



King County

**PUBLIC HEALTH
Seattle & King County**

Business Continuity (BC) Plan

**Tabletop Exercise
Get Ready for Winter**

Conducted: October 29, 2008

After Action Report

December 26, 2008

Table of Contents

Executive Summary

- I. Exercise Overview
- II. Exercise Objectives
- III. Exercise Events Synopsis
- IV. Exercise Conclusions

Appendices

Appendix A: Participants List

Appendix B: PHSKC Business Continuity Plan Overview

Appendix C: Exercise Evaluation Tools and Summary of Results

- 1) Exercise Notes
- 2) Evaluator Notes
- 3) UW Graduate Student Observer Notes

Executive Summary

In early 2008, the Department Business Continuity (BC) work plan identified the need to develop and conduct a BC table top exercise, to be held on October 29th, 2008 prior to the winter weather season. An exercise design team was formed, led by the BC Program Manager with representatives from several Divisions. The Preparedness Section Training and Exercise Manager provided consultation on the design and implementation of the exercise. The purpose of this exercise was to provide Department leadership and BC Planning Team members a forum to discuss business continuity concepts, identify current Department capabilities, policies, strengths and gaps, and to highlight opportunities to communicate and coordinate across Divisions and Sections. The exercise would be immediately preceded by an overview presentation of the Department BC Plan, the process used for developing the plan, and key responsibilities identified therein.

Thirty-one total participants were actively involved in the BC exercise, while several more were invited but could not attend. Players included the Chief of Staff (COS), Chief Administrative Officer (CAO), Division Managers and Assistants, Human Resources Manager, Public Information Officer (PIO), and Office of Information and Resource Management representatives. The Department BC Team Leads acted as subject matter experts during the exercise. Evaluators included a member of the CHS Business Continuity Committee, and the Preparedness Training and Exercise Manager. Two note takers included the department's Business Continuity Manager and an administrative staff member. Observers included a University of Washington Graduate Student. A verbal debriefing and 10 minute post evaluation of the tabletop exercise solicited verbal feedback from players on the usefulness of the exercise, strengths, noted gaps, and areas of improvement.

The most noteworthy gaps identified included a reliance on department or county level policies or procedures that are either not established, are in development, or have not been thoroughly communicated to managers and staff. Additionally, a cultural norm exists within the Department that appears to limit management's ability to temporarily reassign staff to alternate work sites or into alternate roles when circumstances warrant. Areas for improvement related to Communications included improving the efficiency with which information is communicated between Divisions, between staff at PH sites and management in the Chinook Building, between Division Managers and Department Leadership, and between Divisions and the PH EOC. Players also identified the need for a consistent damage assessment process and supporting tools for communicating information from PHSKC sites to decision makers in a timely manner.

I. Exercise Overview

Exercise Name: PHSKC - Business Continuity (BC) Plan Tabletop Exercise; Get Ready For Winter

Duration: 2 Hours, 15 minutes

Exercise Date: October 29, 2008

Sponsor: Public Health - Seattle & King County

Type of Exercise: Tabletop; Facilitated Discussion

Funding Source: PHSKC, Preparedness Section

Focus: Business Continuity Plan

Classification: By invitation only

Scenario: Winter Weather

Location: Chinook County Office Building (CNK), 1311 & 1312
401 5th Avenue
Seattle, Washington 98104

Participating Organization: Public Health - Seattle & King County
UW Student Intern

Number of Participants: 31 total participants; 5 invitees not in attendance
1 Facilitator
18 Players
6 Subject Matter Content Experts - BC Team Leads
2 Observers
2 Evaluators
2 Note takers

II. Exercise Objectives

The following five BC Exercise objectives were selected by the BC Program Manager and Preparedness Manager, and vetted with the BC Team Leads and the Exercise Design Team:

Line of Succession and Delegation of Authority

Discuss the ability to implement Department and Division lines of succession (LOS) and delegations of authority.

Business Continuity Impact Assessment

Evaluate the ability to assess incident impacts on Department Services, Functions and Programs (SFPs).

Decision Making Processes Regarding Prioritization of SFPs

Evaluate decision processes regarding prioritizing, maintaining and suspending PHSKC services within and across divisions.

Communication Protocols

Assess protocols for communicating with Department staff and the public regarding BC decisions effecting public health SFPs.

Human Resource Issues

Assess how human resource concerns are addressed within Public Health during BC incidents.

III. Exercise Events Synopsis

Players were initially presented with an overview of the PHSKC Business Continuity Plan to establish a common understating about the role of BC during emergencies. The scenario for this facilitated discussion was a winter weather event. Situation Updates were presented and specific questions were posed related to each exercise objective.

IV. Exercise Conclusions

This exercise highlighted the need for clear direction from Department Leadership, and enhanced coordination between the Preparedness Section, ODIR / Admin, and all Divisions regarding preparedness and BC planning. Specific conclusions and recommendations are organized by subject and listed below.

PHSKC Culture Change

- BC concepts are conducive to enterprise wide collaboration and cross communications. E-Team should promote a work environment that eliminates silos.
- Staff routinely say “It’s not my job” as a response to re-deployment. This issue must be addressed via bargaining units and policy changes.
- Need to envision certain components of PHSKC as 24/7 operations (EMS, Jail Health Services, MEO). This mindset will influence planning goals aimed at meeting the Department’s prioritized mission critical SFPs.

Facilities

- During an emergency activation, BC response team members will require sufficient operating space. Preparedness Section should incorporate this need into EOC facility planning.
- Facilities Management Division (FMD) does not have a Facilities Plan. There is no plan that identifies a prioritization of building inspections or assessment of capabilities, and no plan for prioritizing recovery of county buildings. The lack of sufficient back-up power for the Chinook Building and the absence of clarity from FMD impacts PHSKC ability to make decisions about any alternate facilities for re-deployment planning in advance of an incident.
- Environmental Health (EH) relies upon CHS to perform a facility damage assessment in co-located facilities. Preparedness Section should assist EH and all other Divisions in developing capabilities to conduct initial damage assessment for their facilities.
- A single, consistent facility damage assessment process and assessment form is needed covering PHSKC facilities. This process and form must be accepted by Department Leadership and utilized by all Divisions during emergencies and disasters.
- The PH EOC (Preparedness Section) must develop a mechanism for rapidly aggregating impact assessment information within the EOC into useful tools for decision makers and the PIO.
- Reporting protocols must be developed that define how damage assessment information is transferred to the correct parties; protocols should include processes for informing Department leadership when BC plans are activated at the Division or Department levels.

- Preparedness Section should discuss with FMD the responsibilities of FMD in conducting impact assessments for the Chinook Building during emergencies and disasters.
- Floor Warden roles should be evaluated for each facility to determine how they can be incorporated into the damage assessment process.
- Jail facilities require staff to have access clearances prior to entering the facility. PHSKC staff identified for redeployment to assist JHS will require access clearances in advance of an incident.

Activation of Emergency Plans

- PHSKC must activate ICS and emergency response plans early to begin planning prior to a known possible incident, such as severe winter storm approaching.
- Ensure that during emergencies, BC Response Team members in the PH EOC have access to road and transit impact information.

Policy

- The County's Inclement Weather policy effects PHSKC activation of plans, the timing of communications to staff, and decisions to close facilities. Early communications with the Executive's Office is necessary to ensure consistency.
- Division Leaders need a common understanding of the King County and Department Site Closure policy.

Communications

- Need contingency plans in place to ensure that Department Leadership can communicate with managers when phones and email systems are inoperable.
- PHSKC should explore the viability of Sharepoint or similar system to enhance data sharing capabilities between Divisions and Sections.
- Communications to PHSKC Leadership and the PIO regarding impacts to facilities and critical functions must occur early, leaving sufficient time to provide messages to staff prior to their leaving home for work.
- Strengthen risk communication capabilities to include internal staff messaging, as well as media messages.
- Staff and management need to better understand how to handle a weekend response / activation when not all staff have communications equipment or know what is expected of them.

- Ensure Divisions and sections update phone trees and contact lists regularly.

Information Technology

- Full optimization of SSL-VPN capability by all Divisions is key to maintaining resiliency for mission critical functions. Divisions and OIRM (PH MIS) should ensure wide distribution of this capability focused primarily on staff performing mission critical functions.
- A gap exists regarding the limited availability of OIRM (PH MIS) staff to support PH operations on a 24 hour basis. Options to providing IT support to PH operations outside the hours of 7:00 P.M. – 11:00 P.M. has not been addressed.

Leadership Decision Making

- Clarity around decision making authorities and expectations is needed. Cultural norms in PHSKC indicate a reluctance by management and staff to make decisions under certain circumstances (i.e. redeployment to other work locations).
- Need to reevaluate the current list of mission critical services, functions and programs and assess appropriate priority levels to guide decision makers.
- Establish and finalize Delegations of Authority for all Divisions and key sections.
- Establish a clear process for deciding BC operational priorities during emergencies, and define the decision maker who will direct divisions on what actions to take.

Human Resource issues

- A Workforce downloadable PHSKC Staffing Report was created in 2008 precipitated primarily by CHS needs but expanded to cover all Divisions. Sections and Divisions should utilize this tool to assess impacts to staffing levels and should download staff data monthly and produce paper back-ups.
- Need a searchable database with PHSKC staff skill sets, licensures, home zip codes and credentials.
- Identify methods for tapping into temporary workers to support critical functions, including Jail Health Services.
- Public Health HR should coordinate with KC HR to assess the feasibility of using KC employees in other departments to support PHSKC mission critical functions.
- Clarity is needed around the future viability of the Workforce database for the purposes of identifying staff with skills that could serve in mission critical positions.
- Need to define “emergency” within HR policies for the purpose of clarifying expectations

of PH staff

- Incorporate the option of delayed opening of PHSKC facilities where applicable, rather than just “open as usual” or “completely closed” for the day.
- Redeployment of PHSKC staff to support emergency response and mission critical roles should be centralized out of the PH EOC during emergencies

Appendix A: Participants List

Facilitator	Michael Loehr, Preparedness Director
Players	Kathie Huus, Chief of Staff (COS) Ben Leifer, Chief Administrative Officer (CAO) Ngozi Oleru, Division Manager, Environmental Health Joan Haynes, Division Manager, Community Health Services Tom Hearne, Division Manager, Emergency Medical Services Bette Pine, Division Manager, Jail Health Services David Bibus, Assistant Division Manager, Prevention Dale Hartman, OIRM (PH MIS) Ron Weigelt, Human Resources Manager James Apa, Public Information Officer (PIO) Janine Weihe, Preparedness Section Deputy Director
BC Team Leads	John Hartman, Jim Henriksen, Byron Byrne, Mark Alstead, Scott Jones
Observers	Assistant Division Managers UW Graduate Student Preparedness Section Staff ODIR / Admin Section Representatives
Evaluators	Vivian Stevenson, CHS Business Continuity Committee Member Whitney Taylor, Preparedness Section Training and Exercise Manager
Note Takers	Dee Totten, Business Continuity Program Manager Alison Alcoba, Communications / Preparedness Administrative Staff

Appendix B: PHSKC Business Continuity Plan Overview

PHSKC business continuity is a planning process that includes all divisions, key sections and leadership across the Department. The goal of business continuity planning is to ensure that critical department services, functions and programs remain functional or are restored as soon as possible during and following adverse events. This requires close analysis of the functions our Department currently performs and the people, systems and infrastructure those functions rely upon to remain operational. It also involves the challenging process of prioritizing functions to ensure that limited resources are dedicated to maintaining and restoring the most important functions first. Overall, this is a planning process that:

- Must directly involve all divisions and key sections of the department – this incorporates critical program knowledge, experience and expertise into planning and decision making;
- Must be supported by Department and Division Leadership as a priority planning function;
- Must be maintained as an ongoing part of the Department's preparedness program.

Key Business Continuity Plan Elements

1. Leadership Line of Succession (LOS) and Delegation of Authority
2. Mission Critical Services, Functions, Programs (SFPs)
Identifying and prioritizing SFPs; developing contingency plans to fully sustain or restore SFPs; creating detailed job cards; identify needed equipment and supplies; protecting and backing up vital files, records, databases, and systems; and creating manual (non-computer) work methods.
3. Plan Activation / Implementation Steps
4. Decision Making and Prioritization
5. Alternate Facility Relocation / Alternate Processes / Temporary Suspension of SFPs
6. Logistics
7. Recovery and Resumption of Normal Operations
8. Plan Maintenance, Training and Exercises

Appendix C: Exercise Evaluation Tools and Summary of Results

There were three evaluation tools used for this exercise:

1. Exercise Notes

Notes taken during the exercise were assessed along with the evaluation checklists and condensed into the Conclusions.

2. Post-Exercise Evaluation Checklist and Evaluator Notes

These were given to two Evaluators prior to the Exercise so they could become familiar with the checklists in advance. Although the exercise was regarded as successful, the evaluators noted that one objective was not met; in the HR area. This may be explained by the outcome-oriented nature of the evaluation questions themselves and may not necessarily reflect the discussions actually held as part of the Tabletop.

3. UW Graduate Student Observer Notes

A UW Graduate Student attended the exercise as an observer, documenting discussions, lessons learned and identified gaps into categories assisted by the BC Program Manager.

Evaluator Notes (combined):

PHSKC Business Continuity Tabletop Exercise Evaluator Checklist				
Evaluator: 1	Location: Chinook Building		Date: 10/29/08	
Objective No.: 1	Function Being Evaluated: Business Continuity			
Objective: Discuss ability to implement Department and Division lines of succession (LOS) and delegations of authority.				
PERFORMANCE CRITERION (#)				
Points of Review:				
Please answer the following: Y = YES, N = NO, NA = Not Applicable, NO = Not Observed				
	Y	N	NA	NO
1. Did Players discuss how to implement Department LOS?	x			
2. Did Players discuss how to implement Division LOS?	x			
3. Did Players discuss how to implement delegations of authority based on leadership availability?		x		
4. Was Exercise Objective met?	x			
<p>Comments:</p> <ul style="list-style-type: none"> ○ Decision making across divisions is a GAP and needs to be addressed. It is more clear within divisions. ○ Emergency phone contact lists needs to be updated. GAP ○ LOS information is held at the management/supervisor level but not deeper into the organizational structure to staff. Many staff have no idea of contingency plans (because some are still in early development and training is a future planned effort). ○ More work on Delegation is needed based on the recent legal review findings. 				

PHSKC Business Continuity Tabletop Exercise Evaluator Checklist

Evaluator: 1	Location: Chinook Building	Date: 10/29/08		
Objective No.: 2	Function Being Evaluated: Business Continuity			
Objective: Evaluate the ability to assess incident impacts on Department services, functions, and programs (SFPs).				
PERFORMANCE CRITERION (#)				
Points of Review:				
Please answer the following: Y = YES, N = NO, NA = Not Applicable, NO = Not Observed				
	Y	N	NA	NO
5. Did Players discuss how to determine how incident impacts services?	X			
6. Did Players outline how incident impacts would be assessed?	X			
7. Did Players consider all services, functions and programs provided by the Department?		X (455 Identified to date)		
8. Was Exercise Objective met?	X			
<p>Comments:</p> <ul style="list-style-type: none"> ○ Need to activate department EOC the day before the event if forewarned so we can get organized for facilities and functions – agree on tools used and how to collect the same data from all the sites across divisions early the next day. Waiting until the day of the event is too late. ○ How does PH EOC communicate with city of Seattle EOC and King County EOC to get information on roads and weather conditions across county. ○ We have 45 PH facilities and need a status report on all of them, not just the 10 PH centers ○ <u>MIS</u>; staffed 7am-7pm, but can monitor system remotely 24/7. know which sites have no power and are operational, but cannot communicate with that site, does not monitor jail, MIS also facing union push back on redeployment to other work sites, they do it now voluntarily. Adjust hours voluntarily. ○ <u>CHS</u> has a finely tuned system to assess data early in the am, e.g. Staffing absences, parking lot & road conditions, power, phones, etc. CHS plan is totally 				

divisionally-oriented.

- Prevention has “understanding” with a lead person at MEO at HMC, no protocol, MEO talks with HMC for emergency situation assessment & HMC functionality– gives this info to prevention
- EH depends on collocation with CHS for conveying assessment of facilities, resources and BC planning = GAP
- EMS: gets status reports from paramedics based at various fire stations throughout county, these have own power supply, generators – have daily checks from all sites to EMS mgmt.
- Now very division focused, need a central hub for compiling data from all divisions; should be PH EOC (ACC)
- Does FMD have any resources to help collect facilities data during night/early morning or to do a rapid post earthquake facility assessment. (No; has been assessed by BC with FMD, FMD does not have in place).
- Divisions have done their own planning on how to assess damage impacts and have developed their own unique forms & protocols within silos. This is not well integrated at the department level. There is a need to develop ONE format to collect these data so that similar data can be aggregated across divisions & inform department wide decision making
- Department has to recognize the 24/7 nature of jail health services and therefore the need to get information out to sites very early in the morning (some jail shifts start at 430am) 7am is too late for most sites. Delay opening of sites until information collected is not practical, given the HR implications – do we pay staff for the hours we delayed?
- GAP = how do all KC facilities report in a similar way and how is that information summarized and reported to whom? – EOC needs standardized protocol/format for reporting assessments from various divisions on facilities and functionality, staffing.
- Technology may not be available, need a back up plan.
- James: need to know what county message is before we notify our staff, staff need to know if they are considered essential county employees or not, if JIC established, can send over a message to them on our service level. can use PH web site, hot line phone messaging, ideally the hot line is updated at 7am, but this is too late for most PH staff. Jail needs it much earlier.
- CHS has previously led assessment of potential impacts on CHS Facilities and the ones co-located with EH and has experienced staff to do that role; EH has relied solely on CHS to provide the input in the past but it has been previously identified that EH is willing to share the responsibility with CHS. EH will need to re-evaluate this due to the move of EH Services to Renton.

RECOMMEND: Activating the EOC prior to a known storm approach to strengthen coordinated planning, instead of a Division-level approach. An agreed upon response tool is required for the initial damage assessment, and then universally adopted by PHSKC for all to use.

PHSKC Business Continuity Tabletop Exercise Evaluator Checklist

Evaluator: 1	Location: Chinook Building	Date: 10/29/08		
Objective No.: 3	Function Being Evaluated: Business Continuity			
Objective: Evaluate decision processes regarding prioritizing, maintaining and suspending PHSKC services within and across Divisions.				
PERFORMANCE CRITERION (#)				
Points of Review:				
Please answer the following: Y = YES, N = NO, NA = Not Applicable, NO = Not Observed				
	Y	N	NA	NO
9. Did Players review process for prioritizing PHSKC services?	X			
10. Did Players discuss a process for suspending PHSKC services?	X			
11. Did Players discuss how services would be prioritized within each Division?	X			
12. Were recommendations discussed on a Division level and passed on to PHSKC Leadership?		X		
13. Was Exercise Objective met?	X			
Comments: <ul style="list-style-type: none"> ○ The decision making processes were evaluated and found to be insufficient at the dept-level. Priorities have been defined within divisions but how priorities across divisions would be decided has not been exercised fully yet. ○ PH response needs to relate to executive's decision about county services as a whole – county services open or closed? Often, there is a delay in getting that information. ○ Chief of Staff said it would be great if divisions could collect their data, analyze their divisional data and come prepared to make recommendations for priority services within their division and WHY these are priorities (and this is the expectation). – but what happens if another division's priorities are more important? Competing priorities? This really needs to have a functioning Executive Team where these discussions can happen in an environment of diverse 				

perspectives. We are not there yet to do cross-divisional decision making on priorities. We need to be clear on the consequences of NOT doing critical functions in a given decision. If we shift staff out of PHCs, we lose revenue from billable visits.

- Divisions need to decide their priority one/two/three services BEFORE a disaster hits, too stressful to make these decisions during an event at the EOC
- Is jail health as a 24/7 facility more important for staffing resources than PHCs?
- Not clear on the decision making on site closures; the HR implications of closing a site are significant, do we redeploy staff elsewhere? Who does this? If we send them home, do we pay their salary for that day, but what happens the next day? This decision should be departmental not divisional. (and how is it documented)
- Divisions need some internal capacity to manage staffing in the short term with cross training, their own divisional resources. We do this now, almost every day with staff absences at 30% (CHS), FML.

PHSKC Business Continuity Tabletop Exercise Evaluator Checklist

Evaluator: 1	Location: Chinook Building	Date: 10/29/08		
Objective No.: 4	Function Being Evaluated: Business Continuity			
Objective: Assess protocols for communicating with Department staff and the public regarding BC decisions effecting Public Health services, functions, and programs (SFPs).				
PERFORMANCE CRITERION (#)				
Points of Review:				
Please answer the following: Y = YES, N = NO, NA = Not Applicable, NO = Not Observed				
	Y	N	NA	NO
14. Did Players identify communication channels to inform the public about service interruptions?	X			
15. Did Players identify how staff would be informed of changes to program interruptions?	X			
16. Did Players discuss what steps would be implemented for message development?		X		
17. Was Exercise Objective met?	X			
<p>Comments:</p> <ul style="list-style-type: none"> ○ ODIR needs to develop and update key phone trees with protocols for ensuring Kathy and Ben can receive updates from division managers and ODIR sections. ○ Communicating with staff needs to be done earlier in the work day. ○ Need to update phone trees in Chinook, updating phone lists needs to be assigned to a specific person and updated on a routine schedule. ○ We need a better call-in protocol, ask managers to call into a specific number, would be faster. Email is good if power and Internet are working. ○ King County issue- GAP –Prior to incident, work with King County government (Exec’s Office) to coordinate pre-event messaging of inclement weather policy – create standard messaging. 				

PHSKC Business Continuity Tabletop Exercise Evaluator Checklist

Evaluator: 1	Location: Chinook Building	Date: 10/29/08		
Objective No.: 5	Function Being Evaluated: Business Continuity			
Objective: Assess how human resource concerns are addressed within Public Health during BC incidents.				
PERFORMANCE CRITERION (#)				
Points of Review:				
Please answer the following: Y = YES, N = NO, NA = Not Applicable, NO = Not Observed				
	Y	N	NA	NO
18. Did Players identify potential staff concerns?	x			
19. Did Players identify a process to mitigate staff concerns?		x		
20. Did Players identify a process for handling human resource concerns?	x			
21. Was Exercise Objective met?		x		
<u>Comments:</u>				
<ul style="list-style-type: none"> ○ Can we tap into dept resources to staff jail? Can we assign PH staff to work in the jail? How can we initiate security clearances? ○ Need broad perspective when looking at staff resources – what are cross divisional staffing needs? HR needs central reporting of both available staffing resources and staffing needs in order to help ○ How to track absenteeism across divisions? Need detail of shortages and needs by job class, deployment across divisions needs to have a clear plan – what is more important, jail or PH centers? This decision needs senior management leadership ○ Need a centralized system to provide ongoing staffing updates on all services – red/yellow/green, Status of each functional unit/program/division ○ Need to track timesheets, document staff time for payroll, who closes a site determines how employees are paid, union implications. ○ Jail; we deal with absenteeism every day, but in a silo, we have a lot of experience with staff shortages. ○ We need to have a electronic crosswalk of current staff resources by job class across divisions, this is currently a very BIG problem, identifying the skill sets of our current staff within a job class (who can give shots?) to use in response or 				

redeployment –

- How can we track absences and available staff and know their skill sets at sites, across divisions electronically?
- Redeployment across work sites has met staff resistance and union pushback
- Needs to be taken to the negotiation table and written into the union contracts. This new direction needs to come from senior management.
- CAO; public health emergencies supersede union contracts. Needs to be bargained and have union agreement to protocols for emergency situations.
- HR Mgr.: there are management rights – employees who do not follow directions, can be insubordinate, BUT, staff can refuse if they state safety issues.
- HR Mgr; furlough of staff needs executive order – GAP decision making now NOT clear on closing a site.
- JHS concerns about staffing – will work on staff message to mitigate concerns about keeping people off un-safe roads will be balanced with ensuring mission critical staffing is retained.
- Need ability to do personal email, and text messages to coordinate with staff reporting function and for staff to support critical functions.

UW Graduate Student Observer Notes:

Summary of Observations of Winter Storm BC exercise: by Blaine Reeder

I am a PhD student at the University of Washington in the Biomedical and Health Informatics program. My primary focus is Disaster Informatics for Public Health, specifically in the area of technology design to support Business Continuity leadership decision-making during crises. I have been working with John Hartman (JH) and Dee Totten (DT) at PHSKC since January of this year (2008) as part of my work to identify my dissertation research. During that time, I have documented some of the leadership information needs and work flow for BC decision-making during emergencies at PHSKC, primarily for CHS and for possible applications enterprise wide. As part of this work, I observed the BC table top exercise for the Winter Storm scenario involving PHSKC and division leadership on October 29th, 2008. My notes related to this experience are summarized below and are provided to PHSKC to assist with efforts to improve BC practices at their organization.

During the past year, I have documented the following information issues with JH and DT.

- 1) Coordination and Incident Command Support
- 2) Staff Training and Education
- 3) Plan Testing and Exercise Support
- 4) Interoperable External Communication and Alert and Notification
- 5) Internal Communication and Alert and Notification
- 6) Staff Attendance and Contact List Management
- 7) Resource Tracking and Capacity Management
- 8) Facilities Management
- 9) Collaboration
- 10) Telecommuting
- 11) Service Prioritization, and
- 12) Geographic Data Visualization (GIS mapping).

The need for technology to support information needs that fall into these areas for more complete situational awareness and better decision-making during a crisis is well-recognized by JH and DT. My observation of the Winter Storm BC table top exercise shows the same type of recognition from division leadership at PHSKC.

Primary concerns for information to support situational awareness and the decision-making that must follow were raised repeatedly along several major threads. Details of these threads are documented in the summarized notes below. Those thread needs are:

- 1) the need for general communication protocols and standards; and then applied to an incident
- 2) the need for staff reporting for attendance and redeployment
- 3) the need for regional conditions and weather conditions from several different information sources
- 4) the need for facility status assessment tools, adopting the tools enterprise wide, and communication protocols
- 5) the need for service, function, program enterprise wide vetting and prioritization
- 6) the need for leadership responsibility: use of LOS and understanding PHSKC delegation of authority, and
- 7) the need for recommendations and possible consequences that may result from decisions made by using the information communicated to the EOC.

There was a clear recognition that divisions within PHSKC may not be communicating with each other as well as they could. I believe this situation results not from oversight, but due to over-scheduling on the part of staff at the organization.

Based on my experiences of the past year, I believe that the information needs for situational awareness and decision-making to manage uncertainty during a crisis are well-recognized by the BC staff and

leadership at PHSKC. However, one gap that I believe may have been overlooked in the exercise discussion is a concrete strategy to develop a decision support system that leverages existing data (such as staff and services information) through integration with existing technology (Workforce and eventually WATrac for partial BC use as both systems have either few to some of the features BC requires and have been identified) that can function in both an on-line and off-line capacity during critical events. Some requirements of such a system are that it should provide *immediate and obvious value beyond existing work practices* to any user role, it should provide *immediate and obvious ease-of-use with a low impact training cost* in terms of time, it should *collect, aggregate and process data from multiple sources* to support situational awareness, it should provide *multiple ways to transmit data securely* when communications infrastructure is compromised, it should *work both on-line and off-line* during critical events if communications infrastructure is compromised, it should provide for *multi-directional information updates* to peer installations and a central information hub when communications again become available. In addition, such a system should be able to *make recommendations for possible courses of action* based on policy, the BC plan and available information regarding available staffing, priority functions, facilities status and regional conditions. Lastly, such a system should be *easily maintained, updated and reconfigurable* as policy, the BC plan and the organization changes.

However, before that can happen, I believe that first steps are to concretely document the information needs recognized by PHSKC leadership and BC staff and move beyond gaps to actions and practices that address those gaps. It appears that the Winter Storm BC table top exercise was part of such an effort. I expect the after action report for the exercise will make recommendations for actions to address those gaps. One possible obstacle to the present BC effort may be a shortage of dedicated staff and resources due to the current budget crisis at PHSKC.

SUMMARIZED NOTES FROM EXERCISE

Business Continuity

- Business continuity is the same for public health as it is in private organizations
- BC and Response often compete for resources within an organization
- An all hazards plan is required
- In order to work, BC must:
 - a. Require representation across the organization
 - b. Has to have support from leadership
 - c. Has to have a home and a director

Incident Command

- Each division has staff that could act in BC or Response roles – these must be separated as they compete for resources
- Not all operations branches of the incident command system have to be activated during a specific event
- BC may or may not be activated during any given incident
- An event that activates all components the area command center would likely be a major disaster
- A division can activate it's own BC plan independent of other divisions and the department (and needs to make notification to management)

Leadership Line of Succession (LOS)

- Important to define LOS for PHSKC, Divisions, and ODIR/ Admin section
- Leaders need flexibility in how to delegate authority (delegating a leadership position's responsibilities may be spread across several subordinates)

Identified Gap: Delegation of authority at the Division level needs to be defined

Mission critical services

- PHSKC has identified 455 mission critical functions (without ODIR / Admin; and JHS added in yet)
- Prioritizing services can be contentious due to perceived territoriality and politics
- Priorities are numbered 1 through 4
 - 1 – No downtime, immediate threats to life, constitutionally required
 - 2 – Resume within 24 hours
 - 3 – Resume within 72 hours
 - 4 – Resume at some point in the future, can be suspended if necessary
 - 1's and 4s are easily defined
 - 2's and 3's are harder to identify and prioritize

The Scenario – Winter Storm

- Winter weather affects traffic, transportation systems, facilities, and staffing
- Can effect communications

Implementing BC during an incident

1. Assist ACC Planning Section collect impact assessment data for situational awareness
2. Assess mission critical SFPs affecting facilities, staffing
3. Make recommendations for decision-making by management

Possible BC Plan activation

There is a need for planning in advance in anticipation of a possible winter storm (or other known possible event).

1. The need is department wide
 - for facilities management
 - for SFPs
 - for staff reporting
2. Perhaps activate planning cell of ICS, initially

Recovery and resumption

- The moment an alternate facility is set up, you begin assessing and documenting criteria for resumption (return to normal operations)

Communication

- Before/during an event, over-notification is better than under-notification
- Important: to know who to communicate information to
- Identified Gap: Many people do not know how and when to communicate the information (tools: forms, equipment currently available or not)
- Possible alternate warnings: by e-mail or text message
- MIS sends out notifications – example: “White Center is down” – however, White Center does not get these e-mails because White Center is down
- Not all employees have cell phones or other communication devices
- Identified Gap: There are departmental contact lists – these are not currently updated with all identified key staff. (Preparedness Section updates Key Contacts List every 6 months and should include all key BC staff).
- Identified Gap: There are departmental phone trees – these need to be updated with identified key staff to include all BC Team Leads
- Ways to communicate:
 - PHSKC web site
 - Joint information center (if activated)
 - Hotline – for staff
- Prioritization: Decision-makers need to understand the consequences of a decision (a role BC provides)
 - Example: moving CHS staff to JHS – need to understand the consequences at CHS clinics

- Raw data must be processed by divisions and communicated up
- When assessing functions – we do not assess all PHSKC functions – but assess a smaller group of priority functions (that have been identified and documented – depending on the Division [not including JHS or ODIR/ Admin.- TBD])
- Information must be prioritized, recommendations and consequences relayed

Facilities

- During an event, it is important to identify alternate work facilities and telecommuting opportunities
- CHS – one person look at roads, parking lots to assess if it is safe
- Identified Gap: need to incorporate a buddy system, to ensure safety
- Identified Gap: need a better (standardized) way to assess functioning CHS facilities and all remaining PHSKC facilities
- HR proposed facility status colors – Green (ready), Amber (conditional), Red (off-line – no power, etc.)
- Facility status – question: can you perform the function in the facility?
- Staffing – if so, what people do you need?
- EH has a lot of people out in cars
- Identified Gap: Need info from City of Seattle Web EOC re: roads
- Identified Gap: Need to know what the County and State DOT is saying re: roads

Staffing

- Functions don't happen without people
- Strong weather warnings can cause more sick calls
- JHS – 12 of 17 staff have called in sick in the past – still had to function – JHS does BC everyday
- JHS must provide services
- JHS Staff may live too far away from their work site
- JHS – Perhaps staff from other divisions could fill in - can they accept staff who don't have clearance?
- HR could bring in temp staff if they had a reporting function
- Identified Gap: Need a reporting function for all staff (that Divisions and ODIR/Admin will adopt and use/ as staffing report via workforce is in place now!) -
- EMS – paramedics in five stations - activate crews for stand-by
- HR - who didn't show up because they couldn't?
- HR - who didn't show up because the facility closed?
- HR - Who was sent home?
- HR - Who was redeployed?
- HR - Redeploying is different from being sent home – need a way to track
- HR - Absenteeism – is telecommuting an option? (Yes, PHSKC has the policy now; Divisions need to adopt, offer it to staff, and implement the available tool).
- CHS – worst problem: finding staff for Response (example: injections)
 - It is both a BC and a Response issue
 - How to redeploy staff within a division among centers?
 - Employees say “No”
 - CHS has had trouble redeploying staff from Renton to Eastgate in the past

Summarized Gaps in Managing Uncertainty

- 1) Need formalized facility assessment
 - a. Must be aggregated for decision-making
- 2) Top managers must be informed
 - a. How far down the LOS does it go?
 - b. How to redeploy to other facilities (maybe only available within CHS model)

- c. Do will other employees know (and be communicated with in an incident with and without power)?
- 3) Need early morning communication
- 4) EMS – Medic One –
 - a. Not well set up to cross communicate
 - b. What employees are needed for essential services?
 - c. We know who is in what zip codes (Yes, EMS has plotted CNK staff on maps).
- 5) AT EH department level
 - a. How to communicate information – what and how
 - b. Need formalized facility assessment for new staff location
- 6) Need searchable staff database for work location, zip code of where staff live, and skill sets
- 7) Need EOC data protocols
- 8) Need 24/7 recognition of need for services/MIS/ communication during an emergency/disaster
- 9) HR – Need county executive and director level involvement for union contracts for emergencies and disasters
- 10) Need clarification of enterprise wide prioritization
 - a. Remove silos
 - b. Continue to share what has worked in other divisions
 - c. Develop a common language
 - d. Set enterprise wide:
 - Vet common priorities with ET
 - Common facility assessment
 - Common functional assessment
- 11) Have BC in the EOC along with Response (need more room!)
- 12) Need road condition information
 - Available from state, county, city