



King County
Metropolitan King County Council
Committee of the Whole

STAFF REPORT

Agenda Item No.: 6	Date: 3 Dec 2007
Ordinance No.: 2007-0168	Prepared by: Nick Wagner

SUBJECT

Approval and adoption of the 2007 King County Pandemic Influenza Response Plan.

BACKGROUND

Previous staff reports have explained in detail the nature and seriousness of pandemic influenza and the importance of preparing to deal with it. This report will not cover that ground again; however, an excerpt from an earlier staff report providing such background is attached to this report as Attachment 4 (p. 19 of these materials).

King County's Pandemic Influenza Response Plan ("Response Plan") was originally prepared by the Executive in 2006 to satisfy a proviso contained in Ordinance 15348, which the Council had passed in December of 2005.¹ As requested by the Council, the 2006 Response Plan addressed the County's roles as (1) regional emergency preparedness and public health provider, (2) government services provider, and (3) large employer. Consistent with those roles, the 2006 Plan had three components:

1. The **Public Health Pandemic Influenza Response Plan (PH PIRP)** guided the County and our regional partners in responding to and preparing our community for the pandemic flu.
2. The **King County Continuity of Operations Plan (COOP)** guided the continuity of essential County government services during a pandemic.
3. The **Human Resources Division Pandemic Influenza Emergency Response Manual** guided the County's response as an employer.

The Council approved and adopted the 2006 Response Plan in September of 2006 by Ordinance 15596 (Attachment 2) (p. 9).

ORDINANCE 15597

In companion legislation, Ordinance 15597, the Council attached a proviso to \$200,000 of a carryover appropriation of pan flu response funding.² The proviso called upon the Executive to

¹ See Pan Flu Legislative History (Attachment 5 to this staff report) (p. 25).

² A copy of Ordinance 15597 is Attachment 3 to this staff report (p. 13). The funding in question was the \$2.02 million savings that the Executive was able to secure by purchasing Tamiflu antiviral medication at a substantial

prepare an updated Response Plan that included three elements:

1. “[A]n updated Public Health Pandemic Influenza Response Plan including updated plans for medical surge, the Health Care Coalition, Vulnerable Populations Action Team, social distancing measures and cooperation with neighboring jurisdictions”;
2. “[U]pdated continuity of operations plans for the provision of public services the county government provides reflecting the following Tier 3 planning elements”:
 - “a definition of essential services countywide”;
 - “incorporation of interdepartmental and interbranch dependencies into plans”;
 - “plans for identifying and centrally reporting on operational impacts during a pandemic”;
 - “cost and means of acquiring and storing supply stockpiles”;
 - “plans for interdependencies with outside agencies including other government jurisdictions who contract with King County for services”;
 - “plans for meeting technological needs and training to achieve social distancing, plans for cross-training employees; exercises to test plans”;
 - “identification of changes needed in county or state laws and administrative codes and a plan to address these including the preparation of model orders and notices”;
 - “protocols for closing facilities or changing operating hours; communications and communication training plans”; and
 - “elements to be addressed in Tier 4”; and
3. “[A]n updated pandemic influenza emergency response manual from the human resources division outlining protocols for the preparedness and protection of county employees.”

And the proviso included a fourth requirement:

4. The executive shall find appropriate means for coordinating with and involving the separately elected officials in this planning effort.

Upon the Council’s adoption of an ordinance approving such a plan, the requirements of the proviso would be satisfied and the \$200,000 to which the proviso was attached would be released.

PROPOSED ORDINANCE 2007-0168

In response to Ordinance 15597, the Executive has transmitted an updated, 2007 version of the King County Pandemic Influenza Response Plan, together with Proposed Ordinance 2007-0168, which would approve and adopt the 2007 Response Plan, thereby meeting the terms of the proviso.

discount. There were three other provisos in Ordinance 15597, one of which was attached to \$800,000 of the Tamiflu savings. That proviso is the subject of Proposed Ordinance 2006-0594.

THE 2007 RESPONSE PLAN

A hard copy of the 2007 Response Plan was provided to each councilmember earlier this year, when it was transmitted by the Executive. Since the plan is some 1,500 pages in length, an additional hard copy is not being provided with this staff report; however, a CD containing the plan is being provided with councilmembers' copies of the staff report, and a copy of the plan is available from the Public Health website at <http://www.metrokc.gov/health/pandemicflu/plan/>.

Attachment 7 to this staff report (p. 31) is a council staff analysis of the 2007 Response Plan's compliance with the requirements contained in the Ordinance 15597 proviso. The analysis, which represents the work of about a dozen members of the Council's central staff, shows that the Response Plan complies with the Ordinance 15597 proviso, though there are some suggestions for improvement, which will be forwarded to the agencies in question. It should also be noted that the plan itself is a work in progress and identifies the need for continuing work to prepare for the possibility of a flu pandemic.

FISCAL IMPACT

According to the Executive's transmittal letter:

[T]he financial impact of Tier 3 plans is not yet known. The Executive Office and the Office of Management and Budget are currently working to standardize guidelines and cost estimates for Tier 3 Plan supplies in order to provide more defined direction to county agencies in determining the financial impact to King County for Tier 3 planning. [Attachment 8 to this report (p.51 of these materials), at p. 5]

In furtherance of that process, the Executive has developed a Tier 3 Plan Policy Framework for Funding, a copy of which is Attachment 6 to this staff report (p. 27). The Executive reports that executive departments have been directed, and separately-elected county officials have been requested, to apply these guidelines to their plans and to work with OMB to determine fiscal impacts, and with Public Health Seattle King County (PHSKC) to determine operational needs, to implement social distancing. That work is in process and will pick up speed now that the budget has been adopted.

Given the public health focus of this planning, PHSKC is doing a great deal of work beyond the Tier 3 planning effort. As part of the business continuity planning process, PHSKC is identifying the resource needs for a three-month period, should the county face a pandemic and experience shortages in key resources. PHSKC is identifying administrative supply needs and supplies needed to control the spread of infection—specifically hand gel, disinfectant wipes, tissues, etc.—but does not intend to stockpile such supplies, because it is anticipated that they can be acquired in the very early stages of a pandemic, before it reaches King County.

The need for personal protective equipment, such as masks and other medical supplies, is somewhat unique to PHSKC, which is developing personal protective guidelines for its facilities to address the extent to which employees would have contact with infectious patients. PHSKC will determine the appropriate level, quantity, and cost of personal protective equipment that is needed. That equipment would need to be stockpiled, since most is made overseas and there are

currently waiting lists on some items. If the analysis demonstrates a need for additional funding, the Executive can be expected to bring a supplemental appropriation request to the Council for consideration.

REASONABLENESS

The 2007 King County Pandemic Influenza Response Plan appears to comply with the Ordinance 15597 proviso. On that basis, passage of Proposed Ordinance 2007-0168 (Attachment 1) (p. 5) would constitute a reasonable policy decision by the Council. The budget impact of the plan is currently unknown and may be the subject of future appropriation requests.

INVITEES

1. Benjamin Leifer, Chief Administrative Officer, Department of Public Health
2. Kathie Huus, Chief of Staff, Department of Public Health
3. Caroline Whalen, Program Project Director, Department of Executive Services
4. Michael Loehr, Manager, Preparedness Section, Department of Public Health
5. John Amos, County Executive Assistant, Supervisor (Criminal Justice & HHS), Office of Management & Budget, King County Executive Office
6. Jonathan Larson, Budget Analyst, Office of Management & Budget, King County Executive Office

ATTACHMENTS

1. 2007-0168 Proposed Ordinance (p. 5 of this staff report)
2. Ordinance 15596 (p. 9)
3. Ordinance 15597 (p. 13)
4. 2006-0115 Staff Report excerpts, pp. 1, 3-6 (p. 19)
5. Pan Flu Legislative History (p. 25)
6. Tier 3 Plan Policy Framework for Funding (p. 27)
7. Analysis of 2007 Response Plan's Compliance with Ordinance 15597 (p. 31)
8. Transmittal Letter (p. 51)



Signature Report

November 30, 2007

Ordinance

Proposed No. 2007-0168.1

Sponsors Phillips, Hague and Patterson

1 AN ORDINANCE adopting King County's Pandemic
2 Influenza Response Plan, Updated March 2007, as required
3 by Ordinance 15597.
4

5 **STATEMENT OF FACTS:**

- 6 1. Recognizing the need for the county to be prepared for the possibility
7 of an influenza pandemic, the King County executive transmitted in
8 October 2005 an ordinance proposing \$5, 960,000 to support pandemic flu
9 preparedness.
- 10 2. In December 2005, the King County council adopted Ordinance 15348
11 appropriating the funds proposed by the executive for the purchase of
12 antiviral medications, the development of public information and outreach
13 campaigns and the development of a medical surge plan.
- 14 3. In Ordinance 15348, the council included a statement of facts regarding
15 pandemic influenza, the current pandemic concern, and the county's
16 responsibilities in preparing for a possible influenza pandemic.

17 4. In Ordinance 15348, the council included a proviso requiring that the
18 executive, in collaboration with the office of emergency management and
19 the Seattle-King County department of public health, transmit for the
20 council's review and approval by ordinance a cohesive and detailed
21 pandemic influenza response plan for the county, including continuity of
22 operations planning for essential government services and preparedness
23 plans for county employees.

24 5. In September 2006, the council adopted Ordinance 15597, which
25 provided the carryover and concurrent transfer into grant funds from 2005
26 of \$5,960,000 in expenditure authority to support King County's Pandemic
27 Influenza Response Plan.

28 6. In Ordinance 15597, the council included a proviso requiring the
29 executive to provide an update to King County's Pandemic Influenza
30 Response Plan to reflect the next significant steps in the planning process.
31 Three major elements were identified for inclusion:

32 (a) Updated plans for medical surge, the Health Care Coalition,
33 Vulnerable Populations Action Team, social distancing measures and
34 cooperation with neighboring jurisdictions;

35 (b) Updated continuity of operations plans for the provision of public
36 services the county government provides reflecting additional analysis of
37 essential services and interdependencies, plans for training employees and
38 maintaining critical technology infrastructure and support services,

39 exercises to test preparedness, plans to identify and report operational
40 impacts during a pandemic, and related actions; and

41 (3) An updated pandemic influenza emergency response manual from
42 the human resources division outlining protocols for the preparedness and
43 protection of county employees.

44 7. Attachment A to this ordinance, King County's Pandemic Influenza
45 Response Plan, Updated March 2007 ,fulfills the requirements of
46 Ordinance 15597, Section 2, Proviso P2, represents the work of all county
47 agencies and branches of government, and is the another major milestone
48 in the county's ongoing pandemic flu planning and preparation process.

49 7. King County's Pandemic Influenza Response Plan, Updated March
50 2007, and the supporting appropriations keep the county at the forefront of
51 regional pandemic flu disaster planning among local jurisdictions across
52 the nation.

53 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

Ordinance

54 SECTION 1. King County's Pandemic Influenza Response Plan, Updated March
55 2007, Attachment A to this ordinance, is hereby adopted and approved.

56

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

ATTEST:

APPROVED this ____ day of _____, _____.

Attachments A. King County's Pandemic Influenza Response Plan, Updated March 2007



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

September 19, 2006

Ordinance 15596

Proposed No. 2006-0115.2

Sponsors Phillips, Hague, Gossett, Patterson,
Constantine, Ferguson and Dunn

1 AN ORDINANCE adopting the Pandemic Flu Influenza
2 Response Plan as required by Ordinance 15348.

3
4

5 STATEMENT OF FACTS:

- 6 1. Recognizing the need for the county to be prepared for the possibility
7 of an influenza pandemic, the King County executive transmitted in
8 October 2005 an ordinance proposing \$5.96 million to support pandemic
9 flu preparedness.
- 10 2. In December 2005, the King County council adopted Ordinance 15348
11 appropriating the funds proposed by the executive for the purchase of
12 antiviral medications, the development of public information and outreach
13 campaigns and the development of a medical surge plan.
- 14 3. In Ordinance 15348, the council included a statement of facts regarding
15 pandemic influenza, the current pandemic concern, and the county's
16 responsibilities in preparing for a possible influenza pandemic.

17 4. In Ordinance 15348, the council included a proviso requiring that the
18 executive, in collaboration with the office of emergency management and
19 the department of public health, transmit for the council's review and
20 approval by ordinance a cohesive and detailed pandemic influenza
21 response plan for the county, including continuity of operations planning
22 for essential government services and preparedness plans for county
23 employees.

24 5. Attachment A to this ordinance, the King County Pandemic Influenza
25 Response Plan, fulfills the requirements of the proviso, represents the
26 work of all county agencies and branches of government, and is the first
27 major milestone in the county's ongoing pandemic flu planning.

28 6. The King County Pandemic Influenza Response Plan addresses the
29 county's regional roles as emergency management coordinator and public
30 health provider, governmental service provider and large employer.

31 7. The executive has also transmitted and the council approved Ordinance
32 _____ (Proposed Ordinance 2006-0257), carrying over to 2006 the \$5.96
33 million appropriated in 2005 to support the King County Pandemic
34 Influenza Response Plan. The ordinance includes a proviso requiring the
35 executive to transmit by February 1, 2007, for the council's review and
36 approval an updated King County Pandemic Influenza Response Plan
37 reflecting the next steps in the planning process.

38 8. The King County Pandemic Influenza Response Plan, the continued
39 planning efforts, and the supporting appropriations place the county at the

40 forefront of regional pandemic flu disaster planning among local
41 jurisdictions across the nation.

42 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

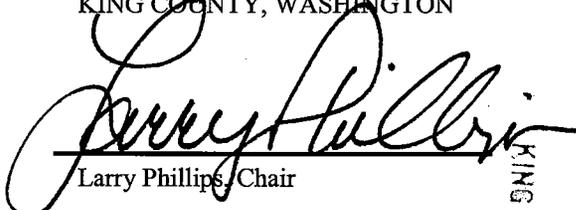
43 SECTION 1. The King County Pandemic Influenza Response Plan, Attachment
44 A to this ordinance, is hereby adopted and approved.

45

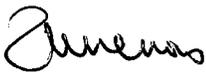
Ordinance 15596 was introduced on 3/6/2006 and passed by the Metropolitan King
County Council on 9/18/2006, by the following vote:

Yes: 8 - Mr. Phillips, Ms. Lambert, Mr. Dunn, Mr. Ferguson, Mr. Gossett,
Ms. Hague, Mr. Constantine and Ms. Patterson
No: 0
Excused: 1 - Mr. von Reichbauer

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON


Larry Phillips, Chair

ATTEST:



Anne Noris, Clerk of the Council

RECEIVED
2006 SEP 29 PM 12:48
CLERK
KING COUNTY COUNCIL

APPROVED this 21st day of September, 2006..


for Ron Sims, County Executive

Attachments A. King County Pandemic Influenza Response Plan



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

September 19, 2006

Ordinance 15597

Proposed No. 2006-0257.2

Sponsors Phillips, Hague, Gossett, Patterson,
Constantine, Ferguson and Dunn

1 AN ORDINANCE to provide for the carryover from 2005
2 to 2006 of \$5.96 million in expenditure authority
3 supporting the King County Pandemic Influenza Response
4 Plan; amending the 2006 Budget Ordinance, Ordinance
5 15333, Section 81, as amended, and adding a new section
6 to Ordinance 15333.

7

8

9

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

10

SECTION 1. Ordinance 15333, Section 81, as amended, is hereby amended by

11

adding thereto and inserting therein the following:

12

GRANTS – From the grants fund there is hereby appropriated to:

13

Grants \$5,960,000

14

NEW SECTION. SECTION 2. There is hereby added to Ordinance 15333 a new

15

section to read as follows:

16

GRANTS CX TRANSFERS – From the current expense fund there is hereby

17 appropriated to:

18 Grants CX transfers \$5,960,000

19 P1 PROVIDED THAT:

20 Of this appropriation, \$800,000 shall not be expended or encumbered until the
21 executive transmits and the council adopts an ordinance approving a plan for how the
22 \$4.76 million of this appropriation previously allocated through Ordinance 15348 for the
23 purchase of antiviral medications shall be expended in the event that the County is able to
24 purchase such medications at a price of lower than \$40 per course of treatment. The
25 executive shall transmit this plan by December 4, 2006. The plan shall be filed in the
26 form of 12 copies with the clerk of the council, who will retain the original and will
27 forward copies to each councilmember, to the council's chief of staff and to the policy
28 staff director.

29 P2 PROVIDED FURTHER THAT:

30 Of this appropriation, \$200,000 shall not be expended or encumbered until the
31 executive transmits and the council adopts an ordinance approving an updated King
32 County Pandemic Influenza Response Plan that includes three elements. The first
33 element shall be an updated Public Health Pandemic Influenza Response Plan including
34 updated plans for medical surge, the Health Care Coalition, Vulnerable Populations
35 Action Team, social distancing measures and cooperation with neighboring jurisdictions.
36 The second element shall be updated continuity of operations plans for the provision of
37 public services the county government provides reflecting the following Tier 3 planning
38 elements: a definition of essential services countywide; incorporation of
39 interdepartmental and interbranch dependencies into plans; plans for identifying and

40 centrally reporting on operational impacts during a pandemic; cost and means of
41 acquiring and storing supply stockpiles; plans for interdependencies with outside
42 agencies including other government jurisdictions who contract with King County for
43 services; plans for meeting technological needs and training to achieve social distancing,
44 plans for cross-training employees; exercises to test plans; identification of changes
45 needed in county or state laws and administrative codes and a plan to address these
46 including the preparation of model orders and notices; protocols for closing facilities or
47 changing operating hours; communications and communication training plans; and
48 elements to be addressed in Tier 4. The third element shall be an updated pandemic
49 influenza emergency response manual from the human resources division outlining
50 protocols for the preparedness and protection of county employees. The executive shall
51 find appropriate means for coordinating with and involving the separately elected
52 officials in this planning effort. The executive shall transmit this plan by January 25,
53 2007. The plan shall be filed in the form of 25 copies with the clerk of the council, who
54 will retain the original and will forward copies to each councilmember, to the council's
55 chief of staff and the remainder to the policy staff director for distribution to council
56 committee staff.

57 P3 PROVIDED FURTHER THAT:

58 The executive may expend or encumber the \$1 million in appropriation authority
59 restricted by Provisos P1 and P2 of this section without having fulfilled the requirements
60 of the provisos if the World Health Organization increases the phase of pandemic
61 influenza alert from level three to four or higher, indicating a greater potential for an
62 influenza pandemic to emerge in the near term. The executive shall provide notice to the

63 council of the amount and purpose of such expenditures within ten days of the funds
64 being expended or encumbered. The notice required by this proviso shall be filed in the
65 form of 12 copies with the clerk of the council, who will retain the original and will
66 forward copies to each councilmember, to the council's chief of staff and to the policy
67 staff director.

68 P4 PROVIDED FURTHER THAT:

69 This appropriation is made with the knowledge that Congress is considering
70 several proposals that would make funds available to local jurisdictions for influenza
71 pandemic preparedness, including the subsidized purchase of antiviral medications or
72 vaccines. The county recognizes that local influenza pandemic preparedness functions
73 will require federal or state resources. This appropriation is adopted with the expectation
74 that King County will receive additional federal and state resources for influenza

75 pandemic preparedness functions and it is the intent of King County that federal and state
76 resources be used to reimburse this appropriation.

77

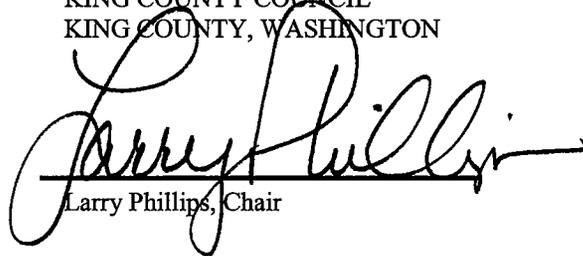
Ordinance 15597 was introduced on 6/5/2006 and passed by the Metropolitan King
County Council on 9/18/2006, by the following vote:

Yes: 8 - Mr. Phillips, Ms. Lambert, Mr. Dunn, Mr. Ferguson, Mr. Gossett,
Ms. Hague, Mr. Constantine and Ms. Patterson

No: 0

Excused: 1 - Mr. von Reichbauer

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON



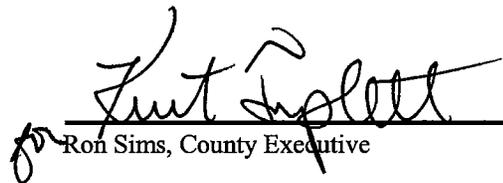
Larry Phillips, Chair

ATTEST:



Anne Noris, Clerk of the Council

APPROVED this 29th day of September, 2006.



Ron Sims, County Executive

Attachments None

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2006 SEP 29 PM 12:48
CLERK
KING COUNTY COUNCIL



Metropolitan King County Council Committee of the Whole

Agenda Item No.: 3

Date: April 17, 2006

Proposed No.: 2006-0115

Prepared By: Carrie S. Cihak

STAFF REPORT

SUBJECT: AN ORDINANCE approving the King County Pandemic Influenza Response Plan. This item is for discussion only.

SUMMARY:

In December 2005, the Council approved a request from the Executive for \$5.96 million in appropriation authority for pandemic influenza preparedness. In adopting the request, the Council added a proviso restricting \$600,000 of the requested appropriation pending the review and approval by the Council by ordinance of a cohesive and detailed pandemic influenza response plan. The Council requested that the plan address the County's roles as (1) regional emergency preparedness/public health provider, (2) government service provider, and (3) large employer.

The Executive responded to the proviso by transmitting Proposed Ordinance 2006-0115 and its attachment, the King County Pandemic Influenza Response Plan (KC PIRP). The KC PIRP is the result of the work of hundreds of County employees and has three inter-related components that respond to the County's roles listed above:

1. The **Public Health Pandemic Influenza Response Plan (PH PIRP)** guides the County and our regional partners in responding to and preparing our community for the pandemic flu.
2. The **King County Continuity of Operations Plan (COOP)** guides the continuity of essential County government services during a pandemic.
3. The **Human Resources Division Pandemic Influenza Emergency Response Manual** guides the County's response as an employer.

This staff report serves three purposes. First, this staff report serves as a reference for the Council on the pandemic flu and the County's roles in preparing our community for it. Second, it provides a summary of the 600-page plan transmitted by the Executive. Finally, it provides analysis of the plan to which all Council central staff analysts have contributed.

A table of contents on the next page provides an overview of content and easy reference.

BACKGROUND:

Legislative History

In late 2005, the Executive transmitted an ordinance to the Council requesting a 2005 appropriation of \$5.96 million backed by general fund revenues to the Grants Fund for pandemic flu preparedness. The Executive's expenditure proposal included:

- \$4.76 million – Antiviral Medication (Tamiflu) Purchase
- \$500,000 – Medical Surge Capacity Plan
- \$250,000 – “Stop Germs” Public Education Campaign
- \$250,000 – Vulnerable Populations Outreach Plan
- \$200,000 – Regional Public Information Network (RPIN) Infrastructure

The December 7, 2005 staff report to Proposed Ordinance 2005-0419 includes further information on the Executive's proposal for expenditure of these funds.

In reviewing the Executive's expenditure proposal, the Council observed that the County is in a unique position to lead in the development of a cohesive and detailed response plan for how our region will function for several months under a severe influenza pandemic. The Council observed that any response plan designed to mitigate the impacts of the pandemic flu must recognize the County's role in each of three areas:

1. The County is responsible for the regional coordination of **emergency preparedness** and the provision of **public health** services;
2. The County provides **essential government services** such as Metro Transit public transportation, solid waste disposal, wastewater treatment, and a variety of criminal justice and human services;
3. The County is a **large employer** with worksites throughout the County.

The Council also observed that for a response plan to be successfully implemented when a pandemic flu emerges, broad commitment to the plan will be needed in advance, thereby requiring the involvement of the public and separately elected officials in the planning process.

Therefore, in adopting the Executive's expenditure proposal, the Council added a 2005 proviso restricting \$600,000 of the requested appropriation pending the review and approval by the Council by ordinance of a cohesive and detailed pandemic influenza response plan. The Council requested that the plan address the three roles of the County outlined above and that the plan be transmitted by March 1, 2006. The Executive responded to the proviso by transmitting Proposed Ordinance 2006-0115 and its attachment, the King County Pandemic Influenza Response Plan (KC PIRP).

The proviso was tied to a 2005 operating appropriation. Operating appropriations expire at the end of the calendar year. Any amount of the \$5.96 million appropriation that was not expended in 2005 would need to be reappropriated for expenditure in 2006. The Executive has not yet transmitted the 2006 carryover ordinance that would reappropriate funding for these and other programs. Until that ordinance is transmitted and adopted by the Council, any expenditure for

these pandemic influenza planning activities would have to be made within existing 2006 adopted budget authority. Additionally, Council approval of Proposed Ordinance 2006-0115 will not release the \$600,000 restricted by the 2005 proviso, because the appropriation itself has expired.

Influenza

Influenza is a highly contagious viral illness, characterized by a sudden onset of symptoms including fever/chills, cough, muscle aches and pains, headache, and fatigue/weakness. The respiratory symptoms can last five to seven days, while fatigue and weakness can persist for up to three weeks. Complications of influenza include bronchitis, sinusitis, pneumonia, and encephalitis. Children, the elderly, and people with immune-suppressive, respiratory, or cardiac diseases are most at risk of developing complications.

Influenza spreads when droplets from an infected person's cough or sneeze come in contact with the eyes, mouth or nose of an uninfected person. The virus can live for days on impermeable objects and can thereby infect people who come in contact with these contaminated objects. People are infectious for about one day before they develop symptoms and for up to a week while symptoms are active.

Influenza viruses originate in birds. Humans have no natural immunity to influenza viruses, though persons previously infected with or vaccinated against a certain strain can develop immunity to that strain. The influenza virus mutates rapidly, leading to influenza epidemics occurring virtually every year. In the United States, annual influenza epidemics hospitalize more than 200,000 people and kill 36,000 to 40,000 each year.

Pandemic Influenza

An influenza pandemic can occur when three conditions are met.

1. The form of the influenza virus must "shift" in a significant way such that the human population has little or no existing immunity against the new emergent strain.
2. The new strain must be capable of infecting humans and causing illness.
3. The new emergent strain must adapt to become easily transmissible from human-to-human.

Once these three conditions of an influenza pandemic are met, the disease spreads rapidly worldwide and can result in an enormous number of illnesses and deaths.

The timing of future influenza pandemics is unpredictable. In the 20th century, influenza pandemics occurred in 1918-1919, 1957-1958, and 1968-1969. The 1918-1919 pandemic was particularly virulent. Estimates of the number of deaths attributable to the pandemic worldwide are more than 50 million, at a time when the world's population was about 1.7 billion (about one-quarter what it is today). The virus killed more people – roughly half of whom were healthy and in the prime of life – in a 24 week period than AIDS has killed in the last 24 years. In the

United States, out of a population of about 103 million, the pandemic killed 500,000 people – more than 10 times the number of Americans who died in World War I.

The Current Pandemic Concern

In the last decade, a new strain of the influenza virus – H5N1 – against which humans have no immunity, emerged in bird populations in Asia, meeting the first condition of a pandemic. H5N1 has now been confirmed in wild birds and poultry in Asia, Europe, the Middle East, and Africa. H5N1 also meets the second condition of a pandemic in that the H5N1 avian flu virus has been shown capable of making humans ill. As of April 12, 2006, the World Health Organization reports 194 laboratory-confirmed cases of H5N1 infecting humans, with 109 of those cases resulting in death. H5N1 has not yet met the third condition of a pandemic: easy and sustainable transmission from human-to-human. The concern is that as H5N1 spreads among bird populations worldwide and continues to infect humans who come in very close contact with birds, more and more opportunities exist for the virus to adapt such that it becomes easily transmissible among humans.

Influenza vaccines are currently developed using a manufacturing process that takes six months to produce a vaccine once a viral strain representative of that causing human illness is selected for the production process. Although new and speedier techniques are being researched, the expectation is that a lag of several months will exist between the emergence of a pandemic and the availability of a vaccine.

Depending on the lethality of the virus that emerges, a pandemic could result in 2 million to over 100 million deaths worldwide. Estimates for the United States range from 200,000 to 2 million deaths. Updated estimates from the Centers of Disease Control and Prevention (CDC) suggest that a severe pandemic scenario in King County could result in up to 1.2 million people infected, 540,000 people clinically ill, 270,000 outpatient medical visits, 59,000 people needing hospitalization, and 11,500 deaths. To put these numbers in perspective, the County has a total population of 1.8 million, averages about 200 deaths in a six-week period, and has about 3,500 hospital beds.

The County's Role in Emergency Preparedness

State law vests in King County regional responsibility for both emergency management and preparedness. The County's Office of Emergency Management currently coordinates development of the King County Emergency Management Plan which is organized in four parts:

1. The Basic Plan, which states the disaster missions and responsibilities of County government, branches and departments;
2. Appendices to the Basic Plan, which include a variety of topics such as legal authorities, terms and definitions, and acronyms and abbreviations;
3. Emergency Support Functions (ESFs), which describe the policies, situation, planning assumptions, concept of operations, and responsibilities for each ESF, including ESF 8: Health, Medical and Medical Examiner Services;

4. Implementing Procedures, which describe the details of how to apply the concepts described in the Basic Plan, its supporting appendices, and ESFs.

The County's Office of Emergency Management also coordinates development of the Regional Disaster Plan for public and private organizations in the County. The Regional Disaster Planning Task Force meets regularly and includes representatives from cities, fire service, law enforcement, hospitals, public health, water and sewer, schools, businesses, nonprofits, and other associations. The Regional Disaster Plan is a unique agreement that establishes the framework to allow public, private and nonprofit organizations an avenue to efficiently assist one another during a disaster through a plan that addresses organizational responsibilities, an agreement that addresses legal and financial concerns, and support documents that address specific operational elements of any disaster (e.g., transportation, health and medical services, public information, communications, etc.). To date, there are over 115 organizations signed-on to the Regional Disaster Plan as partners to help one another when disaster hits our region.

The County's Public Health department coordinates regional Public Health preparedness functions. King County is one of eight counties in the nation identified as an Advanced Practice Center for Public Health Preparedness by the National Association of County and City Health Officials (NACCHO) in partnership with the Centers for Disease Control and Prevention (CDC). Public Health preparedness functions include disease investigation and surveillance, hospital and health system coordination, isolation and quarantine, mass medication distribution and vaccination, mass fatality management, laboratory analysis, public education and risk communication, workforce reassignment for emergency response, activation of the public health emergency operations center, and training and exercise development for public health disasters. The Director of Public Health is the County's Health Officer, who has specific powers under State law in a public health emergency. Public Health works closely on preparedness with the Office of Emergency Management.

ANALYSIS of the King County Pandemic Influenza Response Plan:

Overview

The Goal of Pandemic Preparedness

Although the risk of an influenza pandemic is serious, our ability to monitor the current H5N1 avian influenza outbreak presents an unprecedented opportunity to prepare for the eventuality of the next pandemic before it occurs. Successfully met, this opportunity will allow the effects of an influenza pandemic to be significantly mitigated. Evidence from the 1918 pandemic suggests that local actions can make a significant difference in limiting illness and the number of deaths. For example, in Philadelphia in 1918, local officials refused to close large public gatherings and did not disseminate information about the disease. Six weeks after the flu appeared on the East Coast, a trainload of naval recruits brought it from Philadelphia to Seattle. Despite significant criticism, Seattle authorities acted rapidly to close schools, theaters, dance halls, gyms and churches. While nearly 1,600 deaths in Seattle were attributed to the flu in late 1918 and early 1919, Seattle's death rate of one-quarter of one percent was three times less than that in Philadelphia.

Pan Flu – Legislative History

Date Adopted	Legislation	Description
12 Dec 2005	Ordinance 15348 (2005-0419)	<ol style="list-style-type: none"> 1. Appropriated \$5,960,000 for pandemic flu response preparedness, to be allocated \$4,760,000 to buy antiviral medicine, \$700,000 for public outreach and information, and \$500,000 for medical surge capacity plan. 2. Provisos: (1) \$600,000 withheld pending Council adoption of pan flu plan; (2) appropriation is subject to change if Congress makes funds available.
18 Sep 2006	Ordinance 15596 (2006-0115)	Adopts and approves pan flu response plan dated 1 March 2006 (satisfying proviso to Ordinance 15348).
18 Sep 2006	Ordinance 15597 (2006-0257)	<p>Carries over to 2006 the \$5,960,000 appropriated in 2005, with four provisos:</p> <ol style="list-style-type: none"> 1. \$800,000 withheld pending approval of plan for spending Tamiflu savings; 2. \$200,000 withheld pending Council approval of revised pan flu response plan; 3. Executive can spend the funds subject to provisos 1 and 2 of WHO raises pan flu alert phase to level 4 or higher; and 4. appropriation is subject to change if Congress makes funds available.
20 Nov 2006	Ordinance 15652 (2006-473)	2007 annual budget ordinance (did not carry over Tamiflu savings funding to 2007).
Pending (transmitted 6 Dec 2006)	Proposed Ordinance 2006-0594	<ol style="list-style-type: none"> 1. Approval of Executive's plan to spend Tamiflu savings, which was transmitted with proposed ordinance. Amount of savings: \$2.02 million. 2. Would satisfy proviso 1 of Ordinance 15597.
Pending (transmitted 6 March 2007)	Proposed Ordinance 2007-0168	<ol style="list-style-type: none"> 1. Approval of updated (March 2007) version of King County's Pandemic Influenza Response Plan, which was transmitted with proposed ordinance. 2. Would satisfy proviso 2 of Ordinance 15597.
22 Oct 2007	Ordinance 15940 (2007-0454)	3rd quarter omnibus appropriation: included \$2.02 million in Tamiflu savings.

Tier 3 Plan Policy Framework for Funding

Policy Framework:

1. The county will continue to pursue an all hazard approach to emergency preparedness.
2. The Pandemic Influenza presents unique challenges to preparedness not contemplated by weather/event related emergencies. These unique challenges are addressed by Tiers 1-3 plan documents.
3. The Pandemic specific needs for medical supplies and operational supplies will be incorporated into the all hazard approach. Some work remains to complete the needs assessment and financial impact. Outstanding work is identified below in *italics*.
4. The county's approach to telecommuting is in response to a variety of needs: all hazard emergency preparedness Pandemic Influenza, congestion relief and workforce productivity. The Remote Voice and Data Access Annex describes the county's approach; SSL VPN is the single, secure solution for remote access to the county's data network. Costing of SSL VPN will be billed to agencies based on number of users.
5. To the extent possible funding for emergency preparedness will be provided either as appropriations as appropriate in affected agencies or as reserves in fund financial plans. Reserve funding for emergency preparedness will of necessity compete for funding with other county priorities. Until such time as a final approved list of priority emergency preparedness supplies and capital needs is completed, funding will be provided as reserves consistent with established fund management policies.

Supply Guidelines

The financial impact to King County for costs related to Tier 3 Plan non-IT supplies is unknown at this time. Preliminary Tier 3 plan responses from county departments/agencies regarding essential supplies to be acquired and stockpiled against a future pandemic flu event indicated wide discrepancies in perceived needs and cost estimates.

This document provides guidelines to standardize supply needs and establish cost estimates for essential Tier 3 plan supplies. After the standards are applied, OMB and the Executive Office will work with agencies to determine the financial impact to the county.

The first part of this process was to group non-IT supplies into three general categories - general office supplies, health supplies for pandemic flu prevention, and operational supplies for department-specific specialized services - and then to determine guidelines and recommendations that departments should use to revise their cost estimates.

Following guidance from federal Pandemic Flu Plans developed by the Department of Health and Human Services and the Department of Homeland Security, Public Health Seattle-King County (Public Health) has indicated that the impact of a severe pandemic flu event, or "wave", would be 12 weeks in duration. A milder pandemic flu event may generate impacts to county services for a shorter duration, but Public Health recommends Tier 3 planning for a severe event. Based on this recommendation, directions to departments for revising cost estimates will be limited to a three-month period, not six months.

Standardized Costing for Supplies

1. **General Office Supplies** –Existing supplies on hand should be sufficient given the reduction in office activities during periods of social distancing. Moving to paperless processes will help to limit spread of disease. No additional costs are expected for office supplies.
2. **Health Supplies for Pandemic Flu Prevention** – Recommendations for the types and amount of essential supplies are based on guidance from Public Health for non-medical county operations. Costs of health supplies for departments and agencies that provide emergency and medical services will be included in the third category of operational supply costs for departments that provide specialized services.

The standards for non-medical, preventative-type health supplies are:

- **Masks** – The recommendation for non-medical KC facilities is to maintain a supply of surgical masks equal to 20% of staff in the building. This is not for day-to-day use, but only in the event an employee who becomes ill at work and will be sent home wearing a surgical mask. *Departments will be asked to submit cost estimates that supply sufficient masks for 20% of FTEs and TLTs. Procurement will then be asked to make arrangements with vendor for just in time ordering.*
- **Hand Sanitizing Gel** – Public Health guidelines indicate that hand sanitizing gel be available and accessible, to both staff and the public, anywhere that people come in contact with each other in county facilities. Departments should maintain a supply of hand gel in areas with public contact, such as reception and counter areas, conference and break rooms, lunch rooms, copy and mail rooms, and each county vehicle. The shelf life for hand sanitizer gel is two years. *Widespread use of hand gel should be in place now for regular flu season with the ability to get just in time additional supplies from contracted vendor (Procurement).* This is a regular operating expense.
- **Tissues** – Departments should maintain a supply of tissues for staff. An amount equal to 25% of 2006 actual purchases is appropriate. *Increase use now for regular flu season and make additional supplies available just in time ordering (Procurement).* This is a regular operating expense.
- **Cleaning Supplies for Shared Spaces** – This would involve operations and activities where staff use the same equipment, such as dispatch centers, counter areas, etc. Public health recommends kits for each individual working in these areas, to include disinfectant towels and sprays. The kits are not to be shared among individual employees. *Facilities Management Division will develop kit contents recommendation and will work with Procurement to use existing contracts to arrange just in time ordering.*
- **Special Department Needs** – Specialized services provided by some departments' personnel will require specific additional health/flu prevention supplies, such as shields to be installed in each Metro bus to protect drivers. These specialized supply requests will be evaluated on a case-by-case basis. *What remains in this work*

program is a review of Essential Services that correlates to supply requests; are all supply requests linked to an Essential Service (yes/no); are their Essential Services that are missing needed supplies? This review should be done by DES, OMB and SKCPH with department input as necessary.

- Gloves or other health supplies are not recommended as essential for the Tier 3 Plan supplies.

County-wide purchase orders for each of these supplies will be established through Procurement to standardize costs and to enable departments to purchase them. Procurement will need to organize just in time purchasing agreements with retained rights.

3. **Operational Supplies for Specialized Services** – To maintain continuity of business during a pandemic flu event, preliminary Tier 3 supply cost estimates identified additional types of supplies specific to the business activity of certain departments, i.e. fuel for Metro, chemical supplies for waster water treatment, construction supplies for Roads, and medical/pharmaceutical supplies for various branches of Public Health, among others. OMB will work with staff from each individual department to verify the need and amount of these supplies, to review or revise cost estimates, and to determine whether the department has storage capacity to stockpile these supplies. *What remains in this work program is a review of Essential Services that correlates to supply requests; are all supply requests linked to an Essential Service (yes/no); are their Essential Services that are missing needed supplies? This review should be done by DES, OMB and SKCPH with department input as necessary.*

Determine Financial Impact to King County Budget

The above recommendations and standard costing guidelines will be sent to each department/agency with instructions to review and revise their preliminary estimates for Tier 3 Plan supply costs. OMB will review the revised costs, in the context of the total county budget, to determine the financial impact to King County and to recommend budgetary action, if needed.

ANALYSIS OF 2007 RESPONSE PLAN'S COMPLIANCE WITH ORDINANCE 15597

A. Updated Public Health Pan Flu Response Plan

As required by the Ordinance 15597 proviso, the Public Health Pan Flu Response Plan includes updated plans for:

1. **Medical Surge:** see section IX of the Public Health Response Plan (“PHRP”);
2. **Health Care Coalition:** see PHRP sections VIII and IX;
3. **Vulnerable Populations Action Team:** see Emergency Support Function #8 (“ESF”) page 11; PHRP pages 11, 27, 31, Appendices B and C;
4. **Social Distancing Measures:** see PHRP section VIII(I) and Appendices D-2, D-3, E, and F; and
5. **Cooperation with Neighboring Jurisdictions:** see PHRP Appendix D-3.

B. Updated Continuity of Operations Plans

1. Office of the Executive

The Continuity of Operations Plan (COOP) for the Office of the Executive is reasonable and meets the requirements of the proviso.

2. Office of Management and Budget (OMB)

The COOP for OMB appears to adequately recognize the level of interdependency between OMB and other County agencies, such as the Office of the Executive, King County Council, and other separately elected agencies as well as executive departments. However, OMB has indicated that no specific agreements are currently in place for providing services or resources to these agencies in the event of a pandemic.

OMB recognizes that communication protocols are necessary; however, there is no timeline for the completion of agreements.

OMB has identified the potential interdependencies between OMB and other outside agencies; however, the Office points out that communication with these outside agencies typically would be handled by other agencies. As such, there are no specific communication agreements in place.

OMB appears to have developed a systematic approach to cross-training staff. Support staff are cross-training on payroll, legislation, and calendar scheduling. Budget Analysts use a “buddy system” where another analyst is able to handle their duties. The Section Supervisors are cross-training with the Deputy Director. Finally, the Deputy Director will

backfill for the Director if he is unable to perform his duties. No institutional or legal issues have been identified that would prevent implementation of a cross-training plan.

OMB has identified basic supplies, provisions, and other products that would be necessary in the event of an emergency. Typically these are basic supplies expected in an office environment. There are no issues with the identified requirements and supplies for a pandemic.

All essential databases used by OMB are now available electronically and accessible through the County's VPN network. OMB is also testing staff ability to access information from home locations and make adjustments as necessary. More information should be requested regarding this training plan, as it may be one that could be used in other similar working environments. Staff should be encouraged and tested to make use of the VPN network as available.

OMB has worked with the Executive's Office to identify specific changes to State or County laws that may be needed to plan more effectively for a pandemic. RCW 42.17 (Public Disclosure Act) does not have a provision to require a delay because of a pandemic (specifically because of severe staffing shortages). Also, several areas of the King County Code related to personnel and human resources may need to be addressed. Specifically:

- Special Duty Requests
- Furlough
- Leave Donation
- Sick Leave

To test the COOP for the Office, OMB used this winter's snow and ice storms as a real life test. During the storms, many employees worked from home using the VPN network. OMB was able to continue its work on projects and communication between staff at various locations continued through email. Further testing should be developed to more accurately simulate an extended period of employee absenteeism or inability to access the Columbia Center offices.

3. Office of Information Resource Management (OIRM)

The OIRM Tier 3 plan is reasonable and meets the requirements of the proviso. The plan focuses on providing the essential IT services to support on-going county operations. OIRM also prepared a detailed report on the network communication needs of employees who are anticipated to work at home in the event of a pandemic influenza emergency.

Under the current organizational structure for delivering IT services to county agencies and departments, IT staff within agencies and departments play a significant role in delivering services to agencies and departments, particularly support services to employees. The plan assumes that IT staff within agencies and departments will continue to provide those services and that OIRM will be available as back-up as needed. However, the OIRM plan does not provide details on the IT staffing plans and

contingency planning for the IT functions carried out by other executive departments and agencies. In future planning efforts, it may be helpful to identify the steps individual departments are taking in their IT divisions related to pan flu planning to ensure the consistent delivery of IT services during a pandemic influenza emergency.

The new remote access system (VPN) is intended to be much easier to use than the current system and will be an integral tool for allowing employees to work remotely. However, training and supporting employees in using the system will largely be the responsibility of individual departments. OIRM may wish to monitor the progress of IT staff within agencies and departments in rolling out VPN to appropriate users.

Lastly, the plan does a good job at identifying the external interdependencies with outside agencies. OIRM relies on several telecommunications contracts. OIRM reports it has discussed with each of these contractors service levels during a pandemic flu and believes the services provided by external vendors can be maintained in accordance to existing contracts. The county may wish to evaluate whether it is necessary to have written contracts specifying service levels during a pandemic flu.

4. Office of Business Relations and Economic Development (BRED)

The BRED pandemic flu response plan does not meet key requirements of Tier 3 planning. The description of interdependencies with County and outside agencies is incomplete, and no individuals are identified to staff mission-critical functions. Agreements to address interdependencies are not in place, and there are no specific plans to put them in place. Much of BRED's plan is contingent on the Executive Office's plan.

The mission-critical functions performed by the Office that affect general County government are Contract Compliance and determining when projects have archeological value. Contract Compliance involves the approval and monitoring of construction and service contracts regarding the use of apprentices, small businesses, and, in the case of federally-funded contracts, the use of minority- and women-owned businesses.

Social distancing through telecommuting is the preferred strategy for BRED to conduct its work during an epidemic. By working from home using a computer, an internet connection and telephone employees can conduct most of their regular business. In the case of Contract Compliance, it will be necessary to have custom software installed on the home computers of some individuals. Two staff members do not have home computers so the County would need to make arrangements to loan or buy them computers and appropriate software.

While most of BRED's non-critical functions could be performed from home by staff who are not sick, the County may want to reprioritize the work of BRED staff during a pandemic event. For example, staff that normally works on economic development projects could be loaned to other County departments for a period of time.

5. Public Health – Seattle & King County

The COOP of Public Health Seattle King County is reasonable and meets the requirements of the proviso.

6. Department of Executive Services

a. DES Director's Office

In general, the DES response plan appears to meet the requirements of Tier 3 planning. Lines of authority and succession are clear. (Note: cell phone numbers (personal/work) should probably not be in this public document.)

The DES Director's Office has identified the following functions as essential services:

1. Overall department management including decision making
2. Representation at Regional Communications and Emergency Coordination Center (RCECC) during activations
3. Authorizations required at department level to include human resource actions
4. Any other authorizations required of the County Administrative Officer (CAO)

b. Facilities Management Division (FMD)

FMD's pandemic flu Tier 3 planning response identifies essential staff and services; lists interdepartmental, interagency, and outside the county dependencies; provides a staff reporting structure; plans for stockpiling of essential supplies; and describes staff cross training procedures, equipment requirements, and continuity of operation plans (COOP).

The division is responsible for managing and operating county-owned facilities and properties, as well as administering leases for non-county owned facilities. The responsibility for providing mandated and other essential services across a high volume of buildings and staff using a reduced workforce will be extremely difficult and remains the area of greatest concern. In addition, the coordination that will be required with owners of leased space will be a challenge.

The building closure protocols acknowledge that FMD and tenant agencies will need to identify where essential services will be located and the necessary facility requirements needed. However, FMD has not specifically identified or developed agreements or memoranda of understanding (MOU) with agencies and outside building owners on how to implement such closures. FMD will also be dependent upon outside notification to begin implementation. Communication protocols or agreements have not yet been developed. The thresholds at which facilities will be closed and any priority rankings have not been referenced.

Although a list of buildings was included with the protocols, the list provides only square footages for each building. Buildings that must remain open to provide mandated services, such as jail and public health operations, are not specifically recognized. Contingency plans for building closures—particularly for those buildings involving

mandated services—will need to be developed and coordinated with other county agencies to identify temporary relocation sites.

According to the report, the COOP had not yet been tested, but was planned upon completion of software development and server access. However, a discussion with FMD staff has revealed that the COOP was tested by DES in an exercise conducted after the report was written.

It is anticipated that most of the concerns listed above will be addressed as an implementation of the building closure protocol.

c. Finance and Business Operations (FBOD)

As with the Tier 1 and Tier 2 plans, FBOD appears to have put a lot of thought into how they will continue operations and to have developed a reasonable plan. The required elements have been included for all five of the FBOD sections (Procurement and Contracts, Payroll Operations, Benefits and Retirement, Treasury Operations, and Financial Management), with the exception of protocols for closing county facilities or changing operating hours.

d. Human Resources Division (HRD)

The HRD plan is reasonable and thorough. HRD will be responsible for providing human-resource-related support via staffing strategies, tools, advice, and directives for departments during a pandemic flu outbreak. The HRD plan recommends a new code provision allowing for the administration of furloughs, in lieu of a reduction in force, during the emergency.

e. Records, Elections and Licensing Services Division (REALS)

In general, the REALS response plan appears to meet the requirements of Tier 3 planning.

Essential Services

REALS has identified the following functions as essential services:

1. Elections administration and voter registration
2. Animal services – field and shelter operations
3. Recordation of real property transactions
4. Access to public records and information
5. Collection and distribution of excise tax and other fees
6. Availability and access to mission-essential archived records

Archives management, licensing services, internal mail delivery services, records management, and division administrative services could be temporarily suspended.

The plan identifies reasonable activities for social distancing and operating out of alternative facilities when possible. This includes telecommuting, e-Commerce and conference calls.

Social Distancing

- **Elections** – While social distancing can be an important strategy for the activities of Election Day, it has limited utility for the 45 days prior to an election and 10-21 days after an election, when significant staff work must be completed in a timely way. Going to all-mail elections with a limited number of polling places would eliminate the need for over 500 polling places. This would also greatly reduce staffing needs and the potential for the voting public to engage in further infection.

Electronic signature verification of mail ballots would also help reduce staffing needs and allow for more social distancing. It should be noted that all staff are considered essential in preparing for and conducting elections, which are typically held six times each year. Cross-training of staff is being done.

- **Animal Services and Programs** – Every day is considered a critical period to provide services to animals in shelters and to respond to dangerous situations with animals throughout the service area. If field operations are curtailed it could impact local law enforcement. Social distancing has limited utility as shelters must have minimal staff and field work may require interacting with the public. Pet licensing could be suspended during a pandemic event. Cross-training of staff is being done.
- **Records** – Collecting and disbursing real estate excise tax on the exchange of real property is a mission critical function. In particular, all staff is needed to work on the 15th and last day of each month. Social distancing has some utility at certain times of the month. Plans are being developed to cross-train staff.

Alternate facilities or service delivery mechanisms

Suggestions have been made for possible locations to provide services, and for ways to deliver services, including necessary supplies, but it appears no action has occurred to establish agreements for use of facilities or acquisition of supplies.

Interdependencies with other King County agencies

REALS appears to have identified all appropriate interdependencies with County agencies with the exception of the possible need to secure Council approval for vote-by-mail elections.

Agreements in place and new agreements needed to maintain continuity of services with King County agencies

None of REALS current Service Level Agreements anticipate the demands and circumstances of pandemic flu. Additional memoranda of agreements also need to be

developed.

Interdependencies with outside agencies

REALS appears to have identified all appropriate interdependencies with outside agencies.

Agreements in place and new agreements needed to maintain continuity of services with outside agencies

None of REALS current service level agreements anticipate the demands and circumstances of pandemic flu. Additional memoranda of agreements also need to be developed.

The body of work to develop amended/new agreements is expected to take six months.

Institutional or legal obstacles impeding cross-training plan

In some cases employees are required to have certifications or licenses to perform their tasks. Also, e-commerce policies may need to be relaxed during a pandemic such as not allowing the public to use credit cards to pay for services due to fees charged by the issuing companies.

Proposed changes to state and/or county laws

REALS has suggested that the following state and county laws would need to be changed to facilitate the provision of essential services during a pandemic.

- The Washington State Public Disclosure Act (42.17) requires an initial response within five days and provides for “additional time” to respond under four circumstances, neither of which fits the situation of pandemic flu.
- Washington State election laws (RCW 29A) set election dates and deadlines for processing and certifying elections. These laws may need to be changed to allow more flexibility in certification timelines or processing steps to ensure accurate, transparent, and accountable elections.

Summary

The REALS plan meets the proviso requirements in most respects. The division has participated in one table-top exercise and will conduct division-level exercises. The highest priority next steps would seem to be executing agreements with other County agencies and outside agencies to help ensure continuity of operations and securing funding and storage for emergency supplies.

f. Office of Civil Rights

The Office of Civil Rights plan is reasonable and provides the information requested in the proviso. Several functions could be suspended, provided that legislation is passed that would extend filing deadlines in the event of a prolonged emergency or office closure.

g. Office of Emergency Management

The COOP of the Office of Emergency Management is reasonable and meets the requirements of the proviso.

h. Office of Risk Management

The Office of Risk Management plan appears to address the Tier 3 requirements reasonably. All required elements appear to be included (e.g., interdependencies are identified, staff has been cross-trained, supplies needed to deliver essential services and storage needs are identified, the plan has been tested, etc.), with the exception of protocols for closing county facilities or changing operating hours.

There are several areas within the Tier 3 section that refer to tasks being completed before the end of 2006; the language should be updated to confirm completion.

7. Department of Transportation

a. DOT Director's Office

The DOT Director's Office does not provide any specific essential county services, although it is responsible for leading a number of divisions that do provide essential services. As such, the organization's Tier 3 plan is focused on ensuring leadership continuity within the DOT Director's Office in the event of a pandemic flu epidemic.

The pandemic flu response submitted by the DOT Director's Office fulfills the proviso requirements. The plan thoroughly details the interdependent relationships the DOT Director's Office has with King County agencies, as well as with external entities. However, the report is sometimes unclear on whether these relationships are specific to the DOT Director's Office or applicable to all DOT divisions.

Overall, the plan provided by the DOT Director's Office appears reasonable. The plan does a good job of identifying resource reserve needs and cross-training opportunities for essential functions within the Director's Office. The plan identifies a number of areas in county code and State of Washington law related to human resource and mandatory public notification policies that may need to be revised to ensure essential services can be provided during a pandemic flu outbreak.

b. Fleet Administration

The Fleet Administration Division provides numerous essential services to other county agencies. These services include acquiring, maintaining, and repairing county vehicles

and off-road equipment, as well as the purchase and warehousing of parts, road materials, traffic signs, and supplies.

The Fleet Division's pandemic flu Continuity of Operations Plan (COOP) does a good job of meeting the major requirements of the proviso. The plan provides an extensive description of interdependencies Fleet has with other King County agencies and external entities. Fleet's ability to provide essential services to other organizations within the county could be compromised if these interdependencies were tested as a result of a pandemic flu outbreak. The Division would be forced to consider alternative vendors if the non-King County entities that it relies on, particularly those that supply repair parts and new vehicles, were not able to fill orders due to a pandemic flu outbreak. In addition to interdependencies identified within Fleet's plan, the Division should also consider whether its ability to provide essential service would be affected as a result of the Human Resources Division (HRD) or Prosecuting Attorney's Office (PAO) experiencing a pandemic flu outbreak.

The plan provides a good strategy for cross-training employees who may need to be reassigned to a more critical role within the Division during a pandemic flu outbreak. Many of the employees identified for cross-training have already received the training. Fleet expected to have the remaining employees cross-trained by mid-2007. The Division may also want to consider developing a checklist and/or guidelines detailing key information that needs to be passed down the lines of succession, as well as examine how its website could be used to communicate with employees during emergency situations.

The plan also describes the equipment required by Fleet for delivering essential services; however, this section of the report does not provide much detail on what specific equipment and resources are needed. If it hasn't done so already, Fleet should also consider whether a stockpile of fuel and office supplies would be needed in the event of a pandemic flu outbreak. In addition, the Division may want to re-examine its dependence on countywide operations databases (i.e., ARMS, payroll system, IBIS, etc.) during emergency situations.

c. King County International Airport

In general, the King County International Airport (KCIA) response plan appears to meet the requirements of Tier 3 planning. Lines of authority and succession are clear. KCIA is considered among the 100 most important airports in the nation and has over 300,000 take-offs and landings each year. It is the 28th largest air cargo center in the nation.

KCIA must coordinate its activities and plans closely with other controlling agencies such as the FAA. KCIA staff expects that under a severe pandemic scenario normal operations will be diminished and staff may be detailed to provide essential services to SeaTac Airport. Within the division's sections, cross-training has taken place or is in progress. Across sections the skills are too specialized for effective cross-training. Retirees may be available to fill some functions, provided they can be recertified. Some social distancing can be accomplished for administrative functions.

Essential Services

Essential services include:

- Administration
- Operations (24 hours/day, 365 days/year)
- Maintenance
- Air Rescue and Fire Fighting

Proposed changes to state and/or county laws

KCIA has suggested that the County Code needs to be updated to facilitate the provision of essential services during a pandemic. The following subjects may need special rules or provisions during a pandemic event:

- Special duty assignments
- Leave donations
- Sick leave

d. Road Services Division

The Road Service Division's pandemic flu plan has reasonably addressed the Tier 1, 2, and 3 elements. In addition to identifying the essential services that the Road Service Division is expected to provide, the plan also describes a well-thought-out strategy for ensuring continued service delivery. There is also a helpful discussion of the critical times of the year when Road Division services need to be performed.

The plan presents an extensive list of interdependencies that the Road Service Division has with other entities, both within and outside of King County. These interdependencies include services that Roads provides, as well as services that the Division receives from other entities. An interruption in some of the services that the Roads Division receives could affect its ability to provide essential services. With the exception of a few areas, the Division has agreements in place regarding the provision and/or delivery of services.

It is clear that the Road Services Division's ability to provide essential services would be greatly tested if a pandemic flu outbreak coincided with a major flood event, windstorm, earthquake, or other disaster. The Division has developed a thorough cross-training plan, although it should be noted that considerable challenges are raised by having the Roads Maintenance Section staff in multiple locations.

The Road Services Division identifies nearly \$500,000 in equipment and supplies that it would need for delivery of essential services during a moderate pandemic flu outbreak (roughly three months long). It is unclear, however, whether some of the equipment and material costs listed within the plan represent operational costs (i.e., rental fees, fuel for the equipment, etc.) or the actual cost of the equipment. The Division should also begin estimating the fuel needed to sustain essential services during a pandemic flu outbreak.

The plan identifies several parts of county code and State of Washington law touching on human resources, permitting, public notification, and financial reporting that may need to be amended to ensure that essential services can be provided during a pandemic flu outbreak.

The Road Service Division is in the process of developing its telecommuting and laptop use/support policies. This is a critical set of policies for the Division because nearly 40% of its employees are identified as having school-aged children or adult dependents who may need to be cared for in the event of an emergency.

e. Transit Division

The Transit Division's Tier 3 plans are well-thought-out and generally responsive to the requirements of the proviso. More than with most county agencies, the demand for the Transit Division's services during a flu pandemic will be affected by the public's concerns over social distancing. Measures can be taken to partially isolate transit operators but for passengers social distancing will be difficult to achieve on a crowded bus.

Transit Operators

Assumptions about the impact of operator absenteeism upon service delivery require assumptions about ridership levels in an environment where, presumably, those able to travel by any other means will avoid buses. Cross-training for the Transit Division's most basic function, operating the buses, seems infeasible and is not pursued, but there has also been a decision not to consider relying on recently-retired operators to temporarily fill in during a pandemic. If, at this stage in planning for a pandemic, there is a clear possibility of an operator shortage curtailing essential service, the Division may want to reconsider this decision. Presumably, recently-retired operators would require minimal training to be able to fill in if arrangements could be made for them to get temporary licenses.

Transit Police

It appears that no special provisions have been made for Transit Police services during a pandemic. The Transit Division contracts with the King County Sheriff for the management and staffing of this function, primarily using Sheriff's officers but also some off-duty Seattle Police officers in limited roles. Also, there is an ongoing reliance on local police agencies to respond to serious transit incidents, especially outside the City of Seattle. Clearly, there is the potential to scale back transit police operations to eliminate non-essential functions but, with unusual pandemic-related demands on the King County Sheriff and local police agencies generally, it is not clear that essential transit policing needs would be a priority. At a minimum, on-board enforcement of social distancing behavior would be essential to maintain public confidence.

8. Department of Adult and Juvenile Detention (DAJD)

See Section 13 (Law and Justice Agencies) below.

9. Department of Community and Human Services (CHS)

Section 1. Interdependencies within King County (A-C)

- The CHS director's office and the Community Services Division (CSD) do not cite type of agreements nor timeline for completing agreements with Department of Executive Services (DES) agencies.
- The Mental Health, Chemical Abuse, and Dependency Services Division (MHCADSD) specifies both type and timeline of agreements for Prosecuting Attorney's Office (PAO), Office of Public Defense (OPD), Courts, and Fleet, but not for DES agencies.
- OPD states that agreements will be completed with criminal justice agencies, but does not specify the individual agencies; provides no timeline for DES agencies.

Section 2. Interdependencies external to King County

A: Interdependencies

- DCHS: States that no external interdependencies exist.
- CSD: Very high level; specific agency list not provided for contracted shelter agencies
- DD: States that no external interdependencies exist
- MHCADSD: Very high level; specific local hospital list not provided. Does not reference sobering/detox services.
- OPD: provided specific agency list.

B: Agreements Already in Place

- DCHS: NA
- CSD: Very high level; mentions only governmental contracts with City of Seattle, HUD and VA, but not contracts with shelter providers. Plan states that discussions will be held on service agreements with two external entities by first Q 07, but is silent on the status of agreement with VA.
- DD: NA
- MHCADSD: Very high level; specific agency list not provided. States that current contracts with City of Seattle and HUD have no provisions for business continuity or contingencies for pandemic; no timeline stated to establish provisions. Local hospitals have contracts with state for ITA inpatient services. Timeline for review included.
- OPD: provided specific agency list; service agreements in place for normal operating circumstances

C: Contracted Work to DCHS

- N/A
- CSD: Very high level; plan states that review state and VA with which CSD contracts have taken place and neither have provisions for pandemic business

continuity. No mention of HUD. No mention of other shelter providers with which CSD contracts.

- DD: N/A
- MHCADSD: Very high level; states that current contract with one provider does not have provisions for business continuity or contingencies for pandemic; timeline stated to address issues with agency.
- OPD: No service agreements in place for pandemic operations.

D: Alternatives

- N/A
- CSD: Plan states that it will notify City of Seattle and HUD if services are not provided. Type of services not noted. VA services mentioned earlier not noted.
- DD: N/A
- MHCADSD: Very high level; states that state, City of Seattle and HUD will be notified if services are not able to be provided
- OPD: States that OPD will use Assigned Counsel and panel of 70 private attorneys to provide services.

E: Interdependencies without Agreements

- N/A
- CSD: Plan states that it will work with VA to develop protocols for communication by end of Q 1 2007. Notes that agreements with shelter providers will need to be developed and provides timeline of and of Q1 2007.
- DD: N/A
- MHCADSD: Plan notes need to determine state MHD planning; does not provide a timeline to do so.
- OPD: Plan notes adequate response via OPD disaster recovery plan

Section 3. Plans for Cross Training

A: Implementation date of actual cross training not specified for any divisions

B: None; may need to amend or suspend provisions of collective bargaining agreements

Section 4. Equipment

Appears to meet standard; however, since DCHS contract with local providers for certain services it has deemed essential, does DCHS need to include providing of supplies to those entities in its supplies total?

Section 5. Vital Records and Databases

Appears to meet standard.

Section 6. Proposed Changes for State or Local Laws

Identifies several key issues that need to be addressed

Section 7. Testing of COOP

Appears to meet standard.

Section 8 Staffing

A: Appears to meet standard

B: Appears to meet standard

C: Appears to meet standard

D: Appears to meet standard

E: N/A

F: Appears to meet standard

Summary:

- DCHS should provide a comprehensive list of providers and specify timelines for completing some reviews as noted above.
- DCHS was very thorough in its presentation of HR planning
- As identified in the department’s plan, there is a need to address pan flu issues with the sheltered homeless population in cooperation with Public Health

10. Department of Natural Resources and Parks

A number of policy issues associated with pandemic flu planning emerged from the DNRP planning effort; some of these had to do with need for countywide strategic direction on contingent issues; others are more specific to individual programs and specific circumstances. Issues are highlighted below.

a. Director’s Office

- Need for further county communications regarding “essential services” determination—what the determination should be based on.
- Pay policies for essential versus non-essential staff; need clear countywide determination of whether differential policies apply.
- How to message to the public the importance of “social distancing”—that their health is at greater risk in proportion to exposure to others during a flu epidemic, at same time emphasizing to employees importance of coming in to work for “essential” employees.
- Language on “non-essential employees” (section 8-D) is confusing; requires declaration of some employees as having “non-essential” status, but requires that they come in during pandemic; raises question as to why declare them as non-essential if they must to come in during “social distancing” period.

- Discussion of whether remote access to computers for telecommuting utilizing VPN access is appropriate; some apparently feel it is appropriate and useful, while some see it as a security risk; need agency-wide policy discussion.

b. Wastewater Treatment Division

- Wastewater points out that critical questions regarding compensation for employees sent home, IT capability, and budgeting for pandemic flu efforts have not been answered.
- Wastewater points out that their facilities are listed as a critical service by Seattle City Light, and have priority for restoration after an outage; that may not be the same thing as, in a case where limited power availability requires choices as to who to serve, who to limit service to, that Wastewater is first-priority in that decision process. (Section 2.B)
- Wastewater notes large number of senior operator retirements recently, highlighting difficulty of replacing them for normal operating needs; situation will be worse for pandemic flu response. (Section 3.B)
- Wastewater has identified a specialty that is difficult to replace or cross-train. (Section 3.A)
- Wastewater believes that this exercise should not be “stand alone” but should be part of a broader “all hazards” plan. This suggests that perhaps the other hazards faced by the Division, from floods, snowstorms, etc, also require consideration, and may not get sufficient consideration outside of this planning process. Wastewater was particularly impacted by the November 2006 flooding, and is in a position to learn from that experience.

c. Solid Waste Division

- Solid Waste has identified, for interdependencies for King County agencies, that many of the interdependencies are for management infrastructure services that are common to all agencies, and that this planning process should involve countywide clarification of the service levels to be expected from these agencies.
- Note Solid Waste technical question—for telecommuting, a doubt as to the availability of wide-spread connectivity for employees countywide. (Section 5.A)

d. Water & Land Resources Division (WLRD)

- In some cases, programs responded to question about agreements in place for service levels with other agencies during a flu period by saying that they would look at what the plans are by those other agencies through this exercise for service levels to that agency—rather than entering into a specific flu-event-driven agreement for levels of service, and describing the parameters of that agreement—a kind of “you first” approach that may leave the need for an emergency service level discussion unresolved.
- In Section 4B, in the table that should reflect 3- and 6- month re-supply items and costs, and that should be tied to items identified in 4A, a bit of a disconnect: the supplies listed and costed are not the ones identified in 4A (they are very similar, though different in volume, to the supplies identified by Parks).

- For the responsibility of identification and notification of non-essential employees, WLRD indicates it will do this when instructed by Human Resources Division; there is an implication that human resource issues need to be addressed by human resource professionals; if this is the case, it is important to surface the issue, so that other programs/agencies handle this in a way that is consistent with whatever the human resource concern is.

e. Parks Division

The Parks response seems reasonable and responsive to the proviso. Parks does not have any essential functions in the event of a public health catastrophe, since Parks does not have legally-mandated functions that would require regular operations during such an event. Parks has no “first responders.” Parks is prepared to curtail its operations, close all facilities in the event of a full-scale pandemic, focus on general preservation of their infrastructure (“Preserve and Protect”), and encourage social distancing.

The Parks response plan states that closing facilities could take weeks, a seemingly long time in the context of a pandemic. Parks plans to coordinate its staff and activities from home via telecommuting—working by phone, VPN, and instant messaging—and recognizes the need to develop technological opportunities to allow for home-based work. It is unclear whether Parks has made progress in developing the technological infrastructure for home-based work. Parks believes it has the necessary budget authority to handle the cost associated with responding to pandemic flu.

On page 4 of the report there is a comment that were Parks to curtail levels of service (in response to pandemic flu), this may “reduce ability to undertake some emergency response obligations.” It is unclear what Parks is referring to here, but it merits clarification. If responding to pandemic flu inhibits Parks’ ability to respond to pandemic flu, then there is a problem. If responding to pandemic flu inhibits Parks’ ability to respond to fallen trees or flooded soccer fields, for example, that makes more sense.

11. Department of Development & Environmental Services (DDES)

The COOP of the Department of Development and Environmental Services is reasonable and meets the requirements of the proviso.

12. Department of Assessments

In general, Assessments’ response plan appears to meet the requirements of the proviso, though little detail is provided.

Assessments has identified 22 valuation and assessment processes/functions as essential based on RCW Chapter 84 and WAC Chapter 458.

The Assessor has identified internal and external agencies with which it has interdependencies and has developed agreements for operations during a pandemic.

There are no plans to test the pandemic plan other than during full testing of all County departments.

13. Law and Justice Agencies

King County's law and justice agencies provide important, mandatory, regional services.

- The King County Sheriff's Office provides law enforcement services 24 hours a day, seven days a week, 365 days a year throughout the region, for unincorporated area residents, for the citizens of 13 contract cities, for Metro Transit, and for the King County Airport. Sheriff deputies are one of the county's most important sets of regional first responders.
- The Department of Adult and Juvenile Detention receives bookings from the county's 39 law enforcement agencies of over 50,000 inmates every year and houses over 2,500 adult inmates (in Seattle and Kent) and 100 juveniles, along with providing community corrections programs for over 500 individuals daily.
- The Superior Court (supported by the Department of Judicial Administration) handles tens of thousands of criminal, civil, and family law filings every year at the Seattle Courthouse, Regional Justice Center in Kent and the Juvenile Court Facility in Seattle.
- The King County District Court handles over 225,000 filings a year at its nine locations—including first appearances of adults in custody at the county's jails.
- The County's Prosecuting Attorney supports the county's law enforcement agencies and the courts through its criminal division, making decisions related to criminal filings and prosecuting cases in court. The prosecutor is also the county's attorney and provides a variety of services to county agencies through its civil division including legal advice.
- The Office of Public Defender (within the Department of Community and Human Services) screens over 45,000 clients each year and contracts with four defender agencies to provide indigent defense services at all county courts.

The law and justice agency Tier 1 & 2 plans, as adopted Motion 15596, were well developed and relatively complete. The plans fully delineate lines of succession and communication, identify essential services, and demonstrate that each agency understands the complexity of planning for this type of event—an event that can last for extended period. Each plan appears to have addressed the elements for Tier 3.

Elements of the Plans

The law and justice agency plans fall into two broad categories: supporting 24 hour-a-day departments and allowing for the mandated criminal and other legal processes, the major points of each are discussed below.

The sheriff and the Department of Adult and Juvenile Detention have unique responsibilities that would be particularly affected in the event of a pandemic flu outbreak.

The sheriff's office, during an outbreak, not only would be required to maintain its round-the-clock first responder law enforcement responsibilities throughout the county and region, but would have new responsibilities. The county's emergency management plan gives the sheriff's office responsibility for maintaining order during any civil disturbances, protecting medical stores, and providing security to medical personnel. The sheriff is also responsible for security for Metro Transit, the county's court facilities, and the county airport.

Each of these responsibilities would have to evolve during the changing circumstances of a pandemic flu outbreak. Consequently, the sheriff's plan not only addresses the major requirements of the response plan (line of succession, identification of essential services, etc.), it also identifies sheriff plans for ensuring that sufficient staff is available to meet the region's needs. For example, the plan includes "flu management" plans for ensuring that staff are protected during the outbreak.

For Tier 3, the sheriff's plans fully identify interdependencies and plans for maintaining essential services. The sheriff will have to rely on the levels of communication from other agencies to ensure it can fully implement its plans. For example, the sheriff needs to have good lines of communication with Superior and District Courts and Metro Transit in order to ensure it is providing appropriate levels of security for these agencies.

Similarly, the county's detention facilities will have unique challenges in the event of an outbreak. The Department of Adult and Juvenile Detention's flu response plan identifies appropriate essential services and recognizes that it needs to plan for continuous operations even when staff absenteeism is high. For example, the plan includes several staffing options to ensure uninterrupted operations and essential security.

In addition to making plans for the potential absence of employees, the jails are responsible for the health of detained individuals. The department's plans are well-integrated with the Department of Public Health plans for Jail Health Services. For example, the jail health services plan recognizes that during an outbreak, it would be important to treat department staff in addition to the inmates.

The county's other law and justice responsibilities are primarily related to the adjudication of criminal and other types of legal cases. Consequently, most of the agency plans are directly tied to court operations. Both the Superior and District Courts (along with the Department of Judicial Administration) have done significant analysis to identify what operations are essential and what can be changed to advance the county's plans for social distancing in the event of an outbreak. For example, the courts will suspend jury calls in the event of an outbreak. Additionally, the courts have identified the bare minimum needs for essential services. The identification of courts and calendars that must continue to operate even if there is a pandemic forms the basis for resource planning

for the courts, prosecutor, public defense, and judicial administration. These plans seem reasonable and well coordinated.

In order to properly process court cases, both the prosecutor and a public defender usually needs to be present. The Office of the Prosecuting Attorney has addressed the need to staff vital, if limited, court proceedings and has also acknowledged that its Civil Division will have to be available for providing legal advice in the event of an emergency. In King County public defense services are provided by four contract agencies. The county has added to the 2007 public defense contracts a requirement that the contract agencies participate in planning and providing services in the “event of a natural disaster, a major disruption to court services, or a pandemic.” The only identifiable problems would be if the courts were not supported by other county functions—information technology, facilities, metro transit, and security.

C. Updated HRD Pan Flu Response Manual

The Ordinance 15597 proviso calls for “an updated pandemic influenza emergency response manual from the human resources division outlining protocols for the preparedness and protection of county employees.” The updated manual is the first “Associated Annex” in Section 4 of the 2007 Response Plan (beginning at page 1208 of the overall plan.

D. Coordination with and Involvement of Separately Elected Officials

The Ordinance 15597 proviso calls upon the Executive to “find appropriate means for coordinating with and involving the separately elected officials in this planning effort.” The Executive appears to have done so to the extent that the offices of the Assessor, Prosecuting Attorney, and Sheriff and the Superior and District Courts have prepared the response plans that are included as part C of section 3 of the 2007 Response Plan.

March 6, 2007

The Honorable Larry Gossett
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Gossett:

I am pleased to transmit to the Metropolitan King County Council an ordinance adopting the updated Public Health Pandemic Influenza Response Plan, updated continuity of operations plans for the provision of essential county services and supporting documents, an updated pandemic influenza emergency management response manual from human resources, and after action reports from pan flu exercises conducted by Public Health and Emergency Management. These documents are provided in response to proviso two of Ordinance 15597:

Of this appropriation, \$200,000 shall not be expended or encumbered until the executive transmits and the council adopts an ordinance approving an updated King County Pandemic Influenza Response Plan that includes three elements. The first element shall be an updated Public Health Pandemic Influenza Response Plan including updated plans for medical surge, the Health Care Coalition, Vulnerable Populations Action Team, social distancing measures and cooperation with neighboring jurisdictions. The second element shall be updated continuity of operations plans for the provision of public services the county government provides reflecting the following Tier 3 planning elements: a definition of essential services countywide; incorporation of interdepartmental and interbranch dependencies into plans; plans for identifying and centrally reporting on operational impacts during a pandemic; cost and means of acquiring and storing supply stockpiles; plans for interdependencies with outside agencies including other government jurisdictions who contract with King County for services; plans for meeting technological needs and training to achieve social distancing, plans for cross-training employees; exercises to test plans; identification of changes needed in county or state laws and administrative codes and a plan to address these including the preparation of model orders and notices; protocols for closing facilities or changing operating hours; communications and communication training plans; and elements to be addressed in Tier 4. The third element shall be an updated pandemic influenza emergency response manual from the human resources division outlining protocols for the preparedness and protection of

The Honorable Larry Gossett

March 6, 2007

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county employees. The executive shall find appropriate means for coordinating with and involving the separately elected officials in this planning effort. The executive shall transmit this plan by January 25, 2007.

In late January I advised the council of the need for an extension until March 6, 2007 to finalize this transmittal.

King County is a recognized leader in preparing for the possibility of a pandemic. Our work is held as an example for others to follow based on the work we have done on the regional level with other elected officials, health care providers and the private sector, on an enterprise level across all branches of government and, perhaps most importantly, on an individual level with the citizens we serve and with our employees and their families.

While the plans we've produced are essential, we are following our planning activities with exercises designed to test our readiness and incorporate the lessons learned from those exercises wherever possible. These exercises and other follow up activities help guard against plans from becoming outdated and ineffective shelf ware. I am pleased that some of our largest executive departments – Department of Transportation, Department of Executive Services, and Department of Natural Resources and Parks, as well as separately elected organizations– are joining with Public Health to play a very active role in this overall process. As we experienced in the recent intense weather events, our citizens and businesses expect government to be well prepared and to help them become better prepared for potential disasters such as the pandemic influenza.

We are continuing to work with the coalition of local health care system partners who are strengthening our emergency preparedness and response capabilities. We continue to support local school districts on their response plans. And, efforts to work with all 39 cities and local emergency management officials to enhance our region's pandemic flu response capacity continue.

Public education remains an important component of our overall planning and preparation. Our Web sites are regularly updated and new education materials developed in response to updated information.

All of our preparations are critically important because as soon as the conditions that support a pandemic exist, this virus is likely to spread very quickly. In the 20th century, influenza pandemics occurred in 1918-19, 1957-58 and 1968-69. While the pandemics in the 50's and 60's were relatively mild, the pandemic of 1918-19 pandemic was particularly virulent. Estimates of the number of deaths attributable to the pandemic worldwide are more than 50 million, at a time when the world's population was about 1.7 billion, about one-quarter what it is today.

The virus killed more people – roughly half of whom were healthy and in the prime of life – in a 24 week period than AIDS has killed in the last 24 years. In the United States, out of a

population of about 103 million, the pandemic killed 500,000 people – more than ten times the number of Americans who died in World War I.

The new strain of the influenza virus – H5N1 – that we are most concerned about at the present time, has not met all of the conditions necessary in a pandemic as it is not yet in a form that supports easy and sustainable transmission from human-to-human. However, from 2003 through November, 2006, H5N1 has produced 258 confirmed human cases of avian influenza with 154 deaths for a mortality rate of 60 percent.

King County's Role in Pandemic Influenza Preparations

King County is in a strong position to provide regional leadership in the development of a comprehensive response plan for pandemic flu. First, state law vests in King County regional responsibility for both emergency management and public health. Second, the county is responsible for providing essential services such as public transportation, waste disposal and treatment and a variety of criminal justice and human services programs. And finally, we are a major employer. The enclosed updated plans demonstrate that King County has made significant progress in all three arenas.

In its role as a regional emergency management coordinator and public health provider, the county's pandemic planning efforts include, but are not limited to the following:

- √ Working in concert with federal, state, and surrounding jurisdictions to coordinate activities aimed at mitigating the effects of an influenza pandemic;
- √ Ensuring pandemic flu preparedness is integrated appropriately throughout the King County Emergency Management Plan and the Regional Disaster Plan and that current plans recognize the inability to access mutual aid during an emergency such as a pandemic;
- √ Ensuring government officials are trained and educated in advance on their roles and responsibilities during an influenza pandemic;
- √ Conducting planning exercises to test the validity of pandemic flu preparedness plans;
- √ Coordinating in advance with the Port of Seattle, school districts, private and public educational and day care facilities, and private and public gathering places such as stadiums around social distancing, quarantine and closure of such facilities and ensuring that legal authorities are well understood;
- √ Working with hospitals and health care providers on healthcare system surge capacity and stockpiling of medical supplies, plan for mass fatalities, and developing protocols for vaccine and/or medication prioritization and distribution;
- √ Building robust mechanisms for disease surveillance;
- √ Developing preparedness templates for major businesses and other governments to mitigate spread of the disease and economic losses and ensuring the continuity of essential functions;
- √ Building robust communication plans and networks;

- √ Conducting public information campaigns prior to the emergence of an influenza pandemic; and
- √ Ensuring adequate protection of food and water supplies.

In its role as a government service provider, King County must ensure the continuity of essential government services during the several months of a pandemic flu threat and at a time when up to 40 percent of employees may be absent. This responsibility includes:

- √ Ensuring pandemic and emergency preparedness are part of department and separately elected organization business plans;
- √ Determining mission critical operations;
- √ Determining what levels of support services are necessary to continue essential services;
- √ Establishing clear and deeper lines of succession;
- √ Establishing conference calling, and telecommuting capability;
- √ Conducting cross-training for employees to ensure continuity of essential functions;
- √ Establishing appropriate social distancing guidance; and
- √ Providing clear and consist public messages.

In its role as a large employer, King County can provide leadership in establishing business practices that protect and support employees during an influenza pandemic. In this role the county's efforts include:

- √ Establishing human resources policies and practices to be implemented during an influenza pandemic for telecommuting, flex-time, leave for sick employees and those with sick family members;
- √ Creating a culture where employees are expected to stay at home when sick;
- √ Developing clear and consistent internal communications;
- √ Providing clean and safe working conditions that implement appropriate social distancing protocols;
- √ Establishing plans for counseling services for employees and their family members.

Legislative History

In late 2005, the Executive transmitted an ordinance to the council requesting a \$5.96 million appropriation for pandemic flu preparation activities. On December 12, 2005, the County Council adopted Ordinance 15348 approving a \$5,960,000 appropriation for pandemic flu preparedness. Included in that legislation was a proviso which restricted \$600,000 of funding pending receipt and approval of a Pandemic Influenza Response Plan. This condition was met in March, 2006.

Because this was an operating appropriation, by law it expired at year end 2005 and had to be reappropriated in 2006. Ordinance 15597 which was passed by the council on September 18,

The Honorable Larry Gossett

March 6, 2007

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2006 reappropriated the original amount as no expenditures occurred in 2005 into grant funds thereby facilitating multi-year expenditures consistent with a program of this nature.

A number of provisos were adopted with that legislation. This transmittal relates to proviso two of Ordinance 15597 the full text of which is provided on page one of this letter. Enclosed you will find three elements that comprise the proviso response:

1. An updated Public Health Influenza Response Plan including updated plane for medical surge, the Health Care Coalition, Vulnerable Populations Action Team, social distancing measures, and cooperation with neighboring jurisdictions.

Please see Section 1.

2. An updated continuity of operations plans for the provision of public services the county government provides reflecting the Tier 3 planning elements.

Please see Section 2

3. An updated pandemic influenza emergency response manual from the human resources division outlining protocols for the preparedness and protection of county employees. An Employee Communications Annex and an IT Remote Access Annex also are included.

Please see Section 3.

In Section 4, we have also provided after action reports from exercises conducted by Public Health and Emergency Management.

King County is committed to providing the most comprehensive and effective response to any threat to public health. Accordingly, all plans are essentially "living documents" and will be updated as circumstances require. County Council guidance on this planning effort is welcome and encouraged.

I look forward to our continued cooperation in this ongoing effort to build the nation's most effective response to the possibility of Pandemic Flu. If you have any questions regarding this

The Honorable Larry Gossett

March 6, 2007

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Ordinance, or the elements of the plan, please contact Caroline Whalen, Deputy County Administrative Officer, Department of Executive Services, at 206-296-3820.

Thank you for your attention to this critically important issue.

Sincerely,

Ron Sims
King County Executive

Enclosures

cc: King County Councilmembers
 ATTN: Ross Baker, Chief of Staff
 Shelley Sutton, Policy Staff Director
 Anne Noris, Clerk of the Council
James Lopez, Deputy Chief of Staff, Executive Office
Bob Cowan, Director, Office of Management and Budget
Paul Tanaka, County Administrative Officer, Department of Executive Services (DES)
Caroline Whalen, Deputy County Administrative Officer, DES
Eric Holdeman, Office of Emergency Management Director, (OEM) DES
Michael Loehr, Emergency Management Manager, OEM, DES
David Fleming, M.D., Director-designee, Seattle-King County Department of Public Health (DPH)
Dorothy Teeter, Chief Operations Officer, DPH