education to control the spread of the disease in the county.
 - o Establish security and public safety plan for distribution sites.

2.3. Promote active cooperation among Whatcom County health care entities to maximize the health care system's ability to provide medical care during a pandemic.

Next Steps for Planning:

- Identify and prioritize response issues affecting the countywide health system during a pandemic.
- Develop mechanisms to efficiently share information and resources between health system partners and to communicate with WCHD, State and regional Local Health Departments, and relevant emergency operations centers, as appropriate.
- Coordinate policy level decisions regarding the operations of the local health system with the appropriate lead entities: for preparedness planning coordinate with the Department of Emergency Management and WCHD; for response coordinate with the UAC and the medical branch of operations.
- Assure that health care professionals receive relevant communications from WCHD in a timely manner.
- Engage St. Joseph Hospital, extended care facilities, and ambulatory care facilities in developing pandemic response plans consistent with the health care planning guidance contained in the Health and Human Services Pandemic Influenza Plan.
- Confirm health care facility pandemic response plans are designed to address medical surge capacity to sustain health care delivery capabilities when routine systems are overwhelmed.
- Encourage health care facilities and health care providers to participate in local influenza surveillance activities as coordinated by the WCHD.
- Develop infection control plans for medical facilities, both established and alternative care sites, that specifically address the prevention of pandemic influenza transmission during triage and care of infectious patients.
- Develop post discharge plans for coordinated approach to providing care for those who survive the illness but need further assistance after release from the hospital.

(See Appendix A – Medical Planning Assumptions)

2.4. During a pandemic impacting Whatcom County, all efforts will be employed to sustain the functionality of the health care system while maintaining an acceptable level of medical care. Health care delivery system partners may need to:

- Restrict the provision of health care services to those patients with urgent health problems requiring hospitalization or that could lead to hospitalization.
- Take steps to increase community bed capacity to care for large numbers of influenza patients by utilizing alternative care sites outside St. Joseph Hospital.
- Mobilize, reassign and deploy staff within and between health care facilities to address critical shortfalls, including use of the Medical Reserve Corps.
- Implement pandemic-specific patient triage and management procedures, utilizing telephone and Internet-based consultation and screening, 24-hour community based triage centers and tiered treatment protocols and facilities based on severity of symptoms and support systems in place.
- Provide alternative mechanisms for patients to address non-urgent health care needs such as telephone and Internet-based consultation.

Next Steps for Planning:

- Promote development of Care Providers Plans across all medical services organizations. Plans should include:
 - How to use existing levels of staff and resources in response to pandemic influenza and the resulting surge in demand.
 - How to use Medical Reserve Corps to supplement regular staff (Recruitment targets and how to integrate them.)
 - Communication plan to assure that health care providers access updated information from public health agencies.
 - Service linkage plan across providers.
 - Advanced planning for critical medications for those with chronic conditions.

2.5. Conduct medical services inventory to assess current capacity of existing facilities, assessment of alternative care sites, and necessary personnel and resource sharing agreements.

Next Steps for Planning:

- Conduct assessments of potential facilities that would add to the existing bed capacity in the county and provide supportive care to influenza patients. (See Appendix A - Draft Alternative Care Facilities Site Selection Framework)
- Address Whatcom County's limited pediatric care capacity (Whatcom County has only one acute care site with limited capacity).
- Conduct assessments of potential facilities that could serve as triage facilities to prevent and reduce impact on St. Joseph Hospital emergency department. Possible alternative care sites include hotels, residence halls if WWU is closed, and mass treatment centers such as gymnasiums, churches or schools. Assessment should include a list of bed capacity across Whatcom County.

- Assess alternative care sites logistical considerations, including transportation from alternative care sites to acute care sites.
- Develop plan for cross training and credentialing of health care providers and staff to provide services at other facilities (separate from the Medical Reserve Corps), including inventory of the number of licensed health care providers of various types.

2.6. Finalize triage and treatment pathways with active involvement of private medical care providers to assure efficient and effective treatment of patients throughout all stages of a pandemic. Triage and treatment pathways will include:

- Internet information and decision algorithm.
- Phone triage.
- Hands on assessment, treatment, and referral to an appropriate level of treatment center.
- Level A - Board and Care-type facility.
- Level B - Skilled nursing-type facility level of care.
- Level C - Acute hospital-type level of care.
- Level D - ICU level of care.

(See Appendix A - Triage and Treatment Pathways – Working Draft Jun06)

2.7. Communicate the triage and treatment pathways to medical providers to assure consistent referral.

Next Steps for Planning:

- Promote pandemic influenza preparedness planning across public clinics and private medical providers to assure workers are ready to serve and contingency planning is in coordination with proposed triage and treatment pathways recommendations.
- Coordinate supply needs for medical services with the UAC central command process, including acquisitions and necessary legal frameworks.

To assure safe and respectful disposition of remains when the capacity of current mortuary and funeral services is exceeded:

2.8. Conduct inventory of current capacity of funeral homes and mortuaries to provide disposition, transportation, and counseling services for families.

Next Steps for Planning:

- Develop procedures for expedited death certification, transit permitting, and training of appropriate medical personnel.
- Create on call lists of qualified medical personnel to address needs if a surge in deaths occurs.
- Explore strategies for increasing capacity while paying particular attention to the dignity of community members who have died.

(See Appendix F for funeral and mortuary capacity in the Initial Inventory of Whatcom County Critical Services and Recommendations)

Chapter 3 Public Information and Communications

A healthy community response to a sustained emergency such as pandemic influenza is largely dependent on the behavior and actions of Whatcom County's citizens. Without appropriate preparations and prevention behavior on the part of individual homes, neighborhoods, and private businesses, as a community we will not be able to manage such an emergency effectively.

Communication with all residents of Whatcom County is critical to build towards preparedness and effective emergency management. Educating and informing the public about what they can and need to do is necessary if we are to manage such a sustained event. Effective public communications can help Whatcom County manage a healthy response and work towards achieving the planning goals: 1) limiting sickness and death, 2) maintaining the continuity of critical services, 3) minimizing social disruption, and 4) reducing economic losses.

Core Issues Addressed

1. Communications planning for centralized, local community education in all phases of a pandemic.
2. Communications infrastructure needed in order to maintain services in all phases of an emergency.
3. Communications needs of special populations in Whatcom County.

Accomplishments (Full text available in Appendix B Public Information and Communications)

- Community communications guidelines for pandemic influenza phases
- Early planning messages and stories regarding pandemic influenza preparedness and risk reduction
- Criteria for assessing critical communications service resources
- Draft structure and considerations for a Joint Information Center

Task Force Recommendations

To deliver risk reduction and preparedness communications to all of Whatcom County in a timely manner throughout all phases of a pandemic influenza:

- 3.1. Establish Whatcom County Health Department as the single source for centralized communications regarding avian influenza and pandemic influenza to ensure consistent and validated information. Single source should:**
 - Be represented by name and logo on all certified communication.
 - Post all relevant pandemic influenza information on the Health Department website for public access.

3.2. Identify a Public Information Officer to take the lead in continuing communications planning and to manage early stage public communications and education as outlined in the Task Force recommendations.

Next Steps for Planning:

- Communicate to Whatcom County citizens that preparedness planning is underway and what they as individuals can do to ensure a healthy community response in the case of pandemic influenza.
- Distribute community planning information via local media and press release as appropriate. (See Appendix B - Early Planning Messages Regarding Pandemic Influenza Preparedness and Risk Reduction and Early Media Story Idea Recommendations)

3.3. Develop a comprehensive communications plan within a framework structured around the phases of pandemic influenza as defined by the World Health Organization.

- Integrate Task Force recommendations regarding reaching special and at-risk populations. (See Appendix B - Identified Special and At-Risk Populations)
- Consider the need to balance communications to manage risk of panic and the possibility of 'cry wolf' syndrome.
(See Appendix B - Community Communications Guidelines for Pandemic Influenza Phases)

Next Steps for Planning:

- Develop an immediate communications plan for near term - early planning, preparedness and prevention messages. Plan should be for now through coming flu season.
- Develop list of media contacts – a comprehensive list for the entire county, including small weekly regional publications, local radio, newspaper, newsletters, multilingual publications, and Victoria and Vancouver, British Columbia radio stations.
- Develop list of spokespeople available to speak with the media, at each phase of pandemic influenza emergency.
- Develop a crisis website, hold offline until needed. Website can be populated now with valuable and readily available information, and identified categories of needed information can be flagged for future use.
- Develop outcome assessment for communications efforts. Establish a process for assessing what is working and what is not working.

3.4. Identify chain of command for communication verification within key organizations and agencies during an emergency

Next Steps for Planning:

- Train, practice and drill message development and distribution process.
- Explore what Whatcom County's communication responsibility should be to Skagit County, Island County, and lower British Columbia.

To maintain public communications capability throughout all phases of a sustained emergency:

3.5. Assess capacity of individual local broadcast and print media to serve as a critical communication service provider. (See Appendix B - Critical Communications Services Resource Criteria)

3.6. Develop the Joint Information Center as necessary, including the process for development, approval, and distribution of community communications (See Appendix B - Draft Structure and Considerations for a Joint Information Center)

Next Steps for Planning:

- Rotate Public Information Officers (PIO) on a monthly basis or other timeframe considering extended timeline of preparedness and emergency phases.
- A PIO will need to be pulled from another agency or private business, since neither Whatcom County nor its Health Department has an experienced, on-staff PIO.
- Identify a rumor control officer, or a reliable and credible method for checking rumors.
- Have a health care provider or person with medical credibility assigned to be a JIC resource to verify information as it comes in during a crisis. Have topic experts near and available to help maintain accurate and timely communications during an emergency.

3.7. Prepare a critical communications services plan that addresses: public broadcast capability, public communication dissemination, and mechanism to receive public input and respond to inquiries from the public.

- Develop a method for the public to ask questions and give input, e.g., website with public inquiry capabilities and 211-like manned phone banks.
- Work with identified local broadcast and print media to maintain public broadcast capabilities and communications dissemination.

Chapter 4 Business Planning

The ripple effect of possible economic disruption and economic losses in the event of an extended emergency, such as pandemic influenza, could be staggering. An influenza pandemic will likely cause significant disruption of privately owned businesses, many of which provide critical infrastructure including transportation, commerce, utilities, public safety, agriculture, and communications. To maintain critical services and continue care for the most vulnerable in the community, early voluntary and emergency response measures must be coordinated to maintain social order.

The unique role of private organizations should be integrated into community-wide planning. Early preparedness planning should coordinate contingency planning across multiple jurisdictions and special districts, such as cemeteries, schools, and public utilities, as well as private businesses. Maintaining economic viability for individual families and for the community as a whole is critical to a healthy community response.

Core Issues Addressed

1. Contingency planning for private businesses and social service agencies.
2. Engagement of private businesses in pandemic influenza critical services response.

Accomplishments (Full text available in Appendix C Business Planning)

- Compilation of contingency planning resources, checklists and guidelines

Task Force Recommendations

To minimize economic losses and social disruption promote a culture of “readiness to serve”:

4.1 Develop and implement preparedness campaign for local business community, targeting critical service providers, large employers, and small businesses.

Next Steps for Planning:

- Educate business community on value of planning and how to develop effective contingency plans. Education and engagement could include facilitated business roundtable discussions or presentations at key business association meetings.
- Consider possible uses of scrip or barter in case of pandemic influenza.
- Prepare specific materials for each target audience. (See Appendix C - Business Planning for a list of national, state and regional resources.)
- Coordinate information distribution strategies with the Community-wide Communication Plan and Public Information Officer activities.

4.2 To assure critical infrastructure systems are maintained in the event of a pandemic influenza, provide workers within these systems support, education, and guidelines to encourage engagement in a time of need.

Next Steps for Planning:

- Develop and support policies that promote a culture of reciprocity within the workplace and encourage individuals and organizations to work, and engage at a voluntary level. (See Appendix C for list of business contingency planning and policy resources.)
- Educate various professionals on the obligation (legal, professional, and moral) to report for work in the event of a pandemic influenza.
- Promote a 'good faith obligation to serve' acknowledgement with workers providing critical services and likely to receive vaccines and antiviral medications. Acknowledgements can include informal professional expectations, as well as more formal acknowledgements expressed in organizational contingency pandemic influenza plan policies, bargaining agreements, or contracts.

4.3 Promote employee personal emergency plans for work and home, give special attention to those who may not see themselves in a critical service role, e.g., grocery store clerks.

Next Steps for Planning:

- Promote accountability measures within workplaces to assure employee protections are in place at the job site and for their families, e.g., active support such as in-service trainings, mentorship, and work time to complete plans.
- Prepare resource materials for employers of 'priority groups' and critical service workers to promote preparedness within the workplace, specifically targeting employees' personal emergency plans for work and home.

4.4 Promote a 'culture of reciprocity' to assure workers have the necessary support to stay on the job, maintain critical services, and care for vulnerable populations during an emergency.

Next Steps for Planning:

- Encourage workers to identify their families' needs when they are away serving during an emergency. Encourage workers to develop strategies to meet these needs.
- Promote a culture of reciprocity within neighborhood groups, service organizations, and faith-based communities.
 - Identify families whose members provide critical services, including those caring for vulnerable populations. Encourage development of support networks.
 - Promote citizen emergency responder training in neighborhood groups, service organizations, and faith-based communities.

4.5 Plan for how to handle individuals' inability to pay utility bills and mortgages in case of lost employment due to pandemic.

4.6 Pursue agreements with federal authorities for financial institutions, public agencies, and other such organizations, which allow for local control over budget decisions and financial policies in case of pandemic influenza.

Next Steps for Planning:

- Identify which businesses and organizations (private banks, public agencies such as Department of Social Health Services, etc.) will have business practices impacted by federal mandates or policy directives in the event of a pandemic.
- Identify proposed federal mandates for local businesses and organizations and potential impacts to Whatcom County and local decision-making.
- Address potential impacts of federal mandates in local contingency planning, both organizational and community-wide planning.

4.7 Prepare for effective use of voluntary offers of services and resources by the Department(s) of Emergency Management and the Pandemic Influenza Unified Area Command.

Next Steps for Planning:

- Prepare for an abundance of volunteer help - not just a scarcity of resources.
- Establish systems to address problem solving at the most local level possible considering required resources and competencies.
- Develop criteria to determine types of support that will be expected and what level of protection, and resources will be offered to those who serve. Criteria should address potential levels of impact such help will have on existing available resources, illness risk reduction, and/ or illness exposure inside and outside Whatcom County.
- Develop strategies to assure fluid movement of resources from local, regional, state and federal sources so offers of help and abundance are used ethically and in ways that support the overall policy goals of an integrated community response.
- Develop systems for organizing, screening, and confirming receipt of resources, services or facilities use.

Chapter 5 Support Networks

A healthy response for our community will be largely dependent on the ability of individual homes and neighborhood communities to take care of their own basic needs. Education on personal preparedness for home and work is needed. In addition, a healthy community response needs to take into consideration our entire Whatcom County population, including those with special needs due to economic hardship, advanced age, mental health challenges and physical abilities.

In the case of a pandemic, it is likely that the schools will be closed down during such an emergency making appropriate planning for childcare critical. If the schools are closed and usual childcare or replacement childcare is unavailable, we can expect that many workers will choose to stay home and care for their children. The compounding impacts of non-reporting workers due to lack of childcare could be devastating.

Core Issues Addressed

1. Emergency preparation education for individual homes.
2. Planning for special needs populations.
3. Psychological and emotional well-being and community support.

Accomplishments (Full text available in Appendix D Support Networks)

- Community communications guidelines for pandemic influenza phases
- A draft action plan for engaging mental health practitioners
- A compilation of special and at-risk populations and outreach recommendations, including message and outreach strategies for these special populations within Whatcom County
- A compilation of checklists and contingency planning information for homes

Task Force Recommendations

To build a base of localized support and increase cohesiveness of communities during emergency:

5.1 Develop neighborhood preparedness planning campaign to increase preparedness of individuals, households and small communities, e.g., water districts, neighborhood associations.

Next Steps for Planning

- Publish and distribute home and neighborhood contingency planning guidelines. (See Appendix D for list of personal preparedness resources, guidelines and templates.)
- Promote individual home emergency planning education through existing organizations, community groups, and program, e.g., Block Watch program.
- Work in coordination with the Public Information Officer and Community-wide Communications Plan.

5.2 Work with schools, childcare facilities and WCHD to develop emergency childcare plan with consideration of possible social distancing and quarantine requirements.

Next Steps for Planning:

- Engage Bellingham and Whatcom School Districts and childcare facilities in collaborative planning to identify emergency childcare capacity and coordinated contingency plans.
- Involve WCHD staff to ensure emergency childcare options consider potential illness or quarantine issues.
- Develop community-wide contingency plan across child service providers to address needs in the event of school and daycare closures.

5.3 Work with grocery stores, food banks, soup kitchens and Red Cross to develop plan for emergency feeding for all possible populations, not just known at-risk populations.

Next Steps for Planning:

- Engage grocery stores, small county stores and food banks in emergency planning.
- Consider a variety of distribution methods for different phases of a pandemic.
- Develop plan for supplying emergency feeding in case of sustained emergency.

5.4 Encourage inter-agency collaboration on planning among social service agencies private and public, serving similar populations.

Next Steps for Planning:

- Develop a referral framework for meeting needs of client populations in coordination with contingency planning.
- Select the Unified Area Command's Community Support Branch leadership using the recommended criteria for persons in Community Support leadership positions. (See Appendix G - Qualities and Characteristics for Unified Area Command Position Assignment)

5.5 Engage private mental health practitioners and traditional healers as community resource to expand capacity in serving the emotional support needs of community members, first responders, and medical workers.

Next Steps for Planning:

- Compile a contact list of practitioners and healers.
- Develop key messages requesting their availability for serving as an emergency resource.
- Explore frameworks for reciprocity to support service providers.
- Develop an action plan for engaging private and public mental health practitioners in emergency planning. (See Appendix D - Mental Health Practitioner Engagement Draft Action Plan)

Chapter 6 Legal Considerations

A pandemic influenza emergency will require a mix of voluntary and mandatory measures to reduce risk of infection and maintain social order. Preparedness planning and response strategies need to be informed by legal processes, jurisdictional issues and ethical considerations. The Task Force explored the core issues outlined below. Task Force recommendations provide a starting point for further development of legal tools and voluntary strategies to maintain critical infrastructure for social order while caring for the most vulnerable in our community.

Core Issues Addressed:

1. Legal process and templates for pandemic influenza specific isolation and quarantine orders.
2. Plan for fair, equitable, and safe distribution of available antiviral medications and vaccine.
3. Promote a culture of 'readiness to serve' to assure critical infrastructure systems are maintained, the necessary workforce is prepared, and resources are in place.
4. Develop local structure, leadership and recommended guidelines to lead inter-organizational pandemic preparedness planning.

Accomplishments (Full text available in Appendix E Legal Considerations)

- Implementation strategy for activating interim and expanded UAC in coordination with local jurisdictions' existing responsibilities
- Selection criteria for appointing Unified Area Command (UAC) staff
- Whatcom County isolation and quarantine policy for use in a pandemic influenza emergency
- Draft Isolation and Quarantine order legal templates.

Task Force Recommendations

To maintain order and reduce risk of illness and panic:

6.1. Establish a clear process for issuing legal orders pertaining to pandemic influenza; the process must be understood by all parties prior to a situation requiring mandatory isolation and quarantine. The local process should include:

- Development of orders
- Court process
- Jurisdiction
- Implementation
- Enforcement

Next Steps for Planning:

- Finish revisions to the pandemic influenza-specific template for Whatcom County's isolation and quarantine orders, using state and regional templates.

- Outline the procedural steps for legal health orders, voluntary recommendations, and identify all parties responsible for implementation.
- Establish process for issuing legal orders pertaining to pandemic influenza, including communication responsibilities of all parties necessary for implementation. Increase coordination and planning for closer integration of existing entities responsible for health orders and implementation, e.g., WCHD, Superior Court, Western Washington University, and school districts.
- Pursue completion of the Lummi Nation and WCHD Memorandum of Agreement (MOA) to address pandemic influenza and other infectious diseases.
- Initiate MOA with Nooksack Tribe regarding jurisdiction and health orders.
- Conduct tabletop exercise with all implementing parties, evaluate, and refine procedures for issuing voluntary and legal orders.

6.2 Define surveillance and use of this term, e.g., responsibility to report illness or suspected illness.

6.3 When taking any large-scale mandatory isolation and quarantine measures in Whatcom County, officials should use the following guidelines:

- Engage and inform all jurisdictions and officials through the UAC structure prior to implementation.
- Balance the rights of individuals with that of the community prior to issuing the order.

Next Steps for Planning:

- Establish notification guidelines for reporting potential or suspected illness.
- Establish notification guidelines for issuing of legal orders pertaining to pandemic influenza.
- Conduct tabletop exercise with all implementing parties, evaluate, and refine notification strategies.

To address legal means for increasing capacity within critical infrastructure organizations:

6.4. Establish RCW authority for use of public funds and resources prior to and after an emergency has been declared and provide guidance to workplaces providing critical services.

6.5. Develop legally feasible ways to mobilize freed up workers and resources to expand capacity of critical services, including:

- Mutual aid agreements for labor pool and resource sharing
- Liability releases

Next Steps for Planning:

- Research mutual aid agreements and other mechanisms for sharing resources as necessary to expand capacity.

- Increase coordination between organizations providing critical services and update organizational contingency plans to cross-reference coordination efforts.
- Confirm MOAs or Memorandums of Understanding (MOUs) are in place with cooperating agencies, organizations, and businesses providing critical infrastructure services.

6.6. Prepare legally appropriate coordination and contingency plans for mortuary, cemetery, and cremation services, including Whatcom County Medical Examiner, and Vital Records Department duties in response to a surge in deaths.

Next Steps for Planning:

- Outline procedures for death certification and registration in the event of a declared emergency and surge in death rates.
- Expand trained workforce to complete necessary documentation following a death.
- Conduct tabletop exercise with all implementing parties, evaluate, and refine procedures.

To establish appropriate authority and promote inter-jurisdictional planning and coordination through all phases of a pandemic:

6.7. Establish a Pandemic Influenza Unified Area Command Structure (UAC) to lead inter-organizational pandemic preparedness planning.

(See Chapter 8, Figure 1. Pandemic Influenza Unified Area Command Structure.)

6.8. Activate the Planning Section of the UAC to conduct the next phase of preparedness planning in Whatcom County. (See Chapter 8, Table 1. Pandemic Influenza Unified Area Command Roles & Responsibilities.)

Next Steps for Planning:

- Confirm initial UAC Planning Section with co-chiefs from WCHD, Whatcom County Emergency Management, and City of Bellingham Fire Department. This group will actively recruit staffing and resources necessary to proceed with the Task Force recommendations for additional pandemic influenza preparation.

6.9. As necessary, assign staff to the UAC sections for each pandemic phase:

- **In Phases 3, 4 and 5** – Activate the Pandemic Influenza Incident Management Structure and establish the Policy Group, UAC staff, Planning Section, and Public Information Officer as necessary. Personnel assigned to the UAC from area agencies should be those best qualified and experienced, preferably familiar with the NIMS and Incident Command System (ICS). The UAC organization should be kept small and operate under these principles.

- **Phases 3, 4 and 5** – UAC management areas should plan for one month long operational periods.
- **In Phases 6 and 6a** – The Unified Area Commanders should activate the remaining UAC elements as needed.
- All staff and agencies involved in UAC should receive Incident Command training that is reinforced periodically through exercises.

6.10. Promote planning strategies that encourage the highest degree of cooperation throughout the UAC, cooperating agencies, businesses, and neighborhood and service organizations. Planning strategies include:

- Problems should be solved at the most local level possible considering required resources and competencies.
- Look for the interplay of local, regional and national levels of guidance and resources. First follow the national guidelines, then tailor national policy for local relevance and assure fluid movement of necessary resources across plans, jurisdictions, and organizations.
- Rely on existing levels of authority for stability.
- Increase awareness of the UAC and the role and authority of the Whatcom County Health Officer in a pandemic influenza emergency.

Chapter 7 Infrastructure and Critical Services

A pandemic flu event involves far more than decisions on medical care and public health response. It involves resource issues like keeping food on grocery store shelves, keeping the water treatment plant running and dealing with mobs at vaccination sites. It is critical in the case of a community-wide emergency that basic biological needs of food and shelter are provided throughout all geographic areas of Whatcom County. For the approximate 180,000 residents of Whatcom County delivery of water, sewer, electricity and fuel services will be critical to maintaining the social order of the community. Appropriate planning is needed to understand the capacity of public agencies and private business that provide critical services in Whatcom County. Contingency planning must take into consideration the possible loss of employees due to illness or caring for ill family members, as well as access to resources and materials necessary to maintain these critical services.

Core Issues Addressed

1. Adapting the universal Unified Area Command (UAC) structure for a pandemic influenza and increasing general awareness in the community
2. Promoting contingency planning and developing inventories of resources.
3. Maintaining critical services in a pandemic emergency and promoting awareness and readiness across all size organizations that provide these essential services

Accomplishments (Full text available in Appendix F Infrastructure and Critical Services)

- Identification of critical services necessary to maintain social order and care for all populations
- Initial inventory tool to assess capacity and the challenges that will arise when conducting a thorough countywide inventory and recommendations for next steps in planning
- Pandemic Influenza Unified Area Command structure to address the unique challenges a pandemic influenza presents
- Compilation of contingency planning resources and guidelines to support readiness at critical services provider, small business, large employer, and neighborhood levels

Task Force Recommendations

To assure critical infrastructure and services are in place across Whatcom County:

- 7.1. Conduct a comprehensive inventory of critical services capacity, including supplies and needed skilled personnel to deliver services, including:**
 - **Utility services** (electricity, water/sewer, fuel supply, and transportation) for the entire county.
 - **Law enforcement**
 - **Food supply and distribution**
 - **Medical services** (pre-hospital, acute care, and aftercare services)
 - **Mortuary**

Next Steps for Planning:

- Conduct comprehensive inventory of resources and capacity for all organizations contributing to the delivery of critical services throughout Whatcom County. (See Appendix F - Initial Inventory of Whatcom County Critical Services and Recommendations)
- Provide organizations information and resources to support development of organizational contingency plans. (See Appendix H for contingency planning guidelines, templates and checklists.)
- Develop plan for expanding capacity based on anticipated need in case of pandemic.
- Identify coordination expectations and establish necessary inter-organizational agreements and MOAs/MOUs.

7.2. Develop an integration plan for sharing resources to build organizational and community capacity.

7.3. Work with existing coalitions and teams across law enforcement jurisdictions to identify coordination needs specific to a pandemic influenza emergency response.

7.4. Quantify community food requirements to establish baseline for evaluating capacity.

Next Steps for Planning:

- Work with county grocery stores, large and small, to understand quantities and frequency of food distribution, both shipments into the community and rate of consumption by community.
- Consider establishing an emergency stockpile at county level of non-perishables, in a warehouse or cold storage.

7.5. Develop plan for access to locally produced food in case of emergency.

Next Steps for Planning:

- Engage local grocery stores and farms in community planning.
- Evaluate capacity of local farms and dairies.
- Determine method for local distribution of locally produced food in case of emergency.

7.6. Develop distribution plan for food supplies when congregating in community facilities, like grocery stores, is not allowed.

Next Steps for Planning:

- Establish criteria for determining priority of food distribution if limited resources of food.
- Coordinate with PIO and JIC on community education regarding food supply as part of emergency preparedness.

- Develop information for community distribution regarding food staples, what they are, why they are nutritious, how to stock, store, and cook.
- Develop distribution plans for populations that are fed by soup kitchens and food banks.
- Prepare guidelines on how to package and deliver food without contact –in case of quarantine or social distancing orders.

7.7. Engage all private suppliers of heating fuel including propane and oil in emergency preparedness planning.

Next Steps for Planning:

- Establish criteria for determining priority of fuel distribution if resources are limited.
- Coordinate with PIO and JIC on community education regarding fuel supply as part of emergency preparedness.
- Develop information for community distribution regarding fuel and appropriate alternatives.

Chapter 8 Pandemic Influenza Incident Management

An influenza pandemic will result in the rapid spread of infection with outbreaks throughout the world. Communities across the state and the county may be impacted simultaneously. It will be important to coordinate pandemic response strategies throughout counties in the Puget Sound area and the state due to the regional mobility of the population.

As Whatcom County will not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts, early planning is essential. Organizations across the public, private and service sectors must understand local responsibilities for pandemic influenza preparedness and response.

A Pandemic Influenza Incident Management structure was developed by the Whatcom County Pandemic Influenza Task Force to promote effective county-wide coordination and establish, early on, the authority and relationships necessary for a pandemic influenza response during all phases. The proposed Incident Management structure is based on the National Incident Management System (NIMS) guidelines; it has been customized to Whatcom County and a pandemic influenza emergency based on input from the Task Force.

The structure relies on a Unified Area Command (UAC) to align local efforts with federal, state, and regional pandemic influenza planning, funding, and response strategies. (See Chapter 8 - Figure 1. Pandemic Influenza Unified Area Command Structure.) A pandemic-specific UAC established in advance of an actual event provides a valuable tool for local pandemic preparedness planning. Relationships built through early planning will increase Whatcom County's adaptability in responding to the broad range of needs that will arise during a pandemic influenza emergency.

A pandemic flu event involves far more than decisions on medical care and public health response. It involves resource issues like keeping food on grocery store shelves, keeping the water treatment plant running and dealing with mobs at vaccination sites. Because of the multiple jurisdictions (county, city, and tribal) involved in a local pandemic emergency response, a UAC structure, rather than a single Incident Commander model, is most appropriate. Elected officials will provide policy guidance and a group of incident commanders, comprising the Unified Area Command, will direct all of the emergency response activities, in coordination with the county Health Officer.

A UAC is comprised of many elements, each staffed with the best-qualified and experienced personnel. The roles and responsibilities of each UAC body are outlined in Table 1. The UAC enables effective community-wide coordination and control and decentralizes operational functions, is established by agency representatives, and has written delegated authority.

The overall responsibilities of the UAC are:

- Set the overall agency incident-related priorities.
- Allocate critical resources based on priorities.
- Ensure that incident(s) are properly managed.
- Ensure that incident(s) objectives are met and do not conflict with each other or with agency policies.

Figure 1 Pandemic Influenza Unified Area Command Structure

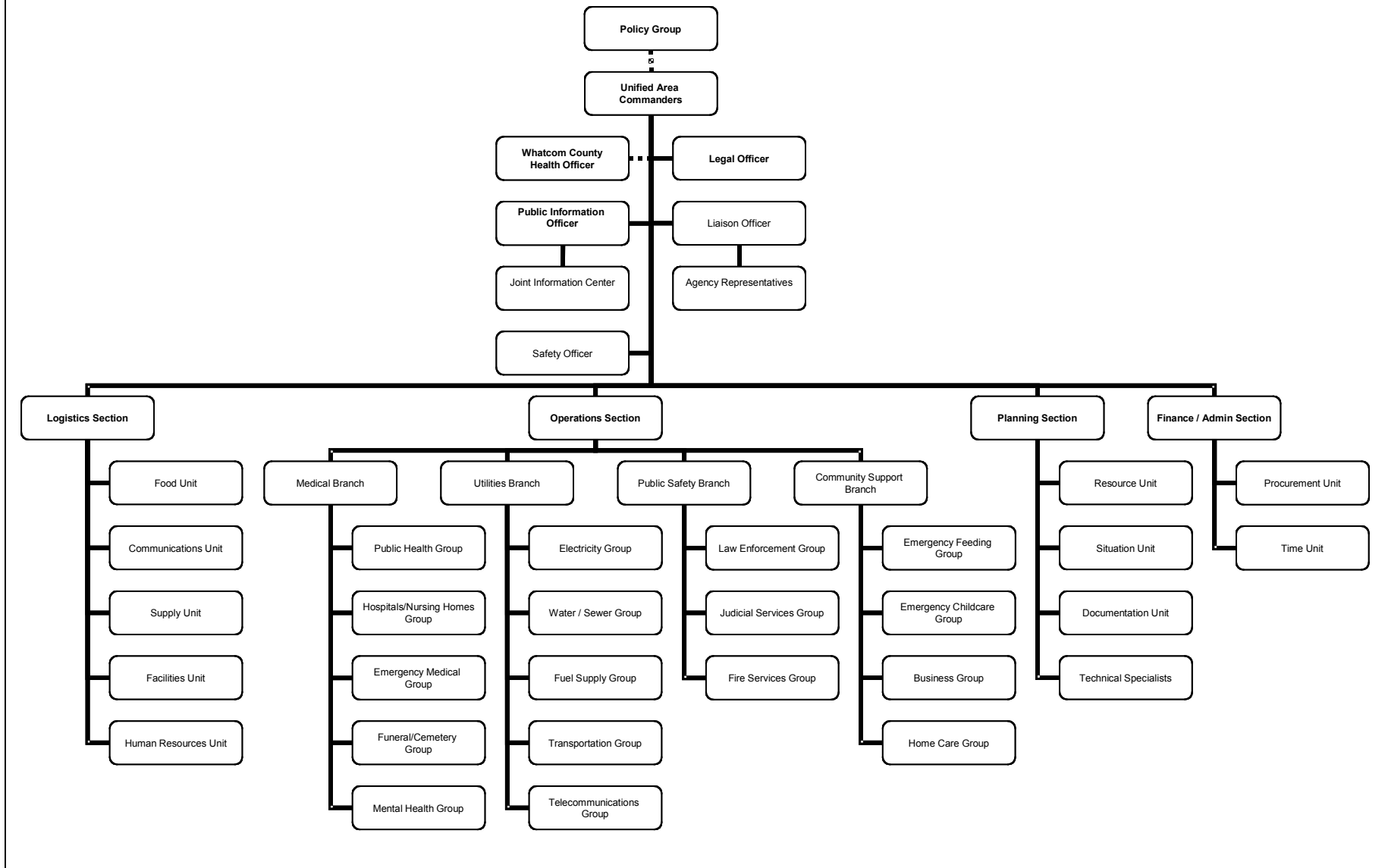


Table 1: Pandemic Influenza Unified Area Command Roles & Responsibilities

	UAC Bodies	Roles & Responsibilities
Policy and Command Staff	Policy Group	<ul style="list-style-type: none"> - Comprised of elected officials of Whatcom County general purpose governments - Provides policy direction to Unified Area Command - Does not have operational authority <p><i>*Tribal participation in the UAC Policy Group to be determined by each tribe.</i></p>
	Unified Area Commanders	<ul style="list-style-type: none"> - Determines incident objectives and strategy - Approves incident action plans - Approves release of information - Ensures incident objectives are met - Informs policy group of incident status - Monitors incident organization
	Liaison Officer and Agency Representatives	<ul style="list-style-type: none"> - Serves as the contact for agency and private business representatives - Agency and business representatives have full authority to make decisions affecting their organizations' involvement in the incident
	Public Information Officer and Joint Information Center	<ul style="list-style-type: none"> - Responsible for developing and releasing information to the public - Obtains Unified Area Commander's approval of information releases - May activate a Joint Information Center (JIC) - The JIC is comprised of research, media and logistics teams all operating under the direction of the Public Information Officer
	Legal Officer	<ul style="list-style-type: none"> - Advises the Unified Area Commanders on legal and ethical matters
	Safety Officer	<ul style="list-style-type: none"> - Recommends measures for assuring safety of people working within the command structure - May have Safety Assistants as needed
Operations Staff	Logistics Section Chief	<ul style="list-style-type: none"> - Provides services directly to elements within the command structure - Provides resources to enable other elements (e.g., Operations) to deliver services to the public - Managed by a Chief, may include multiple units (supply, food, communications, etc.)
	Operations Section Chief	<ul style="list-style-type: none"> - Responsible for delivery of services directly to the community - Requests additional resources through Command - Is managed by the Operations Section Chief - Is organized into multiple branches with Branch Directors
	Medical Branch	Develop as necessary <ul style="list-style-type: none"> - Public Health Group - Hospital / Nursing Home Group - Emergency Medical Group - Funeral / Cemetery Group - Mental Health Group
	Utilities Branch	Develop as necessary <ul style="list-style-type: none"> - Electricity Group - Water / Sewer Group - Fuel Supply Group - Transportation Group
	Public Safety Branch	Develop as necessary <ul style="list-style-type: none"> - Law Enforcement Group - Judicial Services Group - Fire Services Group

	- Transportation Group
Community Support Branch	Develop as necessary - Emergency Feeding Group - Emergency Childcare Group - Business Group (Banking and Food Supply) - Home Care Group (Pharmacy, Well-being Checks, and At-Risk Populations)
Planning Section	- Collects and evaluates, processes, and disseminates information within the command structure - Produces Incident Action Plan and organizes briefings - Managed by the Planning Section Chief (interim co-chiefs) Develop as necessary - Resource Unit - Situation Unit - Documentation Unit - Technical Unit (specialists who have subject matter to assist in collecting and processing incident-related information, e.g., epidemiology, food supply, health care delivery.)
Finance and Administration Section	Managed by Financial / Administration Chief - Responsible for all financial, administrative, and cost analysis aspects of the incident - Presents information at briefings Develop as necessary: - Procurement Unit Lead - Time Unit Lead

Task Force Recommendations

Clearly identified leadership is critical to increasing preparedness in Whatcom County. The general public, health care system, response agencies, and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the steps Whatcom County Health Department (WCHD) is taking to prepare for and address the incident, and steps response partners and the public can take to reduce risk and disorder.

The Task Force recommends the Pandemic Influenza Unified Area Command, as outlined in Figure 1. and Table 1., be used as the framework for addressing early planning and communications needs. In keeping with the NIMS guidelines, formation of a Unified Area Command will assure Whatcom County's planning and response is aligned with federal approaches to planning, resource allocation and response.

Chapter 9 Summary

Community planning for a pandemic influenza is a daunting task. This report clearly points out the magnitude of the gaps and necessary steps needed to ensure that the citizens of Whatcom County are prepared for such an event. Although the Pandemic Influenza Task Force work groups did an extensive job of identifying where we are as a community and where we need to be, there is much work left to complete. The Task Force recommendation that the UAC be activated with the Planning Section functional at this phase of alertness has been completed.

The Pan Flu Unified Area Command structure developed by the Task Force, to initially include the Planning Section and Public Information Officer (PIO), will be led by a three member Unified Area Command team:

Don Boyd, representing Whatcom County
Regina Delahunt, representing Whatcom County Health Department
Bill Boyd, representing the City of Bellingham

The Unified Area Commanders (UAC) will appoint a Planning Section Chief and PIO.

The UAC commanders will be responsible for leading efforts to complete the following:

- Develop and implement an immediate communication campaign.
 - Early planning, preparedness and prevention messages.
 - Crisis management communications.
- Finalize legal order templates related to isolation and quarantine.
 - Confirm that processes are in place for court review and enforcement of such orders.
 - Clarify Health Officer's legal authority and responsibilities.
- Finalize MOA's with the tribes and WWU to establish clear jurisdiction related to health orders during disease outbreaks.
- Finalize plans for fair, equitable and safe distribution of available antiviral and vaccine resources.
 - Identify critical service providers.
 - Review CDC recommendations for vaccine and anti-viral distribution.
- Identify alternative care sites to increase bed capacity to care for large numbers of influenza patients.
 - Determine resources necessary to support such operations.
 - Address personnel/volunteer management issues.
- Establish a Medical Reserve Corps to address needed medical surge capacity.
- Finalize pandemic-specific triage and treatment procedures to be used by all Whatcom County health care providers.

"Planning together has made the process stronger, and the ultimate plan will be better for it."

Participant Evaluation Comment

- Finalize plans to address a surge in deaths including morgue capacity and expanded capacity for death certification.
 - Identify alternate temporary holding facilities.
- Develop and implement a preparedness campaign for the local business community.
 - Stress the importance of a business continuity plan for businesses of all sizes.
- Recommend employee personal preparedness plans
 - Promote reciprocity among competitors during an emergency.
- Develop and implement neighborhood preparedness planning campaigns.
 - Work with neighborhood groups and associations to promote planning activities.
- Develop an emergency childcare plan with consideration of necessary social distancing.
- Develop and implement a preparedness campaign with local special population service providers and advocacy groups to support coordinated preparedness planning.
 - Develop MOUs with Mental Health practitioners to assist in planning of community needs and delivery of services during a pandemic.
- Complete an inventory of critical services capacity including utilities, law enforcement and food supply and distribution to ensure continuity of service during a pandemic.
- Quantify community food needs and develop emergency distribution plans.
 - Develop emergency feeding plans for the broader population who may be at risk during the pandemic.

In order to accomplish these tasks the Planning Section chiefs will be populating the UAC chart with community members. It will be of vital importance that community members continue their involvement in this planning effort.