

Washington State Department of Health Responds to Worst Wildfire Season in History

Washington State's response to wildfire season demonstrates the importance of federal funding in building and sustaining public health capabilities to anticipate and prepare for disasters.

From June to September 2015, the Washington State Department of Health's Office of Emergency Preparedness and Response faced the worst wildfire season in the history of the state. Low snowpack during the winter and severe to extreme droughts throughout the state in the summer created the ideal dry conditions for the rapid spread of wildfires, both in the east where wildfires are part of the ecosystem and in the west where they are less common. The 2015 wildfire season killed three U.S. Forest Service firefighters, injured dozens, destroyed over 300 homes, and burned over 1.1 million acres.

Faced with consequences ranging from environmental health impacts to medical facility evacuations, the Washington State Department of Health (WDOH) quickly adapted its response plans. Implementing emergency capabilities built with funding from the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP) cooperative agreement program allowed WDOH to mitigate the effects on public health, behavioral health, and the healthcare sector.

Steps Taken:

- WDOH developed a Leader's Intent tool at the very beginning of the wildfire incident to define the policy direction for the public health response and provide clear guidance to the WDOH Incident Commander.
- Using HPP and PHEP funding, WDOH proactively trained four Type 3 Incident Management Teams. Each team member received over 200 hours of training, and each is required to participate in quarterly drills. Most had already gained significant experience responding to multiple disasters during 2014. The WDOH Incident Management Team responded to this wildfire incident for three weeks.
- WDOH assisted in rapid, large-scale evacuations of citizens as well as evacuations of a hospital and multiple nursing homes. The evacuation of patients required medical surge support and warranted review of regulatory waivers to support facilities with maintaining essential operations.
- Based on lessons learned from past wildfires, WDOH identified the most likely health and medical resource needs during wildfires: emergency operations staff (medical and nonmedical), N95 respirators, medical beds, and high-efficiency particulate air (HEPA) filtration systems.

- "The [HPP] and PHEP program built the foundation upon which we could engage such a diverse, nontraditional group of partners and lead a coordinated, statewide response. We have information management systems, policy level exercises, tools that aid in information collection, documentation and decision making, and a process for managing and fulfilling requests for assistance from our partners. None of that existed prior to the PHEP program."

Michael Loehr, Chief of Emergency Preparedness and Response, Washington State Department of Health

- WDOH engaged its nonpublic health partners to address disruptions in the medical supply chain due to road closures and power outages. The Washington State Pharmacy Association coordinated with large health systems to donate needed medical equipment and medications to support patients with respiratory conditions located in shelters. The Washington State Patrol then flew the medications into the areas of need.
- Power outages, road closures, and evacuation orders affected WIC services. WDOH ensured the continuation of these services in impacted areas by developing contingency plans during the response to provide services directly from the state level when needed.
- WDOH provided direct support to local health jurisdictions and tribes by monitoring air and water quality degradation, offering technical assistance on the issuance of public advisories and alerts, providing liaisons to local emergency operation centers, and distributing HEPA air filters to public shelters and critical community facilities such as 911 centers and emergency operation centers.
- Before wildfire season started, WDOH collaborated with the Washington State Department of Social and Health Services to anticipate behavioral health needs. During the response, WDOH requested assistance from HHS' Office of the Assistant Secretary for Preparedness and Response (ASPR), which then engaged the Substance Abuse and Mental Health Services Administration (SAMHSA) to become part of WDOH's multi-agency behavioral health taskforce.

Results:

- WDOH not only executed its own continuity of operations plan, but also assisted healthcare facilities and other state agencies with their business continuity plans.
- Deployment of a well-trained and tested Type 3 Incident Management Team played a critical role in the success of the response.
- By identifying the most common resource needs in advance, WDOH was able to acquire and mobilize assets early in the wildfire incident and stage them across the state for easier access.
- The HPP and PHEP program funding and assistance helped build and maintain trust and awareness between WDOH and many key partners. WDOH's partnership with large healthcare systems, state agencies and associations, healthcare coalitions, emergency management, and tribes allowed it to expand its resources and expertise to fulfill the communities' needs. For example, locating, acquiring, and mobilizing asthma medication at a time of poor air quality and restriction in the supply chain was accomplished in a matter of hours only through close partnership and collaboration between WDOH, the Washington State Pharmacy Association, large health systems, and the Washington State Patrol.
- ASPR provided technical assistance and increased situational awareness by facilitating information from SAMHSA, faith-based organizations, the Red Cross, and other nonprofit organizations.
- SAMHSA provided behavioral health services, expertise, and information to support the lack of resources at the state and local levels.

Lessons Learned:

- It is imperative to anticipate and prepare for the cascading effects of disasters.
- There has been a significant reduction of local public health staff in recent years. Many of Washington State's local health departments have less than 15 staff members. WDOH must find ways to support local response efforts and continuity of operations when the response involves or affects most or all local health department personnel.
- Building and maintaining effective and qualified public health response teams requires participation by many partnering agencies as well as sustained funding. Further reductions in funding used to maintain staff readiness and train personnel are detrimental to the public health agencies' ability to protect the life and safety of communities, responders' behavioral health, and the continuity of the most critical public health functions.
- Taking calculated risks during times of uncertainty can pay off. WDOH made the decision to make resources more accessible by pre-emptively acquiring and strategically deploying them across the state.
- WDOH continues to strengthen its partnerships with healthcare systems, emergency management, pharmacies, and other organizations to improve logistics capabilities.
- Funding provided by the HPP and PHEP program saved lives by making it possible for WDOH, local health jurisdictions, and tribes to build and maintain capabilities on emergency operations coordination, mass care, medical surge, emergency public information and warning, information sharing, community preparedness and recovery, medical material management and distribution, and volunteer management. Further reductions in funding to the public health and healthcare emergency preparedness and response programs are a serious concern.

For more information:

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