

INCIDENT-SPECIFIC ANNEX 1—BIOLOGICAL INCIDENT

LEAD AGENCY

Tacoma-Pierce County Health Department

SUPPORT AGENCIES

Washington State Department of Health
Pierce County Department of Emergency Management
Pierce County First Responders

I. INTRODUCTION

A. Purpose

The purpose of the Biological Incident Annex is to outline the actions, roles, and responsibilities associated with response to a disease outbreak of known or unknown origin requiring county action. This annex outlines biological incident response actions including threat assessment notification procedures, laboratory testing, joint/investigative/response procedures, and activities related to recovery.

B. Scope

The broad objectives of Pierce County's response to a biological terrorism event, pandemic influenza, emerging infectious disease, or novel pathogen outbreak are to:

- Detect the event through disease surveillance and environmental monitoring.
- Identify and protect the population(s) at risk.
- Determine the source of the outbreak.
- Assess the public health and law enforcement implications.
- Control and contain any possible epidemic.
- Augment and surge public health and medical services.
- Identify the cause and prevent the recurrence of any potential resurgence, additional outbreaks, or further spread of disease.
- Assess the extent of residual biological contamination and decontaminate, as necessary.

II. POLICIES

A. This annex supports policies and procedures outlined in the following Emergency Support Function (ESF) Annexes:

- ESF #8, Public Health and Medical Services Annex
- ESF #10, Oil and Hazardous Materials Response Annex
- ESF #13, Public Safety and Security Annex

B. Tacoma-Pierce County Department of Health serves as Pierce County's primary agency for the public health and medical preparation and planning for and response to a biological terrorism attack or naturally occurring outbreak that results from either a known or novel pathogen, including an emerging infectious disease.

- C. Pierce County Emergency Medical Services (EMS), Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs) and Paramedics who provide emergency medical assistance in Pierce County shall operate under the current revision of the Pierce County Emergency Medical Services, Emergency Medical Program Director Patient Care Protocols and Pierce County Patient Care Procedures.
- D. Pierce County EMS will operate within the guidelines established in the Pierce County Fire Chiefs' Mass Casualty Incident (MCI) Plan. When an incident meets the MCI plan thresholds, EMS personnel are allowed to operate within the established written patient care protocols and procedures.
- E. During an MCI, patient transport is directed through the Disaster Medical Control Center (DMCC) and all area hospitals will receive MCI patients, unless incapacitated. Good Samaritan Hospital is the DMCC for Pierce County. Madigan Health Care System is the alternate.
- F. The Director of Health or designee, as the county health officer, is authorized to implement measures as necessary to control communicable disease exposure or contamination of food, water, and environmental resources (RCW 70.05).
- G. The Pierce County Medical Examiner has independent authority in all cities/towns and all unincorporated areas of Pierce County, with the exclusive jurisdiction over human remains in all unnatural or unlawful civilian deaths; persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; and all unclaimed bodies. Deaths on military reservations or of active-duty military personnel are the shared jurisdiction of the military (and/or the Armed Forces Medical Examiner) and the Pierce County Medical Examiner, defaulting to the Pierce County Medical Examiner if military jurisdiction is not assumed. Medical Examiner jurisdiction may include some cases of suspected contagious disease that may be a public health hazard (RCW 68.50.010).
- H. The National Disaster Medical System (NDMS) is a federally coordinated system that augments the nation's emergency medical response capability. The NDMS establishes a single, integrated national medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters. Madigan Health Care System (MHCS) is the military Western Region Medical Command and Primary Patient Reception Center as identified in the NDMS plan.

III. PLANNING ASSUMPTIONS

- A. In a biological incident, county and municipal officials require a highly coordinated response to public health and medical emergencies. The biological incident also may affect other counties and states, and therefore involve extensive coordination with Washington State Department of Health and the international health community (e.g., notification to the World Health Organization (WHO) and other international health organizations under the International Health Regulations (IHR)).

- B. Disease transmission can occur via an environmental contact such as atmospheric dispersion, person-to-person contact, animal-to-person contact, insect vector-to-person contact, or by way of contaminated food and water.
- C. A biological incident may be distributed across multiple jurisdictions simultaneously. This could require the simultaneous management of multiple “incident sites” in coordination with multiple state, tribal, and local jurisdictions.
- D. No single entity possesses the authority, expertise, and resources to act unilaterally on the many complex issues that may arise in response to a disease outbreak and loss of containment affecting a multijurisdictional area. The response requires close coordination between numerous agencies at all levels of government and with the private sector.
- E. The introduction of biological agents, both natural and deliberate, is often first detected through clinical or hospital presentation. However, there are other methods of detection, including environmental surveillance technologies such as BioWatch, and medical and syndromic surveillance systems.

IV. CONCEPT OF OPERATIONS

- A. The key elements of an effective biological response include (NOTE: not in sequential order):
 - Rapid detection of the outbreak.
 - Rapid dissemination of key safety information, appropriate personal protective equipment, and necessary medical precautions.
 - Swift agent identification and confirmation.
 - Identification of the population at risk (to include animals, marine life, and plants).
 - Determination of how the agent is transmitted, including an assessment of the efficiency of transmission.
 - Determination of susceptibility to prophylaxis and treatment.
 - Definition of the public health and medical services, human services, and mental health implications.
 - Control and containment of the epidemic when possible and use of mitigation strategies when containment is not possible (e.g., in the event of an influenza pandemic).
 - Identification of the law enforcement implications/assessment of the threat.
 - Augmentation and surging of local health and medical resources.

- Protection of the population through appropriate public health and medical actions.
- Dissemination of information to enlist public support and provide risk communication assistance to responsible authorities.
- Assessment of environmental contamination and cleanup/decontamination of bioagents that persist in the environment.
- Tracking and preventing secondary or additional disease outbreak.

B. Outbreak Detection

1. **Determination of a Disease Outbreak**

The initial indication of a biological incident may be the recognition by public health and medical authorities that a significantly increased number of people are becoming ill and presenting to local healthcare providers.

As a result of the nature in which a disease outbreak may be recognized, critical decision-making support requires integrated surveillance information, identification of the causative biological agent, a determination of whether the observations are related to a naturally occurring or deliberate outbreak, and identification of the population(s) at risk.

2. **Laboratory Confirmation**

During the evaluation of a suspected disease outbreak, laboratory samples are distributed to appropriate laboratories. During a suspected terrorist incident, sample information is provided to local and state law enforcement for investigative use and to public health and emergency response authorities for epidemiological use and agent characterization to facilitate and ensure timely public health and medical interventions. If the incident begins as an epidemic of unknown origin detected through local health surveillance systems or networks, laboratory analysis is initiated through the routine laboratory network.

3. **Identification (Analysis and Confirmation)**

The samples collected and the analyses conducted must be sufficient to characterize the causative agent of the outbreak.

4. **Notification**

Any disease outbreak suspected or identified by an agency is brought to the immediate attention of the Tacoma-Pierce County Department of Health as detailed in the ESF #8 Annex, in addition to the notification requirements contained in the CEMP Basic Plan.

5. Activation

Once notified of a threat or disease outbreak that requires or potentially requires significant public health and medical assistance, Tacoma-Pierce County Department of Health convenes a meeting of the ESF#8 organizations to assess the situation and determine the appropriate public health and medical actions.

The immediate task following any notification is to identify the affected and vulnerable population and the geographic scope of the incident. The initial public health and medical response includes some or all of the following actions:

- Targeted epidemiological investigation (e.g., contact tracing).
- Dissemination of key safety information and necessary medical precautions.
- Intensified surveillance within healthcare settings for patients with certain clinical signs and symptoms.
- Intensified collection and review of potentially related information (e.g., contacts with nurse call lines, laboratory test orders, school absences, over-the-counter pharmacy sales).
- Organization and potential deployment of health and medical response assets (in conjunction with state, tribal, territorial, and local officials) to include personnel, medical supplies, and materials.

V. RESPONSIBILITIES

The procedures in this annex are built on the core coordinating structures of the CEMP and the Pierce County Pandemic Influenza Plan, TPCHD Annex. The specific responsibilities of each department and agency are described in the respective ESF's.

VI. AUTHORITIES AND REFERENCES

- Emergency Management Pandemic Influenza Annex

VII. TERMS AND DEFINITIONS

- (See Appendices I and II)

VIII. ATTACHMENTS

- (None)