



# **EMERGENCY RESPONSE BASE PLAN**

March 2024

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## RECORD OF REVISIONS

Change #	Date Entered	Content of Change
Version 1	7.24.19 CC	Plan Approved
Version 2	03.28.2024 PD	Plan updated, IMPT plan incorporated

Plan reviewed and approved by Skagit County Health Officer

  
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 Howard Leibrand, MD

3/28/24  
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 Date

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## SECTION I: INTRODUCTION

Skagit County Public Health is a department within Skagit County government serving as the local health jurisdiction (LHJ) for the geographic area of Skagit County, excluding areas governed by the Swinomish, Upper Skagit, and Sauk-Suiattle tribes. Skagit County Public Health (SCPH) is responsible for enforcing state and local regulations regarding environmental health, notifiable conditions, and communicable disease control as well as providing public services, education, and outreach in the areas of community health assessment, chronic disease and injury prevention, and child and family health. The department is a combined public health and human services department and, as such, also provides or manages services in the areas of senior services, behavioral health, and housing.

Washington State can experience diverse threats and hazards with the potential to produce high morbidity and mortality rates that could moderately to severely impact public health and healthcare systems within Skagit County. This plan provides the framework by which SCPH will prepare for, respond to, and recover from incidents and hazards impacting the health of Skagit County residents and visitors.

During a declaration of emergency or a public health incident, SCPH is a contributing agency to the capabilities identified in the National Response Framework Emergency Support Function 8 – Public Health and Medical (ESF 8) and Emergency Support Function 6 (ESF 6) – Mass Care, Housing and Human Services as annexed in the [Skagit County Comprehensive Emergency Management Plan](#) (CEMP). This Base Plan is specific to SCPH support in an emergency, but not exhaustive for all roles. During non-health and medical incidents, Skagit County Department of Emergency Management (DEM) is the lead agency, and SCPH acts as a support agency.

SCPH's intended goals for our emergency preparedness and response program include the following:

- Prepare and maintain public health specific response plans that align with [Centers for Disease Control \(CDC\) Public Health Emergency Preparedness and Response Capabilities](#) and the needs of Skagit County. Refer to Section VIII, Plan Structure.
- Provide regular staff training and exercise on plans so that plans can be evaluated, updated, and effectively followed in a public health incident or emergency.
- Establish and maintain relationships with key emergency response partners including DEM, Tribal Public Health coordinators, regional LHJ emergency response coordinators, Northwest Healthcare Response Network, hospitals and healthcare providers, schools, child care, and others.
- Invest in training to ensure that public health staff are capable of:
  - Understanding and working within the Incident Command System (ICS)
  - Fulfilling emergency response assigned roles and following plans
  - Evaluating public health risk factors within their subject matter expertise
  - Identifying and enacting successful interventions to protect public health

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- Provide the public and response partners with information and tools to control or minimize incident-associated health hazards related to water and foodborne illnesses, chemical or physical hazards, and infectious disease.
  - Identify and control conditions that pose a risk of the public contracting or spreading a communicable disease of high public health concern. Control actions can include the provision of medical countermeasures and safe isolation and quarantine.

## **MISSION**

SCPH works with federal, state, and local partners to protect and improve the health of all people in Skagit County. During incidents, our mission is to respond, stabilize, and recover from public health emergencies and to provide support to DEM for nonpublic health-specific emergency response.

## **PURPOSE**

The purpose of this plan is to establish and communicate SCPH's approach to leading a response to incidents that impact our community and outline general guidelines for providing support to partner agency operations.

The objectives of this plan are to:

- Identify the capabilities, resources, authorities, policies, and procedures SCPH needs to provide public health incident response.
- Provide a framework for leading incident management when SCPH is the lead agency during a public health emergency response and a framework for supporting the Skagit County DEM for other all-hazard missions.
- Identify and communicate expectations for SCPH staff who participate in response activation.
- Identify key first steps in any possible activation of SCPH staff to support incident response, regardless of incident size, hazard, or length of response support.

## **SCOPE**

This plan is applicable during any incident, be it natural, man-made, or catastrophic disaster that impacts public health, behavioral health, senior, housing, medical, and/or mortuary services. The scope of this plan is not limited by the nature of any particular hazard.

Implementing this plan should be considered when one or more of the following occurs:

- The governor or president declares a State of Emergency
  - The Washington State secretary of health mobilizes state-level response capabilities, and local response has been requested
  - DEM activates ESF 6 and/or ESF 8 for a local response
  - Regional or tribal public health partners request assistance responding to an incident that overwhelms, or threatens to overwhelm, their health or medical system
  - When a public health-related event threatens SCPH's ability to function in normal day-to-day operations
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## SITUATION

The [Washington State Enhanced Hazard Mitigation Final Plan](#) (EHMP) was completed by the State Emergency Management Division to identify potential threats and mitigation strategies. The plan considers four health indicator areas in determining the severity of hazards:

- Human health impact
- Interruption of healthcare services
- Impact on public health agency infrastructure
- Community health impact

The EHMP lists “Naturally Occurring Disease Outbreak (e.g., influenza pandemic)” among top Washington State hazards. **SCPH is the lead response agency** for disease outbreaks in Skagit County. Small disease outbreaks are routinely handled under normal operations, but novel viral pathogens, zoonotic disease outbreaks, large foodborne illness outbreaks, etc., at the local, state, or national level will overwhelm normal resources and lead to a Public Health-led emergency response.

Responses to communicable and zoonotic disease outbreaks are covered in more detail in [Annex I: Communicable Disease Response Plan](#). All or any of these threat responses may contain a need for isolation, quarantine, and medical countermeasure distribution. For more information, see [Communicable Disease Response Plan, Appendix 1: Isolation and Quarantine Plan \(under revision\)](#) and [Appendix 2: Medical Countermeasure Distribution and Dispensing Response Plan \(under revision\)](#).

Additionally, the state EHMP lists the following three natural hazards having the greatest potential negative impact on the communities in Washington. **SCPH is an ESF 8 and ESF 6 support agency** to incidents and emergencies caused by these high-risk hazards:

- Extreme weather
- Flooding
- Wildfire

Along with these hazards, Skagit County also faces serious threats to health and safety relating to earthquake, tsunami, volcanic eruption, and landslide, as well as human-caused hazards from chemical spills or releases. The SCPH Base Plan and Annexes are written to align with the results of the state EHMP

This Base Plan and annexes focus on the following Public Health Emergency Preparedness and Response (PHEPR) ESF 8 Capabilities outlined in the [CDC guidance for State, Local, Tribal, and Territorial Public Health](#) dated October 2018 and the Federal Emergency Management Agency (FEMA) ESF 6 Capabilities. The capabilities below are highlighted in **GREEN** if they are a prime responsibility of SCPH, highlighted in **YELLOW** if SCPH is a significant partner in the capability along with other agencies or organizations, and highlighted in **GRAY** if SCPH plays a support or informational role in the capability.



**ESF 8**

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 6: Information Sharing
- Capability 7: Mass Care
- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Material Management and Distribution
- Capability 10: Medical Surge
- Capability 11: Non-pharmaceutical Interventions
- Capability 13: Public Health Surveillance and Epidemiological Investigation
- Capability 14: Responder Safety and Health
- Capability 15: Volunteer Management

**ESF 6**

- Mass Care Services
- Logistics and Supply Chain Management
- Public Health, Healthcare, and Emergency Medical Services
- Critical Transportation
- Fatality Management Services

## **SECTION II: POLICY**

SCPH policy is to provide incident response in alignment with the National Incident Management System (NIMS). NIMS is a systematic, proactive approach to guide governmental agencies, nongovernmental organizations, and the private sector to work together seamlessly to manage incidents involving all threats and hazards—regardless of cause, size, location, or complexity—to reduce loss of life, property, and harm to the environment. SCPH staff are required to participate in ICS training courses ICS 100, 200, and 700. Key response staff are required to take additional section-specific or advanced training courses such as ICS 300, 400, and 800.

SCPH uses the ICS in incident response. ICS is designed to enable effective and efficient domestic incident management by integrating the specific facilities, equipment, personnel, procedures, and communications necessary for an incident within a common organizational structure.

SCPH maintains the ability to receive and process emergency notifications, alert appropriate Public Health decision makers, and activate and organize appropriate department and community resources to protect the health of the community and to mitigate health impacts.

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SCPH ensures the continuity of normal essential Public Health operations as much as possible during incident response. Large-scale response to high-threat or hazard incidents can lead to planned reduction or delay in normal services. [Annex IV: Continuity of Operations Plan \(under development\)](#) will guide Public Health essential operations during incidents and emergencies.

### SECTION III: CONCEPT OF OPERATIONS

Any SCPH employee may be assigned an incident response role, but the core Incident Management Team (IMT) will be trained specifically for response leadership. The IMT will rely on approved emergency response plans and draft incident action plans (IAP) as needed to assign and communicate response duties via plan procedures, job action sheets, and just-in-time training to non-IMT personnel.

Because emergencies know no boundaries, SCPH may need to coordinate with bordering counties for resource assistance using an Interagency Jurisdictional Agreement, Mutual Aid Agreements, and requests for resources through to the state Emergency Operations Center.

When mutual aid agreements are adopted, these contracts will be reviewed by the Public Health Emergency Preparedness (PHEP) Coordinator annually to ensure they are relevant and current.

SCPH maintains and uses the Skagit County Public Health Emergency Communications Plan to provide procedures, resources, and best practices for internal and external communications during incidents and emergencies. The plan prioritizes routine communications with key sectors and response partners to lead to more efficient and effective communications in an emergency. The plan also emphasizes equitable access to communication for all in Skagit County.

For more information, see [Attachment A: Emergency Communications Plan](#).



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## ICS PUBLIC HEALTH ACTIVATION

**Levels of Activation:** SCPH follows the three levels of activation used by the CDC) and Washington State Department of Health (DOH).

**Level 1 (Full Activation):** A Level 1 event is the highest level of response reserved for **CRITICAL** emergencies affecting multiple jurisdictions and/or large geographic areas (Region 1) and requires a coordinated response with DOH. SCPH assigns the largest number of staff possible to work 24/7 on the response. A Level 1 Activation could involve widespread illness, such as Ebola and COVID-19, and Public Health, under ESF 8, will be lead agency or will be in Unified Command with other Emergency Support Functions (ESFs).

**Level 2 (Partial Activation):** A Level 2 situation is a response that can no longer be managed using normal procedures or available resources and requires a coordinated response with Region 1 LHJs. Depending upon the nature of the incident, some, but not all, ICS positions are filled to coordinate and support the response to the incident.

Upon determination that a Level 2 situation exists, the Board of County Commissioners may request activation of DEM's Emergency Coordination Center (ECC). The Public Health director/assistant director or designee will assign an incident commander or perform that duty themselves and will activate elements of the SCPH Emergency Response Plan(s) as necessary.

**Level 3 (Standby/Alert):** A Level 3 situation is a response confined to one area and does not affect community-wide services, population, or traffic. The public health emergency includes incidents that can be managed using normal response operations, and appropriate personnel are informed and placed on alert status. SCPH subject matter experts for the type of incident are identified and engaged in preparation and response. The Public Health director/assistant director or designee will determine if situation monitoring or limited activation is required.

## NOTIFICATION AND ALERT THRESHOLDS

In accordance with the SCPH Emergency Communications Plan's policy on internal communications, any SCPH employee who learns of a situation or incident that can have urgent consequences beyond normal department operations is expected to alert their division manager. If the manager does not respond within 15 minutes, the employee should notify the Public Health director or assistant director. Events that trigger internal emergency communications can be of varying size and specificity to public health. Examples can range from a restaurant report that 10 staff people called in ill in the prior day with vomiting and diarrhea, to a DOH call in which warnings of a novel influenza virus in southeast Asia are shared. Each of these notifications should lead the employee to follow internal emergency communications protocols per the plan. From there, the IMT will determine level of activation and next steps.

## SECTION IV: AUTHORITIES

Local agencies with emergency or disaster response duties are primarily guided by the legal authorities granted by the State of Washington, including the Revised Code of Washington (RCW) and the Washington Administrative Code (WAC). The following is a summary table and statements reflecting the intent of some of the codes that may apply to a public health response for emergencies.

Statute	Description	Responsible Person/Agency
RCW 43.06.010(12)	Proclamation of a state of emergency.	Governor of Washington State
RCW 43.06.220	State-wide restriction of public assembly, order curfews, and prohibition of activities.	Governor of Washington State
RCW 43.20.050(2)	Adoption of rules for isolation & quarantine.	Washington State Board of Health
RCW 38.52.110(2)	Command service and equipment of citizens during a declared emergency.	Skagit County Commissioners
RCW 70.05.060(1-6)	Adopts ordinances of local health matters, including the prevention, control, and abatement of nuisances.	Skagit County Board of Health
RCW 43.20.050(4) RCW 70.05.120	Enforcement of all rules adopted by the State Board of Health and/or health officer's orders, including isolation & quarantine. All police officers, sheriffs, constables, and all other officers and employees of the state or any county, city, or township thereof, shall enforce all rules adopted by the State Board of Health.	Skagit County Public Safety Authority
RCW 68.50.010	Disposition and identification of human remains when death is unnatural, violent, or due to a contagious disease, etc.	Skagit County Coroner's Office
RCW 38.52.091(1)	Emergency mutual aid agreements with public and private agencies.	SCPH or DEM
WAC 118-04-20	Workers and staff compensation: Volunteers who are preregistered as emergency workers receive workers' compensation liability protection under the Emergency Worker laws. Government and private employees receive workers' and staff compensation in accordance with their respective employers' policies and guides.	SCPH

Statute	Description	Responsible Person/Agency
WAC 246-110-020(1)	Local restriction of public assembly, prohibition of activities, and school closures.	Local Health Officer
WAC 246-101-505	Instituting isolation, detainment, and quarantine measures. Local health officers shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention, and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.	Local Health Officer
WAC 246-101-425	Members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases and cooperate with the implementation of infection control measures, including isolation and quarantine.	Local Health Officer
RCW 70.05.090	Report contagious or infectious diseases, including required notifiable conditions. The local health officer shall control and prevent the spread of any dangerous, contagious, or infectious disease that may occur in their jurisdiction.	Local Health Officer and Skagit County Healthcare Providers
RCW 70.05.060(1-6)	Enforcement of ordinances of local health matters, including the prevention, control, and abatement of nuisances.	Local Health Officer
RCW 70.119A.020; RCW 70.119A.030; RCW 70.119A.040	Declaration of a public health emergency related to contaminated public water systems.	Local Health Officer

Statute	Description	Responsible Person/Agency
ESF 8 – Health & Medical Services County Comprehensive Emergency Response Plan	Coordinate resource assistance to LHJ in response to public health or medical care needs resulting from an emergency or disaster coordination of emergency response services in Skagit County	Skagit County DEM
Skagit County Comprehensive Emergency Response Plan	Coordination of emergency response services in Skagit County	Skagit County Department of Emergency Management
Public Readiness and Emergency Preparedness Act (PREP Act)	The PREP Act authorizes the secretary of the Department of Health and Human Services to issue a declaration that provides immunity from liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats, and conditions determined by the secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. The PREP Act is created to provide immunity from liability and is different from, and not dependent on, other emergency declarations.	SCPH

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## SECTION V: ASSUMPTIONS AND LIMITATIONS

- This is an all-hazards base plan, however, a threat-based approach to detailed incident planning and response efforts will be necessary to provide the best outcomes and align with current CDC guidance.
  - Incidents and emergencies may be adequately covered by existing department response plans or may require point-in-time response planning and activation. Plans must cover ESF 8 and ESF 6 capabilities specific to those provided or coordinated by SCPH.
  - Department response plans will be living documents and will be reviewed and kept up to date on at least a biennial cycle. New plan annexes will be developed as new threats or hazards are identified.
  - Base Plan attachments and annexes provide more specific response strategies depending on threats and type of response.
  - Incidents may trigger activation of the Emergency Communications Plan and establishment of an IMT without rising to the level of an emergency declaration.
  - To request resources (e.g., supplies, equipment, personnel, volunteers) from DEM or Washington State EMD for incident response, the following must be in place:
    - The incident must be reported to DEM and from DEM to the State EMD.
    - An incident number must be obtained from the State EMD.
    - An IMT and IAP must be established at whatever level is appropriate for the incident.
    - FEMA documentation must be initiated and maintained, at a minimum using [Incident Briefing \(ICS form 201\)](#).
    - An incident report and incident number will not necessarily lead to a local, state, or federal declaration of emergency.
  - Response to a public health emergency requires planning and advanced coordination with other community partners and responders.
  - SCPH may be able to rely on other local, state, or federal resources to support response efforts if the event is localized; outside resources may not be available if the event is widespread and catastrophic.
  - There may be shortages of essential work supplies.
  - Disruption of sanitation services, loss of power, or mass sheltering of people will increase risk of disease and injury.
  - Hospitals and other critical healthcare facilities may be damaged or inoperable. Regional healthcare coordination may be required and must be coordinated with Northwest Healthcare Response Network and DOH.
  - The healthcare system must receive as much warning as possible of events with potential for significant impact to their services, infrastructure, and employees.
  - Healthcare providers must be informed of recommended or required infection control, contamination reduction, or other response procedures at healthcare locations.
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- The potential for substantial loss of life may be significant, and survival may depend on resource availability, efficiency of deployment, and rapid and clear communication with the public.
  - There may be a reduction of available workforce at SCPH and other responder agencies due to direct or indirect effects on staff and their families. Personal and family emergency preparedness is important.
  - Traditional communications and transportation methods may be overwhelmed and unavailable.
  - Extensive media interest will necessitate media management operations and resources beyond those needed for routine public health communications.
  - Public health emergencies may be site-specific or geographically dispersed. Events can evolve over time from days to weeks to years. A portion of or the entire population of Skagit County could be affected by the emergency.
  - In the case of a declared emergency, SCPH has the right to cancel vacations and change employee work schedules without advance notice.

## **SECTION VI: ASSIGNMENT OF RESPONSIBILITIES**

### **A. PUBLIC HEALTH DIRECTOR, ASSISTANT DIRECTOR, OR DESIGNEE:**

During response and recovery phases of emergencies, the director of Public Health or designee will:

- Activate the IMT
- Serve on the multiagency coordination (MAC) group or make a delegation of authority
- Serve as incident commander or make a written delegation of authority
- Provide incident situational awareness updates to county leadership and elected officials
- Serve in Skagit County Unified Command, if established

### **B. HEALTH OFFICER**

During response and recovery phases of emergencies, the health officer will:

- Provide public health and medical expertise regarding health information, health status assessment, health risk assessment, surveillance, risk communications, health promotion, health protection interventions, and program evaluation
- Ensure that appropriate standards of public health and medical practices are maintained
- Issue emergency orders as needed to protect public health, as allowed by legal authority

### **C. INCIDENT MANAGEMENT TEAM**

The IMT is staffed by the director of Public Health, assistant director, health officer, PHEP coordinator, Communicable Disease and/or Environmental Health manager,



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communications coordinator, and subject matter and ICS experts appropriate to the IMT needs to address the emergency. IMTs are organized into specific roles and functions to ensure a comprehensive and coordinated response. The standard structure of an IMT is based on the ICS, a standardized management system widely used in emergency response. During response and recovery phases of emergencies, the core IMT will:

- Be personally prepared at home and ready to respond in support of the Public Health mission.
- Perform functions required by the incident and IMT role according to the IAP and emergency plans.
- Prepare to work from home or at alternative locations as the incident response requires.
- Perform or delegate essential functions identified in Continuity of Operations plan and/or according to normal work assignments unless determined to be nonessential during the incident.
- Use good risk communication skills according to the Emergency Communications Plan.
- Recognize the importance of personal and family resilience and well-being, and request assistance if needed.
- Use personal protective equipment as appropriate and required by the incident, according to safety training and protocols.
- Follow ICS principles (unity of command, managing span of control, and management by objectives, etc.).
- Prioritize participation in all trainings and exercises designed to prepare for hazards and threat-based incidents and emergencies.

#### **D. ALL OTHER PUBLIC HEALTH STAFF**

The determination of IMT staffing is influenced by the size, complexity, and duration of the incident. Larger incidents may require a more extensive team with specialized personnel. If SCPH staff other than members of the IMT are requested to support ECC activation, the request will be issued through the director and division managers.

SCPH staff may not self-deploy to support an emergency operation. By following the IMT protocols for staff activation, staff will be eligible for compensation of their time as indicated by contracts particular to that employee and may include the right to overtime, work out-of-class pay, shift differential, or any other premium pay that pertains to hours worked or type of work. Additionally, they will continue to ensure coverage for liability protection and access to workers' compensation claims, should the need arise.

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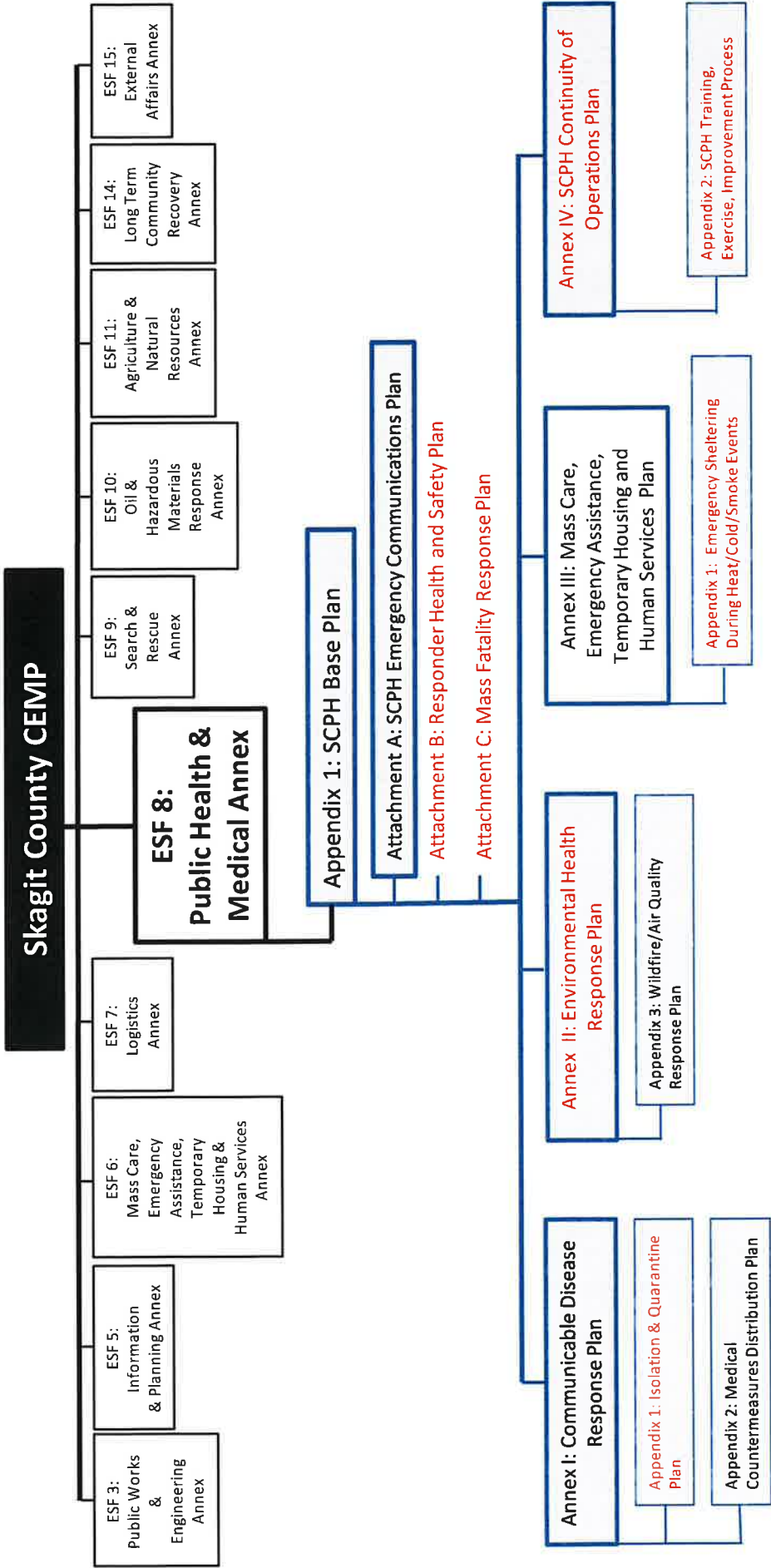
## SECTION VII: ACRONYMS

The following table contains a list of acronyms used throughout the SCPH Base Plan. It does not include acronyms used in subsequent attachments, annexes, or appendices.

Acronym	Meaning
CEMP	Comprehensive Emergency Management Plan
DEM	Department of Emergency Management
DOH	Department of Health
ECC	Emergency Coordination Center
ESF 6	Emergency Support Function 6 – Mass Care, Housing, and Human Services
ESF 8	Emergency Support Function 8 – Public Health and Medical
ICS	Incident Command System
IMT	Incident Management Team
LHJ	Local Health Jurisdiction
MAC	Multiagency Coordination
NIMS	National Incident Management System
RCW	Revised Code of Washington
SCPH	Skagit County Public Health
WAC	Washington Administrative Code

## SECTION VIII: PLAN STRUCTURE





**Skagit County Public Health Plans Legend:**

- Plans in grey shading are under the primary oversight of SCPH for drafting, approval, training, exercise, and implementation.
- Plans in red font are currently under review or are being written.
- Plans not in grey shading are under the primary oversight of DEM or another department OR will be created and maintained in a partnership between departments.

## **ATTACHMENT A: EMERGENCY COMMUNICATIONS PLAN**





# **Emergency Communications Plan**

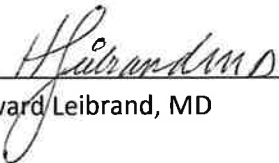
**Attachment A to  
Skagit County Public Health Base Plan**

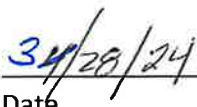
**March 2024**

## Record of Revisions

Date	Page(s)	Content of Change
03/27/2024	All	Minor grammatical edits

**Reviewed and approved by Skagit County Health Officer**

  
Howard Leibrand, MD

  
Date

## Credits

This plan is completed with material shared from the Kitsap Public Health District Risk Communications Plan, the Island County Health Department Emergency Communications Plan, and the work of staff members from Skagit County Public Health.

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## **Purpose**

The purpose of this plan is to provide internal and external communications guidance and procedures for Skagit County Public Health (SCPH) personnel in response to an event of a natural or manmade disaster, epidemic disease, or other potential or declared emergency.

## **Scope**

This plan acts as a tool that uses the existing expertise and personnel of SCPH to provide internal and external communication about public health emergency situational awareness, risk communication, response needs and expectations, event tracking, event direction, command, and control through the Incident Command System (ICS) and post-event recovery.

## **Situation Overview**

Skagit County is vulnerable to a variety of damaging effects from natural disasters, manmade disasters, and potential spread of communicable disease. This plan serves as an annex to the Skagit County Public Health Emergency Response Base Plan (SCPH Base Plan) which is an annex to the Skagit County Comprehensive Emergency Management Plan (SCEMP). The SCPH Base Plan provides definition and structure for public health incident management. SCPH emergency communications will be developed within the framework of communications from regional health jurisdictions and response partners, the Washington State Department of Health (DOH), and the Centers for Disease Control and Prevention (CDC) to guide its responses in these situations.

## **Planning Assumptions**

SCPH staff is available around the clock, seven days a week, to respond to potential events that pose a threat or risk to the health of the community. SCPH staff shall be properly trained to communicate appropriately as outlined in this plan.

Staff should report only if it is safe for them to travel to assigned locations and they are able to safely leave those for whom they feel a responsibility.

All actions, including communications, by governmental agencies and officials will be in accordance with the Revised Code of Washington (RCW), Washington Administrative Code (WAC), and Skagit County Code (SCC)-see page 13. Risk communications to public health partners and the public will follow risk communication best practices from [Centers for Disease Control and Prevention \(CDC\) Crisis & Emergency Risk Communication](#) and Skagit County communications policies and procedures. To ensure

messages are clear, concise, and accessible, risk communications will follow plain language guidelines available at [www.plainlanguage.gov](http://www.plainlanguage.gov).

Other communication needs may exist that are not addressed by this plan. In situations not specifically addressed, SCPH and others responsible for emergency management will improvise and carry out their responsibilities to the best of their abilities using the Skagit County Public Health Base Plan, SCEMP, and public health principles.

## **Notification**

Notification of a potentially hazardous event or epidemic disease may come from the national or state level, a local healthcare provider, a member of the public, an SCPH staff member, Skagit County Department of Emergency Management (DEM), law enforcement, or a partner agency.

## **Internal Communications**

The Public Health Director (PHD) will, upon notification of a potentially hazardous event or epidemic disease, contact the following as needed.

1. Health Officer (HO)
2. Assistant Director
3. Communications Coordinator
4. Communicable Disease Manager (CD Manager)
5. Environmental Health Manager (EH Manager)
6. Public Health Emergency Preparedness Coordinator (PHEP Coordinator)
7. Department of Emergency Management (DEM) Chief
8. Fiscal Manager

Notification may come first to the 24-hour Communicable Disease On Call Staff, HO, CD Manager, EH Manager, or Assistant Director. If the PHD is not the first to be notified, the person notified is responsible for notifying the PHD. Should the PHD be unavailable, staff will be contacted following the priority order above.

The PHD (or designee) tells each division manager about the potentially hazardous event or epidemic disease so each knows which subject matter experts (SME) are needed and when and where they should report. Each staff member may be designated as an SME within their work area. An Incident Management Team will be defined according to the needs of the response.

The CD Manager, EH Manager, and Assistant Director will contact the SMEs needed in each of their divisions. The Fiscal Manager will contact staff needed for financial recordkeeping of the potentially hazardous event or epidemic disease response.

As soon as possible following notification of the event, information on the event will be collected and shared with the defined Incident Management Team (IMT):

- Type and location of incident.
- Type(s) of hazard(s) posed to human health and the environment from the incident.
- Geographic and demographic impacts within Skagit County, either current and known or potential and future.
- Agencies or departments that have responded or are expected to respond to the incident.
- Length of time the incident is expected to last based on current data.
- Additional data being collected or needed to protect public health.
- Immediate response needed from the IMT.
- Timeline for the next communication to the IMT and who will provide that communication.

The IMT will determine if a formal local emergency response is appropriate and either work within an existing incident command structure if the incident is not public health specific or establish an incident command structure and create an Incident Action Plan (IAP) within public health as appropriate. Formal declaration of emergency requires notification of the duty officer with Skagit County Department of Emergency Management, notification of the Washington State Department of Health Emergency Response Duty Officer, and notification and declaration by the Skagit County Board of County Commissioners.

The Washington Secure Electronic Communications, Urgent Response and Exchange System (WA SECURES) is the state's public health secure messaging and alerting system. SCPH will use this system to communicate within the department in the event of an emergency or at other times when critical information needs to quickly reach public health staff. This system will be tested at least twice per year with a communications drill sent to the staff WA SECURES Contacts. The staff WA SECURES data is updated as employee status changes or at least quarterly by the PHEP Coordinator. WA SECURES can be used to activate and inform specific response staff or the entire public health contact list depending on the communication and activation needs of the emergency. The PHEPR division staff and Communications Coordinator will maintain training and ability to send and track notifications or messages via WA SECURES.

Once activated, the IMT through the IAP will specify the ongoing methods of internal communications. This could include email updates, remote meetings via Teams, Teams Group Chat and Documents for the response, in person meetings, texts, and phone calls. WA SECURES will continue to serve as the emergency contact tool should the



incident require additional emergency staff notifications or messaging during the incident.

## **External Communications**

The Public Health Communications Coordinator (PH Comms), or as otherwise assigned, serves as the Public Information Officer (PIO) and coordinates all communications around emergency preparedness and response. Public Health-specific external emergency communications will be coordinated through the Skagit County PIO or Joint Information Center during a county-wide activation. During a Public Health-only activation, external communications will be coordinated through the Public Health IMT.

During an incident, the PIO ensures that communications for public distribution are reviewed and approved by the incident commander prior to the release of the communication or they will follow the specific IAP communications plan for the incident.

Each incident will have unique external communication needs and the nature of the event and associated public risk will drive the communication channels used and the timing of communications. This can range from very local but high-risk events that call for near immediate neighborhood door knocking with in-person communication to large-scale long-lasting events that involve event-specific communication plans that address press releases, press conferences, routine social media updates, public call centers, event-specific web pages, and sector communications.

The Skagit County Communications Manager and/or the Department of Emergency Management maintain all high-level external communications lists such as elected officials, agency or government PIOs, press contacts, tribal leadership, fire district or fire department leadership, and other relevant organizations.

SCPH will maintain or be able to access contact directories for sectors that are likely to require contact in a public health-focused emergency. The PHEP Coordinator will work with division managers or program leads to maintain the sector contact directory. The contact directory framework is outlined in Attachment 1, and the directory will be maintained within the health/shared/contact directories folder. A backup directory will be maintained with a password-controlled folder within emergency preparedness and response.

SCPH will issue routine communications to some of the key sectors to maintain a strong relationship and ongoing public health-related information exchange. Routine communications may be quarterly, monthly, or weekly depending on the sector and how closely Public Health partners with the sector. These key sectors are highlighted in gray in Attachment 1.

In consultation with the Health Officer and Public Health Director as appropriate, the CD Manger, EH Manager, and Assistant Director will assign specific staff members to serve as SME as required by the emergency. They will report to the PIO and assist in drafting communications for the contacts in the directories and for public distribution according to the IAP or as needed to address the incident if an IAP is not created. The SME may be needed to staff a Joint Information Center should it be established.

Whenever possible, SCPH employees and external response partners should be notified on a need-to-know basis before public messages are disseminated. Inter-agency notification should be conducted peer to peer (i.e. PIO to PIO and director to director). Key partners will vary based on the nature of the emergency but will most often include:

- Washington State Department of Health
- Neighboring health jurisdictions
- Tribal health jurisdictions
- Skagit County DEM
- Skagit County Government
- City and town governments
- Hospital leadership and EMS

If messaging to the general public is appropriate, the PIO will work with the assigned SMEs to identify what populations could be most affected by the emergency and what communications could be needed to support equity and accessibility.

## **Equity and Accessibility in Communications**

To promote and protect the health of all persons in Skagit County, equity, inclusion, and accessibility will be considered in all phases of risk communication. Considerations include:

- What populations could be disproportionately affected by this emergency?
- What populations could have barriers to accessing information needed to stay safe and healthy?
- What populations have historically been marginalized by government/public health/healthcare services or could be distrustful of government response to an emergency?
- What strategies can we use to ensure that these populations receive the information they need, when, how, and where they need it? For example, how can communication be available to individuals without a written language?
- Strategies can include but are not limited to:

- Trusted partners in communication such as schools, childcare, colleges, employers, associations, faith communities, service agencies, etc.
- Language-appropriate print materials at accessible community locations such as ethnic groceries, laundromats, provider offices, churches, etc.
- In-person outreach at congregate housing settings, apartment complexes, shelters, supported housing, recreational facilities, etc.
- Radio advertising and outreach to stations frequently used by ethnic communities.

Table 1 shows the household distribution of languages spoken in Skagit County. This data was pulled from the American Community Survey, Table ID B16002, 2018-2022 5-year estimates.

**Table 1 Languages Spoken in Households in Skagit County WA**

**Skagit County, WA 2018-2022 estimates**

Label	Estimate	Percent
Total number of households	50824	
English only	42373	83.4%
Spanish	5875	11.6%
Russian, Polish, or other Slavic languages	453	0.9%
Tagalog (incl. Filipino)	421	0.8%
Other Asian and Pacific Island languages	365	0.7%
Other Indo-European languages	315	0.6%
German or other West Germanic languages	311	0.6%
Chinese (incl. Mandarin, Cantonese)	197	0.4%
French, Haitian, or Cajun	162	0.3%
Other and unspecified languages	154	0.3%
Korean	87	0.2%
Arabic	77	0.2%
Vietnamese	34	0.1%

For most current data, visit [B16002: Detailed Household Language ... - Census Bureau Table](#)

The PIO, IMT, and SMEs can use the [Washington State Access and Functional Needs Resource List](#) to guide communications and resources for community members with needs that may not be met by routine communication and service channels. Attachment 2 provides communication channels that might be considered for different community groups.

During a widespread event during which translation/interpretation are needed, SCPH will work with its bilingual staff, community partners, and with language interpretation/translation services.

The Skagit County website also translates into seven languages; French, German, Spanish, Japanese, Norwegian, Russian, and Vietnamese.

## **Responding to Public Inquiries**

During an emergency, the public will contact SCPH through a variety of channels, including phone, email, social media, and in person. Initial communications should make clear the most effective channels for the public to use to contact SCPH for information.

Early on and throughout the response, the PIO, IMT, and SMEs should determine whether inquiries are likely to exceed SCPH's normal capacity to receive and respond and implement strategies to address a surge in calls and inquiries. Strategies can include:

- Establishing sector-specific SMEs to handle all questions and calls from those specific sectors.
- Providing talking points to routine department call takers so that they can be more efficient in answering the increased call volume.
- Posting frequently asked questions and answers or routine information updates via phone messages or video recordings available on social media and websites.
- Expanding phone access via the establishment of a call center with multiple phone lines staffed by re-assigned department staff, other county employees, or volunteers to answer calls coming to one designated number. This will require assistance from Information Services at a minimum.
- Working with outside agencies to handle call volumes that exceed county capacity, such as the state 211 phone line.
- Using best practices for social media and limiting person specific responses while using questions and comments to inform future public or sector communications.

## **Addressing Rumors and Misinformation**

Rumors, misinformation, and disinformation sow distrust and confusion and undermine response efforts. The PIO and SMEs will monitor community sources for misinformation and respond as appropriate with approved talking points.

Local rumors/misinformation regarding a local situation or response should be addressed quickly and directly. Provide the most accurate information available. Be

honest about unknowns. Be respectful. Amplify messaging through trusted messengers, news media, and partner organizations.

Widespread rumors/misinformation that derive from nationwide efforts to discredit public health or government should be responded to as capacity allows. Avoid back-and-forth communications and arguments while providing the most accurate information available.

## **Communicating Throughout an Emergency**

After initial messages are disseminated, external risk communication activities should focus on:

- Providing consistent public information updates through established channels based on levels of risk or threats to the public.
- Providing additional context and prevention guidance.
- Soliciting, reviewing, and implementing feedback from community members and organizations regarding risk communications.
- Tailoring messages to specific populations, including translated materials and information in a variety of formats.
- Responding to public and media inquiries.
- Monitoring and responding to rumors, disinformation, and misinformation.
- Supporting response and outreach activities, such as medical counter measures distribution (ex. community vaccination or medication distribution).

Communications during long-duration events can become very stressful and negative comments and feedback can lead to burnout and illness. The PIO, IMT, and SMEs need to be aware of their own wellness and health and request support and time off.

## **Communicating at Resolution of an Emergency**

As the emergency response winds down and concludes, internal and external communications should focus on:

- Clearly communicating deactivation of the response efforts.
- Communicating on-going prevention guidance and where to find information.
- Reviewing response, updating plans, applying lessons learned.
- Communicating internally and externally on shared successes and improvement plans.

## **Disease-Specific Responses**

Washington State Department of Health publishes [draft press releases](#) for disease specific emergencies. Templates can be accessed and customized by the PIO and the SME. SCPH will magnify federal and state press releases and health alerts as appropriate for public health emergencies that impact Skagit County.

## **Plan Development and Maintenance**

This plan will be shared with key response partners and may be adapted/updated as needed to comply with the overall SCEMP Communications Plan.

SCPH employees in positions that may play a role in emergency communications and response will receive training on this plan upon hire and at least every three years.

The plan will be evaluated annually by SCPH leadership and the PHEP team and be updated as needed to ensure accuracy and compliance with the SCEMP and department or county policies.

The plan will be exercised in conjunction with response exercises at least annually.

Exercise or incident debriefings, after-action reports, and improvement plans will be reviewed to assess the effectiveness and need for revision of this plan. Recommended changes will be incorporated into plan revisions.

This plan shall be available electronically. Print copies shall be made available for offline reference and use.

SCPH staff members are encouraged to read the plan and submit suggestions to their supervisor, using the chain of command protocol.



## **Authority**

RCW 38.52	Emergency management
RCW 43.20.050	Powers and duties of the state board of health
RCW 70.05.060	Powers and duties of the local board of health
RCW 70.05.120	Penalties for those in violation of any item in RCW 70.05
WAC 246-100-036	Responsibilities and duties of local health officers
WAC 246-100-040	Procedure for isolation or quarantine
WAC 246-101-505	Duties of the local health officer concerning instituting disease prevention and infection control.
WAC 246-101-425	Responsibilities of the public concerning disease prevention

## Attachment 1: Contact Directory Management and Update Schedule

Sector Name	Public Health Division Contact	Externally/Internally Managed	Update Schedule
Healthcare Clinic, EMS, Hospital Contacts	Communicable Disease Manager or designee	Internally Managed	Annually in July or as updates received. Include leads for EMS, family practice, pediatric, dialysis, urgent care clinics; hospital PIO, infection prevention, emergency preparedness, and administrator contact information.
GovDelivery Healthcare list serve	Communicable Disease Manager or designee	Lists must be requested via public records request for each type of healthcare license from state	Every 2 years make request for MD, DO, ARNP, DDS lists and then upload emails into GovDelivery Healthcare list serve.
Dental Clinic Contacts	ABC Dental Program Coordinator	Internally Managed	Annually in August
Veterinary Clinic Contacts	Environmental Health Pollution Prevention Lead	Internally Managed	Annually in September
Faith-Based Contacts	PHEP Community Health Worker	Internally Managed	Annually in May
School District Administration/Private School contacts including Athletic Directors	Communicable Disease Manager	Internally Managed	Annually in August
School Nurses	Communicable Disease Manager	Internally Managed	Annually in August
Childcare Providers	Prevention & Community Health Manager	Childcare Aware serves as communications liaison	Maintained by Childcare Aware

<b>Sector Name</b>	<b>Public Health Division Contact</b>	<b>Externally/Internally Managed</b>	<b>Update Schedule</b>
Pre-school Providers	PHEP Community Health Worker	Internally Managed (not covered by Childcare Aware)	Annually in March
Employer Contacts	Environmental Health Pollution Prevention Lead	Economic Development Agency of Skagit County (EDASC) serves as communications liaison	Maintained by EDASC
Food Establishment Contacts	Food & Living Environment Lead	Internally Managed	Request list from Food Safety Lead when needed
Shelter Contacts	Housing Resource Coordinator	Internally Managed	Request list from Housing Coordinator when needed
City/County Parks & Rec Programs and Club Sports Contacts	PHEP CHW	Internally Managed	Annually in September
Congregate & College Living Contacts	Housing Resource Coordinator	Internally Managed	Request list from Housing Coordinator when needed
Funeral Home Contacts	Vital Records	Internally Managed	Request list from Vital Records Manager when needed
Agricultural Employer and Housing Contacts	Communicable Disease CHW or Manager	Mount Vernon Washington State University Ag Extension serves as sector liaison	Maintained by Ag Extension
Senior Services Contacts	Senior Services Manager	Internally Managed, Division Manager serves as liaison	Request list from Senior Services Manager when needed
Senior Housing Contacts	PHEP CHW	Internally Managed	At least annually in April
Long Term Care (LTC) Facility Contacts	Communicable Disease LTC Liaison	Internally Managed	Updated throughout year as contacts change

## Attachment 2: Determining Communication Channels

Channel	General public	Response & community partners	Elected officials, policy makers, activists	Immigrants, refugees, limited English proficiency	Elderly	Families with children	People with medical needs, home bound	Homeless	Deaf, hard of hearing, blind, and deaf blind	Ethnic groups
Website	x	x	x			x	x		x	x
Email list		x	x							
News media	x		x		x	x	x			
Social media	x	x	x			x	x			
Community meetings	x			x (with interpretation)	x	x				x
Ethnic media				x						x
Phone hotlines	x			x (Using Language Line)	x	x	x		x (for blind; TTY services for deaf)	x
Text messages		x	x				x		x (for deaf, hard of hearing)	
Flyers	x			x (translated)	x	x		x		x
Cable access				x						x
Conference calls		x	x							
Community-based groups				x	x	x	x	x	x	x
Faith-based groups				x	x	x		x		x
Schools & child care	x			x (translated materials)		x				x
Health care providers				x	x	x (especially pediatricians)	x		x	x

\* Table taken from Northwest Center for Public Health Practice Risk Communication Training (2012)