

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

May 7, 2019
12:30 p.m. to 1:45 p.m.
Norm Dicks Government Center, First Floor Chambers Room
Bremerton, Washington

- 12:30 p.m. 1. Call to Order
Commissioner Rob Gelder, Chair
- 12:31 p.m. 2. Approval of April 2, 2019 Meeting Minutes
Commissioner Rob Gelder, Chair *Page 2*
- 12:33 p.m. 3. Approval of Consent Items and Contract Updates: See Warrant and EFT
Registers and Contracts Signed Report
Commissioner Rob Gelder, Chair *External document*
- 12:35 p.m. 4. Public Comment
Commissioner Rob Gelder, Chair
- 12:45 p.m. 5. Health Officer and Administrator Reports *Page 11*
Dr. Susan Turner, Health Officer and Keith Grellner, Administrator

DISCUSSION ITEMS

- 12:50 p.m. 6. Public Health Emergency Planning & Response
Jessica Guidry, Program Manager *Page 13*
- 1:15 p.m. 7. Peoples Harm Reduction Alliance
Tom Fitzpatrick, Board Member *Page 40*
- 1:45 p.m. 8. Adjourn

*All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.org/about/board-meetings.php*

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
April 2, 2019**

The meeting was called to order by Board Chair, Mayor Robert Gelder at 12:30 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Ed Wolfe moved, and Commissioner Charlotte Garrido seconded the motion to approve the minutes for the March 5, 2019, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The April consent agenda included the following contracts:

- 1713 Amendment 1 (1919), *Washington State Department of Ecology, Local Source Control Partnership*
- 1812 Amendment 1 ((1918), *Washington State Department of Ecology, Local Solid Waste Finance Assistance*
- 1829 Amendment 1 (1917), *Jefferson County Public Health, Nurse Family Partnership*
- 1869, *Olympic Community of Health, Change Plan*
- 1880, *Port Gamble S'Klallam Tribe, Food Inspection Program*
- 1892, *Jefferson County Public Health, Nightingale Notes Sublicense*
- 1902, *Peoples Harm Reduction Alliance, Hepatitis C Outreach*
- 1916, *Kitsap County, Nurse Family Partnership*

Commissioner Garrido moved and Mayor Rob Putaansuu seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with an update on flu season. She said flu season is continuing into an extended season. Most of the cases in Kitsap County (and the state) are Influenza A. This year's trend looks like the second wave of influenza experienced last year. She said Respiratory Syncytial Virus (RSV) positive lab reports are declining, while influenza

like illness visits to the emergency department remain high. She said Kitsap County appears to be experiencing the same trends this season as the state. She noted that the Centers for Disease Control and Prevention (CDC) is seeing an extended season nationally, too. She said it may not be too late to get vaccinated to protect yourself and others from influenza. She said it only takes two weeks for the vaccine to take effect. Lastly, she reminded everyone to stay home if they feel sick and continue good hygiene such as washing hands and covering when coughing.

Next, Dr. Turner provided an update on the Health District's sexually transmitted infection (STI) work. She explained that, two legislative sessions ago, the Health District was given a small down payment of Foundational Public Health Services (FPHS) funds for communicable disease response work. Due to the current gonorrhea outbreak in the county, the Health District focused the funds toward STI work.

The Health District hired additional staff with this funding. Staff have done outreach to physicians' offices to help them understand complete case reporting and screening; necessity of timely reporting; treatment recommendations; and expedited partner therapy. Additionally, staff have been working to build a system for expedited partner therapy so physicians can get patients access to treatment quickly. The same information has been shared at quarterly Vaccine for Children provider meetings. Staff has also conducted epidemiological work to understand where the burden of disease is. Dr. Turner noted that, in the first two months of the year, the county has seen a decline in gonorrhea and syphilis. Though staff cannot make any assumptions due to the minimal time frame of data, Dr. Turner still noted that FPHS funding makes a big impact because it allows public health agencies to track data, ensure partner treatment and do outreach.

The 2018 Healthy Youth Survey (HYS) data was released. This data provides an update to the HYS data in the Health District's annual Indicators Report. She explained that the HYS data is being gradually released over time. She said the first release of data was related to substance use and showed a huge surge in e-cigarette usage by youth. She explained that most, if not all, e-cigarette products contain nicotine, even if it is not noted on the package and are particularly dangerous for youth. She said nicotine damages developing neurological systems, which continue to develop until the mid-twenties. She also said E-cigarette products can also contain other chemicals. She said research also shows that E-cigarettes can be used to inhale other harmful substances. The 2018 HYS data shows that 17 percent of eighth graders, 38 percent of 10th graders, and 49 percent of twelfth graders, say they've used an E-cigarette in the last 30 days.* She said there had been a decline in tobacco use over the last few decades, however, with the introduction of E-cigarettes, there has been an increase in exposure to tobacco products. Of the youth who reported using E-cigarettes: about half know there is nicotine, but roughly one third think they are using E-cigarettes with just flavoring and no nicotine. However, research has found there is often nicotine in E-cigarette liquid, even when not noted on the label. She said often parents don't realize there is nicotine in these products either.

She said the mental health data from the HYS will be released next and said she will share it with the Board members. She said she is also sharing this information with Kitsap County Human Services Behavioral Health Division and the school district superintendents. She said

*Correction: 10% of eighth graders, 23.5% of 10th graders and 32% of 12th graders reported using an e-cigarette in the last 30 days. The percentages report to the Board relate the % of youth reporting ever using an e-cigarette.

community discussion on this will be very important especially with Kitsap Community Health Priorities (KCHP) year coming up.

Commissioner Gelder asked if there is any conversation at the state level about a legal change in age to purchase tobacco and vapor products, and if there has been any speculation about what impact that change might have on these statistics. Dr. Turner said the governor is expected to sign the Tobacco and Vapor to 21 bills (EHB 1074). She expects this discussion will arise when the success of the bill is announced. She also noted that the state's statistics are very similar to the county's as far as youth usage of tobacco and vapor products.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, provided the Board with a legislative update:

- **SSHB 1497**, Foundational Public Health Services (FPHS) policy bill, is scheduled to be signed by the governor tomorrow at 3 pm in Olympia. The bill passed the house by a vote of 94-4, and the senate by 44-1. Eight out of nine Kitsap legislators voted for the bill, and one was excused from the senate vote. FPHS has been the Health District's number one legislative priority for the last 10 years or so. Past and present Health District employees and Board members have worked very hard for this day. Now that the state legislature and governor have recognized that public health is essential, the next task is to turn that recognition into stable and sufficient funding for the public health system.
- As the Board may recall the state public health system --- comprised of the state Department of Health, state Board of Health, local health jurisdictions, and tribal health departments --- requested \$100 million over the next biennium for FPHS. FPHS was funded at \$12 million over the current 2017-19 biennium, and the total cost of full FPHS is estimated to be over \$500 million per biennium. The governor and the house proposed \$22 million for the next biennium, while the senate proposed only \$15 million, with some strings attached. Health District staff will continue to be active to seek FPHS funding for as long as it takes. He noted that the Health District received \$300 thousand during the first biennium.
- **EHB 1074**, Tobacco and Vapor to 21, has also been passed by the legislature and is on its way to the governor for signature. Increasing the legal age of purchase for tobacco and vapor products has also been a priority for the health district and board for many years.
- **EHB 1638**, promoting immunity from vaccine preventable diseases by reducing the opportunities for vaccine exemptions, has passed the house and is still being considered by the senate.

Next, Mr. Grellner reminded the Board that there is a Board Finance Committee Meeting on April 30th at 1:00 p.m. He said the purpose of the meeting is to start a process to develop a Board Finance Policy for jurisdiction funding of the District over time. Finance Committee members are Mayors Erickson and Wheeler and Commissioner Garrido.

Lastly, Mr. Grellner informed the Board that the Health District was awarded the Washington Wellness Zo8 Worksite Wellness award which recognizes the agency's wellness efforts for Health District staff. The District's Wellness Committee members and other staff who helped with the award application are: Anish Adhikari, Karen Boysen-Knapp, April Fisk, Yolanda Fong, Kelly Evans, Karen Holt, Kari Hunter, Carin Onarheim, and Angie Berger. There was no further comment. Mr. Grellner recognized and thanked Ms. Berger for leading the application effort.

2018 WATER QUALITY MONITORING REPORT

Mr. John Kiess, Environmental Health Director, introduced Grant Holdcroft, Pollution Identification and Correction (PIC) program manager and the 2018 Water Quality Monitoring Report. Mr. Kiess said the success of the PIC program is attributed to the predecessors who developed it and the continued work by current Health District staff to maintain it. The Health District's PIC program is a nationally recognized program that leads the way in this work.

Each year, the Health District's PIC program releases an annual report summarizing the previous year's water quality monitoring and clean-up work results. The 2018 Annual Water Quality Report has recently been completed and publicly released. The report introduction with links to each watershed segment, is available on the Health District's website. The report is available in electronic format only due to its size.

The majority of the Health District's water quality monitoring and clean-up work is funded through Clean Water Kitsap, Kitsap County's storm water utility, along with supplemental funds through temporary federal and state grants. Mr. Holdcroft introduced the PIC program staff and gave a presentation on the 2018 Water Quality Report, with a brief overview of the program and noting its achievements, including but not limited to:

- 59 of 69 (86%) streams had a reduced or similar bacteria levels from 2017;
- 61 of 69 (88%) streams had an improving or stationary long-term statistical trend;
- 35 of 69 (51%) stream monitoring stations met standards; and
- The number of streams with Public Health Advisories due to extremely elevated fecal coliform bacteria (FC) levels during summer months was reduced from 2017 (from 5 to 2 streams).

The mission of the PIC program is to find and fix sources of water pollution that can make people sick. This pollution contains bacteria, viruses and other pathogens that increase the risk of illness outbreaks. This type of pollution can come from a variety of sources including: livestock, humans and their pets, failing septic systems, leaking sewer lines and sewer spills, as well as wildlife.

The program has limited resources to address pollution sources and therefore must be efficient and effective. Some challenges and innovations of the program are identifying the source of bacteria, cost of fixing problems, informing the public, and working even more efficiently. The program works with UW and EPA on sampling and takes part in a low loan interest program

through Craft 3 and the US Department of Agriculture Rural Development to assist homeowners in affordable options for fixing issues. The Health District uses an electronic notification system to notify the public of advisories and media releases.

The State of Washington has changed the standards for how to measure if a waterbody has bacterial pollution or not. The change went into effect in February of 2019. This means program staff need to figure out how to transition to this new measure and standard.

Commissioner Gelder noticed sample points on the map outside Kitsap County. He asked if we sample in that area. Mr. Holdcroft explained that this map is based on GIS data, which is not always accurate due to poor reception in some areas and that the Health District doesn't currently sample outside Kitsap County.

Commissioner Gelder also noted the graph of the percent of streams meeting standard shows a lot of variance over the years. He asked what happens to cause this? Mr. Holdcroft said there can be a lot of factors involved such as a big rain, wildlife feces, and variance in time of sample collected. Commissioner Gelder recommended added a trend line to the graph to denote the upward mobility of the trend over time.

Mayor Erickson asked why the State decided to change from testing for fecal coliform to E. coli? Mr. Holdcroft explained that E. coli is a more robust indicator which survives longer during transport to labs for testing.

Mayor Erickson asked if staff have done microbial source tracking (MST) at Lofall. Mr. Holdcroft confirmed and said the results have come back inconclusive. He said river otters, raccoons, and sediment in stormwater pipes and culverts could all be a cause. He said MST only provides the bacterial source a fraction of a time, despite the high cost. He said the program using MST is helping to move testing forward so it can be used as standard practice. Mayor Erickson said the cost of MST likely outweighs that of staff time spent trying to track down pollution sources.

Mayor Erickson said 330,000 pounds of sewage accidentally spilled into the bay by the Navy. She asked if the Health District is involved in this. Mr. Holdcroft said the Tribes, Navy and State Department of Ecology were more involved with this spill than the Health District. However, the Health District's role is to provide signage and warn the public not to enter the water. Mayor Erickson asked if the Navy informs the Health District of a spill in a timely manner. Mr. Holdcroft said the Navy informs the Health District as soon as they know of a spill, but sometimes they aren't aware of a spill for several days or weeks.

Commissioner Wolfe asked why Lofall and Ostrich Bay are always on the top of the list of highest polluted bodies of water. He asked what staff are doing to correct that. Mr. Holdcroft said staff continue to ensure these are not being polluted by a human source. He said if the source is from wildlife, the Health District can't control that, and it is up to Fish and Wildlife to intervene. All the Health District can do at that point is to continue MST testing and survey the area for any human causes. Commissioner Wolfe asked if it was fair to say Lofall and Ostrich

Bay are not being polluted by a human source. Mr. Holdcroft said that is fair to say for Lofall but has not yet been determined for Ostrich Bay, but the PIC program is doing all the tests to rule out human cause.

Mayor Erickson gave an example of seagulls on the roof of the Sons of Norway building in Poulsbo. She said the seagull feces runoff into the drainage system into Liberty Bay.

Commissioner Gelder asked, if the State is changing standards and procedures, does the cost of the Health District's program go up and the program's capacity change? He asked if it is going to alter the trend lines. Mr. Holdcroft said this addresses all the questions the PIC program has also had. The program discussed running data for both kinds of bacteria, fecal coliform and E. coli for two years to compare the data side by side. The State's implementation plan said areas with shellfish beds may not be changing standards. However, some areas of the county have shellfish beds and others don't. He said the fecal coliform standard must be discontinued by December 31, 2020. He said the PIC program is looking to establish trend now for next three years, among other options.

Commissioner Gelder said there will be repercussions of changing standards opening old issues back up, such as Liberty Bay. etc. Mr. Holdcroft agreed and said the PIC program has these questions too and is working with the Department of Ecology to address them.

Mr. Grellner asked if the Department of Ecology has been coordinating with the State Department of Health and the Federal Drug Administration. Mr. Holdcroft said they have been coordinating in some ways, but not all, for example, the implementation plan discusses fecal coliform and shellfish areas.

There was no further comment.

MEASLES PLANNING UPDATE

Amy Anderson, Training and Exercise Specialist, Public Health Emergency Preparedness and Response, and Angie Berger, Administrative Assistant, approached the Board with an update on the measles outbreak in Washington State and the Health District's response efforts.

Ms. Anderson gave the Board a brief overview of the measles outbreak occurring in Clark and King counties and provided background on the disease. She also explained the Incident Command System (ICS) and its function in emergency response.

Commissioner Gelder asked how long the waiting period was before Clark County could determine the outbreak had ended. Ms. Anderson explained that it was two incubation periods of 21 days each, or 42 days without a confirmed case. She said the date of the last confirmed case was March 18th. To date, Clark county has confirmed 73 confirmed measles cases.

Clark County declared a local emergency on January 18th. The State of Washington declared a statewide public health emergency on January 25th. So far, it has cost the Washington State

Department of health and Clark County Public Health over \$1 million to respond to the measles outbreak. This cost does not include the costs of local health jurisdictions who have loaned their staff to the response or who have been preparing for a potential measles outbreak in their counties. There have not been any confirmed cases of measles in Kitsap County.

The Health District activated an internal, multiprogram ICS planning team on February 6th to use its Emergency Response plan to efficiently coordinate the District's preparedness efforts.

Ms. Berger provided the Board with an overview of the Health District's ICS activation. The ICS team created communication templates for schools, childcare facilities and medical providers. Some key lessons learned were:

- The diverse, multi-program team collaborated well together.
- Private school and childcare channels of communication weren't yet established, but listservs are being created now. Additionally, staff made the medical advisory voluntary listserv available to these groups, and several have already signed up. They will now receive the same medical messages that school nurses receive.
- Even though DOH created measles plans for local health jurisdictions, the Health District still need to customize templates so that they are specific to our community's needs.
- The ICS Team needs to have clear criteria for determining when the incident has ended, and the ICS team should demobilize.
- Public health emergency response is essential for supporting all our responses, including communicable disease. When the resources are invested into preparedness activities, it allows staff to respond quicker, more effectively and more efficiently, and ensures the right people are in the room.

Commissioner Gelder asked who will be responsible for maintaining the listservs. Ms. Berger said she already maintains the other listservs for medical messaging and will also be in charge of maintaining the private school and childcare listservs as well.

Commissioner Wolfe asked Mr. Grellner if there is legislation pending that will restrict vaccine exemption. Mr. Grellner confirmed engrossed HB1638 is working to tighten restrictions on vaccine exemptions. It has been passed by the house but is still in discussion in the senate.

Commissioner Garrido said she was impressed with the lessons learned.

Commissioner Gelder said these exercises are insurance to be able to respond to incidents when the time comes.

Commissioner Gelder asked what the purpose of explaining the cost is. Mr. Grellner said the purpose of tracking cost was to exemplify the cost of emergency response. Additionally, he said time is coded to emergency preparedness because it cannot be billed to any grants or contracts, so it was already being tracked. He also said this a prime example of foundational public health services. A wide variety of staff volunteered to participate on this team, meanwhile they couldn't

fully accomplish their regular workloads. He said if the Health District wants to have the capacity to respond quickly to emergencies and prevent illness and death, the District needs more resources to do it effectively.

Dr. Turner said the team is maintaining situational awareness. She also said that Kitsap County is at risk to exposure and said she received information last week of a person who had been exposed to a confirmed measles case on an airplane. Staff needed to immediately investigate, and she reminded the Board that these kinds of calls come in to the Health District every day. She emphasized the importance of having subject matter experts available on staff at all times to respond when needed.

Commissioner Gelder asked if the airplane measles exposure was grouped into the Clark County outbreak and restarted the clock on the incubation period. Dr. Turner explained that the airplane exposure created a completely separate response. She noted that the potential measles case in Kitsap County was negative – the patient was fully vaccinated and did not have any of the symptoms.

Dr. Turner also said that the cost noted in the presentation did not include business as usual. For example, the communicable disease staff received a large increase of calls about potential measles cases, due to the media and local awareness of the measles outbreak. She said these activities are considered business as usual and are not included in emergency response costs.

Commissioner Gelder said he appreciates the informative in-depth presentations on the Health District's programs.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 1:46 p.m.

Robert Gelder
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Commissioner* Robert Gelder; *Mayor* Kol Medina; *Mayor* Rob Putaansuu; *Mayor* Greg Wheeler; *Commissioner* Ed Wolfe.

Board Members Absent: *None.*

Community Members Present: None.

Staff Present: Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Leslie Banigan, *Senior Environmental Health Specialist, Water Pollution Identification and Correction*; Angie Berger, *Administrative Assistant, Administration*; Windie Borja, *Secretary Clerk 2, Support Services*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator*; Brittany Helvik, *Secretary Clerk 2, Support Services*; Grant Holdcroft, *Program Manager, Pollution Identification and Correction*; Karen Holt, *Program Manager, Human Resources*; Dayna Katula, *Manager, Food and Living Environment*; John Kiess, *Director, Environmental Health Division*; Melissa Laird, *Program Manager, Accounting and Finance*; Anne Moen, *Environmental Health Technician 2, Water Pollution Identification and Correction*; Megan Moore, *Community Liaison, Chronic Disease Prevention*; Newton Morgan, *Senior Environmental Health Specialist, Water Pollution Identification and Correction*; Ian Rork, *Environmental Health Specialist 1, Water Pollution Identification and Correction*; Susan Turner, MD, *Health Officer*.

DRAFT

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: May 7, 2019
Re: Environmental Health Specialist Day Proclamation by Governor Inslee

For your information, please find attached a copy of a proclamation by Governor Inslee, declaring today, May 7, 2019, as *Environmental Health Specialist Day*.

The Health District has 31 Environmental Health Specialists (EHS) and Technicians working to protect the public from contaminated water, food, land, air, and insanitary environments (Initiative 3 of the Health District's [Strategic Plan](#)).

The list of topic areas that our EHS's cover includes, but is not limited to, the following:

- Drinking water system oversight and well construction
- Surface water monitoring, pollution source identification, and clean-up enforcement
- Sewage/hazardous waste spill tracking and public notification
- Food service inspections, education, and foodborne illness investigations
- Swimming pool and swimming beach monitoring
- School environmental health and safety inspections
- Illegal garbage dumping investigations and enforcement
- Solid waste and recycling facility inspections and permitting
- Business pollution prevention and education
- Onsite sewage system reviews, permitting, inspections, monitoring, and enforcement
- Emergency preparedness planning and response

Please contact me with any questions or concerns about this presentation at (360) 728-2284, or keith.grellner@kitsappublichealth.org.

The State of Washington



Proclamation

WHEREAS, every day, Washingtonians face the threat of disease and possibility of injury from things in the environment that may result in harmful effects to their health and quality of life; and

WHEREAS, changes in the environment and community needs, the discovery of contaminants of concern, and emerging diseases present a dynamic challenge for ensuring community health and safety; and

WHEREAS, environmental public health hazards can negatively impact the health and wellbeing of every Washingtonian, especially individuals who are immunocompromised, including older adults and the very young, and based on national examples, individuals and communities experiencing a disproportionate burden of these hazards, such as communities of color and people living in low resource areas; and

WHEREAS, Environmental Public Health Specialists strive to protect the health of the public by reducing or eliminating environmental health risk factors that cause human suffering, disease, and injury through partnership, consultation, education, inspection, investigation, and enforcement in order to prevent disease transmission, ensure safe disposal of sewage, toxic material, solid waste, and ensure quality of life;

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, do hereby proclaim May 7, 2019, as

Environmental Health Specialist Day

in Washington, and I encourage all people in our state to join me in this special observance.



Signed this 17th day of April, 2019

Governor Jay Inslee

MEMO

To: Kitsap Public Health Board
From: Jessica Guidry, Public Health Emergency Preparedness & Response Program Manager
Date: May 7, 2019
Re: Updates from the Public Health Emergency Preparedness & Response Program

Public Health Emergency Preparedness and Response (PHEPR) is a *foundational capability* of the [Foundational Public Health Services](#) (FPHS). FPHS foundational capabilities (i.e., business competencies, policy development and support, communication, assessment/surveillance/epidemiology, communications, community partnership and development, and emergency preparedness) are areas of crosscutting **capacity** and **expertise** needed to support and successfully carryout public health programs.

The purpose of the PHEPR Program is to ensure that the Health District has the plans, procedures, systems, experience, and relationships necessary to effectively respond to public health emergencies or significant events.

During today's meeting, I will provide the Board with a brief overview our PHEPR Program. My presentation will address:

- How the Health District responds to emergencies
- Key activities of the PHEPR program
- PHEPR's critical partnerships
- A snippet of PHEPR's major accomplishments in the past year

Recommended Action

None. For information and discussion only.

Please contact me with any questions or concerns about this presentation at (360) 728-2267, or jessica.guidry@kitsappublichealth.org.

Public Health Emergency Preparedness and Response (PHEPR) Program

Jessica Guidry
Program Manager



KITSAP PUBLIC HEALTH DISTRICT

Outline

- How KPHD Responds to Emergencies
- PHEPR Program Purpose, Composition, and Key Activities
- Major Partnerships
- Major Accomplishments in the Past Year
- Emerging Issues



How KPHD Responds to Emergencies



KITSAP PUBLIC HEALTH DISTRICT

What is the Health District's Role in an Emergency?

Our Mission:

“Striving to make Kitsap County a **healthy** and **safe** place to live, learn, work, and play.”

Our Mission in an Emergency

“Striving to make Kitsap County a **healthy** and **safe** place to live, learn, work, and play.”

The difference? **Our priorities** depending on how the disaster affects our health.





Emergencies vs. Disasters



Key Response Activities

- Emergency Coordination
- Public Information
- Information Sharing (response partners)
- Healthcare Surge/Support
- Staff Safety
- Continuity of Operations



Emergency Response Team

- Currently have 21 members
48% in EH, 29% in CH, and 24% in Admin
- In the past year, members have participated in:
 - Emergency exercises
 - Emergency trainings (ICS forms course, Incident Action Plan)
 - Notification drills
 - Activations



**Emergency
Coordination
Center (ECC)**



KPHD Emergency Response Team



**Emergency
Operations Center
(EOC)**

*1 KPHD Agency Representative
1 KPHD Health and Medical (ESF 8) Coordinator
1 KPHD Representative for Joint Information Center*



Our Emergency Preparedness Program



KITSAP PUBLIC HEALTH DISTRICT

Program Staff

Jessica, Program Manager



- Plans and procedures
- Contracts/agreements
- Grant management
- Regional coordinator (Kitsap, Clallam, and Jefferson)
- 11 years with KPHD

Amy, Training & Exercises



- Training & Exercise Specialist Staff and community training (local and regional)
- Internal and external exercises/drills, etc. (local and regional)
- 1.5 years with KPHD



Program Funding

- Almost 100% funded by CDC public health emergency preparedness grant
- Yearly budget = approximately \$295,000



How Does the District Prepare?

- Develop and maintain **plans and procedures**
- Conduct staff **training** and **exercises**
- Promote **personal preparedness** among KPHD staff



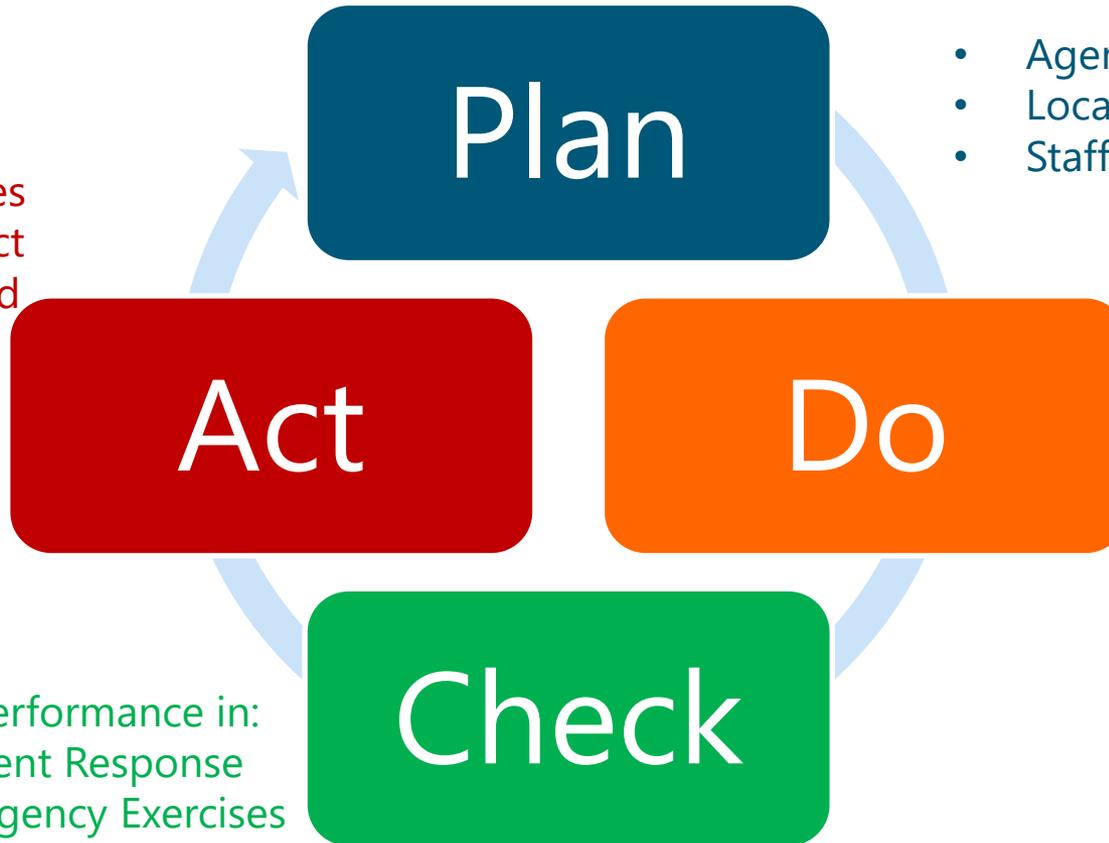
How Does the District Prepare?

- Build and maintain key local, tribal, regional, and state **partnerships**
- Maintain **emergency communications** systems
- **Stay informed** about best practices, lessons learned from other responses and national guidance
- **Learn** from our activations/drills and address gaps



Continuous Quality Improvement

Update plans and procedures and/or conduct trainings based on lessons learned



- Agency Plans & Procedures
- Local, Regional, State Plans
- Staff Training

- Assess performance in:
- Incident Response
 - Emergency Exercises

- Incident Response
- Emergency Exercises



Relationships
are
everything

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KITSAP PUBLIC HEALTH DISTRICT

Tribes on Kitsap Peninsula

- Olympic Regional Tribal Public Health Mutual Aid Agreement
- Partner with Suquamish Tribe and Port Gamble S'Klallam Tribe
 - Conducting staff training
 - Share plans and training opportunities
 - Plan and participate in joint exercises



Navy

- Have established relationship with Naval Hospital Bremerton and Radiation Emergency Planners (Propulsion)
 - Share plans
 - Attend trainings together
 - Coordinate meetings together (e.g. Radiation event)
 - Participate in exercises together (e.g. Manchester Depot exercise, radiation exercises)
 - Collaborate in response (e.g. H1N1, Ebola)



Healthcare Partners

- Work collaboratively on plans, e.g. via Health and Medical Workshops
- Plan and participate in joint exercises
- Attend Harrison's Joint Commission meetings and support exercises
- Network with other healthcare partners (clinics, dialysis center, mental health, EMS, etc.)
- Participate in Northwest Healthcare Response Network (incl. Disaster Advisory Committee)



County Department of Emergency Management

- Strong partnership, especially pertaining to health and medical coordination
- Member (and steering committee member) of Kitsap County Vulnerable Populations Taskforce
- Collaborate on various meetings, trainings, and exercises



Department of Emergency Management

City of Bainbridge Island

- Member of newly formed Emergency Management Advisory Council
- Provide technical assistance re: development of COBI unit of Medical Reserve Corps
- Have cohosted trainings in the past; shared information with new EM Coordinator
- Attended COBI planning meetings



CITY OF
BAINBRIDGE ISLAND



KITSAP PUBLIC HEALTH DISTRICT

Clallam and Jefferson LHJs

- Grant management – interpretation of grant deliverables
- Plans – share our Kitsap plans as templates, connect them with other planning resources
- Training and exercises



Some Recent Accomplishments



KITSAP PUBLIC HEALTH DISTRICT

Planning and Response Activities

- Horseshoe Lake Norovirus response (2018)
- Measles Preparedness (organized through Incident Command System, 2019)



Preventing Measles in Health Care Settings

Clinical Presentation

Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever of at least 101°F and the three "C's" - cough, coryza, and conjunctivitis - Koplik spots (tiny red spots with bluish-white centers inside mouth on the lining of the cheek) may appear, followed by a maculopapular rash which appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities (Image 1). Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash.



Transmission and Exposure Definitions

Transmission

Measles is one of the most contagious of all infectious diseases; approximately 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by **airborne spread** when an infected person breathes, coughs, or sneezes. The measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed.

Exposure

For health care facilities, exposure is defined as any susceptible person who was in the same area of the facility (outside of airborne infection isolation room (AIIR)) for any length of time, regardless of mask usage. Exposure is **not** defined by whether or not the patient was masked, but whether proper infection control measures were in place.

Two examples are provided below:

- **Meets exposure definition:** A patient was masked but in the waiting area or walked down a hallway that other patients used.
- **Does not meet exposure definition:** A facility can validate that a patient was masked prior to entry into the facility, taken through a back entrance, escorted through a hallway not shared by other patients and taken directly to a negative air-pressure room, then re-masked and escorted out by the same route.

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Community Readiness

- Supported health and medical coordination during February snow event; conducted debrief with healthcare partners
- With Kitsap DEM convened mass casualty incident planning meeting with EMS, Sherriff's Office, Harrison Medical Center, and Naval Hospital Bremerton
- Hosted intern who wrote a report on how KPHD can better support communities with access and functional needs during an emergency



Emerging Issues

- Wildfire Smoke
- Health and Other Inclement Weather Events





MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: May 7, 2019
Re: People's Harm Reduction Alliance

The Health District has contracted for secondary syringe exchange services with the [People's Harm Reduction Alliance](#) (PHRA) since late 2015. Each contract with PHRA has integrated [guidance](#) from the Centers for Disease Control and Prevention (CDC) for science-based behavioral health interventions into the syringe exchange program: prevention, education, referral, and counseling services.

In response to Health Board members' concerns about PHRA methods and activities, Mr. Tom Fitzpatrick, a PHRA board member and co-founder, reached out to individual Health Board members to discuss these concerns.

The purpose of today's agenda item with Mr. Tom Fitzpatrick/PHRA is to provide a public forum to get more information about PHRA, and to facilitate a discussion between the full Health Board and PHRA about concerns with the Health District's secondary syringe exchange services contract with PHRA.

Recommended Action

None. For information and discussion only.

Please contact me with any questions or concerns about this presentation at (360) 728-2284, or keith.grellner@kitsappublichealth.org.