

Klickitat County

Comprehensive Emergency Management Plan (CEMP)

December 2024

STATE OF WASHINGTON
MILITARY DEPARTMENT
EMERGENCY MANAGEMENT DIVISION
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February 6, 2025

Jeff King
Director
Klickitat County Department of Emergency Management
199 Industrial Way
Goldendale, Washington 98620

Re: Klickitat County Comprehensive Emergency Management Plan

Dear Mr. King:

Thank you for submitting the Klickitat County Comprehensive Emergency Management Plan (CEMP) for our review as required under Title 38.52.070 RCW. Congratulations on completing this significant accomplishment.

The enclosed documents provide a compilation of recommendations for your next planning and review cycle to meet the requirements of RCW 38.52 and WAC 118.30. Addressing the lawful requirements category will ensure your CEMP's continued consistency with the State CEMP and incorporate industry best practices. The Washington Emergency Management Division (EMD) looks forward to receiving the next iteration of Klickitat County's CEMP in five years.

To better incorporate the use of core capabilities while also making the CEMP a more operational document, CEMP development in Washington has changed significantly. If you would like additional information or assistance, please contact EMD's Planning Section at emdcempreview@mil.wa.gov.

Sincerely,

Robert Ezelle
Director

Enclosures (2)
EMD CEMP Evaluated Checklist – Klickitat County 2024
CEMP Review and Recommendations – Klickitat County 2024

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Promulgation Document/Signature Page

Date : April 4, 2025

To : The citizens of Klickitat County
The Chief Elected Officials of all parties to the Interlocal Cooperative Agreement for the Provision of Emergency Management Services
All Klickitat County and City Departments and other governmental and private organizations with disaster mitigation, preparedness, response and/or recovery

From : The Emergency Management Executive Board

Subject : Klickitat County Comprehensive Emergency Management Plan (CEMP)

The Klickitat County Comprehensive Emergency Management Plan is designed to ensure that all jurisdictional members of the Emergency Management Interlocal Agreement (Contract: C27205, Signed December 6, 2005) have the capability and knowledge to respond to any emergency or disaster that should befall our County.

Pursuant to RCW 38.52, the Plan is intended as a comprehensive framework for countywide disaster mitigation, preparedness, response, and recovery. It details authorities, functions, and responsibilities to establish a mutually cooperative plan of action between local, state, tribal, and federal public organizations and private sector organizations. The Klickitat County Department of Emergency Management will be responsible for coordinating all such mitigation, preparedness, response, and recovery activities, as well as publishing and distributing this Plan and changes, as required. This Plan will be used to direct and coordinate response and recovery efforts to protect the lives, health, and property of citizens of Klickitat County.

Every effort has been made to ensure the Plan's compatibility with planning guidance provided by the Washington State Military Department, Emergency Management Division, and the Federal Emergency Management Agency.

We request that all jurisdictions, agencies and organizations in Klickitat County study this plan, and be prepared to discharge its emergency responsibilities, or to support the emergency responsibilities of others.

All jurisdictional Chief Elected Officials should be familiar with this Plan. They should prepare, as appropriate, emergency response plans for their jurisdictions, and coordinate all emergency response planning through the Klickitat County Department of Emergency Management to ensure a prompt response to, and timely recovery from, emergencies and disasters.

In addition, the Director of the Klickitat County Department of Emergency Management will be responsible for coordinating maintenance of this Plan, and working with other levels of government to maintain the organizational capabilities and resources necessary to effectively implement this Plan.

Finally, each citizen of this county is requested to prepare to do their part to provide for self-protection, and protection of public and private property within Klickitat County.

Signed this 1st day of April, 2025 by :

Ron Ihrig, Chair
Klickitat County Board of County Commissioners

Lori Zoller, Commissioner
Klickitat County Board of County Commissioners

Tod Andrews, Commissioner
Klickitat County Board of County Commissioners

Catherine Kiewit, Mayor, City of Bingen

Marla Keethler, Mayor, City of White Salmon

Dave Jones, Mayor, City of Goldendale

Approval and Implementation

The CEMP is one of many efforts in preparing the citizens of Klickitat County for emergencies and disasters.

This CEMP supersedes all previous CEMPs and is formatted to be consistent with the National Response Framework, complete with Emergency Support Functions and Annexes that support specific areas necessary to enhance the concepts presented in the CEMP.

The objective is to provide a format that all stakeholders can follow, promoting interoperability at all levels of response.

Advances in technology allow Klickitat County to coordinate actions and activities through electronic means much more quickly and frequently and to deliver this plan in a digital form versus a paper document.

Any requests for changes or modifications should be directed to the Klickitat County Department of Emergency Management, Emergency Management Program Coordinator.



Jeff King
Director, Klickitat County
Department of Emergency Management

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Record of Changes

The Klickitat County Comprehensive Emergency Management Plan is a controlled and numbered document, and distribution of revised versions will be the responsibility of the Klickitat County Department of Emergency Management (KCDEM), hereafter referred to as KCDEM or EOC.

Outdated versions of this plan should be destroyed when a new version is published so that only the most recent version is in circulation.

RECORD OF CHANGES

In future revisions, this page will provide a record of major changes made since the date of publishing the first draft, to keep the plan consistent with current policies and response strategies.

Change	Number	Date of Change	Part	Attachment Changed Posted By
Updated CEMP		December 29, 2017		Comprehensive changes from 2012
Updated CEMP		December , 2024		Comprehensive changes from 2017

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Basic Plan: Purpose and Scope

PURPOSE

Coordinate and facilitate resources to minimize the impacts of disasters and emergencies on people, property, the environment and the economy of Klickitat County. Through planning, coordination, education, training, and community awareness, we will prepare for; respond to; recover from; and mitigate the effects of a disaster for all who live, work or visit here.

Establish responsibilities for agencies within Klickitat County and the coordination with organizations inside and outside of the county, for preparation for, response to, recovery from, and mitigation of the potential effects of emergencies and disasters.

SCOPE

This plan applies to all Klickitat County departments and all departments of the Cities of Bingen, Goldendale, and White Salmon. It applies to all primary and support agencies inside and outside of the county. It describes Klickitat County's response to any "disaster" or "emergency" that affects either the unincorporated area of the county or any participating jurisdiction.

The Klickitat County Department of Emergency Management (KCDEM) serves as the emergency management organization for the participating jurisdictions. Each jurisdiction is urged to have its own written emergency plan that supports the CEMP. KCDEM will provide certain support functions to each participating jurisdiction, as outlined in the Interlocal Cooperative Agreement for Provision of Emergency Management Services (Interlocal Agreement of 2013) and as determined by the Emergency Management Executive Board (EMEB). During a disaster or an emergency, each participating jurisdiction is responsible for coordinating tactical operations within its jurisdiction. The Klickitat County Emergency Operations Center (EOC), per the Interlocal Agreement (Contract: C27205, Signed December 6, 2005), may be used by any participating jurisdiction to plan and coordinate resources in a local or regional disaster.

The term "emergency," as used in this plan, means a set of circumstances that demand immediate action to protect life, property and the environment; a "disaster" is an emergency that is beyond the capabilities of the responding organizations or jurisdiction.

This plan provides guidance to participating jurisdictions, agencies and organizations for:

a. Mitigation, preparedness, response and recovery activities
b. Disaster and emergency responsibilities
c. Training and public education activities
d. Emergency planning requirements of Title III of the Superfund Amendment Reauthorization Act of 1986 (SARA Title III).

This plan supports, and is supported by, other plans required by the state and federal government. This plan is consistent with the National Response Framework and the Washington State CEMP. (See Support Annex C)

SITUATION

EMERGENCY/DISASTER CONDITIONS

1. Disasters have occurred in Klickitat County and will occur again.

2. The Klickitat County Hazard Identification and Vulnerability Assessment (HIVA) provides information on potential hazards threatening Klickitat County, including the hazard analysis requirements of SARA Title III.
   - Wildland Fires
   - Winter Storms
   - Flooding
   - HAZMAT (mitigation planning 2018)
   - Geological Events

PLANNING ASSUMPTIONS

1. A disaster may overwhelm the capabilities of the participating jurisdictions, preventing a timely and effective response to meet the needs of the situation. For example, the occurrence of a large or catastrophic geological event may cause casualties, property loss, disruption of normal life support systems, and impact the county's economic, physical, and social infrastructures.

2. A disaster or emergency has the potential to cause substantial health and medical problems.

3. A disaster or emergency may cause significant damage, particularly to the economic and physical infrastructure.

4. Individuals should expect to provide for themselves for up to fourteen days.

5. A Klickitat County All Hazards Master Mutual Aid Agreement and multiple agreements with neighboring jurisdictions in the Columbia river Gorge area exist; such as the Mid-Columbia Law Enforcement Compact, Mid-Columbia Fire Chiefs Mutual Aid Agreement, and Regional Mass Casualty Plan for EMS providers and hospitals.

6. HAZMAT – State Patrol is the default Incident Command. There are some local firefighters trained in HAZMAT operations.

Basic Plan: Concept of Operations

GENERAL

1. The following list of management priorities, listed in order of importance, is provided to guide policy making during disaster events of major magnitude.
    a. Protect life
    b. Protect life safety of first responders
    c. Protect critical infrastructure/key resources
    d. Protect public and private property
    e. Develop and disseminate public information
    f. Restore essential services
    g. Minimize economic disruption to the community
    h. Protect the environment

2. KCDEM is the lead agency for evaluating a situation to determine if the extraordinary authority of an Emergency Declaration, by the Chairman of the Board of County Commissioners (Chair/BoCC), is necessary. If so, KCDEM shall make such recommendation.

3. When a disaster occurs, it is anticipated that affected jurisdictions will implement their emergency plans. When agency resources cannot meet the needs created by a disaster, additional assistance may be requested through the EOC.

4. If the situation exceeds, or is anticipated to exceed, the capabilities of Klickitat County, the Chair/BoCC may request assistance from the state through KCDEM to the State EOC.

5. It is the policy of Klickitat County, and the cities therein, to cooperate with and support the Indian Tribes and other political jurisdictions within Klickitat County. Assistance provided by Klickitat County and the cities shall be supplemental to the efforts of those requesting assistance.

6. A local Declaration of Emergency is the legal instrument that authorizes extraordinary measures to solve disaster-related problems. A declaration allows for the emergency use of resources without regard to the time-consuming procedures and formalities (purchasing, contracting, specific law enforcement activities) prescribed by law, and activates extraordinary measures, as outlined in this plan.

7. Klickitat County policy and state law authorize the Chair/BoCC, or in the absence of the Chair, the Vice-Chair, to make a Declaration of Emergency.

8. It is the policy of Klickitat County and the cities, that all Declarations of Emergency be prepared and processed by KCDEM.

9. There are some forms of assistance that may be obtained without a declaration; however, there are many ramifications involving state expenditures, federal assistance, and audit trails that may make obtaining one advisable. A declaration is prepared by KCDEM, signed by the Chair/BoCC, and then sent to the state EOC (SEOC) for consideration and presentation to the Governor.

10. The Director of Emergency Management shall request the Chair/BoCC to issue a "Termination Declaration," when the event has subsided.

EMERGENCY MANAGEMENT CONCEPTS

The National Incident Management System (NIMS) will be the primary incident command system (ICS) for multi-agency and multi-jurisdictional operations in Klickitat County.

In multi-agency or multi-jurisdictional incidents, the development of a Unified Command structure typically occurs, and the use of NIMS is required.

RCW 38.52 requires the use of an Incident Command System for all multi-agency and all multi-jurisdictional responses. Washington Administrative Code (WAC) 296-62-40115(2) also requires ICS be used in response to hazardous materials incidents and specifies the procedures and actions required by the Incident Commander at a hazardous materials incident, including the designation of a Safety Officer. The Incident Command System is to be used at all such incidents in Klickitat County.

WHOLE COMMUNITY INVOLVEMENT

1. "Whole Community is a means by which residents, emergency management practitioners, organizational community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests. Whole Community includes individuals and families, including those identified as at-risk or vulnerable populations; businesses; faith-based and community organizations; nonprofit groups; schools and academia; media outlets; and all levels of government, including state, local, and federal partners."

2. Involving the Whole Community is a means by which Washington State residents, businesses, non-profit organizations, emergency management practitioners, organizational and community leaders, and government officials at all levels can collectively identify and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests. The Whole Community approach in Washington State attempts to engage the full capacity of the public, private and nonprofit sectors. This includes businesses, faith based and disability organizations, and the public, including people with Access and Functional Needs (AFN), people covered under the Americans with Disabilities Act (ADA), people with Limited English Proficiency (LEP), and culturally diverse populations. This engagement is in conjunction with the participation of local, state, and federal governmental partners.

3. State and local governments carrying out emergency response and providing disaster assistance shall comply with all applicable non-discrimination provisions contained in RCW 49.60, Discrimination - Human Rights Commission, as well as in Public Law 110-325,

Americans with Disabilities Act (ADA) of 1990 as amended with ADA Amendments Act of 2008.

4. Recipients of any federal funds must acknowledge and agree to comply with applicable provisions of federal civil rights laws and policies prohibiting discrimination, including, but not limited to: Title VI of the Civil Rights Act of 1964, which prohibits recipients from discriminating on the basis of race, color, or national origin. Recipients of federal financial assistance must also take reasonable steps to provide meaningful access for persons with Limited English Proficiency (LEP) to their programs and services. Providing meaningful access for persons with LEP may entail providing language assistance services, including oral interpretation and written translation. Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (August 11, 2000), requires federal agencies issue guidance to grant recipients, assisting such organizations and entities in understanding their language access obligations. The Department of Homeland Security (DHS) published the required grant recipient guidance in April 2011, DHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 76 Fed. Reg. 21755-21768, (April 18, 2011). The guidance provides helpful information such as how a grant recipient can determine the extent of its obligation to provide language services, selecting language services, and elements of an effective plan on language assistance for LEP persons.

5. The term Access and Functional Needs (AFN) has replaced “special needs,” “vulnerable,” “high-risk,” and similar terms. People with access or functional needs are those who may have additional needs before, during or after an incident in functional areas including, but not limited to: maintaining health, independence, communication, transportation, support, services, self-determination, and medical care. Individuals in need of additional response assistance may include people who have disabilities, who live in institutionalized settings, who are older adults, who are children, who are from diverse cultures, who have limited English proficiency or who are non-English speaking, or who are transportation disadvantaged (National Preparedness Goal, September 2015).

6. The Pets Evacuation and Transportation Standards (PETS) Act amends the Robert T. Stafford Disaster Relief and Emergency Assistance Act to ensure state and local emergency preparedness operational plans address the needs of individuals with household pets and service animals following a major disaster or emergency.

EMERGENCY OPERATIONS FACILITIES

1. The primary Emergency Operations Center is located at 199 Industrial Way, Goldendale, Washington, 98620.

2. An alternate (secondary) EOC may be located in the Exhibit Hall at the Klickitat County Fairgrounds (903 N Fairgrounds Road, Goldendale), the Pioneer Center (501 NE Washington Street, White Salmon) or the KCDEM Mobile Command Vehicle.

3. The primary County EOC will be equipped with information display materials, internal communications, and additional supporting equipment, materials, and supplies required to ensure efficient operations and effective emergency management. In addition, power

generation capabilities and other such special facilities to allow continuous operations, apart from normal public utilities and services, are installed and operational.

MITIGATION ACTIVITIES

1. It is the policy of Klickitat County and City governments to support mitigation activities to reduce disaster impacts. Despite limited resources, Klickitat County shall endeavor to be as prepared, as possible, for a disaster through mitigation efforts.

2. KCDEM, with its limited resources, will endeavor to include mitigation in its disaster training programs (classes, exercises, etc.) for individuals, families, neighborhoods, civic organizations, businesses, and government organizations (inclusion of the Whole Community will, also, address Special Needs and Limited English Proficiency populations). KCDEM may also assist other county and city organizations in identifying ways to consider disaster mitigation in their public programs.

3. Government organizations are encouraged to address disaster mitigation in projects such as growth management and transportation planning, flood control, zoning ordinance revision, building code revision, and public education (such as fire protection).

PREPAREDNESS ACTIVITIES

1. Training and Exercises
    a. KCDEM will provide emergency training and education programs for the community, as funding becomes available. Training and education programs may target government, the public, schools, and businesses. Training may be presented in anticipation of predicted hazardous events or potential emergencies.
    b. It is the goal of KCDEM training and education program to present or act as a clearinghouse for the following, as resources permit:
        1) Training covering the basic components of emergency management.
        2) Training for KCDEM staff in professional development and specific emergency management skills.
        3) Programs for business and industry to assist them in developing their own plans and programs.
        4) Programs for schools and workshops for teachers on incorporating emergency preparedness training in the classroom.
        5) Training for employees and hazardous materials response personnel, as outlined in SARA Title III and WAC 296-62.
        6) Public awareness and safety information for schools, businesses, citizens, limited English proficiency, etc.
        7) Training for local emergency response personnel.
        8) Any other training and education programs that either upon request, or in the judgment of the Director of KCDEM, are in the best interests of the community.

9) KCDEM is the lead organization for developing exercises and drills to evaluate the Klickitat County CEMP in accordance with appropriate state program requirements, and the requirements of Title III of SARA. This may be done in cooperation with the Local Emergency Planning Committee (LEPC) or others in the community.

2. Response Activities

   a. EOC is activated at the discretion of the KCDEM Director. Chain of command at KCDEM is used when the Director is unavailable. Department heads are required to coordinate response activities with KCDEM. The EOC may be onsite at a makeshift command post, and not at KCDEM.

   b. It is the policy of Klickitat County, and each city, that no guarantee is implied by this Plan of a perfect response system. As Klickitat County and city assets and systems may be overwhelmed, Klickitat County can only endeavor to make every reasonable effort to respond based on the situation, information, and resources available.

   c. When a disaster threatens or occurs, management of departments, agencies and organizations should use the following guidance as a basis for actions to manage disaster operations:

      1) Report to the pre-designated site to manage operations.
      2) Make an assessment of damages to facilities and resources.
      3) Ascertain available personnel and resources.
      4) Determine departmental needs.
      5) Make contact and report situation, damages and capabilities to the EOC.
      6) Carry out responsibilities and assigned tasks.
      7) Continue assessment and inform the EOC of major actions, damages, resource needs, costs, etc.
      8) Keep records, document actions and costs, etc.

   d. In instances where emergency work is performed to protect life and property, requirements for environmental review and permits may be waived or orally approved, as provided in the State Environmental Policy Act and related WAC, the State Hydraulics Act, the Forest Practices Act, the Shoreline Management Act, or the Flood Control Act.

RECOVERY ACTIVITIES

1. Although this Basic Plan mainly addresses response activities of departments, agencies and organizations, recovery operations are fully-addressed in ESF 14. Recovery operations will be started according to county priorities and based on the availability of personnel and resources that do not conflict with response operations. KCDEM may assist any participating jurisdictions in recovery operations.

Repair and restoration of damaged facilities may require an environmental impact permit prior to final project approval, requiring compliance with the State Environmental Policy Act (SEPA), the

Hydraulics Act (HPA), the Forest Practices Act, the Shoreline Management Act and the Flood Control Act, as well as the rules governing historic sites and National facilities and areas.

Basic Plan: Organization and Assignment of Responsibilities

ORGANIZATION,

The Emergency Management Executive Board established the Klickitat County Department of Emergency Management and authorized the appointment of the Director of Emergency Management.

All incorporated cities within Klickitat County, and Klickitat County government, have joined together to form the Emergency Management Executive Board (EMEB) as outlined in the Interlocal Agreement (Contract: C27205, Signed December 6, 2005). Each participating jurisdiction makes a financial contribution. The EMEB also establishes a budget and sets policy for the KCDEM and emergency management operations.

Per the Interlocal Agreement (Contract: C27205, Signed December 6, 2005), the EMEB may appoint personnel to the Emergency Management Advisory Board to provide technical expertise and direction to the Director of Emergency Management.

The Emergency Operations Center is organized and operates using the principles of the National Incident Management System (NIMS) and the Incident Command System (ICS). The state of Washington conducts responses using the principles of NIMS and ICS.

ASSIGNMENT OF RESPONSIBILITIES

This plan provides standing mission assignments to the designated departments and agencies with primary and support responsibilities to carry out emergency response activities. This section covers general emergency responsibilities of each listed department/agency. Additional duties may be listed in the supporting elements of this plan.

1. It is the response strategy of Klickitat County and of each city that the head of each department is responsible for the following:

    a. Developing plans for the continuation of essential departmental services and functions after a disaster.

    b. Providing for the identification and preservation of essential department records.

    c. Appointing a liaison and alternates to work with KCDEM in the development and maintenance of this plan and agency procedures.

    d. Establishing 24-hour, 365 days a year departmental contact information.

    e. Developing the capability to continue operations in an emergency/disaster and to carry out the responsibilities outlined herein.

    f. Developing Standard Operating Guidelines (SOGs) that address the following:

        1) The department’s chain of command.

        2) The resources needed to manage departmental emergency operations.

3) The information needed to manage departmental emergency activities and how it will be obtained and shared.
4) Departmental responsibilities, capabilities, and resources.
5) How the department will coordinate with the EOC.

It is the responsibility of each department to ensure that their staff is aware of the department's emergency plans, SOGs, and contents of this plan.

2. It is the response strategy of Klickitat County and each city that their departments endeavor to make staff available at the request of KCDEM for appropriate training and emergency assignments, such as Emergency Operations Center (EOC) activities, documentation, damage assessment, and liaison with other agencies and organizations. All costs for these activities shall be the responsibility of the respective department.

RESPONSIBILITIES

1. Chairman/BoCC
    a. May authorize activation of the EOC.
    b. Issues appropriate policies, orders and declarations, as necessary.
    c. Signs Declaration of Emergency, when necessary.
    d. Requests state and federal disaster assistance, when necessary.
    e. Makes decisions regarding priorities and disaster response policy, when required.
    f. Provides liaison with local, state and congressional elected officials.

2. Mayors
    a. May authorize activation of the EOC.
    b. Issues appropriate policies, orders and declarations, as necessary.
    c. Signs Declaration of Emergency, when necessary.
    d. Requests local, state and federal disaster assistance through the EOC.
    e. Makes decisions regarding priorities and disaster response policy, when required.

3. Director of Emergency Management
    a. Provides overall coordination of county and cities emergency operations.
    b. May authorize activation of the County EOC and serve as the EOC Manager.
    c. Makes decisions regarding priorities and disaster response policy, when required.
    d. Recommends Declarations of Emergency.
    e. Responsible for the emergency functions to mitigate, prepare for, respond to and recover from disasters.

4. Klickitat County Department of Emergency Management
    a. Manages and maintains the EOC.
    b. Prepares Declarations of Emergency and requests for state and federal assistance.
    c. Functions as lead agency for facilitating coordination among local, state, tribal, federal and private sector agencies and organizations in Klickitat County regarding emergency management.
    d. Fulfills the requirements of the Interlocal Agreement (Contract: C27205, Signed December 6, 2005).
    e. Notifies the Washington State Emergency Operations Center of activation of County EOC.
    f. Provide and/or disseminate Public Concern messaging.
5. County Departments
    a. Appoint liaisons to work with the KCDEM.
    c. Provide situation reports to the EOC at regular intervals, as coordinated with the EOC Manager.
    d. Provide staff to assist in the EOC, when requested.
    e. Develop departmental Standard Operating Guidelines (SOGs).
6. Cities in Klickitat County
    a. Appoint an agency representative to work with KCDEM.
    b. Designate a location to coordinate emergency operations.
    c. Coordinate the jurisdiction’s response with the EOC.

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Basic Plan: Direction, Control, and Coordination

PURPOSE

To provide for the effective overall direction, control, and coordination of emergency management activities undertaken in accordance with the Klickitat County Comprehensive Emergency Management Plan (CEMP) and to provide guidance and/or dissemination of warning information.

SCOPE

1. The provisions of this section encompass activation of all or part of the Klickitat County CEMP for emergencies and disasters in the County, or in any of the participating jurisdictions.

2. Recognition that the use of the National Incident Management System (NIMS), at all levels, provides for the expansion of the emergency management system to meet the specific needs of the incident, regardless of the nature and scope.

3. Functions covered by this portion of the plan are:
    a) Incident Command and variations under NIMS
    b) Liaison
    c) Emergency Public Information and Warning
    d) Incident Personnel Safety

POLICIES

1. NIMS will be utilized as the primary emergency management concept.

2. It is response strategy of Klickitat County, and each city, to establish overall coordination, direction, and control through the EOC to support the community response to a disaster. KCDEM is responsible for designating an alternate site(s) for the EOC, as needed.

3. Each participating jurisdiction designates primary and alternate locations from which to establish direction and control (ICP) during a disaster. The EOC shall be kept informed of current location, status and needs.

4. It is the response strategy of Klickitat County Department of Emergency Management to use the Klickitat County 911 Dispatch Center and other existing systems, such as telephone, telephone facsimiles, county radio frequencies, law enforcement teletype, amateur radio, satellite phones, and Klickitat County Emergency Notification System (ENS) for the dissemination of warning information. The Emergency Alerting System (EAS) may also be used.

5. It is the response strategy of Klickitat County Department of Emergency Management to endeavor to release timely and accurate emergency information to the public concerning emergency preparedness, response and recovery. This will be coordinated with Incident Command, other jurisdictions and the SEOC. All such releases will be under the control of KCDEM. The method(s) for information release should consider Special Needs and Limited English Proficiency populations.

6. After Action Reviews - Klickitat County uses both an informal and a formal process to improve its preparedness capabilities following an exercise or a real-world incident. Reviews may include solutions for resolving observations related to plans and procedures, the organization, equipment and systems, staff training, and exercises.

    a. Informal After-Action Review
        1) Conducted on-site immediately following an event, activity, or program.
        2) Carried out by those responsible for the activity, and if necessary, the facilitator can either be identified beforehand or chosen by the team itself.
        3) A format report may be generated.
        4) May be used as on-the-spot coaching tools while reviewing overall group or individual performance.
    b. Formal After-Action Review
        1) Detailed planning, coordination, support, supplies, and time for facilitation and report preparation.
        2) Attended by a representative of the agencies participating in the exercise or incident, with a pre-determined facilitator from the lead agency/organization.
        3) Facilitator guides the review discussion, and notes are recorded.
        4) Following the review session itself, a formal report is created.
        5) Recommendations and actionable items are later brought to the attention of responsible parties and stakeholders.
    c. Review process consists of:
        1) Evaluating actions and documentation created during emergency operations or exercise conduct.
        2) Collecting comments and observations from participants and stakeholders.
    d. Development of an After-Action Report (AAR) that assists in identifying
        1) Capability gaps
        2) Root cause(s) of identified gaps
        3) Corrective actions
        4) Agency or department responsible for resolving each corrective action
        5) Timeframe for resolution
        6) Each ESF lead agency/organization is responsible for
            I. Contributing to the After-Action Report development, in coordination with the Klickitat County Department of Emergency Management
            II. Resolving any assigned corrective actions.
    e. After-Action Reports will be reviewed and used to assist in future training plan/scenario and response plans development and reviews.

SITUATION

1. Emergency/Disaster Conditions and Hazards

   Incidents may occur in Klickitat County that require the utilization of emergency procedures for coordination of emergency response and recovery. Multi-agency and multi-jurisdictional response may necessitate emergency protocols to ensure close cooperation between all participants.

2. Planning Assumptions

   a. Because NIMS is the national standard for coordination, it may be used at many levels throughout the community. Simultaneous NIMS organizations could occur.

   b. No part of this plan is intended to usurp or replace the authority of any participating jurisdiction/agency but reflects how those authorities can unite and coordinate resources to the maximum collective advantage.

   c. Supporting plans and procedures developed by participating jurisdictions/agencies should not be inconsistent with the CEMP.

   d. KCDEM is the lead agency for developing public warning procedures utilizing existing capabilities.

CONCEPT OF OPERATIONS

1. General

   Under state law [RCW 38.52.070 (1)], responsibility for the direction and control of emergency management activities within the unincorporated area of Klickitat County rests with the Chairman of the BoCC. The Mayors of each incorporated city are responsible for emergency management functions within their city boundaries. Under the Interlocal Agreement for Emergency Services (Contract C27205, Signed December 6, 2005), KCDEM is the emergency management organization for the participating jurisdictions: Klickitat County, and the cities of Bingen, Goldendale, and White Salmon.

   Delegation of authority for daily routine management of KCDEM is within the Interlocal Agreement (Contract: C27205, Signed December 6, 2005). Additional authority may be delegated to KCDEM at the time of a “Declaration of Emergency” by the Chairman of the BoCC and/or Mayor(s), depending on the scope of the emergency.

   Suggested Operating Guidelines (SOGs) will be developed to provide for the incremental activation of this plan based on the type of hazard, location, and scope. The EOC may be activated based on the needs of the situation. Incident Command may transition from the field to the EOC as the scope of the incident broadens.

2. Organization

   a. The EOC may be organized and staffed according to the ICS. The EOC will function either in support of field operations or as the primary coordination point in multi-agency or multi-jurisdictional incidents.

   b. Sections and Functional Units will be established according to ICS, as required by the nature and scope of the incident. Sections may include:

1) Operations: Responsible for coordination of all first line services, including emergency medical services (EMS), fire, law enforcement, public works, energy and utilities, and public health. In Klickitat County organizations include:

i. EMS:

1. Klickitat County EMS District No. 1
2. Klickitat Fire Districts 1-4 and 6-15
3. Goldendale Fire Department

ii. Fire:

1. Klickitat County Fire Districts 1-15
2. Bingen Fire Department
3. White Salmon Fire Department
4. Goldendale Fire Department
5. Department of Natural Resources
6. US Forest Service

iii. Law Enforcement

1. Klickitat County Sheriff's Office
2. Goldendale City Police Department
3. Bingen/White Salmon Police Department
4. Washington State Patrol
5. State Parks
6. Fish and Wildlife

iv. Public Works

1. Klickitat County Public Works
2. City of Goldendale Public Works
3. City of Bingen Public Works
4. City of White Salmon Public Works

v. Energy and Utilities

1. Klickitat Public Utility District No 1
2. AVISTA Utilities (natural gas – only in Goldendale)
3. Bonneville Power Administration
4. Williams (natural gas pipeline that runs east to west through the entire county)
5. CenturyLink

vi. Public Health

1. Klickitat County Public Health Department
2. Planning: Responsible for the coordination, collecting, analyzing, documenting, and sharing of incident information.

3. Logistics: Responsible for coordination of all material support to the incident, including supplies and equipment ordering, warehousing and distribution, transportation coordination, and facilities.
4. Finance and Administration: Responsible for coordination of incident-related fiscal issues, including cost tracking, recovery and restoration contracts management, procurement control, and financial records.
5. ESF 1-16: See attached ESFs for more details.

c. Direction and control of emergency management functions in Klickitat County is the responsibility of Klickitat County Department of Emergency Management (RCW 38.52.070 [1]). The Director of Emergency Management is responsible for the direction and control of emergency management program in all areas of Klickitat County. The Director of Emergency Management is "subject to the direction and control of" the Emergency Management Executive Board regarding disaster-related decisions about priorities and disaster response policy (RCW 38.52.070).

d. Under the Interlocal Agreement (**Contract: C27205, Signed December 6, 2005)**, the Director of Emergency Management is responsible for the preparation for and carrying out of emergency functions to mitigate, prepare for, respond to and recover from disasters, subject to the direction of the Emergency Management Executive Board for the unincorporated portions of Klickitat County. The Interlocal Agreement (**Contract: C27205, Signed December 6, 2005**) extends that responsibility to the incorporated cities. The authority for direction and control of the organization, administration and operation of the Klickitat County Department of Emergency Management program is found in RCWs 38.52.070 and 38.52.110.

e. Effective disaster response requires creative problem-solving. Klickitat County and city departments are expected to carry out their responsibilities outlined in this plan using their best judgment and in a cooperative and coordinated manner.

f. The KCDEM is the lead agency for facilitating coordination among local, state, tribal, federal and private sector agencies and organizations in Klickitat County.

g. Initial contact with the Washington State Operations Center will be through the KCDEM Duty Officer. As a home rule state, the county must request state assistance. Requests for assistance may be made by any available means of communication.

3. Procedures

a. KCDEM intends to use the ICS in the EOC. The EOC will activate and communicate with field command posts to coordinate disaster resources and monitor the disaster situation. Field command posts will direct and conduct field operations.

b. Each municipal government is responsible for coordinating its own resources. When an incident overwhelms a jurisdiction's capability, overall coordination of response and recovery may be transferred to the EOC.

c. The Continuity of Government Act (RCW 42.14) sets forth provisions for the continuation of local government in the event its leadership is incapacitated. RCW 41.10 sets forth provisions for the identification and preservation of vital records.

State law sets forth provisions for filling vacancies of elected and appointed officers in the county.

d. Maintenance of the primary EOC in a readiness mode is the responsibility of the KCDEM staff.

e. Activation Levels: The following general guidelines will be used for activation of the EOC:

   1) LEVEL 4 (monitoring) – KCDEM staff maintaining Situational Awareness (SA) activities

   2) LEVEL 3 (routine) - KCDEM staff or the on-duty Communications Officers handles incidents.

   3) LEVEL 2 (enhanced) - The EOC is partially activated in support of field operations or to assume other coordination functions, as required.

   4) LEVEL 1 (full operation) - EOC is fully-activated as the central direction and control point for overall coordination. All appropriate agencies and organizations may be requested in the EOC.

INCIDENT COMMAND

1. Primary Agency

   Based on the jurisdiction, hazard, and legal requirements

2. Support Agencies

   As determined by the Incident Commander for each event.

3. Concept of Operations

   a. Designation of the Incident Command agency

      The appropriate Incident Command agency is based on jurisdictional authority, the hazard (type of event) and/or scope (level of activation). Assumption of Incident Command (or participation in Unified Command) will be based on:

      1) Jurisdiction

      2) Statutory authority or responsibility

      3) Prior agreement or plan

      4) Commitment of resources

   b. Unified Command

      A unified command structure could be beneficial for a county-wide response effort and may be appropriate under the following conditions:

      1) The incident is contained totally within a single jurisdiction, but more than one department or agency shares management responsibility due to the nature of the incident or the kinds of resources required.

      2) The incident is multi-jurisdictional.

c. Peripheral support

Emergency Operations Center, Multi-Agency Coordination Group (MAC), or Area Command may be established to assist the Incident Commander.

d. Responsibilities

Incident Command is responsible for all incident response activities. These responsibilities include, but are not limited to, the development and implementation of strategic decisions, incident objectives and priorities, ordering and releasing of resources, public information and emergency warning functions.

INCIDENT PERSONNEL SAFETY

1. Concept of Operations
    a. Incident Commander may designate a Safety Officer to assess hazardous and unsafe situations associated with response personnel and to develop and implement a Safety Plan for the incident.
    b. The Safety Officer has authority to alter, suspend, or terminate unsafe acts that are immediately dangerous to life or health.
    c. All personnel are responsible for their own safety on an incident site. All incident personnel are obligated to report unsafe and dangerous activities to their immediate supervisor or Safety Officer.

2. Responsibilities of the Safety Officer
    a. Maintain awareness of active and developing conditions of the incident.
    b. Expand support staff, as needed, to meet multiple incident sites and/or specialized safety requirements.
    c. Identify potentially unsafe situations.
    d. Correct unsafe acts or conditions through the regular line of authority, when time permits.
    e. Other duties as listed in the ICS Safety Officer Position Check List

OPERATIONS

1. Purpose

    This section of the plan defines how emergency services will execute a coordinated response in the event of an emergency or disaster.

2. Scope
    a. These procedures, supported by the detailed internal procedures developed by each of the participating agencies, encompass all multi-agency and multi-jurisdictional operations undertaken in the execution of the Klickitat County CEMP.

b. In addition, this plan defines how external resources on a state or national level may be integrated into emergency efforts should the incident exceed the capacity of local and mutual aid resources to meet all local emergency needs.

c. The functions covered by this portion of the plan are:

   1) Emergency Medical Services (EMS)
   2) Fire Services
   3) Law Enforcement
   5) Public Works
   6) Energy and Utilities
   7) Public Health

3. Response Strategies

   a. It is the response strategy of Klickitat County and the participating cities to use the designated Disaster Medical Control Center (DMCC) to provide coordination in a public health incident.

   b. It is the response strategy of Klickitat County that all Emergency Medical Services (EMS) Personnel providing emergency medical assistance in Klickitat County shall operate under accepted procedures and protocols designated by the Medical Program Director.

   c. It is the response strategy of Klickitat County that a Mass Casualty Incident (MCI) may be declared to allow EMS personnel to follow established written emergency protocols utilizing the adopted ATAB #6 MCI Initial Response.

   d. It is the response strategy of Klickitat County that personnel sent to assist other jurisdictions will maintain their own supervision and chain of command. They will accept mission assignments through a supervisor who will coordinate with the command structure of the requesting agency.

   e. It is the response strategy of Klickitat County and the participating cities to provide public works response services to lands and facilities under their jurisdiction. In the absence of an emergency declaration, response to private property problems shall be done only when a public facility, such as a culvert, is causing the problem or when life or public health is threatened.

   f. It is the response strategy of Klickitat County to use the inspection guidance in ATC-20-1, the field manual for post-earthquake safety evaluation of buildings developed by the Applied Technology Council, to survey damaged buildings for safety (published separately).

   g. It is the response strategy of Klickitat County that all utilities, whether publicly or privately owned, be prepared to respond to needs caused by an emergency or disaster. KCDEM may request a liaison from such utility providers to coordinate disaster and emergency services.

   h. It is the response strategy of the Klickitat County Health Department to provide guidance to political jurisdictions, agencies and individuals on basic public health principles involving safe drinking water, food sanitation, personal hygiene, and proper disposal of human waste, garbage and infectious/hazardous waste.

4. Concept of Operations
    a. General
        1) Initial Response: First response to incidents will be according to the standard operating procedures for each agency. On-scene direction and control of agency personnel and equipment will be carried out through their existing chain of command. ICS will be used to coordinate on-scene activities.
        2) Mutual Aid: When circumstances require local mutual aid resources, they will be requested according to mutual aid agreements. Resources not covered by mutual aid agreements will be requested through KCDEM or the EOC, when activated.
        3) EOC: When needed, central coordination by designated representatives of the response agencies will occur through the activated EOC.

            Designated Agency Representatives:

            a) Functional units at the EOC will be staffed by representatives of the participating agencies, authorized KCDEM Volunteers, or as otherwise identified in this plan.
            b) Designated agency representatives should be empowered to act on behalf of the agencies they represent with regard to overall coordination of response through the EOC.

            Volunteers:

            a) Volunteers and Non-governmental Organization representatives may be used to staff the EOC.

    b. Procedures

        Each participating agency and organization will develop internal policies and procedures which define how they will carry out their assigned responsibilities in the event of an incident requiring activation of the CEMP or EOC.

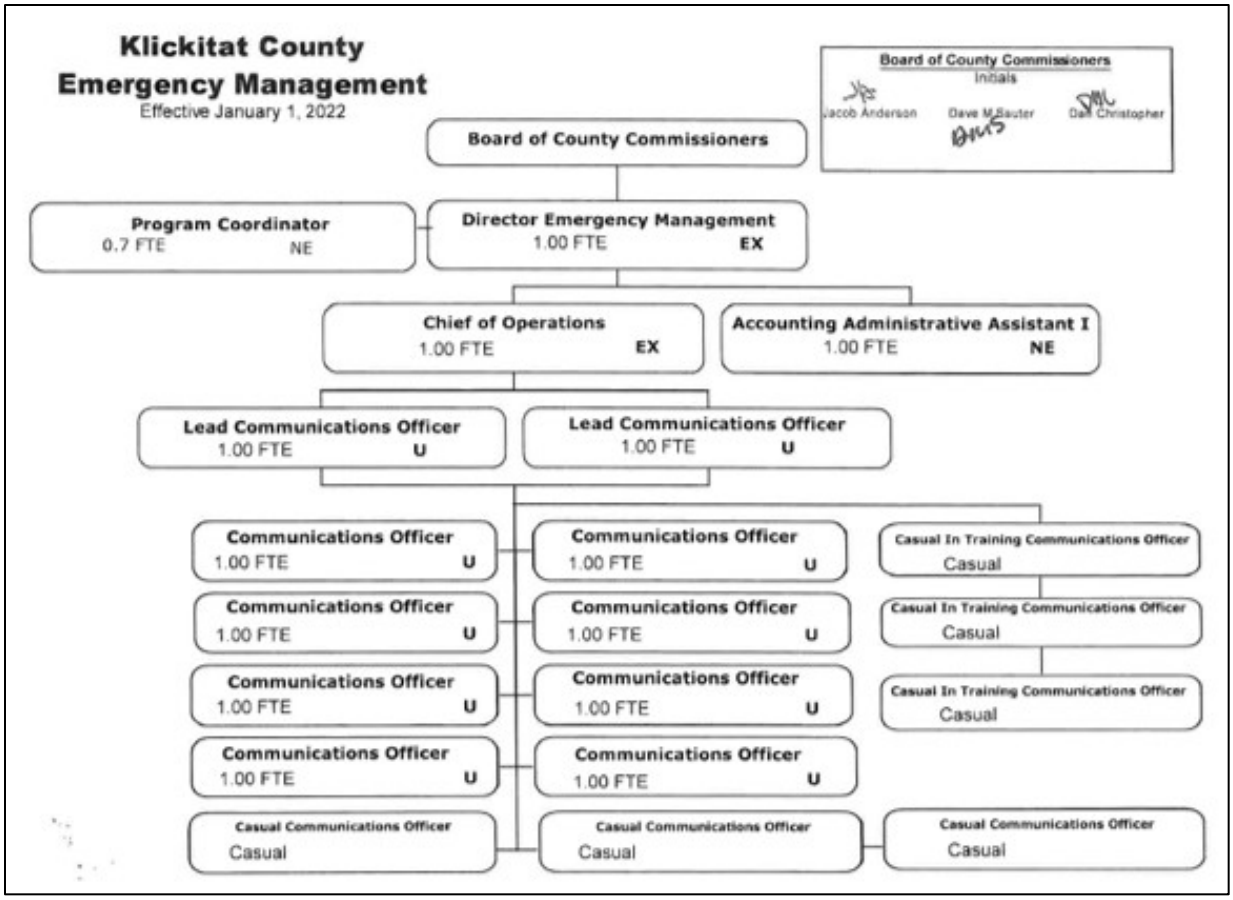


Figure 4-1 KCDEM Organizational Chart (Routine Operations)

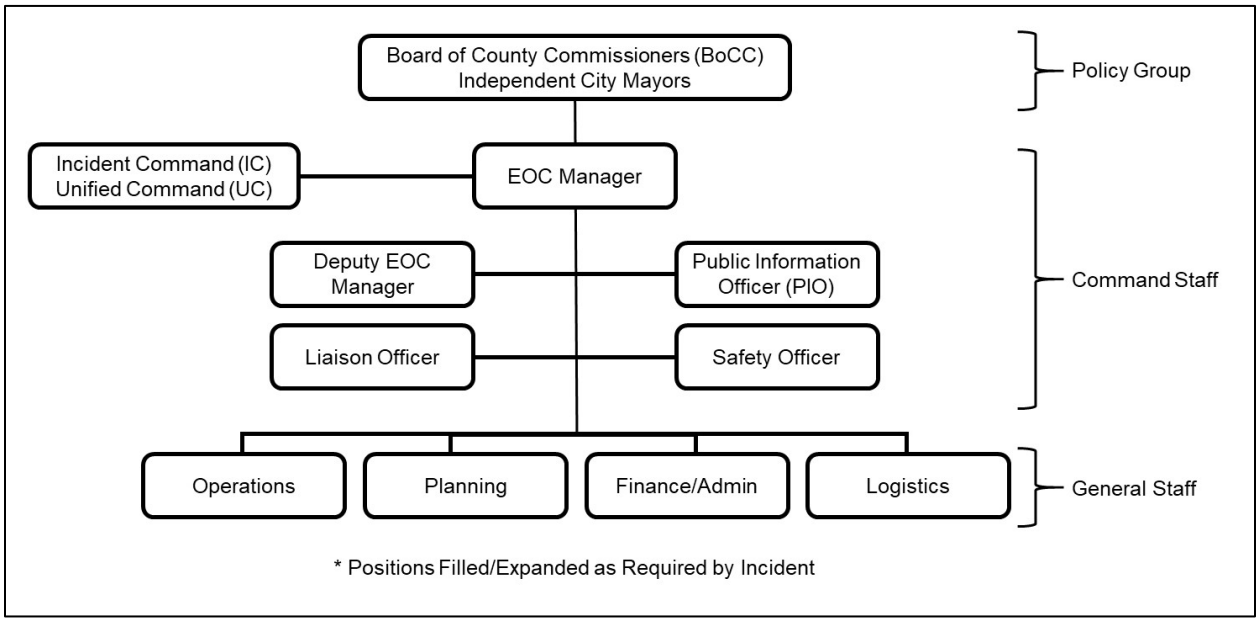


Figure 4-2 KCDEM EOC Organizational Chart (Emergency Operations)

Basic Plan: Communications

There is a single radio system in Klickitat County maintained and operated by Klickitat County Department of Emergency Management. The system is used by Law Enforcement, Fire, EMS, and Public Works personnel. This arrangement provides for county-wide interoperability between Emergency Service providers and other governmental service providers. Some state agencies contact for access to the radio system—allowing KC911 to communicate with them for safety reasons. Radio system use policy and specific frequency sharing agreements are found in ESF-2 Communications.

DISPATCH CHANNELS
There is:

- One Simulcast County-wide Public Safety Paging Channel
- One Simulcast County-wide Law Enforcement Dispatch Channel
- One Simulcast County-wide Fire/EMS Dispatch Channel
- One Simulcast County-wide Public Works Dispatch/Operations Channel

REPEATED OPERATIONS CHANNELS
There is:

- One Simulcast County-wide All Hazards Repeated Tactical Channel
- One Simulcast West All Hazards Repeated Tactical Channel
- One Simulcast Central All Hazards Repeated Tactical Channel
- One Simulcast East All Hazards Repeated Tactical Channel

SIMPLEX OPERATIONS CHANNELS
There are:

- Three Simplex All Hazards Tactical Channels (Tacs 1-3)

BACK-UP CHANNELS
There is:

- One Central Law Channel
- One West Law Channel
- One Central Fire Channel
- One West Fire Channel
- One East All Hazards Channel
- One Goldendale All Hazards Channel
- One Public Works Channel

STAND ALONE REPEATERS
There is:

- One Central All Hazards Repeater
- One West All Hazards Repeater

TACTICAL REPEATERS
There is:

- One Trailer-mounted Tactical Public Safety Repeater Channel
- One Trailer-mounted Tactical Amateur Radio Repeater Channel
- One Suite Case Tactical Repeater Channel

REGIONAL INTEROPERABILITY CHANNELS
There is/are:

- OSCCR (On-Scene Command and Coordination Radio for All Hazards utilization)
- SAR (Search and Rescue operations)
- REDNET (Coordination frequency for use when two or more fire agencies are involved) LERN (Coordination frequency for use by Law Enforcement)
- HEAR (Communications network between EMS field providers and hospitals)

NATIONAL INTEROPERABILITY CHANNELS
There is/are:

- One Traveling Channel (VCALL 10)
- Four Tactical Channels (VTAC 11-14)

MOBILE COMMAND POST
There is/are:

- Two Back-up Dispatch Consoles
- Three VHF Public Safety Radios
- One UHF Public Safety Radio
- One HF Radio
- Twenty Five Portable Public Safety & Amateur Radios
- Five Mobile Amateur Radios
- One Mobile Aviation Radio
- One Portable Aviation Radio

AMATUER RADIO—ARES (Amateur Radio Emergency Service)
Used for Emergency Back-Up Communications with voice and packet capabilities in both the MCP and EOC

CEMNET RADIO
Radio net for communication with the State DEM (to be implemented in 2018)

Communication can also be accomplished by using:

- TTY-TTD (Telecommunication Device for the Deaf)
- Cell Phones
- Starlink Internet Service
- Emergency Notification System (ENS)—an automated message delivery program that dials all published landlines, and all ***customer-registered*** private phone numbers cell phones numbers and emails addresses. Messages can be prepared templates to speed distribution, as well as translations to provide vital information for Limited English Proficiency persons.
- Emergency Alert System (EAS)—a voice message and/or a crawler on local TV screens.

Vehicle-mounted radios or human repeaters can be stationed at key locations, if needed, to provide service. Runners can be utilized, if needed.

Basic Plan: Plan Development and Maintenance

The contents of this plan should be known and understood by the parties responsible for its implementation. The KCDEM Director is responsible for providing staff members and county officials information concerning their role in emergency management and the contents of this plan.

Department directors are responsible to participate in the development and maintenance of their respective segments of this plan.

The KCDEM Director will ensure updates to this plan are made as needed.

The plan will be tested at least once a year in the form of a simulated emergency exercise.

The plan will be made available to the public through the KCDEM webpage.

PLAN CHANGES, MAINTENANCE, AND REVIEW PROCESS

1. Proposed changes to this plan will be accepted at any time, especially after a major emergency, disaster, exercise or anytime a key element changes.

2. Plan changes will be published either using an entire new publication, by subsection, or by publishing only those pages that have changes. The changes are to be recorded on the Record of Revisions form.

3. In accordance with WAC 118.30, the plan will be reviewed, updated, and submitted to State EMD every five years for review to ensure compliance with the state Comprehensive Emergency Management Plan.

4. The normal review period will be every five years. It is the intent to conduct a formal review of 20 percent of the plan each year and publish the appropriate changes annually. It is the responsibility of the EMD to schedule and coordinate the reviews and to publish any changes that may be necessary.

5. DEM will coordinate changes to the Basic Plan, Appendices, and Emergency Support Functions (ESFs) with the agencies and organization impacted by the particular Appendix or ESF.

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Basic Plan: Administration and Finance

SCOPE

The functions covered by this portion of the plan are:

a. Policies
b. Planning Assumptions
c. Concept of Operations – General
d. Organization
e. Procedures
f. Primary Agency
g. Operations
h. Responsibilities

POLICIES

1. It is the policy of Klickitat County, and the participating cities, that all jurisdictions designate personnel to be responsible for documentation of disaster operations and expenditures. Emergency expenditures will be incurred in accordance with existing emergency purchasing procedures. Approvals of jurisdictional elected officials may be required if expenditure needs exceed appropriated funding levels or exceed authority of the Interlocal Agreement.

2. It is the policy of Klickitat County that the authority to approve an emergency declaration resides with the jurisdictional chief elected official.

3. It is the policy of Klickitat County and the participating cities that during emergency operations, non-essential administrative activities may be temporarily suspended, and that personnel not assigned to essential duties may be assigned to other departments to provide emergency support.

4. It is the policy of Klickitat County that volunteer emergency workers must be registered as an emergency worker with KCDEM; and are advised to carry personal insurance on themselves, their vehicles, and equipment.

PLANNING ASSUMPTIONS

1. Emergency expenditures are not normally integrated into the budgeting process. Nevertheless, disasters occur on a periodic basis requiring substantial and necessary unanticipated obligations and expenditures.

2. When local funds are, or may soon become, exhausted, support from the state and/or federal level may be available under certain clearly prescribed circumstances.

3. Qualification for federal disaster assistance, should conditions warrant, may depend upon accurate records which clearly separate disaster operational expenditures from day to day expenditures. In addition to proper declarations, mission numbers from the Washington

State Emergency Operations Center and/or approved requests for State Mobilization may be required.

a. All personnel carrying out federal major disaster or emergency assistance functions, including the distribution of supplies, the processing of applications, and other relief and assistance activities, shall perform their work in an equitable and impartial manner, without discrimination on the grounds of race, religion, sex, color, age, economic status, physical and sensory limitations, Limited English Proficiency (LEP), or national origin.
b. The Pets Evacuation and Transportation Standards (PETS) Act amends the Robert T. Stafford Disaster Relief and Emergency Assistance Act. The PETS Act is operational when a federal disaster declaration is made and can provide reimbursement for allowable, documented services used in the declared emergency. Eligible costs related to pet evacuations and sheltering can be found in FEMA's Public Assistance Program and Policy Guide (PAPPG).

4. State or federal assistance may take the form of financial help, equipment, supplies, personnel, or other resources and capabilities. There may be costs associated with resource requests.
    a. Federal Assistance Programs
        i. Public Assistance (PA) program - Provides federal assistance to government organizations and certain private nonprofit (PNP) organizations following a Presidential disaster declaration. The PA program also encourages protection of these damaged facilities from future events by providing assistance for hazard mitigation measures during the recovery process.
        ii. Individual Assistance (IA) program - Provides assistance to individuals and households through the Individual Assistance Program, which includes all of the following:
            1. Mass Care and Emergency Assistance (MC/EA)
            2. Crisis Counseling Assistance and Training Program (CCP)
            3. Disaster Unemployment Assistance (DUA)
            4. Disaster Legal Services (DLS)
            5. Disaster Case Management (DCM
            6. Individuals and Households Program (IHP)
            7. Housing Assistance (HA) and Other Needs Assistance (ONA)
        iii. Small business Administration (SBA) program - Provide disaster loan assistance for businesses, private nonprofits, homeowners, and renters

5. All agreements and understandings for the application of support will be entered into by duly- authorized officials and will be formalized in writing. Whenever possible make notes on your ICS-214 Unit Logs or similar means of recording agreements.

CONCEPT OF OPERATIONS - GENERAL

1. The jurisdictional finance departments are the lead for coordinating the documentation and collection of emergency expenditure information. After a Presidential Disaster Declaration, jurisdictions may appoint a manager to coordinate the application for disaster relief funds.

2. Local political subdivisions may incur incident-related obligations and expenditures, per the provisions of RCW 38.52.070(2) - "…without regard to time consuming procedures and formalities prescribed by law (excepting mandatory constitutional requirements; including, but not limited to, budget law limitations, requirements of competitive bidding and publication of notices, provisions pertaining to the performance of public work, entering into contracts, the incurring of obligations, the employment of temporary workers, the rental of equipment, the purchase of supplies and materials, the levying of taxes and the appropriation and expenditures of public funds."

A Declaration of Emergency is required to activate the emergency powers defined in RCW 38.52.

Additional guidance on emergency expenditure authorities and procedures may be found in RCW 36.40 and RCW 42.30.070.

ORGANIZATION

1. A Finance and Administration Section Chief may be identified to coordinate and carry out the activities of the section.

2. Functional units may be established by the Section Chief to carry out the duties of the section, as required by the nature and extent of the incident.

3. Functional units may include:

    a. Procurement Unit
    b. Time Unit
    c. Claims Unit
    d. Cost Unit

PROCEDURES

1. Records should be kept in such a manner as to separate disaster expenditures from general ongoing expenditures, and accurately document expenditures for potential audit or for state and/or federal disaster assistance programs.

    2. KCDEM is responsible for registering volunteer emergency workers in accordance with WAC 118-04. When volunteer emergency workers are used by jurisdictional agencies, these agencies are responsible for keeping records of the name, Emergency Worker Registration Number, arrival time, duration of utilization, departure time and other information relative to the service of emergency workers. Any injuries, lost or damaged equipment, and any extraordinary costs must be documented and submitted to KCDEM using the forms listed below:
        - EMD-078 Daily Activity Report
        - EMD-086 Property Loss and Damage Claim Form
        - EMD-089 Extraordinary Expense Claim Form
        - EMD-084 Medical Expense Claim Form

3. Incident-related projects may require an environmental impact study or permit prior to final project approval. In some incident activations, environmental review and permits may be waived or orally approved, as per the following:
    a. State Environmental Policy Act (SEPA - Environmental Review) WAC 197-10-180.
    b. Hydraulics Act (Hydraulics Permit) RCW 75.20.100.
    c. Forest Practices Act (Application for Forest Practices) RCW 76.09.060 (2).
    d. Shorelines Management Act (Shorelines Permit) WAC 173-14-040 (2),(3).
    e. Flood Control Zones by State (Permit for Improvement) RCW 86.16.080.
4. Non time-critical actions affecting archaeological/historical protected areas shall be coordinated with the State Office of Archaeology and Historic Preservation.

PRIMARY AGENCY

Klickitat County
City of Bingen
City of Goldendale
City of White Salmon

OPERATIONS

Jurisdictional finance departments are the lead for coordinating emergency fiscal management. They will:

a. Assist in applying for grants, as needed.
b. Assist in reviewing emergency procurement contracts and acquisitions.
c. Assist in damage assessment record keeping.
d. Ensure that a financial record keeping system is established that is accurate, easily initiated and mobile.
e. Track all costs associated with a disaster situation.
f. Ensure the establishment of a system with the appropriate funds in the appropriate accounts.
g. Ensure compliance with all applicable financial statutes and ordinances and provide payroll operations.

RESPONSIBILITIES

1. Jurisdictional Authorities
    a. Appropriate funds to meet disaster expenditure needs.

2. Jurisdictional Finance Managers
    a. Provide guidance for documenting disaster-related purchases and expenditures.
    b. Assist with the compilation of disaster-related financial information.

3. Klickitat County Auditor and City Finance Departments
    a. Ensure compliance with all applicable financial statutes and ordinances.
    b. Provide for essential county services, including payroll operations and the issuance of warrants.

4. Klickitat County Treasurer and City Finance Departments
    a. Arrange for emergency cash management and banking services.
    b. Receive and process disaster recovery funds.

LOGISTICS

1. Resource Management

    a. KCDEM will utilize NIMS resource management guidance to systematically manage resources to include personnel, teams, facilities, equipment, and supplies.

    b. Most jurisdictions, agencies, or organizations within Klickitat County do not own and maintain all the resources necessary to address all potential threats and hazards.

    c. Resource management will include leveraging each jurisdictions, agencies, or organizations resources, to include engaging private sector resources, involving volunteer organizations, and encouraging further development of mutual aid agreements.

2. Resource Typing

    a. KCDEM will use established FEMA resource typing definitions to categorize local, organizational and department resources to include personnel, teams, facilities, equipment, and supplies.

3. Resource Credentialing

    a. KCDEM is responsible for maintaining the County's credentialing program. Supported jurisdictions, agencies, and organizations will provide information to aid in maintaining a comprehensive listing of resources, to include personnel, as well as equipment in Klickitat County.

    b. The credentialing of personnel is designed to validate and document the training and qualifications of personnel who serve to respond in any number of capacities based on their skills and expertise. This includes NIMS training requirements for responders and those who work in EOC.

4. Resource Procurement

   a. Jurisdictions, departments/agencies responding to emergencies and disasters should first use their available resources.

   b. When activated, the EOC will coordinate resource procurement, distribution and replacement of personnel, equipment and supplies.

   c. Scarce resources should be allocated according to established priorities and objectives of the Incident commander (IC) and the EOC Manager in accordance with the Incident Action Plan (IAP).

   d. The Washington Intrastate Mutual Aid System (WAMAS), established in RCW 38.56, provides for in-state mutual assistance among member jurisdictions, to include every county, city, and town of the state.

   e. Out-of-state mutual aid resources are requested through the Emergency Management Assistance Compact (EMAC), established in Public Law 104-321, or the Pacific Northwest Emergency Management Arrangement (PNEMA), established in Public Law 105-381, both coordinated through Washington Emergency Management Division (WEMD)

4. Resource Gaps

   a. All jurisdictions, agencies, and organizations within Klickitat County will identify resource gaps through an integrated planning process and routine updates.

   b. Identifying known resource gaps will aid in pre-planning anticipated resource requests.

Basic Plan: Authorities and References

AUTHORITIES

This plan is developed under the following local, state and federal statutes and regulations:

a. Inter-local Emergency Management Agreement (Contract C27205, Signed December 6, 2005)
b. Revised Code of Washington (RCW) 38.52 and 39.34, as amended
c. Washington Administrative Codes (WAC) 118-04, 118-30, and 296-62-40115(2), as amended
d. Public Law 93-288, The Disaster Relief Act of 1974, as amended
e. Public Law 920, Federal Civil Defense Act of 1950, as amended
f. Public Law 96-352, Improved Civil Defense 1980
g. Title III, Superfund Amendment Reauthorization Act of 1986.
h. Homeland Security Presidential Directive (HSPD) – 5, Management of Domestic Incidents
i. President Policy Directive PPD-8

REFERENCES

1. National Response Framework
2. National Recovery Framework
3. Comprehensive Preparedness Guide (CPG-101 Version. 2)
4. Washington State CEMP
5. SARA Title 3

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ESF 1: Transportation

RESPONSIBILITY SUMMARY

1. Primary Response

   Transportation Coordinator - (Assigned by DEM at the time of incident.)

2. Supporting
   a. Emergency Medical Services
   b. Fire Services
   c. Law Enforcement
   d. Public Works Departments
   e. Transportation Providers – Mt. Adams Transportation, School Districts, and Public and Private Providers
   f. Department of Emergency Management
   g. Washington State Department of Transportation

3. Plan Preparation & Maintenance

   Klickitat County Department of Emergency Management

INTRODUCTION

1. Purpose

   The purpose of this Emergency Support Function (ESF) is to ensure effective utilization of all available transportation resources and systems during an emergency or disaster. The Comprehensive Emergency Management Plan (CEMP) has four ESFs that need transportation resources. These ESFs have different transportation needs and will require the Transportation Coordinator (TC) to have available a full range of options for the transportation needs that might arise. The ESFs identified in the CEMP are:
   a. Mass Care, Housing, and Human Services (ESF–6)
   b. Resource Support (ESF–7)
   c. Public Health and Medical Services (ESF–8)
   d. Public Safety, Law Enforcement, and Security (Evacuation and Movement) (ESF–13)

2. Scope
   a. To coordinate emergency mass transportation requirements that might occur after a disaster or emergency condition within or affecting the county under the authority of the Department of Emergency Management (DEM) and/or county Emergency Operation Center (EOC) Manager.

b. Establish the allocation of available transportation resources.

c. To provide emergency transportation for persons, livestock, and materials.

POLICIES

The chief elected official of the county and/or cities/towns involved have the authority to declare an emergency. This ESF is applicable when a disaster has been declared or when an Incident Commander (IC) determines that movement of individuals or material is required or anticipated.

SITUATION

1. Emergency/Disaster Conditions and Hazards

   A need to evacuate or move persons, livestock, and/or materials from jurisdictions or areas within the county due to a hazardous material spill, loss of power, fire, earthquake, or other hazards may be required. These persons may not have personal transportation available to them. Responders may need transportation to or from a base or staging area. And, transportation of materials and Special Needs residents may be needed.

2. Planning Assumptions

   a. It will be assumed that the primary movement of people and materials will be over the highway networks with private vehicles and buses. Air transportation will only be used for the extremely urgent needs of personnel and supplies.

   b. Transportation systems into, and within, the county could be disrupted making movement of personnel, supplies, and equipment difficult.

   c. Rapid damage assessment of impacted area(s) will assist in the determination of response priorities and transportation demands. Local jurisdictions and agencies will be working to restore the transportation system in their area of responsibility and report status, advise alternative travel routes and alternative evacuation routes, list priorities for repair/estimate timeframe for return of key roadways to service, etc., to the county EOC, as applicable.

   d. Local resources will be utilized first. Mutual aid or regional agreements will then be utilized. If additional resources are needed, the county EOC will submit requests to Washington State Emergency Operations Center.

   e. If needed, a portion of the Strategic National Pharmaceutical Stockpile would be delivered to the Dallesport Airport. Transportation and materials handling equipment may be required to move the stockpile to staging or storage areas.

   f. If the State's transportation network is severely damaged, the Governor may activate the Emergency Highway Traffic Regulation Plan. Under that plan, an immediate post-disaster survey of the total highway system will be initiated by the Washington State Department of Transportation and restrictions may be placed on specific routes**.**

   g. RCW 38.52.195 provides emergency workers exemption from liability while providing construction, equipment or work.

CONCEPT OF OPERATIONS

1. General-
    a. During a declared emergency, mass transportation activities will be coordinated from the county EOC. The EOC will monitor, to the best of their ability, aviation, maritime, surface, railroad, and pipeline considerations.
    b. Transportation to move a large number of persons from or within the county will be coordinated by the TC. Transportation providers may include Mt. Adams Transportation, school district buses, and other public and private transportation resources.
    c. The TC may also coordinate cargo transportation. Miscellaneous transportation providers may include city/town and county public works and other public and private transportation providers. If cargo transportation is required, other transportation providers may be called.

2. Mitigation

    KCEMD will advise transportation providers of any training or education opportunities that become available regarding mass transportation in disasters.

3. Preparedness
    a. DEM will coordinate with the TC to ensure that the procedures outlined in this ESF are reasonable and appropriate.
    b. DEM will maintain a current catalog of transportation providers with contact information and general capabilities.

4. Response Activities
    a. The priority of transportation resources will be assigned based on protection of:
        1) Life and safety.
        2) Property.
        3) The environment.
    b. The TC will be appointed by the EOC Manager and will help coordinate mass transportation activities, when required.
    c. Public works and law enforcement representatives in the county EOC will assist the TC to determine usable roads and routes—and determine alternate roads and evacuation routes, as needed.
    d. The Emergency Public Information Officer (PIO) will work with the TC in order to get transportation instructions to the public through the media.
    e. Healthcare, Assisted Living facilities, and Special-Needs populations will be considered throughout the disaster for service delivery, evacuation, etc. See, also, ESF-6 and ESF-13 for Whole Community evacuation/Mass Care considerations.
    f. Transportation providers will be given specific instructions for each transportation requirement. These instructions will include routes to be used, safety and limitations to prevent injury or damage. Each transportation mission will be prepared by the TC and approved by the EOC Manager.

5. Recovery Activities
    a. Agencies and departments will return to normal activities when no longer needed or when normal systems and facilities are restored. Demobilization of resources will be coordinated through the EOC.
    b. All agencies and departments must accurately record expenses for response and recovery activities. Should the disaster be declared as a Federal Disaster, reimbursement of expenses for response and recovery may be provided.

RESPONSIBILITIES

1. Department of Emergency Management
    a. Will be responsible for coordinating transportation services and appointing a TC.
    b. Ensure that all transportation activities are coordinated through the county EOC during a declared emergency
    c. Advise and inform the County Commissioners and the Director of Emergency Management on transportation training and readiness within the county.
    d. Prepares and coordinates ESF 1
    e. Obtain training and test this ESF with drills and exercises.
    f. Approve emergency commercial transportation.

2. TC
    a. Serves as the chief advisor to DEM/EOC Manager on mass transportation issues during an emergency.
    b. Maintain a liaison contact with all transportation providers to maintain knowledge of their capabilities and general equipment availability.
    c. Responsible to assist DEM with the development, maintenance, and testing of this plan.
    d. Participates in emergency preparedness discussions on transportation issues, when appropriate.
    e. Participate in exercises where emergency transportation is being practiced.

3. Public Works Departments/Washington State DOT
    a. Determine which streets and roads within their jurisdiction are unusable and report information to the county EOC. Maintain evacuation routes or determine alternative evacuation routes, as needed.
    b. Block off streets and roads and establish detours, as appropriate, and directed by EOC or law enforcement agencies.
    c. Prioritize needed road repairs. Initiate road and street repairs, where possible.

4. Law Enforcement Agencies
    a. Assist Public Works in diverting traffic.
    b. See ESF 13 – Public Safety, Law Enforcement, and Security.

APPENDICES (some in development)

A. TC Checklist

B. Transportation Request and Order Form

C. Guidelines for Companies Providing Transportation Resources

D. Checklist for Activated Resources

E. Evacuation Roster

REFERENCES

1. ESF 13 – Public Safety, Law Enforcement, and Security

2. ESF 15 – Public Affairs

3. Washington State Comprehensive Emergency Management Plan

APPENDIX A

TRANSPORTATION COORDINATOR CHECKLIST

1. The Scope of this position is to:

- ☐ Coordinate emergency mass transportation requirements that might occur after a disaster or emergency condition within or affecting Klickitat County.
- ☐ To establish the allocation of transportation resources
- ☐ Provide emergency material and personnel transportation as a coordinated effort under the authority of DEM/EOC.

2. Responsibilities, Transportation Coordinator:

- ☐ Serves as the chief advisor to the KCDEM/EOC Manager on mass transportation issues during an emergency.
- ☐ Maintains a liaison contact with all transportation providers to maintain knowledge of their capabilities and general equipment availability.
- ☐ Responsible to assist DEM for the development, maintenance, and testing of this plan.
- ☐ Participates in emergency preparedness discussions on transportation issues.
- ☐ Participates in exercises where emergency transportation is being practiced.

3. Position Function:

- ☐ Coordinate transportation assets/agencies that are fulfilling the transportation needs/requirements that may arise during and following a major disaster event.

4. Reports to: KCDEM/EOC Manager

5. Response:

- ☐ Respond to the county EOC.
- ☐ Obtain a situation briefing from the EOC Manager or designee, to include any immediate transportation needs.
- ☐ Set-up working position, manuals, (call lists, current resource inventory, forms, communication, and Appendix A, etc.).
- ☐ If it is going to be a protracted incident/disaster, coordinate with KCDEM/EOC Manager to arrange for back-up, and set-up a staffing plan to cover around-the-clock operations.
- ☐ Maintain a position log (i.e., ICS-214 Unit Log) of all actions taken/key decisions made.
- ☐ Establish communication with transportation resources. Brief them on situation, potential requirements, and direct them to standby for requests. (See Appendix C & D).

- ☐ Brief the EOC Manager on transportation asset availability to support operations; types of equipment, capabilities; personnel; etc. Provide updates every two hours or as new information becomes available.
- ☐ Coordinate with PW & LE to assess damage to transportation routes, and identify emergency transportation routes in the county.
- ☐ Coordinate with Public Information Officer (PIO) to get transportation instructions to the public through the media.
- ☐ Receive requests for transportation, determine number and type of assets required, and task respective organizations.
- ☐ Record all transportation requests using the "Transportation Request Order Form". (See Appendix B).
- ☐ The priority of transportation resources will be assigned based on protection of:
  - Life & safety
  - Property
  - The environment
- ☐ Provide each responding resource with an Evacuation Roster for tracking the people they are transporting. (See Appendix E).
- ☐ If possible, provide the situation display unit with all transportation resources deployed; number and type; destination and tasking.
- ☐ Obtain status reports, at regular intervals, from transportation agencies w/units deployed, and track all deployed units.

6. Recovery Activities:

- ☐ Develop a plan to stand-down transportation operations and return personnel and equipment to parent organizations.
- ☐ Assist the EOC Manager in putting together the After-Action Report. Document participating transportation agencies; equipment & personnel dispatched; costs, such as equipment operational expense, personnel time, fuel, special equipment needs, etc.
- ☐ Close-down operations of your position; notify all participating transportation agencies that the operation has concluded.

APPENDIX B

TRANSPORTATION REQUEST AND ORDER FORM

Date:	Trip Date:	Day:
Departure Point:	Report to:	
Destination:	Report to:	

Route:		
Departure Time:	Arrival Time:	Pick-up Point:
Departure Time:	Return Time:	Return Point:

Vehicle Type:		Wheelchair Accessible ☐Yes ☐No
Number of Passengers:	Adults:	Children:
Materials:		
Hazardous Material: ☐Yes ☐No	Weight:	Cu. Feet:
Special Instructions:		
Safety Instructions:		
Approval:		
Mission Sent To:	At:	
Transportation Coordinator Signature:		

Driver's Trip Report			
Vehicle Number:		Vehicle Type:	
Time Log		**Mileage**	
Start Time:	a.m. / p.m.	End Trip:	
Arrival Time:	a.m. / p.m.	Start Trip:	
Departure Time:	a.m. / p.m.	Total Mileage:	
Return Time:	a.m. / p.m.	Driver:	

Actual Charges		
Driver:	Hours @ $	$
Vehicle:	Hours @ $	$
Mileage:	@ $	$
Additional Charges (food, tolls, hotel, etc.):		$
Total:		$

APPENDIX C

GUIDELINES FOR COMPANIES PROVIDING TRANSPORTATION RESOURCES

The Transportation Coordinator (TC) is the Transportation Representative for the Klickitat County Emergency Operation Center (EOC). The TC is charged with oversight and coordination of all Transportation Resources needed during a disaster. The TC will be the person contacting you requesting your specific resources. When the TC calls, he/she will provide you with the following information:

Type of disaster

- Location of disaster (Staging Area)
- Specific resources needed
- Person at emergency scene to report to
- Type of Transportation needs
- Phone number to contact TC
- Location where transporting to

The TC will be expecting the following information from you.

- Numbers and Types of resources you can provide
- Length of time for activation of your resources
- Way to contact your resources while in the field

When your agency is called for an activation of resources, it is very important to keep track of all expenses including employee costs. Following the disaster, the Klickitat County local Emergency Management Organization will evaluate all expenses submitted and seek reimburse accordingly.

Prepare your employees for assisting in a disaster. It is important to understand what they might experience. Depending on the type of disaster, they might be exposed to many things like death and destruction, not to mention bad weather conditions.

Items employees should have on hand when activated:

- Appropriate clothing for the weather
- Some water and food
- Paper and Pencils
- Maps of the area
- Sunglasses
- Two-way radio and/or cell phone
- Small First Aid Kit

APPENDIX D

CHECKLIST FOR ACTIVATED RESOURCES

(*This form may be used by responding Transportation Resources.*)

Operator: _____

Company: _____

Date: _____

Transporting People: _____

Transporting Equipment: _____

Location to Report: _____
(Staging Area)

Beginning Miles: _____

Ending Miles: _____

Time Began: _____

Time Returned: _____

Recommended items to take with you:

- ☐ Appropriate clothing for the weather.
- ☐ Some water and food
- ☐ Paper and pencils
- ☐ Maps of the area
- ☐ Sunglasses
- ☐ Two-way radio and/or cell phone
- ☐ Small First Aid Kit

APPENDIX E

EVACUATION ROSTER

From: _____ Date: _____ Time: _____

To: _____ Date: _____ Time: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

_____

Operator: _____

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ESF 2: Communications

1. Primary Response

   Klickitat County Department of Emergency Management (KCDEM) which includes the Klickitat County E-911 Communications Center.

2. Supporting
   a. Amateur Radio Emergency Service/Radio Amateur Civil Emergency Services
   b. Public Broadcasting
   c. NOAA National Weather Service
   d. Fire Services
   e. Law Enforcement
   f. Emergency Medical Service
   g. Public Works Departments
   h. Klickitat County Technical Services
   i. Southwest Washington Chapter of the American Red Cross

3. Plan Preparation & Maintenance

   Klickitat County Department of Emergency Management

INTRODUCTION

1. Purpose

   To provide guidance for rapid alerting and warning key city/town and county officials, and the general public, regarding an impending or occurring emergency or disaster. To provide guidance for organizing, establishing, and maintaining telecommunication capabilities necessary to meet the operational requirements of the county in responding to, and recovering from, emergencies and disasters.

2. Scope

   This ESF and it's five appendices describe the actions to be taken to establish and maintain telecommunications with—and warning coordination for—local jurisdictions; and to provide agency support in preparation for, response to, and recovery from an emergency or disaster which affects the local population and/or the operation of local government. This ESF and its appendices also address coordination with state government and various other agencies when additional telecommunications are requested through the Washington State Emergency Operations Center (WSEOC).

POLICIES

This plan will govern Klickitat County telecommunications and warning activities related to mitigating, preparing for, responding to, and recovering from emergencies or disasters. Telecommunications and warning support requirements that cannot be met at the Klickitat County level will be referred to WSEOC.

SITUATION

1. Emergency/Disaster Conditions and Hazards

   Klickitat County is vulnerable to a variety of emergency or disaster events requiring dissemination of warning and/or other emergency information to county and city/town officials, and the general public. Emergency or disaster warnings may originate from any level of government, as well as from other sources. Most forecasting resources are located with the federal government. This may include, but is not limited to, advisories and watches and warnings for floods, severe weather, and volcanic eruptions; and hazardous materials incidents.

   a. The sudden and unexpected nature of a catastrophic event will result in numerous requests from many agencies and all levels of government for services required to save lives, protect property, and preserve the environment.

   b. The Klickitat County Department of Emergency Management/Emergency Operations Center (KCDEM/EOC) staff, city/town and county government, and all emergency and support agencies will have a critical need for accurate and timely information on which to base decisions and focus response actions. Also, widespread damage to commercial telecommunications facilities is possible. At a time when the need for real-time electronically processed information is greatest, the capability to produce it may be restricted or non-existent. All available telecommunication assets of the various agencies and local government will be needed, immediately, to assure proper response to the needs of the victims.

2. Planning Assumptions

   Jurisdictions and agencies within the county will focus on coordinating lifesaving activities concurrent with reestablishing control of the affected area. Jurisdictions, agencies, and the county, in conjunction with the telecommunications industry, will accomplish as much restoration and reconstruction of communications capabilities as resources and the situation permits. The county may be able to get additional assistance for restoration of communication systems, when requested, through WSEOC.

   a. Initial reports of damage will be fragmented, providing an incomplete picture of the extent of damage to communications systems and facilities.

   b. Weather and other factors may impair the ability to deploy mobile or transportable telecommunication equipment into the affected area.

   c. Conditions following the event will require careful consideration of areas or sites that may require communications support, such as staging areas, police stations, fire stations, water treatment facilities, shelters, alternate EOC locations, short- and long-term health care facilities, schools and daycare facilities, communication points for communities without telephone service, and other critical areas.

CONCEPT OF OPERATIONS

1. General

    a. Reliable communication capabilities are necessary for day-to-day communications, warning of impending events, response and recovery operations, search and rescue operations, and coordination with other county, state, and public safety agencies. These capabilities must be available at the primary and alternate EOC facilities; or other locations selected because of existing conditions. Specific back-up capabilities are listed in the appendices.

    b. Emergency communication between the county EOC and state or federal agencies will be coordinated through the WSEOC.

    c. It is intended to provide federal, state, and local jurisdictions with the means to disseminate prompt, reliable emergency information, instructions, and warning in the event of local, state, or national emergencies. Local radio broadcasters' participation for most warnings is voluntary. The EAS may also be used by law enforcement to provide Abducted Minor Broadcast Emergency Response (AMBER) alerts. See the Klickitat County AMBER Plan for more information. The Klickitat DEM successfully activated the ENS system in December 2013. Klickitat County ENS is deployed on the 911 Dispatch workstations, allowing ENS messages to be sent directly from Dispatch.

    d. The Klickitat County EOC and the Klickitat County Communications Center (Dispatch) is located at 199 Industrial Way. This facility is equipped with back-up power from a large generator. In addition, the dispatch equipment is protected by Uninterrupted Power Supply (UPS) units.

    e. E-mail service is provided through the Klickitat County network and Spillman mail.

    f. Washington Comprehensive Emergency Management Network (CEMNET) equipment was added and made operational in 2018.

        1. WSEMD operates CEMNET, a statewide, high frequency (HF) amateur radio net as a back-up communication link between the State EOC and local EOCs throughout the state.

            2. In addition to linking KCDEM with WA-EMD and other state EOCs, it also serves as a link to other agencies:

            3. WA State Department of Ecology

            4. WA State Department of Health

            5. University of Washington Seismology Lab

            6. National Weather Service

            7. WSEOC monitors the network on a 24-hour basis for both routine and emergency traffic and responds accordingly.

    g. A cache of hand-held portable radios is available to incident commanders to provide communications to incoming mutual aid resources (located in the KCDEM Mobile Command Post)

    h. National Alert and Warning System (NAWAS) National Oceanic and Atmospheric Administration (NOAA) weather advisories, watches, and warnings are received via Washington State Patrol's WEBMS network at Dispatch.

i. Dispatchers or KCDEM personnel may provide warning when lives are threatened—and when lives may be saved as a result of that warning—by activating the Emergency Notification System (ENS). KCDEM will attempt to provide timely emergency information, to Limited English Proficiency populations.

j. ARES organization can provide two-way VHF, UHF and HF back-up emergency communications for first responders, hospitals, the EOC, and other emergency support agencies and groups. These resources are deployed upon request from KCDEM/EOC. VHF radios are installed at the Klickitat County EOC, Klickitat Valley Hospital, Skyline Hospital, and Klickitat County Public Health. The KCDEM Mobile Command Post may be deployed, when requested through KCDEM. KCDEM also has a portable tactical repeater that can be deployed in the field.

k. Communication capabilities available to departments, agencies and jurisdictions (fire, EMS, law enforcement, public works, etc.) within the county include their normal two-way radios, standard telephone systems, facsimiles, cellular phones, ARES, satellite phones, and the KCDEM Mobile Command Post. GETS and WPS service has been provided to key officials. TTY/TTD phone capability is available—as are language lines.

l. **Trailer Repeater**– KCDEM has a dedicated portable repeater, with battery and solar power, generator, and shore power connection, able to be deployed for County incident command communications.

m. **InterOp Channels**

1) **OSCCR (On-Scene Command and Control Radio)**
Primarily used by public-safety agencies, "on-scene" for all-hazard events/incidents, for command and coordination of activities between agencies. OSCCR can only be employed in the simplex mode via mobile and/or handheld equipment.

2) **SAR**
Primarily used by Search and Rescue organizations for coordinating operations between SAR units.

3) **REDNET**
Primarily used by fire departments and districts for on-scene fire operations.

4) **LERN**
Primarily used by law enforcement agencies for interoperability.

5) **HEAR**
Primarily used by ambulance services for administrative communications with hospitals.

x. Incident Command Vehicles

Local fire departments have incident command vehicles that are available for mutual aid during events, training, and exercises.

The KCDEM Mobile Command Post vehicle can be rapidly deployed to supply radio interoperability solutions. This vehicle contains multiple radios of various bands (VHF, HF, UHF, and Aircraft) and a cache of portable radios.

2. Organization

Emergency telecommunications and warning for Klickitat County is coordinated through KCDEM/EOC. The KCDEM Director or IC must authorize or approve all outgoing alerts, warnings, and press releases. (See ESF 5 – Emergency Management, and ESF 15 – Public Affairs)

3. Procedures

   The various agencies, groups, and communications/alert systems function under this ESF and their specific operational plans and procedures are listed below. Washington State EAS Plan, dated March, 2004.

RESPONSIBILITIES

KCDEM has the overall responsibility for planning and coordinating the emergency communications program within the county. KCDEM assures that local jurisdictions', agencies', and service organizations' communication systems can be utilized from, or to, the local EOC, the alternate EOC location, and to mobile units. KCDEM also coordinates with Dispatch for conducting tests of the warning network.

Support agencies/groups are responsible for maintaining their plans and training in coordination with this ESF. When requested by KCDEM/EOC, they will provide communications equipment and personnel as needed, and as available, in accordance with their primary mission or responsibilities.

MITIGATION

KCDEM encourages and promotes mutual aid and cooperation between local jurisdictions and agencies. Additionally, Community Emergency Response Teams (CERT), ARES members, Search and Rescue and Posse volunteers, Civil Air Patrol members, and others are registered with the county as emergency workers. These organizations are encouraged to participate in a variety of community activities and training missions to test equipment, identify areas needing improvement or specialized support, and develop and evaluate operational procedures.

PREPAREDNESS

See Appendix A – Telecommunications

See Appendix B – Warning

RESPONSE

See Appendix A – Telecommunications

See Appendix B – Warning

RECOVERY

Continue to utilize primary and alternate communication and warning systems to coordinate recovery activities. The PIO will continue to be responsible for the coordination and

dissemination of recovery information, such as when it is safe for people to return to their homes and businesses.

All agencies and departments will return to normal operations when no longer needed, or when normal systems and facilities are restored. Demobilization of communication and warning resources will be coordinated through the EOC.

Involved agencies and departments will assist KCDEM in preparing After-Action Reports regarding telecommunications and warning.

RESOURCE REQUIREMENTS

Local jurisdictions, agencies, and service organizations should identify and develop their resources, including trained personnel, primary and back-up equipment, and back-up power options. When necessary, the required personnel and equipment can be made available to fulfill the roles and responsibilities identified in this ESF. As a minimum, all agencies, jurisdictions and organizations should expect to sustain operations for 72 hours, and have other resources programmed for use up to 14 days.

REFERENCES

1. Revised Code of Washington (RCW) 38.52 Dispositions – Emergency Management
2. FEMA Manual 1550.2, National Warning System (NAWAS) Operations Manual, dated March 30, 2001.
3. FCC Rules and Regulations Part 97 Amateur Radio Service, Subpart E, Providing Emergency Communications.
4. WAC 480.120.520 (regarding telecommunications providers - major outages and service interruptions)
5. Klickitat County CEMP, ESF 5 – Emergency Management
6. Klickitat County CEMP, ESF 15 – Public Affairs

APPENDICES

1. Appendix A – Telecommunication
2. Appendix B – Warning
3. Appendix C - Klickitat County Radio Use Policy
4. Appendix D - Klickitat County Emergency Notification System Policy

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APPENDIX A - TELECOMMUNICATIONS

INTRODUCTION

To organize, establish, and maintain the communications capabilities necessary to meet the operational requirements of jurisdictions and agencies in responding to and recovering from emergencies and disasters.

CONCEPT OF OPERATIONS

1. General

    a. Routine modes of communications that remain operational will continue to be used after an emergency or disaster to the extent that they are operational.

    b. The Klickitat County DEM has adopted a common VHF radio channel plan to be programmed on all VHF emergency services radios. (See Appendix C)

    c. Local jurisdictions may utilize commercial communication systems, as well as local government systems, which include use of mutual aid channels, such as VTAC and On-Scene Control and Coordination Radio (OSCCR). Local jurisdictions may request assistance through the EOC, when necessary.

    d. The EOC will coordinate the identification, acquisition, prioritization, and deployment of telecommunications assets, as appropriate, to assure continuity and consistency of county response actions.

2. When an event occurs, the following actions may be initiated:

    a. There will be an increased need for coordination and prioritization of communication within local jurisdictions such as EMS, fire, law enforcement, and public works.

    b. Activation of the county EOC and communication systems will occur, as needed, utilizing available resources. If available, one or more of these networks should be utilized in addition to primary voice telephone capability, to establish both primary and backup communication between the County EOC and WAEMD/EOC. Additional communication resources and networks that may be available for communication between county EOC and WAEMD/WAEOC includes facsimile, modem, cell phones and satellite phones.

        Other radio frequencies, radios and repeaters are available in the area, and are

        listed in the Klickitat County Radio Use Policy (Appendix C)

        A variety of communication capabilities are available within the county in addition to normal operational resources, including:

2. Preparedness Activities

Klickitat County Department of Emergency Management:

a. Coordinate with appropriate departments and agencies within the county to ensure those with communications capability have appropriate plans and procedures to support their assigned emergency mission.

b. Participate in tests and exercises of the county's communication capabilities, such as the CEMNET radio test.

c. Support Agencies/Departments/Jurisdictions

d. Develop and maintain an inventory of communication capabilities and resources, noting availability and response criteria, and noting any deficiencies or limitations in respect to supporting this ESF. This information is to be shared with WA-EMD.

e. Develop and maintain appropriate Standard Operating Procedures (SOPs) in support of their mission, and in support of this ESF, and train personnel to that standard.

4. Response Activities

a. To communicate with the WAEMD via CEMNET radio; F-1, will be used.

b. Upon activation of the EOC for an emergency or disaster, KCDEM/EOC Manager will perform the following:

1) Request communications support, as needed.

2) Notify local ARES Emergency Coordinator (Klickitat County Search and Rescue Coordinator and Assistance Emergency Coordinator(s).

3) Notify WAEMD, and establish primary and back-up communications with them.

4) Establish communications with local agencies and departments, and ensure all agencies with communications capabilities and responsibilities are advised of conditions, and are taking appropriate actions, such as verifying current status of resources and personnel.

5) Determine overall operational status of communications resources, provide coordination, and maintain priorities for handling of messages and communications traffic within the EOC, and between EOC and field operations. Establish communications with adjacent counties, if necessary.

6) Coordinate specific locations where back-up or support communications need to be established, such as hospitals, medical clinics, nursing homes, group homes, schools, daycare facilities, communities without phone service, response agencies, etc.

7) Set-up/deploy Command Repeater and/or Mobile Command Post, if needed.

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APPENDIX B - WARNING

INTRODUCTION

To provide guidance for rapid alerting and warning to key local jurisdiction officials and the general public of an impending or occurring emergency or disaster.

CONCEPT OF OPERATIONS

1. General

   Emergency or disaster warnings may originate from any level of government or other sources. However, most forecasting resources are located within the federal government, and may include watches and warnings for: floods, mud slides, severe weather, volcanic eruptions, fixed nuclear facility incidents, hazardous materials incidents, as well as earthquake occurrence notification.

   This notification may come from the National Weather Service (NWS), the Emergency Notification System, Washington State Emergency Management, the amateur radio community, the Klickitat County Communications Center, or the general public.

   The National Alert and Warning System (NAWAS), established by the federal government, is the primary means of disseminating warnings concerning national threats, in addition to the hazards listed above. The primary receiving point for NAWAS is at Grand Coulee. Grand Coulee contacts Klickitat Dispatch via telephone.

   The Klickitat County Emergency Alert Notification system is coordinated by KCDEM. The system is a cooperative effort between local law enforcement, fire departments and volunteers that can target a specific geographical area within the County. The system can also call other telephone users using pre-loaded contact lists, such as EOC staff, volunteer firefighters, etc.

   ARES provides emergency communications using verbal radio transmissions and packet capability.

   Responsible local officials may consider and decide whether to utilize the local operational area Emergency Notification System (ENS) to warn and advise the public in special situations. Efforts will be made to notify Limited English Proficiency populations.

   Local jurisdictions may utilize all warning systems available to alert officials and the affected population. This includes mobile sirens and loudspeakers. Special attention will be given to special needs groups, such as the hearing impaired, short and long-term health care facilities, group homes, and others at special risk. This prioritization and communication will be coordinated through the EOC.

   Individuals or groups with special needs should coordinate with DEM before an emergency occurs. Family members, friends, and caretakers of those with special needs should become aware of resources and options available, and develop alert, warning and response plans. TTY TTD phone capabilities and language line services are available. Pre-registered citizens can, also, receive text and email messages with emergency information via the Emergency Notification System.

2. Preparedness Activities

    a. Determine methods of conveying warnings to citizens—in Limited English Proficiency populations

    b. Prepare, maintain, and exercise warning plans, SOPs, and resource lists.

    c. Train personnel in the warning plans, SOPs, and use of communications equipment.

    d. Incorporate the Public Information Officer's (PIO) role and responsibilities into the warning plans, and exercises those plans. (See ESF 15 – Public Affairs)

    e. ARES

    f. Conduct radio nets to test and evaluate plans, procedures, and radio equipment. Participation in events such as Field Days is primarily to prepare for emergency activities with specified levels of authority and responsibility.

    g. NOAA Weather Radios. The general public is encouraged to purchase and maintain NOAA Weather Radios. These inexpensive radios can provide weather information on demand and provide warnings when initiated by the NOAA National Weather Service.

3. Response Activities

    KCDEM/EOC Manager:

    a. Advise County Commissioners and affected cities/towns and agencies when the

        Klickitat County EOC should be activated. Request communications and PIO support, as needed. Notify the WAEMD.

    b. Coordinate with PIO and DISPATCH regarding dissemination of alert and warning information. The KCDEM/EOC Manager is responsible for authorizing all outgoing alerts and warnings.

    c. Activates or alerts agencies and groups (to include ARES, Local/Regional Media, Community Councils, etc.) that have capability and responsibility to assist with providing alert and warning.

    d. Receive, prioritize, and disseminate warning information to/from local jurisdictions, and coordinate with agencies tasked with assisting with alerts and warnings, such as law enforcement, fire departments and districts, public works and others.

    e. Notify hospitals, nursing homes, group homes, schools, day care facilities, and other special needs groups. These groups will be given high priority. This may be accomplished by phone, modem, fax, cell phone, satellite phone, two-way radio, or by having someone from authorized agencies (fire, EMS, law enforcement, public works, amateur radio, etc.) go to the facilities. If operable, the Emergency Notification System may be utilized.

    f. If responsible officials decide it is necessary, the Emergency Alert System (EAS) will be utilized. This will be accomplished by calling the Spokane National Weather Service, and advising them of the situation. They will call Dispatch for verification and authentication of the request. Then they will transmit the information to the designated media for us.

Appendix C- KLICKITAT COUNTY RADIO USE POLICY

Klickitat County Public Safety Radio System:

RADIO USE

I. Mission

To provide a professional and uniform method of dispatch for police, fire, and medical units in both non-emergency and emergency situations.

II. Definitions

Law Enforcement: Personnel and units responsible for all law enforcement activities.

1. Klickitat County Sheriff Sam units
2. Goldendale City Police George units
3. Bingen/White Salmon Police William units

Search and Rescue (SAR): Personnel and units responsible for any search and rescue. Search and Rescue resources are directly under the responsibility of the Sheriff when called upon, however, members of the Search and Rescue unit may be utilized through the SAR coordinator to utilize the Mobile Command Post or the portable repeater owned by Emergency Management for emergency management events, as agreed upon between the Emergency Management Director and the Search and Rescue Coordinator.

1. Klickitat County Search & Rescue SAR units

Fire/Rescue: Personnel and units responsible for fire-fighting, medical first response and rescue efforts.

EMS: Personnel and units responsible for advanced medical aid, treatment, and transportation of victims of medical emergencies.

1. Ambulance services that serve Klickitat County
2. Fire personnel authorized to treat and transport victims of emergencies.

Emergency Management: Personnel and units responsible for communications, E911 call taking and dispatch, as well as personnel and units responsible for disaster preparation, mitigation, and recovery within the County. Dispatch will be referred to as “Dispatch”.

1. Emergency Management Director
2. Emergency Management Operations Manager
3. Lead Dispatchers
4. Dispatchers
5. Accounting Administrative Assistant
6. Casual Employees

III. Radio Channel Nomenclature

Channels common to Klickitat County Public Safety Radio System. See Appendix A for frequency data.

Simulcast Dispatch Channels:

Law: Channel used for county-wide law enforcement dispatch. (Simulcast/Recorded)

Fire: Channel used for county-wide fire and medical dispatch. (Simulcast/Recorded). May be called Firecomm.

Road: Channel used for Klickitat County Public Works dispatch and operations. (Simulcast/Recorded)

Page: Channel used for county wide public safety paging. (Simulcast/Recorded, Wide Band)

Operations Channels:

County Ops: Channel used for county-wide all hazards repeated tactical operations. (Simulcast/Recorded)

West Ops: Channel used for all-hazards repeated tactical operations communications in the West-end of the County. (Regional Simulcast/Recorded)

Central Ops: Channel used for all-hazards repeated tactical operations communications in the Central-area of the County. (Regional Simulcast/Recorded)

East Ops: Channel used for all-hazards repeated tactical operations communications in the East-end of the County. (Regional Simulcast/Recorded)

(The use of “Local” or “Talk Around” on county repeated channels is prohibited.)

County Simplex Tactical Channels: (All hazards)

TAC: **1, 2 & 3** Channels used by all responders for tactical situations. (Not Recorded)

County Stand Alone Repeaters:

Juniper: Channel used by all responders for tactical and back-up dispatch in the Central-area of the county. (Not Recorded)

Burdoin: Channel used by all responders for tactical and back-up dispatch in the West-area of the county. (Not Recorded)

County DEM Repeater Trailer:

Trailer Repeater: Channel used by all responders for repeated tactical operations when deployed. A self-contained, mobile repeater deployed by KCSAR upon request thru Dispatch. (Not Recorded)

National Interoperability Channels:

VCALL 10: VHF national interoperability channel designated as a calling travel channel and is available to all agencies for that purpose.

VTAC 11, 12, 13, 14: VHF national interoperability tactical channels used for multi-agency/multi-jurisdictional responses.

Back up Dispatch Channels:
(Simulcast down, back-up dispatch.

Law Central: Back-up law enforcement dispatch for central-area of county.

Fire Central: Back-up fire dispatch for central-area of county.

Law West: Back-up law enforcement dispatch for west-end of county.

Fire West: Back-up fire dispatch for west-end of county.

East: Back-up dispatch for all responders in east-end of county.

Goldendale: Back-up dispatch for all responders in Goldendale area.

Back up Road: Back-up dispatch and operations for county public works.

IV: Procedure

General Statement

Klickitat County recently built a radio system and dispatch center that will greatly enhance the ability to communicate in Klickitat County. The radio system utilizes various mountain top repeater sites throughout the County and for a simulcast radio system.

After a study was completed, it was agreed by the Board of County Commissioners to fund a simulcast radio system in compliance with the FCC narrow band mandate. This system utilizes repeater sites throughout the County to simultaneously broadcast radio traffic from one end of the County to another. In essence, a unit can transmit from the west county line and be heard clearly by a unit at the east county line. There are four county-wide simulcast ***dispatch channels*** (Law, Fire, Road and Page). Normal operating use is as designated above. In addition, there are four repeated ***operations (Ops) channels*** that are recorded at dispatch. The repeated Ops channels utilize various repeater sites in the county to serve West, Central, and East units and one county-wide Ops channel. Additionally, there are numerous tactical, car-to-car channels that units can utilize while at the scene of an incident that are not recorded, or monitored by dispatch. Those tactical channels are generally utilized for operational management of an incident.

History

Because this radio system is new to all users in the County, and utilizes an entirely different type of configuration, the users of the system agreed to meet together to discuss how best to use the radio system in an effective and efficient manner. Even though all users of the radio system were invited, Law Enforcement, Fire, Search & Rescue, Emergency Management, EMS, and Dispatch were regular attendees at the working meetings. As a result, an agreed-upon procedure was formulated.

Dispatch Policy

It is the responsibility of each Dispatch Center employee to become thoroughly familiar with issues such as politeness, emergency communications, unit status, brevity, etc., that are addressed therein.

Prior to dispatching an emergency call, the Dispatcher should understand the basic nature and location of the incident. Once it has been confirmed that response is necessary, the Dispatcher should deploy the prescribed number of units and update the units as information becomes available from the Caller.

The Dispatcher will acknowledge units with their appropriate designators and request clarification on transmissions that are not clearly understood. When an Officer/Fire Fighter/Medic provides pertinent information on an active call, the Dispatcher will comment the CAD call accordingly.

Note: To minimize any confusion in an emergency where Police, Fire, or Medical units from other jurisdictions respond to Klickitat County for mutual aid, and/or if any Klickitat County units respond as mutual aid to other jurisdictions, the Radio User Board has agreed that Klickitat County users will comply with the National Standard Communication Order Model, by using the identity called party first--then identify self second. (To – From)

Basic Dispatch Format

- Dispatcher: "Unit number from (optional) Channel Name"
- Unit: "(Responds)"
- Dispatcher: "Respond to (location) for (type of incident)"
- Unit: "(Acknowledgment)"
- Dispatcher: "(time)"

Basic Receive Format

- Unit: "Frequency Name (optional) Unit Number"
- Dispatcher: "(Acknowledgment)"
- Unit: "(Transmission)"
- Dispatcher: "(Unit Number followed by time)"

Military Time

0000	Midnight	0800	8:00 a.m.	1600	4:00 p.m.
0100	1:00 a.m.	0900	9:00 a.m.	1700	5:00 p.m.
0200	2:00 a.m.	1000	10:00 a.m.	1800	6:00 p.m.
0300	3:00 a.m.	1100	11:00 a.m.	1900	7:00 p.m.
0400	4:00 a.m.	1200	12:00 p.m.	2000	8:00 p.m.
0500	5:00 a.m.	1300	1:00 p.m.	2100	9:00 p.m.
0600	6:00 a.m.	1400	2:00 p.m.	2200	10:00 p.m.
0700	7:00 a.m.	1500	3:00 p.m.	2300	11:00 p.m.

Phonetic Alphabet

A -	ADAM	J -	JOHN	S -	SAM
B -	BOY	K -	KING	T -	TOM
C -	CHARLES	L -	LINCOLN	U -	UNION
D -	DAVID	M -	MARY	V -	VICTOR
E -	EDWARD	N -	NORA	W -	WILLIAM
F -	FRANK	O -	OCEAN	X -	X-RAY
G -	GEORGE	P -	PAUL	Y -	YOUNG
H -	HENRY	Q -	QUEEN	Z -	ZEBRA
I -	IDA	R -	ROBERT		

It is a violation of policy to be rude to field units over the radio and/or the telephone, despite any unprofessional behavior by the field unit. All requests from field units will be handled in a timely manner. Responder safety is the most important thing to remember at all times. It is also a violation not to log the unit's radio traffic in a timely manner.

Radio Outage Policy: Upon Dispatch receiving a report of a possible outage with a radio repeater the steps below will be followed:

1. Request other units perform a test on that frequency to establish this is a complete outage and not just a problem with service in a specific area.

2. Once you have determined a specific frequency is down, you will need to advise the lead dispatcher on shift and/or call the Emergency Management Director as well as the Emergency Management Operations Manager.

3. Contact Fire and EMS units responsible for the area affected and advise them of the outage. Advise those units to use the appropriate Back-Up Dispatch channels until further notice. If it appears the outage also affects the Back-Up Dispatch channels,

ask fire units to report to their fire stations and prepare to be dispatched to any incident by phone.

4. Create a CAD call on the outage and be sure all units currently in-service are made aware of the outage. It is important that we ensure our first responders' safety by advising, as soon as possible, of a potential radio outage.

5. The administrator who Dispatch is able to contact about the radio issue should follow up as soon as they have an idea of what is going on. However, to be sure Dispatch is aware of exactly what is going on, they need to follow-up with this person after 30 minutes, if they have not been advised of the status.

NOTE: All users of the Klickitat County Radio shall adhere to the policy as indicated above.

Marker Tone Calls: The marker tone is used to call attention to critical radio traffic. Under exigent circumstances a Dispatcher may elect to use the marker tone.

Alert Tone Usage: The alert tone may be used as a pre-alert to a Fire or EMS page.

Dispatching Emergency Calls:

1. Advise the nature, exact location, and closest major cross-streets. For EMS calls, we will also advise the EMD code and case number, when available.

Location Verifications:

High Priority Calls

Current procedures require us to make every attempt to send first responders to the correct location on calls for service. The dispatcher will attempt to confirm the location on every call as quickly as possible. This is especially important with high priority calls since most involve the potential for serious injury or death. When responders are unable to locate the incident of a high priority call or report it GOA, the following action will be taken:

a. The dispatcher shall immediately re-contact the complainant and verify the location.
b. If unsuccessful the dispatcher shall:
    - Review the recorded call, as soon as possible.
    - Initiate corrective action immediately, if necessary.
    - Document the action taken in comments of the call.

Location Discrepancies:

When there is a discrepancy between the location given by the caller and the location offered by the 911 ANI/ALI, the dispatcher should re-verify the exact location. If the location provided by the caller is still not accepted by CAD, the dispatcher shall use the override option and assign the appropriate unit or agency. The dispatcher shall then immediately consult a map book and/or electronic map and obtain detailed directions from the caller. A discrepancy form shall be filled out on all these types of calls and given to the Emergency Management Operations Manager.

Law Enforcement Deployment:

Dispatchers will ensure adequate police response by assigning units according to the standards set forth below. If there is only one unit available for a two-unit call for service, that unit will be dispatched and advised that the next available unit will be dispatched as cover. After unsuccessful attempts to dispatch a cover unit to respond with the initial Deputy, a Patrol Supervisor will be advised.

1. Emergency calls for service will immediately be assigned to units in the following order:
    a. The closest available on-duty law enforcement unit.
    b. Any on-duty supervisor in the same general proximity assigned to a routine call for service who does not have a prisoner.
    c. For life threatening emergencies, any agency's patrol unit, Investigations, etc. unit whose close proximity to the incident would enhance police response may be sent, including those units on break or at lunch.
    d. Any available Supervisor.
2. Expedited calls for service will be assigned to units in the following order:
    a. Any available unit in the same general proximity.
    b. If no units are available, the Dispatcher will recall the complainant and advise of the delay, or a general broadcast will be made over the air. The Dispatcher will document notification by commenting the call and/or the Dispatcher will comment the time of the general broadcast.
    c. If held for longer than 15 minutes, the time received will be announced at the time the call is dispatched.
3. Routine calls for service will be assigned to units as follows:
    a. Any available unit in the same general proximity.
    b. If held longer than 30 minutes, the time received will be announced at the time the call is dispatched.
    c. If no units are available after the first 60 minutes, the Dispatcher will recall the complainant and advise of the delay. The Dispatcher will document notification by commenting the call and the time received will be announced at the time of dispatch.
4. Occasionally Officers will volunteer to respond to calls due to location or familiarity with the situation. Whenever possible, these units should be assigned to the call and any additional units should be advised to cancel response. It is the Dispatcher's responsibility to send units as outlined in this section and the Calls for Service guidelines.
    a. During an emergency response, the responding agency will designate the code response based on information received from dispatch.

b. The first Officer to arrive at a scene of a code call is responsible for reducing the code or canceling the response of any additional units.

c. An Officer requesting assistance is responsible for setting the response code for the desired unit(s).

V. All User Policy

All Fire, Search and Rescue, and EMS users will be paged on the simulcast (paging) channel. The first unit to respond to the page will do so on their designated dispatch channel by indicating they received and are responding to the page; or, as with EMS, indicate they are in the unit and responding to the scene. Additional responding apparatus will communicate “in-route” and “on-scene” status to dispatch on that channel. Once command is established for that event, Command will be the only unit to report to dispatch. On scene units shall use, depending on the extent of the incident, either a TAC channel or a designated area repeated Ops channel, as directed by command to communicate with on-scene command and/or other units responding to or on the scene.

It will be the duties of the dispatchers to maintain adequate communications with all users and may direct agencies or units to use another frequency, as needed. It will be beneficial to all users to become familiar with all channels and be able to change to any channel without confusion.

Note: In order to best manage traffic on the simulcast dispatch channels, it is recommended that only one or two units be designated to relay information to dispatch from command. As the scene becomes smaller, units should be directed to use the channel best suited for communication with other on-scene units. If that can be accomplished by using TAC channels then units shall be directed to use TAC for operations on the scene. If the scene is too large for adequate communications on TAC, then Command shall utilize an area repeated Ops channel for communications. Remember, the goal is to utilize a channel that will not interfere with dispatching of other units not associated with the current incident. By adhering to this policy, other emergencies can be handled within the county and not tie-up normal dispatch communications with other agencies in the County.

It is not the intent of this document to provide policy for individual agencies or departments, but as a policy when using the Klickitat County Public Safety Radio System.

Appendix D – EMERGENCY NOTIFICATION SYSTEM POLICY

Purpose and Scope

The purpose of this Policy and Procedures Manual is to provide guidance and direction for the implementation and activation of the Klickitat County Emergency Notification System (ENS). The policies and procedures contained in this manual shall apply to all authorized first response agencies with a qualifying need to initiate an emergency message to any segment of Klickitat County's population.

Policy Statement

It is the policy of Klickitat County that the Emergency Notification System is made as widely available as possible to all authorized first response agencies in the County.

In order to achieve the implementation of this policy, the Klickitat County Board of Commissioners has adopted this Policy and Procedures Manual that will be utilized to guide the implementation and use of the Emergency Notification System.

Governance

The existing Emergency Management Advisory Group, (EMAG), shall appoint members to act as a Review Committee for the Klickitat County Emergency Notification System. Membership of the Review Committee shall consist of representatives of the following disciplines:

Law Enforcement
Public Works
Urban Area Fire Department
Rural Area Fire Department
Emergency Management Dispatch
Public Health

Responsibilities of the Review Committee are to:

a. Appoint, by consensus, a Committee Chair and a Secretary.
b. Review and update the provisions of the Klickitat County ENS Policy, as necessary.
c. Review activations of the Klickitat County Emergency Notification System to ensure compliance with the provisions of this Manual.
d. Develop and maintain the Memorandums of Understanding to ensure the viability of the Klickitat County Emergency Notification System.
e. Review any documented complaints regarding the functions of the Emergency Notification System and develop effective recommendations to address any such complaints.

Authorized Users

Authorized users of the Emergency Notification System are identified as:

Klickitat County Sheriff's Office
Klickitat County Emergency Management
Klickitat County Public Works
Bingen/White Salmon Police Department
Goldendale Police Department
Klickitat County Health Department

(NOTE: With the exception of primary 911 funding organizations, all user agencies are required to execute an MOU with Klickitat County before the ENS system can be utilized)

System Description

The Emergency Notification System (ENS) was primarily developed to provide first response personnel with a tactical means to warn Klickitat County citizens of an immediate threat to public safety. Secondary features of the system are available for internal agency use to provide messaging to identified response groups, i.e. Search and Rescue, volunteers, etc., and non-emergency (informational) public messaging.

Citizen Alert Notification System:

The Citizen Alert Notification System provides the ability to make emergency notifications via landline telephones, as well as cellular, text, and email systems. In order to make notifications to listed landline telephones, and the white and yellow page telephone data bases, all Klickitat County zip codes are utilized, and those notifications can be made without an opt-in option. Alerts transmitted to unlisted landline phones or through cellular telephones, text messaging, and emails, will require a registration process where citizens can register the various devices they wish to receive notifications on through the Klickitat County Website.

A second feature of the Citizen Alert Notification System allows internal notifications to specified groups. The internal notification feature, called AWARE, can be used to call-out or alert tactical teams, reserve police officers, Search and Rescue personnel, volunteer fire fighters, and other groups. These groups are provided as examples, only, and notification capabilities can be designed to accommodate whatever needs are identified by authorized system users.

An additional feature allows authorized users to issue non-emergency messaging. Examples of non-emergency messages could include road closures, water outages, construction projects, etc. Non-emergency messages are sent only to those citizens that have opted-in to receive them and can only be utilized by authorized users.

Emergency Alert Deployment

The ENS system should be considered for deployment when a serious threat to public safety is identified. Threats or potential threats to public safety can occur from a variety of sources which include, but are not limited to:

Wildfires
HAZMAT Incidents
Floods
Public Health Emergencies
Severe Weather
Major Law Enforcement Events
Missing Persons (i.e., walk-away from a care facility or a lost child)

Authorized users of the Emergency Notification System will comply with the policies and procedures contained in this Manual. Authorized users are defined as the primary 911 funding organizations, (Bingen/White Salmon Police Department and Goldendale Police Department) and those agencies that have executed a Memorandum of Understanding (MOU) with Klickitat County to utilize the Klickitat County Emergency Notification System. (Refer to Appendix B for an example for the ENS MOU).

All ENS public safety threat activations will occur through the Klickitat County Dispatch Center and can only be initiated by an authorized user.

Emergency Messaging Process

To determine if an event qualifies for activation of the ENS system, the following questions must be considered:

a. Does a threat exist that is of an immediate danger to the life, health or property of the potentially affected population?
b. Can ENS activation provide notification to the affected population that will result in significant results?
c. Has the targeted area been identified, (i.e. four block area surrounding **1000 Main St.,** or a 2-mile radius from incident location)?
d. Has the requester developed the text of the message to be transmitted?

The requesting agency MUST consider and answer these critical questions before requesting activation of the ENS. The requesting agency MUST identify the specifics of the targeted area for notification and provide Dispatch with the exact wording to be contained in the emergency message. (Refer to attached System Illustration and the Klickitat County ENS Checklist.)

If the requester is utilizing the Citizen Alert component, the procedures contained in this manual apply. When the emergency situation has ended or the threat that caused the ENS activation has been mitigated, the initiating agency shall ensure that a cancellation notification is sent to the same recipients that initially received the emergency notification.

Internal Notifications

Internal notifications and call-outs of specialized teams or volunteers in response to an emergency will be conducted through the Klickitat County Dispatch Center. Authorized users will work with Dispatch personnel to identify and create individual teams or functional emergency notification of call-out lists.

Non-Emergency Notifications

Non-emergency messaging services are limited to the primary 911 Dispatch funding organizations, therefore, those with access to that component of the system are:

a. Bingen/White Salmon Police Department
b. Goldendale Police Department

Non-emergency messages could contain information about:

a. Street and road closures
b. Traffic delays due to construction activities
c. Temporary water outages
d. Crime notifications
e. Health information
f. Safety information

Non-emergency messaging will not be conducted through the Klickitat County Dispatch Center. Users of the non-emergency alert notification capability will log into the system to create and send messages from their own agencies.

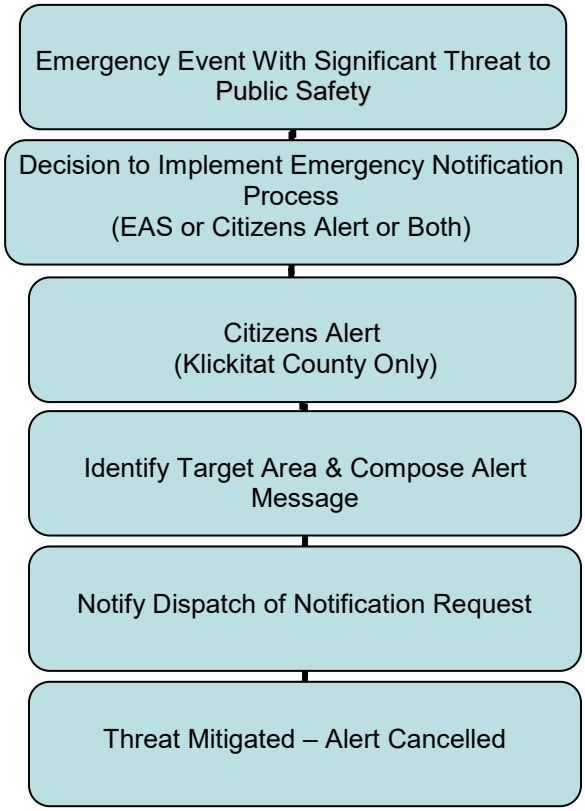
Restrictions

The use of the Emergency Notification System shall be limited to the functions identified in this manual. Unauthorized use or access, or messaging on behalf of an unauthorized user, is strictly prohibited.

Review Process

Anytime ENS activation occurs, a review of the activation will be conducted by the Klickitat County Emergency Notification System Review Committee. The Committee shall evaluate if the request met the activation criteria and if the proper procedures were followed to request the activation. The Committee will also evaluate the effectiveness of the activation to the extent possible, (i.e., did the activation generate calls to 911 and was the time of day appropriate for an activation, etc.). If the activation failed, the reason(s) for the failure will be documented and appropriate corrective actions will be identified. Corrective actions to ensure the availability and viability of the ENS system must be initiated without delay.

EMERGENCY NOTIFICATION SYSTEM ACTIVATION PROCESS ILLUSTRATION



Klickitat County ENS Activation Request Checklist

Critical Questions Applicable to ENS Activation

□ Does a threat exist that is of an immediate danger to the life, health or property of the potentially affected population?
□ Can ENS activation provide notification to the affected population that will result in significant results?
□ Has the targeted area been identified, (i.e. four block area surrounding1000 Main St., or a 2-mile radius from incident location)?
□ Has the requester developed the text of the message to be transmitted?
□ Will an EAS message or a citizen Alert message be used; or will both components be activated?

Requesting Person:
Requesting Agency:
Date:
Time (Military Time):

Request Type:

□ System □ Citizen Alert System E Emergency Alert

___ CEM (Civil Emergencies)
___ EVI (Immediate Evacuation Request)
___ TOA (911 Outage Alert)
___ Other (Specify) _____

Targeted Area (Be Specific)

(Complete Reverse Side)

Message

___ Message transmitted to Klickitat County Dispatch Center
___ Fax:
___ E-Mail:
___ Telephone:
___ Radio
___ Acknowledgement of Receipt of Message Received

A copy of this checklist must be forwarded to Klickitat County Dispatch at the conclusion of the activating event.

ESF 3: Public Works and Engineering

RESPONSIBILITY SUMMARY

1. Primary Response
    a. County and Cities Public Works & Engineering Departments
    b. Klickitat County Department of Emergency Management
2. Supporting
    a. Fire Services
    b. Law Enforcement
    c. KC Dispatch Center
    d. WSDOT
    e. WA DOE
    f. Evergreen Rural Water
    g. Bishop Sanitation
    h. Klickitat County Planning Department
    i. Klickitat County Building Department
    j. Klickitat County Solid Waste Department
    j. Klickitat County Public Utility District #1 (PUD)
3. Plan Preparation & Maintenance

    Leads
    a. Public Works & Engineering Departments
    b. Klickitat County Department of Emergency Management

INTRODUCTION

1. Purpose

    To provide public works and engineering support to assist the county in meeting needs related to emergency support response and recovery.

    To provide demolition of unsafe structures; debris clearance and wreckage clearance; protection and temporary repair of essential facilities; emergency traffic safety signs; the inspection of bridges and roads for damage or safety problems; and taking actions to keep critical streets and roads open.

2. Scope

Klickitat County Public Works (PW) is responsible for county roads and road signs, bridges, and public works property and unincorporated areas within the county. Public Works provides a variety of specialized and heavy equipment, trained equipment operators, plus technical and engineering staff.

a. In addition, a private company operates the Roosevelt Regional Landfill and Transfer Stations. Solid waste service, in most areas, is provided by private haulers.

b. Cities/towns in Klickitat County have their own public works departments. They are responsible for their jurisdictions, and provide services similar to county PW, plus water, sewer, and wastewater treatment.

c. Klickitat County Building Department has a building inspection program. The inspectors work with new construction and major remodeling projects in all unincorporated portions of the county. Other cities have their own building inspectors.

POLICIES

Klickitat County Public Works provides services based on county ordinances. The cities' Public Works function under city ordinances.

SITUATION

1. Emergency/Disaster Hazards and Conditions

During an emergency or disaster, a variety of hazards and disruptions to services could occur. Streets, roads and bridges could be damaged or destroyed, covered with water, mud or deep snow, or blocked by debris. Signs may be destroyed or may not be visible due to the event. Water systems and/or wastewater facilities may be damaged or threatened, storm drains may be damaged or plugged, and many structures may be damaged. Portions of the county may be physically isolated because of the event. Public Works facilities or equipment may be damaged or inaccessible, and some employees may not be able to report for work. Normal communication systems may be damaged or overloaded. There will be a significant need for damage assessment information. Damaged structures may pose a grave safety risk to emergency workers and the public. There could be scattered or large areas affected by power outages, loss of water, or loss of sewage collection and treatment facilities. Need for public works and engineering services may exceed resources within the county.

2. Planning Assumptions

    a. Rapid assessment of the involved area(s) will be initiated by the responsible agency to determine critical needs and priorities. Resources, including personnel, will be identified, prioritized, and managed based on critical needs—which may be coordinated by DEM.

    b. Actions to support immediate lifesaving response, such as clearing debris and emergency repair of critical roads and streets will be given high priority.

    c. The magnitude of the event will require extensive coordination and assistance from all the public works departments within the county. Further assistance from other agencies, private contractors, and/or resources outside the county may be necessary.

    d. Transportation may be severely disrupted within the county, as well as adjacent counties. Communication and coordination will be necessary to assure functional routes and modes of transportation are identified.

    e. The county will declare an Emergency (via County Commissioners), and legal authority will be granted for emergency actions to protect life and property, and for disposal of debris and materials cleared.

CONCEPT OF OPERATIONS

1. General

    a. PW will have the lead for events requiring an extensive public works response, if the needed response is outside the cities of Bingen, Goldendale, and White Salmon. Likewise, if the needed response is inside a city, the respective city Public Works will have the lead for events requiring an extensive public works response.

    b. County PWs will provide a representative to the EOC, or will maintain direct contact with the EOC. Prioritization, coordination, and support of response and recovery efforts will take place at the EOC.

    c. County and city building inspectors may be requested to assist public works with damage assessment, and may be asked to take a lead role regarding inspections and damage assessment of buildings. This request, prioritization, coordination, and support will take place at the EOC. (See ESF 14 – Long Term Community Recovery)

    d. Cities and the county may enter into emergency contracts with businesses and contractors for assistance with inspections, provision of specialized and/or heavy equipment, and trained operators.

    e. If needs exceed local resources, the county EOC can contact the Washington State Emergency Operations Center (SEOC) for assistance. The federal government may render assistance if needs exceed the capabilities of the county and state, provided the event has received a presidential declaration of disaster.

    f. All public information and news release information regarding public works and/or building inspectors will be coordinated by the designated Public Information Officer (PIO) (See ESF 15 – Public Affairs).

2. Organization

   County Public Works is responsible for the unincorporated areas of the county. The city's public works departments are responsible for their jurisdictions. County and city jurisdictions will provide public works and engineering assistance, as resources permit, to meet the needs of Klickitat County regarding emergencies or disasters.

3. Mitigation

   Public works departments, in partnership with Klickitat County Emergency Management, are responsible for identifying potential natural and technological disasters. Public works departments will provide current development support along with monitoring and coordinating implementation of mitigation measures aimed to reduce or prevent damages caused by these events. Building a strong alliance with the emergency management family is key to promoting mitigation action plans such as floodplain and floodwater plots, storm water and drainage plans, and transportation and roadway (including bridges) plans. Mitigation action plans should include strategies for implementing the mitigation measures, including information on the responsible agency, time frame, cost estimate, funding source, and a statement of measurable results.

4. Preparedness

   Public works departments maintain personal protection supplies and equipment for their employees. They maintain some stock of extra parts, emergency/temporary signs, sand and gravel, and other resources. Some employees are cross-trained, so they can function where the greatest need is. Contact lists of supervisor and employee names, phone numbers, pager numbers, etc., are maintained. Emergency contact names and numbers are provided to the Klickitat County Communication Center (9-1-1/Dispatch).

5. Response Activities

   a. Many response activities may have been initiated prior to the EOC being activated. However, once the EOC is activated, the appropriate lead county or city public works department needs to send a representative to the EOC or maintain direct contact with the EOC, as requested. The EOC and public works representative will provide coordination and prioritization of the following response activities:

   b. Gather as much information regarding road conditions as possible. Identification of personnel and equipment needed to maintain, repair or clear roadways as needed, and sending resources to high priority areas.

   c. Inform, and coordinate with law enforcement, Washington State Department of Transportation, and others, as needed, regarding what roads are open, and if any restrictions apply.

   d. Coordinate with other agency representatives in the EOC, regarding performing emergency debris removal, demolition of unstable structures, emergency stabilization of damaged structures, and other actions to assist with rescue, and protect lives and property. High priority will be given to critical facilities such as hospitals, extended care facilities, and mass care shelters.

   e. Take protective measures to protect roads, critical facilities, and other property, as needed. (For example: sandbagging, building dikes, or digging drainage ditches to prevent mud or flood waters from entering a water treatment facility).

f. Begin damage assessment, coordination with other departments and agencies, as necessary. High priority will be given to critical facilities such as hospitals, extended care facilities, schools, and mass care shelters.

g. Conduct inspections for damage or disruption of water systems, including wells and pumps, in addition to sewer systems, and/or treatment plant, as needed. Initiate backup systems and/or make emergency repairs, as needed. Notify EOC if fire hydrant systems are non-functional. Obtain and test water samples if there is a possibility of contamination. Coordinate with local health department as needed, and for inspection and testing of private wells and septic tanks.

h. Assist with alert and warning, if requested by the EOC.

6. Recovery Activities

a. Each department, agency and individual shall maintain accurate records of the incident. They will be responsible for maintaining disaster and recovery expense records for future possible reimbursement. Financial issues, such as supplies used, equipment lost or damaged, wages for hours worked including overtime, and other costs require documentation before reimbursement is issued. If emergency vehicles, communications equipment, or stations are damaged, special contracts may be needed for their quick repair or replacement, and temporary or long-term arrangements may be needed. During the recovery phase, it is imperative to maintain communication and coordination with the EOC. Public works departments and districts may provide public information regarding safety issues as people return to their homes and businesses. Departments, districts, and individuals involved in the emergency or disaster should participate in post event reviews and critiques, and contribute to written reports regarding observations and recommendations.

b. Support for the public works personnel is also part of recovery and returning to normal operations. Counseling support maybe available through Central WA Comprehensive Mental Health or via DEM.

c. PWs departments will continue to communicate with the EOC and coordinate recovery activities, as priorities and resources allow. They will continue to assist with damage assessment reports and other requirements necessary for obtaining financial assistance for the county and involved cities.

RESPONSIBILITIES

1. Public Works Departments

a. Coordinate clearing, construction, repair, maintenance, and signing of roads in their jurisdictions.

b. When feasible, coordinate mobilization of personnel and equipment for the repair or reconstruction of damaged critical facilities, as appropriate.

c. Coordinate emergency highway traffic regulations based upon instructions from the PW Director and Incident Commander.

d. Initiate or coordinate for emergency contracting of private resources.

e. Provide inspection of facilities to determine structural condition and safety factors.

f. Supervise demolition of structures posing a threat to safety, and removal of debris and wreckage.

g. Dispose of debris In Accordance With (IAW) the Klickitat County Solid Waste Management Plan

h. Develop, maintain, and test this plan.

2. County Commissioners or the Director of Emergency Management

   The County Commissioners have the authority to declare an emergency or disaster. In addition, they have the authority to set policies and make decisions, including authorization of expenditures.

3. County DEM/EOC

   a. KCDEM is responsible for maintaining and organizing the EOC.

   b. The EOC coordinates with public works, private contractors, and other departments and agencies, as necessary, to obtain resources and assets to provide public works and engineering services, and medium and heavy rescue. The EOC maintains contact with the SEOC, as necessary.

RESOURCE REQUIREMENTS

1. Light machinery, such as painting equipment.
2. Heavy equipment, such as excavators and backhoes.
3. Vehicles, such as trucks and passenger cars.
4. Supplies, such as sand, sandbags, and rock.

REFERENCES

Klickitat County Solid Waste Management Plan – Dated June 2021

ESF 4: Firefighting

RESPONSIBILITY SUMMARY

1. Primary Response
    a. Fire Services
    b. Emergency Medical Services
    c. Klickitat County Department of Emergency Management
2. Supporting
    a. Klickitat Emergency Communications Center (Dispatch)
    b. Amateur Radio Emergency Services/Radio Amateur Civil Emergency Service
    c. American Red Cross
    d. Klickitat County Public Information Officer
    e. Law Enforcement
    f. Public Works Departments
    g. Department of Natural Resources
    h. United States Forest Service
    i. Bureau of Indian Affairs
    j. Bureau of Land Management
3. Plan Preparation & Maintenance
    a. Lead – Fire Services
    b. EMS Agencies
    c. Klickitat County Department of Emergency Management
    d. Klickitat County Coroner
    e. Klickitat County Prosecuting Attorney

INTRODUCTION

1. Purpose

    To establish guidelines for effective coordination between fire agencies and units in detection and suppression of wildland, rural, and urban fires, whether occurring independently or in addition to other disasters. These guidelines also address the coordination of fire agencies and units for the performance of specialized rescue operations and emergency medical services, coordination between fire services and other agencies, such as law enforcement, and any other events requiring fire response.

2. Scope

   Fire service functions involve managing and coordinating a variety of activities, and providing personnel, equipment and supplies in support of the emergency response. This coordination may be for a local, county, or regional emergency or disaster. The specific actions required following an emergency or disaster would be determined by the event.

POLICIES

1. The Fire Chief has the authority to implement coordination for a fire resource mobilization and to request a state fire mobilization through Washington State Emergency Management Division (WAEMD). The WAEMD has the authority to mobilize jurisdictions under the Washington State Fire Services Resource Mobilization Plan, RCW 38.54.030.

2. Per Chapter 76.04 RCW, DNR has the responsibility for wildfire protection on 12.7 million acres of non-federal (private, state and tribally-owned) forestland in the State of Washington. The DNR, Resource Protection Division, has the authority to respond to wildland fire suppression efforts, as well as the responsibility to respond to requests from other agencies for assistance for non-fire emergencies or disasters. USFS and BIA have responsibility for federal lands.

3. Local fire departments and districts also function under the applicable portions of RCWs 38.52, 52.02, 70.136, WAC 212, other State and local ordinances, and their own Standard Operating Procedures (SOPs). All of the fire departments/districts within Klickitat County have signed mutual aid agreements with the other departments/districts inside and outside the county. It is understood that emergencies and disasters can overwhelm local resources, or, in other ways, prevent agencies and jurisdictions from fulfilling all their roles and responses to requests for assistance.

4. Only trained personnel should be used in fire control activities. Emergency worker volunteers may be used for other emergency work when properly instructed in how to assist the trained personnel.

SITUATION

1. Emergency/Disaster Conditions and Hazards

   Under the best of conditions, the management of a large firefighting operation is complex, often involving large numbers of personnel, departments, agencies and jurisdictions. Fires resulting from, or independent of, but coinciding with a man-made or natural disaster will place extraordinary demands on available resources and support systems.

   A significant natural or technological event may result in many urban, rural, and wildland fires. Ignition sources could cause hundreds of fires, both during, and after a disaster. The damage potential from fires in urban areas, both during and after a major earthquake, exceeds that of all other causes. Urban fire departments not incapacitated by an earthquake or other disaster may be totally committed to fires and other emergencies in their jurisdictions. Numerous fires are anticipated in rural and wildland settings, as well. These fires have the potential to spread rapidly, cause extensive damage, and pose a serious threat to life, property and the environment. Firefighting resources that are normally

available will be difficult to obtain, and utilize, during and after a disaster, because of massive disruption of communication, transportation, utilities, and water systems.

Klickitat County has a wide variety of roads and highways; private, public and government buildings, schools, hospitals, and the county jail. The county has two airports, with the largest being the Columbia Gorge Regional Airport at Dallesport, WA with paved runways up to approximately 5,097 feet long by 100 feet wide and has the capability to land medium to large aircraft. A variety of planes use these facilities. The second airport is the Goldendale Airport with a paved runway length of 3,491 feet and 40 feet wide. Klickitat County has a variety of topographical varieties with the Eastern slope of the Cascades and Mt. Adams on the west end of the County; to high desert in the central and eastern portions of the County. Klickitat County is vulnerable to high winds, dust storms, winter storms, extreme heat, significant thunderstorms, and power outages. There are areas that are vulnerable to flooding; and earthquakes have been recorded in the county. The Hazard Identification Vulnerability Assessment (HIVA) and the All Hazards Mitigation Plan indicates that there is a significant risk of a transportation-related hazardous materials incident.

2. Planning Assumptions

    a. Urban, rural, and wildland fires may result from, or occur simultaneously with, another significant emergency or disaster. Large, damaging fires could occur.

    b. Landline communications will be interrupted. Public Safety Radio System communications will be relied on heavily. Other sources such as Amateur Radio Emergency Services (ARES) and/or the State EOC.

    c. Wheeled-vehicle access may be hampered by bridge failures, landslides, and debris on the roadways, making conventional travel to the emergency location extremely difficult or impossible. Aerial attack by air tankers and assistance from smoke jumpers and helicopters may be essential. Aircraft, especially helicopters, will be scarce, and airports may be damaged and/or very congested.

    d. Wildland firefighting forces may be diverted to assist in rural and urban areas because of more urgent threats to life, property, and the environment due to shortages of urban firefighters. Local firefighters may aid in dissemination of warning to the public in addition to fighting large and numerous fires.

    e. Efficient and effective mutual aid among the various local agencies and jurisdictions, state and federal agencies requires the use of the National Incident Management System (NIMS), together with compatible equipment and communications.

    f. Emergency Medical Services will be overwhelmed with many requests for assistance and/or large numbers of patients, and will face the same communication and transportation problems as fire services. Additional EMS personnel, equipment, and alternate methods of transporting patients may be needed. Communication with Dispatch and the county EOC may be hampered, and alternate communications methods may be needed.

    g. Majority of firefighters and basic life support EMS providers within Klickitat County are volunteers. Most of these people are both firefighters and EMTs or perform other first responder’s duties. Resources being used for EMS are not available for firefighting, and resources being used for firefighting are not available for providing EMS, so shortages of either or both services could occur rapidly.

h. DNR may station aircraft resources at the Goldendale Airport and Columbia Gorge Regional Airport at Dallesport during fire season.

CONCEPT OF OPERATIONS

1. General

   a. Established firefighting and support organizations, processes, and procedures, as listed in the Washington State Fire Services Resource Mobilization Plan (WSFSRMP), will be used in coordination and support of firefighting activities. Responsibility for situation assessment and determination of resource needs lies primarily with the local jurisdiction's Incident Commander (IC) in coordination with the State Emergency Operations Center (SEOC) and Klickitat County EOC. The State DNR will manage and coordinate state-owned wildland firefighting activities.

   b. Situation and damage assessment information will be transmitted through established fire communications channels, between county and state EOCs.

   c. Fire agencies need to have a representative at the county EOC. As a matter of practice, a non-affected area or agency will assign a fire coordinator to be available to represent the affected region at the county EOC.

2. Organization

   a. Fire protection within Klickitat County is provided by Fire Districts 1 through 15 with city fire departments located in Goldendale, Bingen and White Salmon**.** Portions of Klickitat County are also protected by DNR, USFS, BIA, and BLM.

   b. In Klickitat County, EMS personnel and equipment are provided by Klickitat County EMS District No. 1 and Life Flight. Klickitat County Fire Districts/Departments provide basic life support and transportation. Some of the basic life support providers have transport vehicles, but most do not.

3. Procedures

   Local agencies and jurisdictions will be managed under the Incident Command System (ICS) while performing firefighting, rescue, and EMS activities, as outlined in state and local regulations, SOPs, and this plan. The IC, regardless of rank, has the authority to request support and assistance from Klickitat County EOC or emergency management staff. The IC or Unified Commander (UC) will coordinate with EOC or emergency management staff for requests for assistance and resources.

4. Mitigation

   a. Various county departments and agencies perform mitigation activities by inspection of vehicles and marine craft, enforcement of codes and regulations, and keeping grass and brush mowed by the edges of roads and highways.

   b. Klickitat County provides mitigation through inspections, enforcement of codes, and regional planning.

   c. Klickitat County Department of Emergency Management provides mitigation by providing public awareness and education, and working with the Klickitat County Planning Department.

d. Klickitat fire departments/districts perform mitigation activities by conducting informal and formal fire and safety inspections, making recommendations, and enforcing codes, where applicable. They also provide information and education to the public.

e. Local schools and businesses that conduct fire and evacuation drills are participating in mitigation.

5. Preparedness Activities

a. Various state departments and agencies are involved with preparedness by developing emergency plans and resource lists, training personnel, and offering training to other agencies and departments. They conduct emergency and disaster drills, and evaluate them.

b. County DEM develops SOPs and resource lists for the EOC and emergency management staff for managing response and recovery activities. Emergency management provides training opportunities to emergency responders and support groups and personnel, conducts emergency/disaster exercises and drills, and evaluates the exercises and drills. County emergency management participates in state and regional exercises and drills. Emergency management develops and maintains this plan with input from emergency response and support agencies.

c. Local fire departments/districts, public works, and EMS agencies develop SOPs in accordance with state and local regulations and this plan. They acquire and maintain necessary supplies and equipment, and train personnel in their use. Training all personnel in the implementation and use of the ICS is imperative. Contributing to the development and maintenance of this plan and participation in emergency/disaster exercises and drills are also a major part of preparedness.

6. Response Activities

a. General response to emergencies and disasters typically begins with a single agency or jurisdiction. As the incident expands or local resources are expended, the response effort expands. However, some incidents require an immediate, large-scale response. In either case, accountability and management of resources is a major concern. The IC or UC structures are vital to the operation, and must be implemented immediately. A prompt and ongoing size-up is critical, so that necessary resources can be requested and dispatched quickly, and coordinated goals and objectives can be developed. Initial response actions must include coordination with law enforcement and other agencies that may be needed to assure emergency access to the scene, traffic control and preventing access by the general public. A staging area must be identified, and a staging officer designated. Other traffic and transportation safety issues should also be addressed.

b. The IC should make an early request for EOC or emergency management assistance or support, to allow for response time of staff and/or the incident escalating faster than anticipated. Mutual aid agencies and departments must work within the established ICS, while maintaining authority/control of their equipment and personnel. At the point when the incident has become multi-jurisdictional or multi-agency, a unified command may be established.

c. If non-governmental volunteer groups or citizens are assisting fire services and/or EMS, the IC must assign a person to supervise and monitor them. Accountability of volunteers is a significant safety issue, as is assuring that volunteers are given some

basic information on how to do their assigned tasks and are aware of basic safety and emergency procedures.

d. The decision to activate the county EOC may be made by DEM staff when a need or potential need for EOC assistance has been identified. The IC may also request activation of the EOC or support from DEM staff. The EOC will provide support and assistance, as needed, and will maintain liaison with the State EOC, as necessary.

7. Recovery Activities

a. Each department, agency and individual shall maintain accurate records of the incident. They will be responsible for maintaining disaster and recovery expense records for future possible reimbursement. Financial issues such as supplies used, equipment lost or damaged, wages for hours worked including overtime, and other costs require documentation before reimbursement is issued. If emergency vehicles, communications equipment, or stations are damaged, special contracts may be needed for their quick repair or replacement, and temporary or long-term arrangements may be needed. During the Recovery phase, it is imperative to maintain communication and coordination with the EOC. Fire departments/districts may provide public information regarding safety issues as people return to their homes and businesses. Departments, districts, and individuals involved in the emergency or disaster should participate in post event reviews and critiques, and contribute to written reports regarding observations and recommendations.

b. Support for the fire/EMS personnel is also part of recovery and returning to normal operations. This support may include counseling or Critical Incident Stress Management (CISM).

c. Fire Departments will continue to communicate with the EOC/DEM and coordinate recovery activities, as priorities and resources allow. They will continue to assist with damage assessment reports and other requirements necessary for obtaining financial assistance for the county and involved cities or towns.

RESPONSE PLANS FOR SPECIFIC SITUATIONS

1. Aircraft Incidents

a. The first arriving first responder will assume IC duties and request assistance, as needed, to implement key ICS positions/requirements (i.e., Staging Area, etc.). A prompt and ongoing size-up will help to assure that proper resources are requested and other agencies have been notified, as required. Dispatch will notify the FAA.

b. All mutual aid agencies and jurisdictions must work within the established ICS, while maintaining authority/control of their equipment and personnel. Fire personnel not involved with fire suppression activities or ICS positions may be asked to assist with extrication and/or carrying patients on backboards or litters under the direction of EMS personnel. Fire and EMS personnel should note locations of patients and where fire suppression and/or extrication activities may have altered possible evidence.

c. The FAA and other officials may interview responders, and/or request written statements about what was observed, actions taken, and what time they occurred. An aircraft cannot be moved, or the scene left unsecured, without the direct

permission from the FAA. The FAA is the legal authority, and law enforcement will work under their direction regarding the aircraft.

2. Bomb Threats/Bomb Found/Acts of Terrorism

   Law enforcement is typically the IC for these situations. Fire personnel are not usually trained and equipped for looking for, identifying and dealing with explosive devices, and should not perform such activities. Fire should be staged in a safe location, and are there for fire suppression, medical care, and rescue-related activities should a device detonate or a terrorist act occur. Again, fire response must be coordinated with law enforcement, and a UC structure may be established. Secondary explosive devices or booby traps may be present; and critical evidence may be destroyed unnecessarily if actions are not coordinated.

3. Active Threat

   Law enforcement is typically the IC for these situations. Fire and EMS personnel should be staged in a safe location until a Warm Zone can be established by Law Enforcement and Rescue Task Force Protocols can be instituted. A UC should then be considered. Fire/EMS should be formed into Rescue Task Forces that incorporate Force Protection from Law Enforcement. Rescue Task Forces enter the Warm Zone to quickly identify viable patients, stop bleeding, and quickly remove patients to Casualty Collection Points for critical trauma care and/or transport to definitive care.

4. Civil Unrest/Crowd Control

   Law enforcement is the IC for these situations. A UC may be established. Fire personnel are not to engage in aggressive type activities toward the crowd. Fire is a support agency, providing fire suppression and medical care for emergency responders and citizens. Law enforcement should assure that fire and EMS equipment and personnel are staged in a safe location, and should provide security to fire if fire suppression or medical assistance is needed.

5. Fire Requiring Large Scale Response

   IC should still be established by first unit on scene and will be transferred, when appropriate. Large ground cover fires may require the activation of the regional fire response mobilization plan. Other ground cover or structural fires may initially, or eventually, require activation of mutual aid. ICS must be implemented quickly, so that incoming resources can be managed safely and effectively. The use of a UC structure is typically used for multiple agency/jurisdiction responses. Law Enforcement should be part of the UC structure to provide assist with or identifying evacuation and safety zones, scene security, and traffic control. KCSO is legally responsible to order evacuations.

6. Hazardous Materials

   ICS should still be established by the first unit on scene and will be transferred, when appropriate. The IC is primarily the Washington State Patrol, but may be relegated to the applicable fire department/district or DEM, depending on the jurisdiction and location of the incident. A quick size-up and identification of the material(s) involved should be done. Identification may be provided by the responsible party; shipping papers; the Emergency

Response Guide or MSDS; or by reading a placard(s), preferably with binoculars. Establishing a safety and evacuation zone is a high priority; the ICS must be implemented immediately, and a UC structure is advised. Coordination with law enforcement is crucial. Representatives from a variety of government and private industry groups may need to be included in the UC structure. The Department of Ecology should be contacted; as soon as possible. The IC can request a hazardous materials team response, and may gather important information from the Team while awaiting their arrival. The IC may also request assistance or support from the county EOC/DEM staff. See LEPC HazMat Plan for more specific details.

7. Incidents Involving the County Jail

   Special safety concerns are present in the jail. Fire personnel must be accompanied by, or perform under the direction of corrections staff. Security bars and gates can present extreme danger to inmates and emergency responders in case of rapidly spreading smoke and fire. Medical personnel may be asked to leave some of their equipment outside of certain areas. All responders must assure that emergency vehicles and their keys are in an appropriate area or are closely supervised. The ICS must be used to assure the necessary coordination between various emergency response agencies and the correctional facility staff. This is especially important if prisoners must be transported to hospitals and/or other correctional facilities because of the emergency or a disaster. The IC may request assistance or support from the county EOC or emergency management staff.

8. Search and Rescue (Mountain Rescue or Water Rescue and Recovery)

   As per RCW 38.52.400, the chief law enforcement officer of each political subdivision is responsible for search and rescue activities in their jurisdiction. The Sheriff's Office is the Command Agency for search and rescue in the county, but may not be the first unit on scene. ICS should still be established by the first unit on scene and will be transferred when appropriate. The IC may request assistance from fire districts/departments, and utilize their knowledge of the area, use their personnel to help search and provide EMS, and utilize whatever equipment and radios they have that are needed and available. The IC may request that a staffed ambulance be staged nearby. The Sheriff's Office may call out the volunteer Search and Rescue (SAR) group (i.e., Swift Water Rescue) and/or request search aircraft, or call for a rescue helicopter, if needed. A UC structure may be established to coordinate the various agencies and activities.

9. Mass Casualty or Fatality Incidents

   When there is a need for medical care for multiple patients at the same time, whether or not they are at the same location, several actions are needed. The ATAB #6 Mass XCasualty Incident (MCI) Plan, or if appropriate, the Mass Fatality Plan, should be activated and used. ICS must be implemented quickly. A prompt and ongoing size-up of the incident(s) is vital and resources should be requested, as soon as possible. Dispatch is to be advised of the situation. The IC may request assistance or support from the county EOC or DEM staff if the need or potential need exists. If there is more than one multiple patient location, each location should utilize Divisions or Branches. All mutual aid agencies and departments must work within the established ICS, while maintaining authority/control of their equipment and personnel. Fire personnel not involved with fire suppression activities or ICS positions, may be asked to assist with extraction and/or carrying patients on backboards or litters under the direction of EMS personnel. EMS personnel should not be the primary or only litter bearers. After the rescue and medical care is completed, command may transfer to law enforcement

and other investigative officials. All involved agencies should strive to maintain scene integrity.

10. Disruption to Transportation and/or Communication
    a. Transportation, communication, and other vital services may be disrupted due to earthquake, flooding, high winds, a severe winter storm, or other natural or man-made disasters. In most cases, these incidents are categorized as major events. ICS should be established and the County EOC activated, as appropriate.
    b. Involved fire agencies should provide representation to the County EOC, or authorize another jurisdiction to represent them. A highly coordinated response from fire service, EMS, law enforcement, public works, and the EOC staff is required through the development and utilization of an Incident Command system.
    c. Field responders will provide damage assessment reports to the IC and/or EOC. These reports are critical and help establish priorities that impact life safety and the ability for emergency agencies to respond.
    d. In the case of flooding, Fire personnel should not be performing or directing sandbagging efforts for private homes or businesses. The individuals and agencies could be held liable for any damages to those, or other homes and businesses. Fire personnel may perform or direct sandbagging operations for critical buildings and facilities, such as hospitals, fire and police stations, water treatment plants, and other critical infrastructure. In addition, fire personnel help execute evacuation notices or help with actual evacuation of residents.
    e. Communications back-up may be provided by the local Amateur Radio Emergency Service (ARES) group. Radio operators will respond with battery powered equipment and mobile antennas and may supplement or replace missing communication between units and their base; between the EOC and departments/agencies, hospitals, emergency shelters, etc.; and between these areas and the EOC, depending on what is needed. ARES operations will be coordinated through their Emergency Coordinator and the county EOC. If agencies, departments, or units have communications needs, those requests must go directly to the EOC. If telephone services are disrupted, it may be necessary to establish communication points throughout the involved community/communities. Satellite phones may be helpful during such situations.

RESPONSIBILITIES

1. Fire may be the primary command agency involved in the emergency or disaster, or they may be the support agency. The designated primary command agency may change during the incident as the situation changes, and some incidents may have a shared designated command or UC. The IC is responsible for assuring a smooth transfer or sharing of the IC authority. Dispatch should be advised of changes in Command.
2. When fire is designated as the primary or command agency, the IC will typically be from the jurisdiction involved. The IC is responsible for coordinating all the fire agencies involved, as well as coordinating with all support agencies.
3. When fire is designated as a support agency, the fire commander(s) will coordinate with, and provide assistance to, the designated command agency.

RESOURCE REQUIREMENTS

1. Whether working in a primary or a support role, fire departments/districts will provide their own internal support, such as vehicles and equipment for their staff.
2. Support agencies, departments, and districts will provide workers, officers or other leaders, vehicles, and equipment as requested, if available.

SPECIAL TECHNICAL TEAMS
There resources are ordered through the State EOC

Hazardous Materials Teams
Tri-County Haz Mat Team—Yakima, WA
Regional Haz Mat Team #10—Hermiston, Oregon
Vancouver Fire Department—Vancouver, WA

Swift Water Rescue
Klickitat County SAR
Yakima County, WA
Wasco County, OR

Technical Rope Rescue
Klickitat County SAR
Hood River County Sheriff's Office
Skamania County Sheriff's Office

Dive Team
Skamania County Sheriff's Office

ESF 5: Information and Planning

RESPONSIBILITY SUMMARY

1. Primary Response
    a. Klickitat County Commissioners
    b. City/Town Mayors
    c. Klickitat County Department of Emergency Management

2. Supporting
    a. Southwest Washington American Red Cross
    b. Klickitat County Emergency Medical Services
    c. Klickitat County Communications Center (Dispatch)
    d. Fire Services
    e. Law Enforcement
    f. Public Works Departments (City/Town/County)
    g. Amateur Radio Emergency Services (ARES)
    h. Klickitat County Prosecutor/Coroner
    i. Klickitat County Auditor
    j. Klickitat County Assessor
    k. Klickitat County Treasurer
    l. Klickitat County Health Department
    m. Klickitat County Technical Services/Information Technology Department
    n. Klickitat County Planning Department

3. Plan Preparation & Maintenance

    Klickitat County Department of Emergency Management

DIRECTION AND CONTROL INTRODUCTION

1. Purpose

    The purpose of this portion of the Emergency Support Function (ESF) is to provide for the effective direction, control, and coordination of emergency management activities, during emergency or disaster operations and to ensure the continued operation of local government during and after emergencies and disasters.

2. Policies

    a. If an emergency or disaster is beyond the normal capabilities of local government, a local proclamation of emergency is made by the legislative heads of the involved governments in accordance with RCW 35.33.081. If the emergency or disaster is beyond the normal capabilities of county government a local proclamation of emergency is made by the county commissioners in accordance with RCW 36.40.180. The county proclamation is usually prepared by Klickitat County Department of Emergency Management (DEM), and is approved and signed by the commissioner(s) as an ordinance or resolution. The county proclamation is a prerequisite for state and federal assistance.

    b. All emergency operations in the county will be conducted utilizing the accepted concepts and principals of the Incident Command System (ICS) to assure functional and cooperative management of emergency operations.

    c. KCDEM coordinates local capabilities and resources needed to alleviate or lessen the impact of a disaster or emergency. In addition, they provide the necessary liaison for state and federal assistance.

3. Situation

    The authority for the Direction and Control concepts and procedures as outlined in the Plan is derived from RCW 38.52 and other applicable state statutes and regulations; Klickitat County Emergency Management Interlocal agreement dated 1998, and policies promulgated under the authority of this plan.

4. Concept of Operations

    a. Legislative Authority

        1) Board of County Commissioners:

            a) The legislative authority of Klickitat County is responsible for policy actions or decisions during an emergency or disaster, within the scope of their powers.

            b) In the event a majority of the Board is not available, the remaining Commissioner may make decisions dealing with an occurring emergency or disaster.

        2) Mayors and City/Town Councils:

            a) The legislative authority of each city/town is responsible for policy actions or decisions during an emergency or disaster, within the scope of their powers.

            b) In the event a majority of the City Council is not available, the remaining Council member may make decisions dealing with an occurring emergency or disaster.

    b. Designation of Successors. Decision-making succession authority will occur if the senior elected or appointed official is not available to make policy decisions.

        Upon the availability of any elected executive official, succession to non-elected personnel will cease.

1) County Board of Commissioners
    a) If the entire Board of Commissioners is not available, then this authority is assumed in this order.
        (1) Director of Emergency Management
        (2) Director of Public Works
    b) In the event none of the above are available, emergency authority will fall to the Assistant County Engineer.
2) City Governments

    City government should designate a line of succession for times that senior elected officials are not available.

c. Emergency Management responsibilities of successors acting as the legislative authority.
    1) Shall abide by any and all procedures pre-determined by the elected executive officials for their particular political sub-division.
    2) Shall make only those decisions necessary to protect life, property and the environment.
    3) Shall commit funds to the emergency or disaster operations as provided in the Revised Code of Washington.

5. Incident Command System (ICS)

a. Homeland Security Presidential Directive/HSPD-5 - Management of Domestic Incidents. This directive provides direction enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive National Incident Management System (NIMS).

b. WAC 296-305-05001. Emergency fire ground operations – Structural. The fire department shall establish an Incident Command System (ICS) with guidelines applying to all members involved in emergency operations.

c. WAC 296-824-50010, Labor and Industries. Employers must implement and maintain an ICS. They must: make sure a single individual, acting as the Incident Commander (IC), is in charge of the site-specific ICS and acts within their designated role and training level.

d. All Emergency Operations Center (EOC) operations in Klickitat County will be conducted utilizing the accepted concepts and principals of the NMIS/ICS. The following outline generally describes the county emergency management system operational concept for direction and control during emergencies and disasters.

1) <u>Level 4 Response</u> – Monitoring State.
    a) Situation – Monitoring
    b) Supervision – EOC not Staffed, KCDEM Director available
    c) Direction and Control – Maintain Situational Awareness

1) Level 3 Response – Routine State.
    a) Situation – Standby
    b) Supervision – EOC not Staffed, KCDEM Director available
    c) Direction and Control – Maintain Situational Awareness.

2) Level 2 Response – Enhanced Steady-State/ Partial Activation.
    a) Situation – Incidents with a Potential for Growth
    b) Supervision – KCDEM Director or Designee, and Selected Personnel
    c) Direction and Control – Contact EOC Personnel, Obtain Staffing Ability. Activate EOC, Prepare Communications Equipment

3) Level 1 Response – Full Activation.
    a) Situation – Large, Complex, or Long-Term Incidents
    b) Supervision – EOC Staffed, and May Include Elected Officials
    c) Direction and Control – Contact all EOC personnel, Staff Initial Operational Period, Establish Operational Periods, Activate EOC
4) For hazardous material incidents in Klickitat County the Washington State Patrol may assume IC jurisdiction in accordance with RCW 70.136.030.
    a) Coordination – Each ICO, with necessary liaisons or agency representatives, will coordinate individual incident activities and operations; and coordinate their operation with DEM or through the county EOC, if activated. During this level of response, resource management and the establishment of priorities is essential.
    b) Direction and Control – The IC will receive direction and control from the appropriate legislative authority of the jurisdiction, & other agency administrators through the DEM representative or the county EOC, if activated. Emergency actions will need to be coordinated and prioritized countywide.
5) If, during an incident, fire mobilization is declared; and, if a Mobilization Incident Commander (MIC) is assigned to the incident, incident command may pass from the local incident commander to the MIC--or UC may be established.

e. Emergency Operations Center (EOC)

1) EOC Activation – The following local government officials have the authority to activate the Emergency Operations Center:

   a) County Commissioners

   b) Mayors

   c) Director of Emergency Management or designee

   d) Incident Commander(s), through KCDEM Director.

2) The primary EOC for Klickitat County is located at 199 Industrial Way in Goldendale. An alternate (secondary) EOC may be located in the Exhibit Hall at the Klickitat County Fairgrounds (903 N Fairgrounds Road, Goldendale), the Pioneer Center (501 NE Washington Street, White Salmon) or the KCDEM Mobile Command Vehicle. Any public agency's facilities and equipment may be called upon and utilized during a declared emergency.

3) The organization of the EOC, and procedures for operation, is established and published in a Standard Operational Procedure (SOP), as a separate document. Details on organization, operation and supervision are contained in this document.

4) KCEOC Personnel and Staffing

   a) The need for EOC staff will expand and contract during the various phases of the disaster, with the largest commitment of personnel usually required during the response phase. Staff alert and activation procedures are outlined in the EOC SOP.

   b) During a major emergency or disaster, it may become necessary to support the EOC with personnel from varying departments. All Directors, Supervisors, Chiefs and other heads of departments, agencies, and local political subdivisions should provide personnel to support the EOC as needed.

   c) Persons assigned EOC duties must be prepared to respond during emergencies. They should also attend EOC Orientation and participate in scheduled exercises and training events, when offered.

5) Equipment

   a) VHF radios – The representatives from respective response agencies must bring hand-held radios to the EOC for communication with their agency.

   b) Comprehensive Emergency Management Net (CEMNET) Radio – The Washington State DEM operates a statewide, very high frequency (VHF) low-band radio system as the primary back-up communication link between the WAEMD/WAEOC and local EOCs throughout the state.

   c) Amateur radios – The EOC has VHF voice and data amateur radio capability.

d) Telephones – The EOC has multiple telephones and telephone lines to be used in the event the center is opened. The incoming number is (509) 773-0570, fax (509) 773-0362.

e) Computers – The EOC has a laptop computer with email and internet capability. Staff members may bring additional laptop computers to the EOC. County network ports and Wi-Fi with internet access is available.

6) Coordination

a) The use and allocation of resources available in the County to support an emergency operation needs to be coordinated through the EOC. Large-scale emergencies may require the use of a Policy Group consisting of Elected or Appointed Representatives from impacted jurisdictions.

b) Requests for State, Federal, and other out-of-county resources should be made through the EOC when activated.

f. Continuity of Government

1) Each political subdivision shall adopt rules and regulations providing for appointment of temporary interim successors to the elected and appointed offices of the political subdivisions. (RCW 42.14.070)

2) All departments, agencies, and commissions should identify essential records and take actions to protect those records during a disaster or emergency operation.

6. Responsibilities

a. General

Operations of the emergency management organization within Klickitat County are established by the inter-local agreement between the County of Klickitat and the Cities/Towns Goldendale, White Salmon and Bingen.

b. County Board of Commissioners

The Commissioners have the overall responsibility for the emergency preparedness of the county, to include:

1) Establishment of a Department of Emergency Management and appointment of a director to manage that department.

2) Designate a primary EOC and provide for its operational readiness.

3) Ensure that the County's Comprehensive Emergency Management Plan (CEMP) is maintained.

c. Mayors and City/Town Councils

The legislative authorities of each city/town are responsible for policy actions or decisions during an emergency/disaster and are responsible for the emergency preparedness of their jurisdiction, within the scope of their powers.

d. Klickitat County Department of Emergency Management (KCDEM)

The Director of Emergency Management is responsible for keeping the County Commissioners and Mayors advised on the status of emergency preparedness of the county.

e. Jurisdictional Responsibility

1) Each jurisdiction needs to establish an SOP for their organization's use in time of an emergency operation, to include a continuity of command.

2) If an emergency operation is impacting their jurisdiction they must assign a representative to the EOC.

3) Each jurisdiction has the responsibility of collecting all damage assessment estimates and relaying this information to county DEM.

f. County Assessor and Building Inspectors

1) The building inspectors may be part of damage assessment teams, which will be organized by the EOC and assigned to specific areas.

2) These personnel will normally become involved in the later stages of the response phase, or at the beginning of the recovery phase, with the mission of determining the extent and cost of the damage.

g. Volunteer Groups

1) Klickitat County DEM Volunteer Program volunteers may be used to staff the EOC, Mobile Command Post, and/or serve in other roles, as determined by the DEM Director or EOC Manager or their designee.

1) The American Red Cross may be called upon to assist with feeding and sheltering victims, as well as damage assessments.

2) Groups such as radio operators, Search and Rescue, Community Emergency Response Team, etc., may be called upon to assist by participating on disaster assessment teams or with disaster response and recovery activities.

INFORMATION ANALYSIS AND PLANNING

1. Introduction

a. Purpose

The purpose of this portion of the ESF is to provide guidelines for collecting, analyzing, and sharing information about a potential or actual emergency or disaster in Klickitat County; to enhance response and recovery activities.

b. Scope

This portion of the ESF applies to agencies and jurisdictions that are expected to coordinate with, or receive assistance from DEM/EOC during an emergency or disaster.

1) It is essential that all available emergency information is collected, processed and disseminated appropriately to provide for efficient and effective planning and reporting.
2) It is critical to facilitate warning, public information, emergency response, disaster analysis, resource management, damage assessment and recovery operations and efforts.
3) It is especially important in escalating incidents such as wildfires, severe weather, and flooding where forecasting plays a critical part in the response plan of action.
4) The analysis and planning for every type of emergency or disaster is beyond the scope of this ESF.

2. Policies

County DEM will disseminate current and accurate information and request the same from county agencies and volunteer organizations during disaster or emergencies.

a. DEM will only request information that is necessary to support response and recovery activities.
b. The analysis of this information, planning for anticipated resources will occur in support of emergency or disaster response and recovery activities.

3. Situation

Planning Assumptions

a. Urgent response requirements during an emergency or disaster, or the threat of one, and to plan for continuing response and recovery activities, necessitates the immediate and continuing collection processing, and dissemination of situational information.
b. Information, especially during the early phases of the event, may be inaccurate, ambiguous, conflict with information from other sources or with previous information from the same source, or be limited in detail.
c. The Incident Command Post (ICP), EOC, Joint Information Center (JIC) or other designated location will be used as the point-of-contact for all information coordination.
d. Individual jurisdictions and agencies will be very busy with the event, and information and updates provided to the EOC will be delayed or overlooked if not made a priority.
e. Citizens and/or the media may be unknowingly or purposefully spreading inaccurate information via speculation and rumors.
f. Information and reports to the EOC will improve as the situation/event progresses.
g. Information collection may be hampered due to many factors including, but not limited to: damage to communication systems; communication systems overload; damage to the transportation infrastructure; and effects of weather, smoke, and other environmental factors.

4. Concept of Operations

a. General

1) Information will be coordinated to and from the EOC or other designated point, as appropriate to the incident.
2) Information will be used for planning purposes and to inform all involved agencies and the public on the situation and actions.
3) The IC is responsible for providing situation reports and periodic updates.
4) Jurisdiction, agency, and volunteer organization representatives in the EOC will assist with meeting the information requirements of the DEM and EOC staff. This will include maintaining contact with their field representatives for reports and updates. Additionally, the EOC may need to request information from other local jurisdictions or agencies, as well as other governmental entities.
5) The EOC will be responsible to collect, analyze, and display the current information. From this information, action plans will be developed, as needed.
6) Individual jurisdiction and agency representatives in the EOC will share information they receive from their field representatives by posting on boards, making announcements, routing messages to other EOC staff, or preparing periodic situation reports.
7) The KCEOC shall provide Situation Reports to the WAEOC, as appropriate. This includes transmission of local proclamations of emergencies. This will be done by the best means available.

b. Organization

1) KCDEM is the primary agency for the coordination, collection, and dissemination of information during EOC activations.
2) The EOC is organized under the basic concept of functionality, and consists of several functional areas. Sections or subsections may be added as needed. The various agency and jurisdiction representatives within the County EOC function in, or are components of, one or more of these sections or sub-sections.

c. Procedures

1) The EOC functions under a variety of laws and rules contained in the Revised Code of Washington, Washington Administrative Code and Public Laws. (See Basic Plan). Within the EOC, actions are guided by EOC Standard Operating Procedures (SOPs), maintained as a separate document.
2) Incident Commanders and support agencies will coordinate information with KCEOC. This will be accomplished by periodic situation reports that should include:
    a) Time and date of report
    b) Contact person and call back number, etcetera
    c) Incident status and projected plan of action
    d) Area affected
    e) Resource status and needs

f) Public information news releases

d. Mitigation Activities

1) Primary Agency – KCEOC

a) Develop and maintain the Klickitat County Hazard Mitigation Plan, based on the Klickitat County Hazard Identification and Vulnerability Analysis (HIVA). Ensure the plan is approved by WSEMD and FEMA Region X.

b) Maintain the Klickitat County Community Wildfire Protection Plan.

c) Coordinate with support agencies to develop projects to reduce the effects of hazards.

d) Provide public information on family, home, and business mitigation efforts.

2) Support Agencies

a) Seek opportunities to implement projects identified in the hazard mitigation plan and wildfire protection plan.

b) Recommend changes to these plans to KCDEM.

c) Provide public information on family, home, and business mitigation efforts.

e. Preparedness Activities

1) Primary Agency - KCDEM

a) Develop and maintain liaison with support agencies. Encourage preparedness activities including training, drills, and exercises.

b) Assist support agencies with training, drills, and exercises.

c) Develop and maintain the process for information coordination during an emergency or disaster.

d) Develop and distribute reporting formats and systems.

e) Utilize: various types and styles of maps and map boards, status and display boards and charts, providing standardized reporting formats, message forms, templates, and other resources to assist in displaying and sharing information.

f) Maintain the readiness of the EOC to support field incident commanders. Ensure communication systems, such as the fax; phone lines, cell phones, satellite phones; CEMNET radio, and other radios; as well as provide coordination with Amateur Radio for their communication assets.

g) Provide training to designated DEM and EOC staff, as needed.

2) Support Agencies

a) Develop and maintain procedures for information coordination during an emergency or disaster.

b) Maintain readiness to respond, recover or support community incidences. Conduct and participate in training, exercises, and drills.

f. Response Activities

1) Primary Agency – Klickitat County DEM

a) Implement the information analysis and planning process.

b) Analyze provided information and distribute to appropriate agencies.

c) Coordinate and prepare periodic Situation Reports and other necessary information for local officials and the State DEM.

d) Request special information from local agencies and volunteer organizations, as necessary.

e) Coordinate and provide for the dissemination of public information.

2) Support Agencies

a) Provide information to KCEOC.

b) Keep KCEOC apprised of agency status.

c) Collect information from their field representatives, and share that information with KCEOC staff, as appropriate.

d) Analyze the information specific to their jurisdiction, agency, or organization, and make recommendations to KCDEM/EOC on actions to be taken.

e) Provide information on the status of their facilities and programs to KCDEM/EOC, as necessary.

g. Recovery Activities

1) Primary Agency – Klickitat County DEM

a) Prepares, maintains and finalizes Situation Reports and information displays, as required.

b) Continues to gather and post information, as necessary.

c) Continues to analyze information, assist with developing recovery plans, and maintains written records and documentation for the event.

d) Implement Damage Assessment process per ESF 14 – Long Term Community Recovery and Mitigation.

e) Assists the Commissioners/Mayors with preparing a written termination of the declaration of emergency or disaster, when appropriate.

f) Coordinates After-Action Reports, and provides updates to WSEOC, as necessary.

2) Support Agencies

a) Continue to collect and analyze information from field representatives regarding recovery, share that information with KCDEM/EOC, and make appropriate recommendations.

b) Prepare Situation Reports and After-Action Reports, as requested.

c) Assist in collection of damage assessment information and coordinate activities with DEM/EOC.

d) Coordinate with field representatives and staff regarding demobilization/deactivation procedures and actions.

5. Responsibilities

   a. Primary Agency – KCDEM/EOC

      1) Coordinate the collection, analysis, planning, and sharing of information about potential or actual emergencies or disasters that could affect Klickitat County. DEM/EOC assures that action plans are developed and implemented, as appropriate.

      2) Provide timely and complete reports and updates to the WSEOC and other necessary agencies.

   b. Support Agencies

      1) Support the KCDEM/EOC in the collection, analysis, and sharing of information about potential or actual emergencies. Contributes to the development of action plans, and assists with their implementation, as appropriate.

      2) Provide all necessary incident information to KCDEM/EOC.

      3) Participate in the analysis and planning functions.

      4) Provide requested maps, property descriptions, forecasts, predictions, display information and other tools to KCDEM/EOC.

      5) Incident Commanders will establish and maintain a Planning Section function for each incident and coordinate information with KCDEM/EOC.

RESOURCE REQUIREMENTS

1. Standard office machines; computers, printers; charts, boards, maps; other communication equipment (phones, fax, cell phones, satellite phones, Emergency Notification System, etc.); and language services/pre-prepared templates in native languages for significant populations of non-English-speaking residents.

2. Jurisdiction, Agency, and Organization representatives or liaison personnel to support the county EOC.

3. Communication links between KCDEM/EOC, support agencies not physically present in the EOC, and between the EOC and WSEOC.

ADMINISTRATION AND FINANCES

INTRODUCTION

Purpose This portion of ESF 5 provides guidance to jurisdictions, agencies, and organizations on administrative matters necessary to support emergency or disaster operations.

CONCEPT OF OPERATIONS

1. Jurisdictions and organizations with emergency management responsibilities are required to establish, maintain, and protect vital records under a record retention program, as defined in RCW 40.10.010. Records include, but are not limited to, files of directives and forms.

2. All county, city, and town services and facilities may be utilized during a declared disaster or emergency. (RCW 38.52.110)

3. Immediate reports of damage losses, and requests for assistance, must to be sent, or called in, to the KCDEM/EOC in order for the County Commissioners to have a basis for declaring an emergency. The county needs to forward damage reports to the WSEOC in order for the Governor to have a basis for declaring a state of emergency. The state needs to declare an emergency before requests for federal assistance and a Presidential Declaration can be made. In other words, requests for assistance must start at the lowest level and work their way up. If there is a delay in requesting assistance there could also be a delay in receiving any outside assistance that might be available.

4. An “Emergency Worker” is defined in RCW 38.52.010(4) and rules and regulations concerning workers are established by RCW 38.52.310. Chapter 118.04 of the WAC covers the Emergency Worker Program in detail. It is expected that many persons will volunteer as emergency workers. Their advance registration will reduce the administration required during an actual event.

5. Liability Coverage
    a. The WSEOC will assign a mission number to a local jurisdiction any time they declare a disaster. If the state declares a state of emergency, or a disaster, then all counties that are impacted may be included under the same number. This number will be used through the response and recovery phases of the incident. When a mission number has been obtained there is some coverage for injuries and loss of equipment of registered “Emergency Workers.”
    b. Equipment and vehicles should only be used by trained, qualified personnel. Personal property not relevant to the mission will not be considered for compensation coverage.

6. Replacement, repair, and restoration of damaged facilities may require environmental review or a permit prior to final project approval for state and/or federal funding. Statutes and regulations that apply include, but are not limited to the following:
    a. Chapter 75.20 RCW, Construction Projects in State Waters.
    b. Chapter 76.09 RCW, Forest Practices.

c. Chapter 86.16 RCW, Flood Plain Management.

d. Chapter 173.14 WAC, Permits for Substantial Developments on Shorelines of the State.

e. Chapter 197.11 WAC, State Environmental Policy Act.

f. Chapter 75.20.100-160 RCW, Hydraulic Permit.

7. In instances where emergency work is performed to protect life and property, requirements for environmental review and permits may be exempted by the agency with jurisdiction. Details can be found in the same statutes and regulations listed in Paragraph 6 above.

8. Many structures, archaeological sites, or properties of historical significance are protected by law. Non-time-critical missions and recovery actions affecting such protected areas will be coordinated with the Department of Community, Trade and Economic Development, Office of Archaeology and Historic Preservation.

9. The state's program of non-discrimination in disaster assistance will be carried out in accordance with Title 44 Code of Federal Regulations (CFR), Section 205.16. This program will encompass all state and local jurisdiction actions to the Federal/State Agreement.

    a. Federal financial assistance to the state and local political jurisdictions will be conditional on full compliance with Title 44 CFR, Part 205.

    b. All personnel carrying out federal major disaster or emergency assistance functions, including the distribution of supplies, the processing of applications, and other relief and assistance activities, shall perform their work in an equitable and impartial manner, without discrimination on the grounds of race, religion, sex, color, age, economic status, or national origin.

    c. As a condition of participation in the distribution of assistance or supplies under Public Law 93-288, government bodies and other organizations shall provide a written assurance of their intent to comply with regulations relating to nondiscrimination promulgated by the President or the Administrator of FEMA and shall comply with such other regulations applicable to activities within an area affected by a major disaster or emergency as the administration of FEMA deems necessary for the effective coordination of relief efforts.

    d. The provisions of Title 44 CFR, Section 205.16 concerning nondiscrimination in disaster assistance are included in this document by reference.

    e. The provisions of Chapter 49.60 RCW, "Discrimination - Human Rights Commission," shall be included in this document by reference.

EMERGENCY FINANCIAL MANAGEMENT OPERATIONS

1. Emergency expenditures are not normally integrated into the budgeting process. However, events may occur requiring substantial and necessary unanticipated obligations and expenditures. Local jurisdictions enter into contracts and incur obligations and expenditures to combat disasters, protect the health and safety of persons and property, and provide emergency assistance to victims under provisions of RCW 38.52.070(2). The following statutes also apply:

a. Cities under 300,000 populations - Chapter 35.33 RCW.
b. Optional Municipal Code - Chapter 35A RCW.
c. Counties - Chapter 36.40 RCW.

2. Records will be kept in such a manner as to separately identify event-related expenditures and obligations from general programs and activities of the jurisdiction, agency, or organization. Records are necessary:
    a. to document requests for assistance.
    b. for reimbursement under approved applications pertaining to declared emergencies or major disasters.
    c. for audit reports. Records need to include:
        1) Work that is performed by force account. (Local Agency)
            a) Appropriate extracts from payrolls, with any cross reference needed to locate original documents.
            b) A schedule of equipment used on the job.
            c) Invoices, warrants, and checks issued and paid for materials and supplies used on the job.
        2) There are two types of contract work:
            a) Time and material contracts. This type needs a schedule of equipment, labor rates, and material prices.
            b) Small works or advertised contracts. This type requires plan specification, engineer estimate, bid tabulations, possibly proof of advertisement, and concurrence from FEMA in award, certified payrolls, and ledger of payments to contractor.

3. Disaster-related expenditures and obligations may be reimbursed under a number of federal and state programs. Reimbursement of approved costs for work performed in the restoration of certain public facilities may be authorized by the federal government after a major disaster declaration by the President of the United States under the statutory authority of certain federal agencies.

4. Audits of state and local jurisdiction emergency expenditures may be conducted in the course of normal audits of state and local governments. Audits of projects approved for funding with federal disaster assistance funds are necessary to determine the eligibility of the costs claimed by the applicant.

PLAN CHANGES, MAINTENANCE, AND REVIEW PROCESS

1. Proposed changes to this plan will be accepted at any time, especially after a major emergency, disaster, exercise or anytime a key element changes.

2. Plan changes will be published either using an entire new publication, by subsection, or by publishing only those pages that have changes. The changes are to be recorded on the Record of Revisions form.

3. The normal review period will be every five years. It is the intent to conduct a formal review of 20 percent of the plan each year and publish the appropriate changes annually. It is the responsibility of the EMD to schedule and coordinate the reviews and to publish any changes that may be necessary.

4. DEM will coordinate changes to the Basic Plan, Appendices, and Emergency Support Functions (ESFs) with the agencies and organization impacted by the particular Appendix or ESF.

AUTHORITY REFERENCES FOR EMERGENCY SITUATIONS

Type of Action	Authorities
Emergency expenditures for cities under 300,000	RCW 35.33.081 RCW 35.33.101
Emergency expenditures for counties	RCW 36.40.180 RCW 36.40.190
Contract for construction work	RCW 38.52.390
Use emergency service workers	RCW 38.52.010(5) RCW 38.52.310 WAC 118-04
Use of public facilities	RCW 38.52.110(1)
Impressments of citizenry	RCW 38.52.110(2)

In emergency situation the requirements for environmental reviews and permits may be waived or orally approved per the following statutes and regulations:

State Environmental Policy Act (Environmental Review)	RCW 43.21C.110
Hydraulics Act (Permits)	RCW 77.55.100
Shorelines Management Act (Permits)	WAC 173-26 RCW 90.58.140
Flood Control Zones by State (Permits)	RCW 86.16

REFERENCES

1. Comprehensive Emergency Management Plan, Emergency Support Function (ESF) 15 – Public Affair
2. ESF 14 – Long Term Community Recovery and Mitigation
3. Washington State Disaster Assistance Guide for Local Government

ESF 6: Mass Care, Housing, and Human Services

RESPONSIBILITY SUMMARY

1. Primary Response
    a. Southwest Washington American Red Cross (SWARC)
    b. Klickitat County Department of Emergency Management
2. Supporting
    a. Amateur Radio Disaster Service/Radio Amateur Civil Emergency Services
    b. Klickitat County Emergency Medical Services
    c. Klickitat Valley Health
    d. Skyline Hospital
    e. Klickitat County Public Information Officer
    f. Klickitat County Communications Center
    g. Fire Services
    h. Law Enforcement
    i. Public Works Departments
    j. Klickitat County Community Actions Council
    k. Klickitat County School Districts
    l. Klickitat County Senior Services (Care and Transport)
    m. Klickitat County Public Health Department
    n. Central Washington Comprehensive Mental Health
    o. Klickitat County Coroner/Prosecutor
    p. Washington State Parks
    q. Veterinary Clinics
    r. Columbia Gorge local animal shelters
    s. Washington State DSHS
    t. Community Service Organizations
    u. Faith Based Organizations
    v. Klickitat County Fair Board
    w. Charitable Organizations
    x. Bishop Sanitation Services

3. Plan Preparation & Maintenance
    a. Southwest Washington American Red Cross (SWARC)
    b. Klickitat County Department of Emergency Management

INTRODUCTION

1. Purpose

   Emergency Support Function (ESF 6) provides for a coordinated effort to provide sheltering, mass care, feeding, and disaster housing following an emergency or disaster. This function will operate a Disaster Welfare Information (DWI) system to collect and report information about the status of victims and assist with family reunification within the affected area. Primary and secondary agencies will coordinate bulk distribution of emergency relief supplies to the community.

2. Scope
    a. ESF 6 focuses on providing critical services to displaced community members, as well as those who elect to shelter in place. “Mass Care” covers basic food, water, shelter, infant care supplies, access to first aid, and distribution of clothing, comfort items (hygiene kits, clean-up items, etc.), and other commodities. “Disaster Assistance” involves coordination with local, state, and federal agencies, and voluntary agencies/non-governmental organizations to provide temporary housing, loans, grants, and information to those affected by the disaster.
    b. SWARC (Southwest Washington American Red Cross) will provide mass care to disaster victims as part of a broad program of disaster relief, as outlined in charter provisions enacted by the United States Congress, Act of January 5, 1905, and the Disaster Relief Act of l974 (P.L. 93-288, as amended by the Stafford Act of 2000).
    c. SWARC has joint primary responsibility, along with Klickitat County DEM, to coordinate mass care response for Klickitat County.
    d. Department of Emergency Management (KCDEM)/Emergency Operation Center (EOC) will coordinate efforts to provide emergency medical care; evacuation, rescue; temporary confinement, shelter; food and water for Household Pets and Service Animals (HPSA), as well as for livestock. (This ESF primarily focuses on HPSA. Livestock is fully-addressed in ESF 11 – Agriculture and Natural Resources.)
    e. Mass Care includes:
        1) Shelter

           The provision of emergency shelter for victims includes the use of designated shelter sites in existing structures, creation of temporary facilities such as tent cities, or the temporary construction of shelters, and use of similar facilities outside the affected area, should evacuation be necessary. This includes evacuation centers, warming locations, etc.

        2) Feeding

           The provision for feeding of victims and emergency workers through a combination of fixed sites, mobile feeding units, and bulk food distribution. Such operations will be based on sound nutritional standards and will include

provisions for meeting dietary requirements of victims with special dietary needs.

3) Emergency First Aid

   Emergency first aid services will be provided to victims and workers at mass care facilities, and at designated sites within the affected area. This basic emergency first aid service may be provided by local EMS and fire departments and is supplemental to emergency health and medical services established to meet the needs of the victims.

4) Bulk Distribution of Emergency Relief Items

   Distribution of Meals, Ready to Eat (MREs), bottled water, ice, blankets, and tarps will be accomplished through use of Community Points of Distribution (C-POD), operated by a combination of SWARC and other voluntary and community organizations. This function, as well as donated goods management and county staging areas, is more fully addressed in ESF 7 (Resource Management).

5) Disaster Welfare Information

   SWARC will organize and maintain a Disaster Welfare Information (DWI) System for individuals residing within the affected area. Information will be collected and provided to immediate family members outside the area though a DWI System. DWI will also aid in reunification of family members within the area who were separated at the time of the event.

POLICIES

1. KCDEM will activate ESF 6, as needed, during the response phase of a disaster. The appropriate federal, state, and local jurisdiction, voluntary agency, and private sector resources will be called. SWARC serves as lead agency.

2. SWARC, with the support of KCDEM, shall periodically survey their identified shelters as to their capabilities and contact information. SWARC shall maintain their shelter records, with an updated copy to KCDEM. (National Shelter System and agreements)

3. KCDEM/EOC shall maintain a separate resource list in the EOC listing facilities which could serve as disaster pet shelters. KCDEM and pet shelter groups will coordinate this list with SWARC, so that some of the pet shelters may be co-located with human shelters.

4. Services will be provided without regard to economic status or racial, religious, political, sexual orientation, immigration status, ethnic, or other affiliation.

5. This ESF will not supersede SWARC response and relief activities and operations that conform to the ARC Board of Governors' Disaster Services Policy Regulations and Procedures: ARC 3000 Series. ARC will maintain administrative and financial control over its activities.

6. Local medical care facilities and the DWI system will limit disclosure of patient information (including for casualties evacuated from the affected area to other medical facilities) in accordance with state and federal laws.

7. The status and location of individual disaster victims is limited to the appropriate agencies. The information is protected and will not be distributed for use by the general public. Fatality lists will not be transmitted via radio communications. Work with SWARC.

SITUATION

1. Emergency/Disaster Conditions and Hazards
    a. The magnitude of damage could rapidly overwhelm the capability of Klickitat County and SWARC to assess the event and respond effectively to basic and emergency human needs. Damage to roads, airports, communications systems, etc. could hamper emergency response efforts. The movement of emergency supplies could be seriously impeded. Many professional emergency workers and others who normally would help during an event could be dead, injured, involved with family problems resulting from the situation, or unable to reach their assigned posts. Local emergency facilities could be severely damaged or inaccessible.
    b. Large numbers of victims could be forced from their homes, depending on such factors as time of occurrence, area demographics, building construction, and existing weather conditions. There may be large numbers of dead and injured. Family members may be separated immediately following a sudden-impact event, such as children in school and parents at work. Large numbers of transients, such as tourists, students, and foreign visitors, may be involved.
    c. Klickitat County may become a mass evacuation site from large geographic areas of the Pacific Northwest.

2. Planning Assumption
    a. Planning for ESF 6 is based on a worst-case scenario in which an incident/disaster occurs without warning at a time of day that will produce maximum casualties, but also considers other emergencies, which could cause lower numbers of casualties and result in moderate damage necessitating the temporary relocation of victims.
    b. Surviving telephone service into and within the affected area will be either inadequate or prioritized to emergency uses to the extent that it will be unable to handle disaster welfare inquiries.
    c. The restoration of communications systems, disrupted by damages and overloads, may take weeks.
    d. ARC-controlled shelters normally do not accept pets (this does not apply to Service Animals) due to their regulations.
    e. Many of the more seriously injured will be transported to hospitals outside the event area, some of them hundreds of miles away.
    f. Mass care shelter facilities will receive priority consideration for structural inspections to ensure safety of occupants.
    g. Mass care operations and logistical support requirements will be given high priority by the county EOC and support agencies.
    h. The magnitude of the disaster may require the operation of large long-term shelters.

i. Large numbers of spontaneous volunteers in the affected area and around the state or county will require a planned management strategy and operational training effort.

CONCEPT OF OPERATIONS

General

a. SWARC is the co-primary agency responsible for managing mass care activities. Other government agencies, the private sector, and non-governmental/voluntary agencies support the mass care mission. Resource requests will be assigned to the ESF-6 coordinator in the KCEOC.

b. As recovery activities are introduced, close coordination will be required between those agencies responsible for recovery activities, and voluntary agencies providing recovery assistance.

c. The Klickitat County Commissioners may authorize use of county facilities and resources in support of mass care. In addition, they may enter into contracts with local businesses or agencies for additional resources or facilities.

d. Possible shelter and/or feeding sites may include, but are not limited to: public and private schools, county fairgrounds, community centers, and churches that have general purpose or community rooms and kitchens. Campgrounds and the County Fairgrounds could be used for tent or RV camping. The primary mass care shelter/feeding/animal shelter location for Klickitat County is the Klickitat County Fairgrounds.

e. Ensures coordination of mass care services to provide for the safety and well-being of household pets and service animals during and The varying and special requirements of individuals that require and utilize service animals is recognized and committed to ensuring that the physical and mental health needs of these individuals are appropriately addressed, and that individuals and service animals remain together to the maximum extent possible during evacuation, transport, sheltering, or the delivery of other services and in accordance with the requirements of the ADA.

f. Provide assistance, resources, and technical assistance in support of local governments and voluntary agencies when conventional and nonconventional congregate care systems and shelter-in-place activities are in need of additional resources. Congregate care facilities are accessible to individuals with disabilities, whenever possible. Nonconventional sheltering may include:

    1) Hotels, motels, and other single-room facilities
    2) Private and public school facilities
    3) Temporary facilities such as tents, prefab module facilities and trains
    4) Specialized shelters and functional and medical support shelters
    5) Support for other specialized congregate care areas that may include respite centers, rescue areas, and decontamination processing centers

RESPONSIBILITIES

1. KCDEM
    a. Coordinate and maintain the county Comprehensive Emergency Management Plan (CEMP), including ESF 6.
    b. Organize and conduct training and exercises, in conjunction with SWARC.
    c. Lead EOC operations.
    d. Maintain resource contact lists and inventories.

2. Southwest Washington American Red Cross (SWARC)
    a. Coordinate efforts to provide sheltering, feeding, and emergency first aid, operate a Safe and Well System, and coordinate bulk distribution of emergency relief supplies.
    b. The National Traffic Safety Board has identified the ARC as the designated organization with primary responsibility for the Aviation Disaster Family Assistance Act. As per Public Law 104-264.

RESOURCE REQUIREMENTS

1. The county will provide space, communications, and administrative support for the mass care representative at the county EOC.

2. Resources which may have to be mobilized in support of mass care activities include the transportation of cots and blankets, sleeping bags, portable toilets, water containers, cooking equipment, registration forms, first aid and shelter medical supplies, vehicles for transport of personnel and supplies, comfort and cleanup kits, portable lamps, generators, fans, office supplies, and tables and chairs. Many of these supplies will already be in shelter locations or can be obtained through normal supply channels.

3. Vehicles to be used by SWARC and other support agencies will be provided by those agencies.

4. Available undamaged facilities may have to be augmented by tents, mobile homes, and railroad cars from outside the area.

5. Personnel resources may include ARC staff and volunteers, such as members of churches, veteran's groups, scouting organizations, professional associations, and social or service clubs. Especially skilled individuals will be identified from among these groups.

6. Consideration must be given for movement, care, and housing of persons with disabilities. The Americans with Disabilities Act (ADA) offers guidelines for assisting the disabled. Services must, also, be provided for service animals and companion animals.

7. The special needs of children must be considered, as possible. Emotional support and mental health services should be provided, as practical, especially for children, but may be appropriate for all populations impacted by the disaster.

8. Language services (interpreters and translators) should be considered for providing direction, sharing information, and assisting Limited English Proficiency (LEP) persons, especially for LEP groups that make up a significant portion of the effected population.

8. Provision for communication within shelters, between shelters, and out-reach from shelters should be considered.

9. A pro-active communications strategy will be necessary (with PIOs and support resources) to provide information to persons in shelters, help them to maintain awareness of the current and likely future situation, and during re-population or re-settling efforts. The special needs of children, the disabled and LEP persons affected must, also be considered.

REFERENCES

1. American Red Cross Board of Governor's Disaster Services Policy Statements

2. American Red Cross Disaster Services Regulations and Procedures (ARC 3000 Series)

3. Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288), as amended

4. Homeland Security Act of 2002

5. Homeland Security Presidential Directive 5

6. Pets Evacuation and Transportation Standards Act of 2006

7. Post-Katrina Emergency Management Reform Act of 2006

8. Public Health Service Act, as amended

9. Social Security Act of 1935, as amended

10. Americans with Disabilities Act of 1990

11. Washington State Emergency Management Plan

12. Presidential Policy D8

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ESF 7: Logistics

RESPONSIBILITY SUMMARY

1. Primary Response

   Klickitat County Department of Emergency Management

2. Supporting
   a. Klickitat County Communications Center
   b. Amateur Radio Emergency Services /Radio Amateur Civil Emergency Service
   c. Klickitat County Public Information Officer
   d. Energy and Utility Providers
   e. Klickitat County Commissioners
   f. City Mayors
   g. WSU Extension
   h. Klickitat County Assessor
   i. Klickitat County Auditor
   j. Klickitat County Community Action Council
   k. Klickitat County Coroner/ Prosecuting Attorney
   l. Klickitat County Public Health Department
   m. Klickitat County Treasurer
   n. Southwest Washington American Red Cross (SWARC)
   o. Public Works Departments (County and Cities)
   p. Klickitat County Senior Services Department (Mt. Adams Transportation)
   q. Klickitat County School Districts

3. Plan Preparation & Maintenance

   Klickitat County Department of Emergency Management

INTRODUCTION

1. Purpose
   a. To provide guidance for logistical and resource support following an emergency or disaster.
   b. To provide efficient utilization and conservation of available resources during an emergency or disaster situation.
   c. To provide a framework for requesting, obtaining, allocating and utilizing additional resources.

d. To provide a framework for the process to establish mandatory controls on essential materials, supplies and services during and after major disasters, if adequate resources are not or will not be available.

2. Scope
    a. This Emergency Support Function (ESF) primarily applies to operations during major events that would have a widespread and complex impact on the county and its citizens. However, any incident has the potential to require specific resource management activities with the operation.
    b. Resource support includes providing services, personnel, commodities, and facilities to the county and cities within the county during the response and recovery phases of an emergency or disaster. This includes emergency relief supplies, office space, office equipment and supplies, contracting services, transportation services, and personnel, as needed, to support emergency activities.
    c. The Klickitat County Emergency Operations Center (KCEOC) coordinates resources and support agencies and organizations, including county and city resources, volunteer groups, businesses, and community service organizations.

POLICIES

1. Emergency Medical Services (EMS) and EOC functions are based on the Constitution and Revised Code of Washington (RCW) governing emergency management, which includes references regarding resource procurement, etc.

2. Washington State Constitution. Article 8, Section 7, “No county, city, town or other municipal corporation shall hereafter give any money, or property, or loan its money, or credit to or in aid of any individual, association, company or corporation, …….”

3. Washington State RCW
    a. 38.52.070 - Emergency Contracts and Obligations
    b. 38.52.110 - Use of existing resources: command the service and equipment of the citizens.

SITUATION

1. Emergency/Disaster Conditions and Hazards
    a. A significant emergency or disaster will severely damage, or limit access to the local resource infrastructure. (See Klickitat County CEMP Basic Plan.)
    b. Several emergency and disaster scenarios, such as earthquakes, floods, or wildfires could require extensive resource management and coordination. Potential situations could occur during a disaster situation that would isolate the county, or specific areas of the county, and restrict available resource support.
    c. Another situation might be a lack of specific resources necessary for emergency response activities.

d. An extreme situation could also develop that might require the elected officials of the county to invoke local resource restrictions or economic controls to assure an acceptable level of recovery and response.

2. Planning Assumptions
    a. Normal methods of communication will be overloaded or interrupted during the early phases of an emergency or disaster.
    b. Transportation to, and within the affected area, will be impaired or disrupted due to blocked or damaged roads, bridges, airports, or railways.
    c. Each responding organization has established a system for managing agency resources.
    d. The National Incident Command System (ICS) will be utilized.
    e. Initially, there may be sufficient local and mutual aid resources necessary for emergency operations.
    f. Following an emergency or disaster, there will be a need to provide a variety of resources and services to the affected area.
    g. In a large emergency or disaster situation, request for and utilization of outside resources, will often become necessary.
    h. The management and logistics of resource support will require extensive coordination and personnel. A system will need to be established to record and utilize donated goods and services, and for the management and support of spontaneous volunteers.
    i. The free market economy and existing systems will be maintained when possible.

CONCEPT OF OPERATIONS

1. General
    a. This ESF will be implemented upon notification of a potential or actual major emergency or disaster. Implementing this ESF will be the mechanism for providing support activity to other ESFs.
    b. Actions undertaken by this ESF will be coordinated by personnel in the EOC.
    c. During initial emergency operations, each entity will be responsible for managing its own resources. Local resources will be utilized before requesting assistance from the state.
    d. Multi-agency response will use the ICS.
    e. KCDEM/EOC will manage resource coordination activities.
    f. The elected officials of the political subdivisions are empowered to establish controls on resources and resource allocation priorities during a state of emergency, once it has been declared.
    g. Voluntary controls are the preferred method of resource management, although mandatory controls may be required, when feasible, as a temporary measure. The

public will be encouraged to voluntarily cooperate with emergency measures through the public information program.

h. The Klickitat County Board of Commissioners and the respective Mayors/City Councils has the responsibility and authority to manage resources and invoke economic and other controls, if the situation warrants.

i. When appropriate, private agricultural, industrial, commercial, financial, or other services may assist local government in an advisory capacity with emergency resource distribution and mobilization policies or control programs.

j. Local community service organizations, with the Southwest Washington American Red Cross (SWARC) being the lead agency, will manage donated goods and services. The Red Cross will determine receiving and distribution points for donated goods.

2. Organization

a. The County EOC, in coordination with the Commissioners and Mayors, will establish overall resource management priorities and strategies, as appropriate and necessary. This may be achieved by forming Elected or Appointed Officials into a Policy Group.

b. If the size of the incident warrants it, the group of individuals within the EOC designated as the Support Group will coordinate resource support and management.

c. Authorization for expenditures, entering into contracts, and other administrative issues will come from the Emergency Management Director or EOC Manager.

3. Procedures

a. The management of initial emergency response will be the responsibility of the Incident Commander(s).

b. Resource requests will be received, coordinated and processed through the EOC. Requests will be evaluated by the EOC, and assigned to the appropriate group or sub-group for completion of the task.

c. EOC may request additional outside resources; these requests will be coordinated through the state EMD/EOC.

d. If the EOC is activated and the need for resource management activities requires additional assistance, the EOC Manager will designate a participating member as the Resource Coordinator.

e. Incoming resources will usually be processed through a staging area, which will be determined by the situation.

f. Procedures for purchasing resources during an emergency or disaster are described in RCW 43.19.200.

g. If the magnitude and complexity of the situation warrants, the EOC in coordination with the IC, may establish priorities and allocations of essential resources.

h. Demobilize outside resources, as soon as practical.

4. Mitigation Activities

   Klickitat County DEM/EOC

   a. Works with local agencies and organizations to establish and review department and agency roles and responsibilities for preparedness; and providing resource support during the response and recovery phases of an emergency or disaster.
   b. Participates in emergency management training at the county and state level.

5. Support Agencies and Organizations

   a. Develop plans and conduct a needs assessment analysis to identify their resource needs; and identify resources that can be provided to them during response and recovery phases of an emergency or disaster. Necessary resources may include, but are not limited to the following:
      1) Identify essential personnel and staffing for internal and external support requirements.
      2) Identify emergency supplies needed for personnel.
      3) Identify essential records, equipment, office supplies, and office space requirements.
      4) Identify additional transportation requirements and resources in support of emergency or disaster.
   b. Identify and prioritize internal activities that may require assistance from KCDEM/EOC in an emergency or disaster.

6. Preparedness Activities

   Klickitat County DEM/EOC

   a. Conducts and participates in emergency and disaster exercises.
   b. Coordinates a back-up plan for staffing the EOC in case the designated staff are unavailable or are unable to respond.
   c. Assists with and coordinates the development of lists of essential resource requirements and resources.
   d. Obtain support of private resource organizations to participate in emergency resource management activities.

   Support Agencies and Organizations

   a. Identify, develop and prioritize an inventory list for essential response and support agency resource requirements in an emergency or disaster.
   b. Develop suggested operating procedures for resource management.
   c. Ensure that all personnel are familiar with their roles during an incident.
   d. Identify and inventory essential lacking resources that may be needed during a major emergency.
   e. Participate in local emergency management meetings, training, exercises and drills.

8. Response Activities

   Klickitat County DEM/EOC

   a. Activate EOC or other location for resource management activities. Attempt to be fully operational within 2 hours depending upon severity of incident/impact on EOC personnel.
   b. Prioritizes requirements in support of ESF 7 and other ESFs, as necessary, when activated for an emergency or disaster.
   c. Establish resource needs and identify available resources.
   d. Activate/request and coordinate with registered volunteer organizations and individuals, as needed, based on the type of emergency or disaster. Register authorized persons in the Emergency Worker Program (WAC 118-04).
   e. Coordinate the establishment and operation of staging areas to process incoming resources. There are several county-owned locations that should be considered for use as fixed locations from which to conduct logistical operations. Private property may also be considered but will require negotiation of Land Use Agreements.
   f. Provide support and coordination for managing spontaneous donations of goods, services, and volunteers (provide for their identification, use, support, demobilization, etc.) that are received by the county; or KCEOC, in coordination with ARC.
   g. Coordinate with the PIO regarding public announcements and press releases to clearly specify what the resource needs are and how to support them.
   h. Enter into contracts for critical goods or services, if not available through local government or volunteer agencies.
   i. Request other resources and support through the WSEOC, as necessary. Utilize the WAMAS resource request process. Many state resources will require authorization from the Governor before they can be deployed to the county.
   j. Klickitat County Board of Commissioners and City Mayors should keep in contact with KCDEM/EOC, or other coordinating location, for the duration of incident.
   l. Establish overall incident resource management strategies.
   m. Prioritize resource necessity and allocation, in cooperation with KCDEM/EOC and operational agencies. Realize special handling may be required for delivery of supplies into restricted areas, beyond quarantine lines, beyond law enforcement checkpoints, etc.
   n. Provide necessary funding for required resources, as appropriate, for the incident and available within county/city fiscal capabilities.

9. Support Agencies and Organizations

   a. Keep KCDEM/EOC advised on resource status and needs.
   b. Prioritize their resource needs; identify and prioritize their assets.
   c. Provide their standard and supplemental support and resources to Klickitat County.
   d. Provide support and coordination of spontaneous donated goods, services, and volunteers received by their agencies/organizations.

e. Maintain communication with the KCEOC regarding needs and assets, and coordinate information and resources with them.

f. Coordinate with the PIO regarding public announcements and press releases concerning donations of goods, services, and volunteers

g. Document all activities and costs incurred.

10. Recovery Activities

a. Klickitat County DEM/EOC

1) Continue to support and coordinate response and recovery activities, as needed.

2) Follow appropriate policies and procedures in completing required documentation to justify emergency services, purchases, or expenditures.

3) Assure continuation of accurate and complete documentation of the event, and actions taken. Continue to submit situation reports and After-Action Reports to the WSEOC, as needed.

4) Document and report on resource status and activity.

5) Revise procedures or plans, as necessary, based on information learned from the event or disaster. Some of this information may continue to be learned long after the event or disaster is over.

b. Klickitat County Board of Commissioners and City Mayors

1) As necessary, establish priorities in the allocation and utilization of essential services needed to provide effective recovery and restoration activity.

2) Coordinate recovery activities through KCDEM/EOC; and direct all county and city departments to cooperate with KCDEM/EOC.

c. Support Agencies or Organizations

1) Keep KCDEM/EOC informed on resource status and needs.

2) Continue to support by providing available resources and coordinate response and recovery activities, as needed.

3) Continue to document the event and actions taken; and document identified or potential problems.

4) Contribute to After-Action Reports; and revise plans and/or procedures, as necessary, based on information learned from the event or disaster.

RESPONSIBILITIES

1. Klickitat County DEM/EOC

a. Maintain communication with involved agencies; and coordinate required logistical and resource support.

b. Develop and maintain local resources inventory.

c. Assist all other local agencies in establishing resource inventories and resource management procedures.

d. Coordinate local resources through EOC or other coordination point.

e. Document and report on resource status and activity.

f. Coordinate local requests for out-of-area resources and maintain contact with Washington State Emergency Management.

g. Coordinate activities with adjacent jurisdictions.

h. Document all activities and costs incurred.

2. Support Agencies and Organizations

   a. Support internal resource requirements, as much as possible.

   b. Maintain communication with field personnel, other coordinating logistical and resource agencies/organizations, and KCDEM/EOC.

   c. Work with KCDEM/EOC to maintain resource inventories and operating procedures.

   d. Document all activities and costs incurred.

RESOURCE REQUIREMENTS

1. Resources required by this ESF will be established in coordination with local government and supporting agencies.
2. Klickitat County resources will be utilized before purchasing goods or services from commercial vendors.
3. Klickitat County personnel to include KCDEM employees and volunteers NIMS training and NQS credentialing will be administered In Accordance With (IAW) the Klickitat County Department of Emergency Management NIMS/NQS Program and Training Plan.

REFERENCES

1. Washington State Constitution, Article 8, Section 7
2. RCW 38.52.070
3. RCW 38.52.110
4. RCW 43.19.200
5. Klickitat County Department of Emergency Management NIMS/NQS Program and Training Plan

ESF 8: Health and Medical Services

RESPONSIBILITY SUMMARY

1. Primary Response
    a. Klickitat County Health Department
    b. Klickitat County Coroner
2. Supporting
    a. Klickitat County Department of Emergency Management
    b. Klickitat County Behavioral Health Department
    c. Emergency Medical Services
    d. Southwest Washington American Red Cross (SWARC)
    e. Klickitat County Prosecutor
    f. Klickitat Valley Health
    g. Skyline Hospital
    h. Fire Services
    i. Local Medical Clinics, Pharmacies and Dentists
    j. Law Enforcement
    k. Central Washington Comprehensive Mental Health
    l. Amateur Radio Emergency Services (ARES)/Radio Amateur Civil Emergency Service (RACES)
    m. Region 8 Public Health
    n. Washington State Department of Health

INTRODUCTION

1. Purpose

    To organize, mobilize, coordinate, and direct public health and medical resources in the event of a natural or technological disaster, bioterrorism, epidemic disease, or public health emergency in incorporated and unincorporated areas of Klickitat County.

2. Scope

    ESF 8 involves identifying and meeting the health, safety and medical needs of the people of Klickitat County in the event of an emergency or a disaster by utilizing the existing expertise and personnel of the Klickitat County Health Department (KCHD), Emergency Medical Services agencies (EMS), Klickitat County Department of Emergency Management (KCDEM), and the Southwest Washington American Red Cross (SWARC) with local government agencies and community partners using the Incident Command System (ICS).

POLICIES

1. Local jurisdictions will activate mutual aid agreements when their resources are depleted or committed. When agreements have been activated, Klickitat County agencies should notify the county Emergency Operation Center (EOC), if activated. Additional state and federal assistance will be requested through the County EOC and coordinated and provided through the State Emergency Operations Center, when local public and private resources have been exhausted.

2. 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).

3. The Klickitat County Coroner has independent authority in all cities/towns and all unincorporated areas of Klickitat 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 Klickitat County Coroner, defaulting to the Klickitat County Coroner 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).

SITUATION

1. Emergency/Disaster Conditions and Hazards

   Klickitat County Health Department is the lead agency for preparing the region's health, medical, and mortuary capabilities to respond to the health consequences of all hazards. Klickitat County Department of Emergency Management has documented the most common disasters that can strike Klickitat County. Each type of disaster has potential health impacts, including illness; injury; death; psychological trauma; exposure to environmental hazards; presence of human and other biologically-contaminated waste; disruption of the region's healthcare system; and others. Klickitat County Health Department places special attention on preparing for incidents most likely to occur and those that pose the most likely threat to public health (see Klickitat County Health Department emergency preparedness plan).

2. Planning Assumptions

   a. Resources within the affected area will be inadequate to clear casualties from the scene or treat them in local hospitals. Additional medical capabilities will be needed to supplement and assist local jurisdictions to triage and treat casualties in the affected area, and then transport them to the appropriate hospital or health care facility. Additionally, medical re-supply will be needed throughout the disaster area. It may be necessary to arrange for air transportation to areas that have sufficient available hospital beds and where patients will receive necessary definitive medical care.

   b. There will be an inadequate number of personnel with needed medical and public health knowledge and skills to perform medical and public health response.

c. Damage to agricultural storage facilities, sewer lines or treatment systems, and water distribution systems, and secondary hazards such as fires may result in significant hazards to the surviving population and response personnel. These hazards may include exposure to toxic chemicals, and contaminated water supplies, food products, crops, and livestock.

CONCEPT OF OPERATIONS

1. General

   a. The level of ESF 8 activation will be dependent on the magnitude of the emergency or disaster. The Klickitat County Health Department Duty Officer is the central point of notification for events requiring response by ESF 8 agencies. As needed, KCHD will conduct a situation assessment, initiate surveillance and monitoring activities, and notify appropriate ESF 8 Support agencies. When the Klickitat County Department of Emergency Management EOC, or other EOCs are activated, KCHD will coordinate staffing of these facilities with appropriate ESF 8 representatives.

   b. Based on the situation, the KCHD, medical facilities and response agencies will be notified of the potential for, or occurrence of, an emergency. This may be done by the Klickitat County Communication Center (Dispatch), response agencies, or EOC staff, but the EOC is to verify that it is has been completed.

   c. Medical and health facilities, response agencies, and support agencies will activate their own emergency or disaster procedures as needed for the potential or actual emergency and will maintain communication with the County EOC and/or KCHD designee in the county EOC as to needs and status.

   d. In the event of a public health emergency where the KCHD EOC has been activated but not the County EOC, the KCHD designee will notify the County Emergency Management Director via county dispatch.

   e. Once the county EOC is operational, all ESF 8 response and recovery activities will be directed from/through the county EOC. The KCHD is the lead agency for the ESF 8 - Health and Medical Services. County EOC staff for ESF 8 will include the KCHD designee, and other technical staff, as needed for the event.

   f. Response agencies and health care facilities will report needs or potential needs to the County EOC. Medical and health needs that cannot be met with local and regional resources and mutual aid will be directed to the SEOC. SEOC may provide advice or technical assistance, and they may provide direct support with personnel, equipment, and/or supplies.

   g. Public outreach during all phases of the incident must consider timely delivery of coordinated public health information to the whole community, including hard of hearing and deaf persons, the blind, the developmentally disabled, and Limited English Proficiency populations.

   h. Special populations should be considered, throughout the community, in regards to health needs like oxygen, durable medical equipment, rehabilitation, etc.

2. Organization

    a. Klickitat County Health Department, under the legal authority of the Local Health Officer, will establish and lead an appropriate incident command structure (single, unified, area, or multi agency) for the healthcare system response during emergencies and disasters. The specific command structure established for a given incident may vary depending on the type of incident, threat and risk posed, jurisdictions involved, suspected criminal activity, and legal responsibilities and authorities of participating agencies.

    b. The KCHD coordinates health and medical response to an incident. The KCHD also provides public health services and public health emergency response to an incident and coordinate their activities through the County EOC. In the event of a major event that is primarily a public health emergency, such as epidemic, the KCHD will function as the lead agency. Response by health professionals other than through the hospitals, such as veterinarians, pharmacists, and mental health care providers, will be coordinated through the KCHD with its community partners.

    c. The Klickitat County Coroner/Prosecutor is responsible for mortuary service operations. The County Prosecutor will also provide legal guidance and services in activating isolation and quarantine upon the direction of the Klickitat County Health Officer.

    d. The local hospitals participate in local and regional disaster response plans. They will provide a representative to the County EOC or they will stay in communication with the county EOC regarding situation updates, their response activities, capacity, public information coordination, and other activities and information, as is appropriate.

    e. The Southwest Washington American Red Cross (SWARC) provides shelter, food, and mental health support for evacuated and other displaced people and operates under its organizational direction and coordinates its activities with the County EOC.

    f. The county EOC coordinates overall activities.

3. Mitigation/ Preparedness. Response/ Recovery Activities

    a. The KCHD works with regional, state, and federal programs and local community partners to promote public awareness and use of standard health and safety practices, maintenance of routine immunization levels in the population, disease prevention, limited nutritional support and education, overview water and on-site sewage systems, and promotion of conditions for a safe and healthy population in Klickitat County.

    b. Pre-incident coordination and planning activities conducted by KCHD in the Prevention Phase include developing operational and tactical plans, training and exercising, and conducting vulnerability assessments. This phase also includes ongoing health protection activities such as vaccinations, provider education, and food and water safety assurance.

    c. KCHD activities in the Preparedness and Mitigation phase attempt to prevent hazards from developing into disasters, or to reduce the effects of disasters when they occur. Activities include communicable disease surveillance, investigation, and community containment; environmental health protective actions such as vector

control, environmental sampling, and food product embargoes; and development of medical stockpiles.

d. KCHD recovery activities, assess for potential or actual health hazards during the recovery phase, and makes recommendations or carry out interventions, as needed. This may include food and drinking water safety, injury prevention, assurance of proper sanitation, vector control, mental health assessment and intervention, and other standard public health assessment, response and assurance activities (i.e., mass vaccinations).

e. KCHD will help prepares After-Action Reports of the events and record costs of providing public health response activities.

4. Other agencies:

   a. Support and coordinate recovery activities consistent with their missions and capabilities, including continued mental health support, public information and education, and liaison with regional, state and federal agencies.

   b. Provide After-Action Report input to the KCHD for the event.

   c. Support agencies, such as various city/town and county departments, the SWARC, and other volunteer organizations.

   d. Support recovery activities consistent with their organization missions and capabilities.

   e. Provide After-Action Report input to the KCHD for the event.

RESPONSIBILITIES

1. Klickitat County Health Department

   a. Provide leadership and direction in responding to health and medical emergencies across Klickitat County consistent with the authority of the Local Health Officer.

   b. Staff jurisdictional EOCs, as needed, and establish and maintain ongoing communication with response partners and the public via the PIO.

   c. Provide medical advice and treatment protocols regarding communicable diseases and other biological hazards to EMS, hospitals, and healthcare providers.

   d. Maintain 24 / 7 Duty Officer program and serve as the primary point of notification for health and medical emergencies in Klickitat County.

   e. Coordinate assessment and response to disaster consequences affecting food safety, water quality, and sanitation.

   f. Coordinate and collaborate with community response agencies in identifying environmental impact, remediation, and recovery activities.

   g. Coordinate the response of regional veterinarian services and animal care groups.

   h. Direct response activities to vector-borne public health emergencies.

   i. Support mass care sheltering plans throughout the county in coordination with the American Red Cross and ESF 6 Mass Care agencies. Public Health’s role in mass

care sheltering will focus on assisting with environmental health assessments at shelters.

j. Provide epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism and outbreaks of food borne illness.

k. Establish surveillance systems to monitor health and medical conditions in the community, conduct field investigations, provide health, medical, and environmental consultation, and develop appropriate prevention strategies.

l. Coordinate laboratory services for identification of biological samples.

2. Emergency Medical Services

   a. The Klickitat County EMS and Trauma Council should provide a liaison to the KCEOC, if available, in a disaster.

   b. The EMS liaison works closely with State, Regional and local EMS and fire officials, local hospitals, and field EMS providers.

   c. Establish immediate communication with the Klickitat County Communication Center (Dispatch), and EMS agencies.

   d. Determine availability of EMS units and personnel.

   e. Determine geographical location of available EMS units and personnel.

   f. Monitor emergency transports, evaluates evacuations and emergency medical cases.

   g. Monitor activities of all EMS vehicles and personnel during a disaster, and monitors issues that may affect them.

   h. Assist the KCPHD, as needed, such as when emergency medical facilities are established outside of existing hospitals, coordination is needed regarding establishing temporary morgues, or there are conditions affecting EMS providers.

   i. Coordinate with other agencies and resources, when patients need to be transported out of the county.

   j. Coordinate with Central Washington Comprehensive Mental Health and ARC to provide stress management support of emergency workers and volunteers.

3. Klickitat County Behavioral Health Department

   a. Plan for the delivery of mental health services during an emergency.

   b. Coordinate mental health services for the community and emergency responders during and following the emergency.

4. Southwest Washington American Red Cross (SWARC)

   a. Services are coordinated through the county EOC.

   b. Provide emergency triage, supportive counseling, coordinate health care for minor illnesses and injuries to victims in mass care shelters, and provide meals, as needed.

   c. Provide/coordinate supportive counseling for the family members of the dead and injured.

d. Acquaint families with available health care resources and services and make appropriate referrals.

5. Klickitat County Coroner

   a. The Klickitat County Coroner/Prosecutor's Office has jurisdiction over bodies of all deceased (RCW 68.08.010). The Klickitat County Coroner/Prosecutor's Office investigates sudden, unexpected, or suspicious deaths, working closely with law enforcement, fire service/EMS, hospitals, the KCHD, PIO, and others.

   b. Coordinate all care of deceased, victim identification, and mortuary services.

   c. Coordinate with PIO regarding press releases and conferences. Provide specialized/technical information regarding the coroner's response and findings for press conferences, etcetera.

   d. If necessary, designates sites/locations for temporary morgues in coordination with the KCHD. There are specific considerations for potential temporary morgue(s).

6. Region 8 Public Health Emergency Planning Coordinator

   a. Provides epidemiology and technical support services and regional public health response support services. The Region 8 Epidemiologist supports local and regional responses to disease investigation.

9. Local Hospitals and Clinics

   a. There are two hospitals in Klickitat County. Klickitat Valley Health is licensed for 25 beds and Skyline Hospital is licensed for 25 beds. However, due to other programs and uses within the hospitals, there are not that many actual patient beds available for use. Both hospitals cover a wide variety of services to the general public.

   b. Klickitat Valley Health has a home health/hospice program. The home health agency has a number of nurses, certified nurse assistants (NACs), and other medical staff. The first priority during a disaster would be to serve their clients. However, some medical staff may be available to report to the hospital.

   c. The local clinics have walk-in or minor emergency areas that are open extended hours, and can provide specialized services such as x-ray, laboratory, and pharmacy. In addition, there are several doctors' offices throughout the county.

REFERENCES

1. KCHD All Hazards Emergency Response Plan

2. Klickitat County CEMP, Appendix 1 – Definitions

3. Klickitat County CEMP, Appendix 2 – Acronyms

4. Klickitat County CEMP, ESF 15 – Public Affairs

5. Klickitat County CEMP, ESF 1 – Transportation

6. Klickitat County CEMP, ESF 2 – Communications

APPENDICES

1. Appendix A: Activation and Operations Procedures and Notifications
2. Appendix B: Regional/Multi-state Mass Casualty Incident (MCI) Initial Response Plan

APPENDIX A

ACTIVATION AND OPERATIONS PROCEDURE AND NOTIFICATIONS

The activation of ESF 8 will be coordinated through the KCEOC under the direction of the KCDEM and the KCPHD Director or designee. KCHD will maintain an activation list of Health Department staff, by telephone and by location, should communications be interrupted.

Hospitals and clinics will be notified under the following circumstances:

- A declared Public Health Emergency.
- In the event of possible, or probable, excessive demand on the capacity of hospitals or walk-in clinics.
- In the event of unusual health threats requiring special preparations and/or precautions.

Notification is to be followed-up promptly with instructions appropriate to the emergency.

APPENDIX B

REGIONAL/MULTI-STATE MASS CASUALTY INCIDENT (MCI) INITIAL RESPONSE PLAN

- Initial ATAB #6 Mass Casualty Incident (MCI) Initial Response Guide - October 2015
- Minor Edit - November 2015
- Current Revision - September 2022

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ESF 9: Search and Rescue

RESPONSIBILITY SUMMARY

1. Primary Response
    a. Klickitat County Sheriff's Office
    b. City Police Departments

2. Supporting
    a. Klickitat County Department of Emergency Management 911/Dispatch
    b. Amateur Radio Emergency Service
    c. Southwest Washington American Red Cross
    d. Emergency Medical Services
    e. Klickitat County Public Information Officer
    f. Fire Services
    g. Public Works Departments
    h. Civil Air Patrol
    i. Washington State Emergency Management Division
    j. Klickitat County Coroner

3. Plan Preparation & Maintenance
    a. Klickitat County Sheriff's Office Search and Rescue Coordinator
    b. Klickitat County Sheriff's Office

INTRODUCTION

1. Purpose

    To provide guidelines for the effective utilization of search and rescue resources and for the coordination of search and rescue efforts within Klickitat County. According to the Revised Code of Washington: "Search and rescue" means the acts of searching for, rescuing, or recovering by means of ground, marine, or air activity any person who becomes lost, injured, or is killed while outdoors or as a result of a natural, technological, or human caused disaster, including instances involving searches for downed aircraft when ground personnel are used....". (RCW 38.52.010(7))

2. Scope

    Search and rescue (SAR) operations are classified as land SAR. State law encompasses both wildland and disaster SAR within the definition of land SAR (Section 38.52.010 (7) RCW).

SAR can also be used at the discretion of the Klickitat County Sheriff Office (KCSO) for various incidents or occurrences, as deemed appropriate by the sheriff such as evacuation notifications, public well fair checks during emergencies.

POLICIES

1. SAR operations are initiated, coordinated, and directed by the chief law enforcement agency of the political subdivision in accordance with state and local jurisdiction plans. Requests for additional resources including special skills, expertise, or equipment are sent to Washington State Emergency Operations Center (WSEOC) at the direction of the IC.
2. The Incident Command System (ICS) is the method of on-scene incident management for SAR operations within the state in accordance with RCW 38.52.400(1), ICS shall be used for multi-agency/multi-jurisdiction SAR operations.

SITUATION

1. Emergency/Disaster Conditions and Hazards
    a. The wide range of, and easy access to, outdoor recreational activities in the county, and the large number of people who participate in those activities, results in a significant number of people becoming lost and/or injured or killed every year.
    b. The Klickitat County Sheriff is responsible for maintaining the SAR volunteer program for activation during Search and Rescue operations within Klickitat County.
    c. The SAR Coordinator will work with all law enforcement agencies within the county, but, primarily, with the KCSO personnel since their jurisdiction is where most SAR operations take place and the City Police Departments historically request assistance from the KCSO and have no SAR volunteer program of their own. These efforts will include the coordination and the planning for training of personnel qualified to participate is SAR operations.
    d. Maps to be used during SAR exercises and real events should have the Universal Transverse Mercator (UTM) grid overlaid on them. This will allow for uniform reporting between state agencies and local SAR agencies.
2. Planning Assumptions
    a. SAR missions will continue to increase as the population, recreational opportunities, and the wildland/urban interface continue to grow.
    b. The widely differing terrain and climatic conditions in the county dictate a locally based SAR first response system.
    c. Natural and technological disasters will greatly increase the scope of SAR operations.

CONCEPT OF OPERATION

1. General
    a. In Klickitat County, SAR operations will be initiated, coordinated, and directed by the chief law enforcement officer of the political subdivision having jurisdiction in accordance with state and local jurisdiction plans using local resources registered pursuant to Chapter 118-04 WAC.
    b. Requests for additional resources including special skills, expertise, or equipment are coordinated by the WSEOC.
    c. Air SAR for missing or downed civil aircraft is the responsibility of WSDOT.
    d. The responsible authority will request a mission number from the WSEOC Duty Officer either directly or via KCDEM.

2. Organization

    The KCSO is responsible for maintaining the SAR volunteer program and will provide training and education, as well as, for the organization and deployment of SAR resources. KCDEM will coordinate direct support to SAR operations and will register volunteer emergency workers.

3. Procedures
    a. Land SAR
        1) Law Enforcement response will be in accordance with their SOPs and the Klickitat County Comprehensive Emergency Management Plan (CEMP).
        2) WSEOC, when notified of a SAR mission by the KCSO or designee, will issue a state mission number. The issuance of this mission number authorizes the employment of volunteers under the provisions and protection of Chapter 38.52 RCW.
        3) WSEOC, upon receiving a request for assistance from an authorized official, will coordinate the resources of other political subdivisions, as well as state, out-of-state, federal, and international agencies in support of the requesting jurisdiction. The state SAR Coordinator may be deployed to the scene to provide this coordination.
        4) Multi-jurisdictional SAR operations may be coordinated by the WSEOC, when requested.
    b. Air SAR

        Air SAR for missing or downed civil aviation aircraft is the responsibility of WSDOT Aviation Division (Chapter 47.68 RCW).

4. Mitigation Activities

    Each law enforcement agency should identify hazards and risks in their jurisdiction and implement actions to reduce the likelihood of these events occurring, and/or reducing the impact if they were to occur.

5. Preparedness Activities

    a. Each law enforcement agency can help prepare for SAR situations by keeping their policies and procedures current and associated with identified potential hazards and risk analysis. Also, each agency needs to be involved with the development and maintenance of this emergency plan.

    b. The KCSO SAR Coordinator will coordinate training of SAR personnel, testing of equipment and communications, and evaluate this emergency plan by actively participating in emergency exercises and drills.

    c. KCDEM will develop and maintain lists of resources of other agencies, such as Civil Air Patrol, off-road vehicle associations, American Red Cross, Amateur Radio, or other local agencies that could assist law enforcement during SAR incidents. KCDEM and the SAR Coordinator will establish and maintain liaison with these agencies for the use of their personnel and equipment for special emergency assignments.

6. Response Activities

    Based on the type and size of incident, a variety of outside resources may be needed. It is critical for law enforcement, or any other emergency services provider first on the scene, to provide an accurate and timely size-up. An IC must be identified or Liaison with the established IC. The Incident IC needs to promptly identify an Incident Command Post and Staging Area. The IC or their designated Operations Section Chief will assign personnel to specific areas or tasks, and coordinate and assign resources. Law enforcement may need to coordinate their command with fire service or emergency medical service; and special groups, such as the Federal Bureau of Investigation (FBI), The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), Federal Aviation Administration (FAA), National Transportation Safety Board (NTSB), or other government agencies as may be involved.

7. Recovery Activities

    a. The SAR Coordinator shall maintain accurate records of SAR incidents. They will be responsible for maintaining SAR mission and recovery expense records for future possible reimbursement. Financial issues, such as supplies used, equipment lost or damaged, wages for hours worked, including overtime, and other costs, require documentation before reimbursement is issued. If emergency vehicles, communications equipment or stations are damaged, special contracts may be needed for their quick repair or replacement, and temporary or long-term arrangements may be needed. During the recovery phase, it is imperative to maintain communication and coordination with the EOC. Law enforcement departments or the county Public Information Officer (PIO) may provide public information regarding safety issues as people return to their homes and businesses. Departments, districts, and individuals involved in the incident should participate in post event reviews and critiques, and contribute to written reports regarding observations and recommendations.

    b. The authorized official will assist the return of all SAR organizations and personnel to a high state of preparedness, so as to be able to respond to future SAR missions with available resources, when requested.

    c. Support for law enforcement and SAR personnel is also part of recovery and returning to normal operations. This support may include counseling, Critical Incident

Stress Management (CISM). Mental health care services are available, at no charge, through Comprehensive Mental Health.

d. During the Recovery phase, it is imperative that the IC maintains communication and coordination with the EOC/KCDEM.

RESPONSIBILITIES

1. Sheriff's Office
    a. Responsible for maintaining the Klickitat County search and rescue volunteer program.
    b. The Sheriff will designate a SAR Coordinator and provide SAR training for that individual.

2. SAR Coordinator

    a. Identifies those activities that require a SAR response

    b. Plan for future SAR resource needs

    c. Recruit, register, and training of volunteers. (Appendix A & B)

    d. Acquire SAR resources

    e. Develop Mission Coordinators

    f. Coordinate the progress of SAR applicants

    g. Coordinate the training of volunteers in SAR skills

    h. Maintain records of SAR missions

    i. Conduct preventive SAR programs

    j. Submit SAR "after action" reports to State EMD

    k. Maintain personnel and training records on SAR personnel

    l. Coordinate the maintenance of SAR equipment

    m. Review and revise this ESF, if needed, after any major SAR operation or at least every five years.

    n. Maintain KCSO Policies and Procedures for conducting searches. Review annually for possible revisions. Plans must specify the use of ICS for multi-agency/multi-jurisdiction search and rescue operations.

    o. Assist emergency workers with submission of any claims that might be appropriate.

    p. Maintain a current inventory of SAR resources.

3. SAR Incident Commander
    a. An Incident Commander must be identified or Liaison with the established IC.
    b. Operate Search and Rescue activities in accordance with state and local operations plans.
    c. Call out volunteers, as needed, using KCSO SAR Volunteer Call Out Procedures.
    d. Notify WSEOC and obtain a mission number.
    e. Promptly identify an Incident Command Post and Staging Area. The IC or their designated Operations Section Chief will assign personnel to specific areas or tasks, and coordinate and assign resources.
    f. Maintain communication and coordination with the EOC if activated.
    g. After an operation is completed, verify the personnel and resources that were utilized during the operation, contact and close mission with WSEOC, fill-out necessary forms and make final reports to WSEOC and KCSO SAR Coordinator.
    h. May restrict access to a specific search and rescue area to personnel authorized by the IC. Access shall be restricted only for the period of time necessary to accomplish the search and rescue mission.

3. KCDEM
    a. The KCDEM shall work in a coordinating capacity directly supporting all search and rescue activities
    b. When requested, notify WSEOC and obtain a state mission number for the IC. *NOTE: This mission number is necessary for liability coverage and possible compensation, but must be obtained before volunteers are utilized in a SAR operation.*
    c. Register volunteers and emergency workers. (Appendices A and B)
    d. Coordinate any requests for state, federal, or out-of-county SAR resources that are needed or are being used.
    e. Assist the KCSO in recruiting and training of volunteers.

4. Volunteer Organizations
    a. Provide personnel and equipment, as requested by the KCSO.
    b. Ensure that their personnel being utilized have the proper SAR identification, training, and/or experience, and are registered with KCDEM.
    c. Perform tasks, as assigned by the Sheriff or SAR Coordinator.
    d. Account for and maintain equipment used in the operation.
    e. Participate in the mission critique.
    f. Ensure that claims for any compensation are submitted to the SAR Coordinator within two (2) weeks after the mission has been terminated.
    g. Provide SAR Coordinator with information so that SAR resource records may be maintained in a current status.

h. Provide SAR Coordinator with list of names and phone numbers of persons authorized to commit their organization's resources.

5. SAR Council
    a. Organize SAR exercises and training for volunteer SAR organizations.
    b. Provide a forum for volunteer organizations to meet and exchange information about SAR activities.

6. WSEOC
    a. Issue mission numbers for training exercises and actual events.
    b. Provide the coordination with other state agencies and with FEMA for any state and federal resources that may be requested.
    c. Assist local jurisdiction with the processing of any claims that may result from a county exercise or mission.
    d. Participate, if requested, in the mission critique if state or federal resources were utilized.
    e. Assist local jurisdictions in the organization and training for SAR personnel.

REFERENCES

1. Revised Code of Washington (RCW) 38.52
2. Revised Code of Washington (RCW) 47.68
3. Revised Code of Washington (RCW) 78.12
4. Washington Administrative Code (WAC) 118.04
5. Washington Administrative Code (WAC) 468.200
6. National Response Framework, May 2007
7. National Search and Rescue Plan, 2007
   http://www.uscg.mil/hq/g-o/g-opr/nsarc/nsarc.htm

APPENDIX A

EMERGENCY WORKER REGISTRATION

Individuals who want to make themselves available to participate in SAR missions need to register with KCSO/KCDEM. The reason is to insure liability coverage and eligibility to make claims for expenses that might be covered. This includes exercises, as well as actual missions. Registration forms required by KCSO/KCDEM are as indicated below. An identification card will be issued by KCSO or KCDEM as proof of an individual's registration.

KLICKITAT COUNTY
DEPARTMENT OF EMERGENCY MANAGEMENT
EMERGENCY WORKER REGISTRATION PROCEDURES

1. AUTHORITY

"Local jurisdictions have the responsibility to establish criteria and standards for emergency workers whom they register. This may include the demonstrated proficiency of the worker to perform emergency activities by assignment and personnel class." (WAC 118-04-130)

2. PROCEDURES

a. Complete the Emergency Worker Registration packet:

   1) Review and sign this sheet

   2) Review and sign the Personal Responsibility of Emergency Workers form

   3) Complete the Emergency Worker Registration Card (EWRC), EMD-024

   The information provided on the EWRC will be used by the Klickitat County Sheriff's Office to conduct a Criminal History and Driving Record background check. Results from the background investigation will be used to determine the suitability for issue of a Washington State Emergency Worker Registration Card. (WAC 118-04-180)

   Upon satisfactory results of the background check, the issued card will be valid for 3 years. At the end of 3 years, a new background check must be made in order to receive an up-dated card.

b. Failure to truthfully respond to the statements set forth in the certificate in paragraph 3, below, may result in denial of a Washington State Emergency Worker Identification card. (WAC 118-04-080)

c. If a volunteer card expires and is not renewed within ninety days, the volunteer may be dropped from the rolls. Volunteers with an expired card will not be afforded protection and reimbursement as described under RCW 38.52 and WAC118-040-080.

d. Temporary registration of volunteers may be accomplished for short durations if they have filled-out a temporary registration card which includes name, date of birth and address. (WAC 118-04-080) Registrants will not be issued an identification card, but will be afforded the same protection under RCW 38.52 and WAC 118-04 as a fully registered volunteer.

3. CERTIFICATE

I (please print your name) _____ certify that:

☐ I am in adequate physical condition to carry out the emergency worker assignment given to me and that I am not subject to any medical problems or other infirmity of body or mind, except as noted on the Emergency Worker Registration Card (EMD-024), which might render me unfit to carry out my emergency assignment. (WAC 118-04-120).

☐ I am not addicted to the use of intoxicating liquors, narcotics, or use of any controlled substances. I will not use any liquors, narcotics or controlled substance.

☐ I have not been convicted of a felony.

☐ I have not been convicted of a misdemeanor involving moral turpitude.

☐ I understand that the final determination for issuance of Washington State Emergency Worker Identification card will be at the discretion of the Director of Emergency Management or designee and/or the Klickitat County Sheriff's Office or designee. I also understand that the Director of Emergency Management or designee or the Sheriff's Department or designee may withdraw or suspend my Emergency Worker Identification Card. (WAC 118-04-080)

☐ I understand that I will have to successfully complete the IS-100 and IS-700 NIMS courses. I will also provide a copy of my FEMA IS-100 and IS-700 NIMS certificates (or FEMA Student Transcript) to Klickitat County Department of Emergency Management. No Washington State Emergency Worker Identification Card will be issued until I complete this process.

☐ Specify the group you are affiliated with (circle organization(s). (To be an Emergency Worker, you need to have a group affiliation – SAR, CERT, ARES/RACES (HAMS), KCDEM and or other _____).

☐ I will provide KCDEM with a copy of my First Aid Card.

-OR-

☐ I have not completed First Aid training; please advise me when the class is being offered locally.

☐ I hereby give permission for the Klickitat County Sheriff's Office to conduct a criminal history background check and also obtain an abstract of my driving record.

Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(Parent or Guardian if Applicant is under 18 years old)

WAC 118-04-200

Personal Responsibilities of Emergency Workers

(1) Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirements set forth in these rules.

(a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.

(b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.

(c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.

(d) Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180. All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.

(e) Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter 46.29 RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180.

(f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.

(2) Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.

(3) When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.

(4) Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required recordkeeping and reporting.

Statutory Authority: Chapter 38.52 RCW. 01-02-053, § 118-04-200, filed 12/28/00, effective 1/28/01; 93-23-005 (Order 93-08), § 118-04-200, filed 11/4/93, effective 12/5/93.]

I have read the above WAC 118-04-200 – Personal Responsibilities of Emergency Worker

Signature

Appendix B

Email Address:

EMERGENCY WORKER REGISTRATION CARD

Jurisdiction: **Klickitat County**				Issue Date:	Registration Number:
Name (Last):		(First):	(Middle):	Social Security Number: NOT REQUIRED	
Address 1:				PHOTOGRAPH	
Address 2:					
City:		State:	Zip Code:		
Driver's License No.:	Date of Birth:	Blood Type: (not required)	Sex (M-F):		
Height:	Weight:	Color Eyes:	Color Hair:		
Physical Disabilities (If any):					
Home Telephone:		Work Telephone:		**- In Case of Emergency - Please Notify:**	
I certify that the information on this card is true and correct to my best knowledge and belief.					
Emergency Worker Signature:			Date of Signature:	Name:	
Emergency Worker Assignment (WAC-118-04-110):				Telephone Number with Area Code:	
Authorizing Signature:	Local Jurisdiction:		Date of Signature:	Relation to Emergency Worker:	

Emd-024 (7/00) (FRONT)

The applicant is informed that the above information may be used to conduct a background criminal investigation. I certify by my signature above that I have been informed that a background check may be performed.

EMERGENCY WORKER TRAINING RECORD

COURSE	HOURS	DATE COMPLETED

ADDITIONAL INFORMATION - REMARKS:

Emd-024 (7/00) (Back)

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ESF 10: Oil and Hazardous Materials

1. Primary Agency
    a. Washington State Patrol
    b. City Fire Departments- Goldendale, White Salmon, Bingen
    c. Klickitat County Fire Districts
    d. Washington State Department of Ecology

2. Support Agencies
    a. City (Goldendale, White Salmon/ Bingen) Police Departments
    b. Klickitat County Sheriff's Office
    d. Klickitat County Department of Emergency Management
    e. City and County Public Works Departments
    f. Local Emergency Planning Committee (LEPC)
    g. Washington State Emergency Management Division
    h. Washington State Department of Transportation
    i. Washington State Department of Health
    j. United States Coast Guard
    k. Environmental Protection Agency
    h. American Red Cross
    i. Yakama Nation Environmental Management Program
    l. Responsible Parties/ Tier II Facilities

PURPOSE

The primary purpose of the Plan is to provide effective, coordinated emergency response to incidents involving the release or potential release of hazardous materials in Klickitat County. This plan establishes the policies and procedures under which Klickitat County will operate in the event of a hazardous materials incident, oil spill, or other release. This plan is designed to prepare Klickitat County and its political subdivisions for incident response and to minimize the exposure to or damage from materials that could adversely impact human health and safety or the environment. This document outlines the roles, responsibilities, procedures and organizational relationships of government agencies and private entities when responding to and recovering from a hazardous materials event.

The plan provides guidance for hazardous materials incident planning, notification and response as required by SARA Title III of 1986, also known as the Emergency Planning & Community Right-to-Know Act, which shall hereafter be referred to as EPCRA.

SCOPE

1. Emergency Support Functions (ESF) are the strategic planning annexes to the Comprehensive Emergency Management Plan (CEMP). ESF 10 provides for a coordinated response to actual or potential discharges and/or releases of hazardous materials within Klickitat County.
2. Planning for every hazardous material contingency is beyond the scope of this ESF. This ESF provides broad objectives that will provide the greatest protection of life and health, the environment, and property.
    a. Local Emergency Planning Committee (LEPC) Washington Administrative Code 118-40-150 Emergency planning districts — Designation.
        (1) The chief elected official of the local emergency planning district shall appoint the local emergency planning committee.
        (2) Cities and towns that do not have active emergency management organizations, as required by the Revised Code of Washington State (RCW) Chapter 38.52, are considered part of the county planning district in which they are located for the purposes of EPCRA emergency response planning.
        (3) Any town, city or political jurisdiction identified in RCW 38.52.070 may petition the emergency response commission to be designated as a local emergency planning district. Prior to the approval of such designation the proposed local emergency planning district must have selected the membership of the proposed local emergency planning committee and be in full compliance with the requirements of EPCRA.
        (4) Any local emergency planning district and the respective local emergency planning committee existing prior to the effective date of this rule change shall be recognized.
        (5) An existing local emergency planning district may petition the state emergency response commission to dissolve its independent status and either join the jurisdiction of the county in which it is included or join with an adjacent local emergency planning committee.
3. Washington Administrative Code 118-40-160 Local Emergency Planning Committee-Organization, membership.
    a. Each local committee shall include, at a minimum, representation from each of the following groups or types of organizations as specified by Section 301(c) of EPCRA:
        (1) State and local officials.
        (2) Law enforcement.
        (3) Emergency management.
        (4) Firefighting.
        (5) Emergency Medical Services.
        (6) Health profession.
        (7) Local environmental.

(8) Hospital.

(9) Transportation personnel.

(10) Broadcast and print media

(11) Community groups.

b. Owners and operators of facilities subject to the requirements of Section 302(b) of EPCRA.

c. Each LEPC shall appoint a chairperson.

d. Committee rules shall include provisions for public notification of committee activities, public meetings to discuss the emergency plan, public comments, response to such comments by the committee, and distribution of emergency response plans to the general public.

e. Each local emergency planning committee shall submit annually, to the state emergency response commission, a list of their membership and the organizations they represent.

4. Washington Administrative Code 118-40-170 LEPC--Responsibilities.

a. Each local emergency planning committee shall complete the preparation of a hazardous materials emergency response plan. In the development of the plan, as specified by Sections 303 (a), (b), (c) and 324 (a), (b), EPCRA, committee duties include, but are not limited to:

(1) Forming a local planning team

(2) Designating a team leader.

(3) Evaluating the resources needed to develop, implement, and exercise the emergency plan.

(4) Identifying existing emergency response equipment and personnel.

(5) Conducting a needs assessment of emergency response equipment and personnel requirements.

(6) Providing oversight for preparation of the plan by the local planning team.

b. Each local committee shall establish procedures for receiving and processing requests from the general public for information under Section 324 (including Tier II information under Section 312) EPCRA. Such procedures shall include the designation of an official to serve as committee coordinator for all information requests.

5. Reference: Klickitat County Corporate Counsel, PUBLIC RECORDS REQUEST FORM RCW CHAPTER 42.56 PUBLIC RECORDS ACT

a. Washington Administrative Code 118-40-180 Hazardous material emergency response plan

(1) Content, guidelines, evaluation process.

(2) Each local emergency planning committee shall complete a hazardous materials emergency response plan as required by Section 303 (a), (b), (c), EPCRA.

(3) The local emergency planning committee shall transmit three copies of the completed plan to: Washington State Emergency Response Commission, Military Department Emergency Management Division

b. At a minimum, the plan shall include the requirements of EPCRA, the standards of the NRT-1 guidelines, and the concepts of the Washington state comprehensive emergency management plan as it is written.

c. Upon receipt of a local emergency planning committee hazardous material emergency response plan, the state emergency response commission shall:

(1) Send a letter to the local emergency planning committee formally acknowledging the receipt of the plan and informing them of the review process.

(2) Copies of the plan will then be reviewed for comment within ninety days of receipt as required by EPCRA.

d. Upon completion of this review the state emergency response commission shall, as appropriate, send a letter to the submitting local emergency planning committee acknowledging receipt and providing reviewer's comments as appropriate in meeting the intent of EPCRA.

6. The local emergency planning committees shall review and update, as appropriate, their plans annually. Changes to the plan shall be submitted to the state emergency response commission. If there are no changes to the local plan, the local emergency planning committee shall provide written notification to the state emergency response commission within thirty days of the review's completion.

7. USC Title 42 Chapter 116 (EPCRA) Subchapter I Section 11003(c) requires emergency planning to include (but is not limited to) nine of the following:

a. Identification of facilities subject to the requirements of this subchapter that are within the emergency planning district, identification of routes likely to be used for the transportation of substances on the list of extremely hazardous substances referred to in section 11002(a) of this title, and identification of additional facilities contributing or subjected to additional risk due to their proximity to facilities subject to the requirements of this subchapter, such as hospitals or natural gas facilities.

8. Methods and procedures to be followed by facility owners and operators and local emergency and medical personnel to respond to any release of such substances.

9. Designation of a community emergency coordinator and facility emergency coordinators, who shall make determinations necessary to implement the plan.

10. Procedures providing reliable, effective, and timely notification by the facility emergency coordinators and the community emergency coordinator to persons designated in the emergency plan, and to the public, that a release has occurred (consistent with the emergency notification requirements of Section 11004 of this title).

11. Methods for determining the occurrence of a release, and the area or population likely to be affected by such release.

a. Most companies do a PHA using the “What-if/Checklist” method, following the guideline questions and program created by the International Institute of Ammonia Refrigeration (IIAR).

b. Other methods that could be used are: What-if; Checklist; Hazard and Operability Study (HAZOP); Failure Mode and Effects Analysis (FMEA); Fault Tree Analysis; or an appropriate equivalent method. For ammonia systems the "What-if/Checklist" method seems to work very well

c. EPA guidelines for considering "Worse Case" and "Alternate Case" releases, such as the document "Risk Management Program Guidance for Offsite Consequence Analysis".

12. A description of emergency equipment and facilities in the community and at each facility in the community subject to the requirements of this subchapter, and an identification of the persons responsible for such equipment and facilities.

    a. All the facilities that have ammonia should have canister or cartridge type masks for anhydrous ammonia, which would be good up to 300 PPM. Very few facilities have a handheld ammonia detector. Few, if any facilities, also have SCBAs, but typically these are not used for ammonia response, rather for entering a CA room.

    b. Very few, if any facilities in Klickitat County have "Level A Suits". Typically, most facilities would, on discovery of an ammonia release, instruct everyone on site to either evacuate to a pre-designated location or shelter-in-place.

13. Evacuation plans, including provisions for a precautionary evacuation and alternative traffic routes.

14. Training programs, including schedules for training of local emergency response and medical personnel.

15. Methods and schedules for exercising the emergency plan.

16. Bingen Point Emergency Response Plan 2016

file:///C:/Users/kec245/AppData/Local/Temp/!KCDEM%2520Bingen%2520Point%2520Incident%2520Response%2520Plan%252C%2520First%2520Edition%2520(11-15-16)_1.pdf

POLICIES

The State Department of Ecology (ECY) has overall responsibility for 24-hour environmental pollution prevention, preparedness, and response within the state of Washington as identified in the 2016 Northwest Contingency Plan.

The emergency field response to incidents of hazardous materials spills and releases is the responsibility of the fire services. The Washington State Patrol is Incident Command for hazardous materials incidents in the entire county, not just on state highways.

AUTHORITY

Several formalized agreements and understandings are relevant to this plan. Like the Bingen Point Incident Response Plan 2016, many of these documents have been promulgated to implement or supplement the Klickitat County Comprehensive Emergency Management Plan 2013. Therefore, for detail on existing agreements and understandings, please refer to that section of the Comprehensive Emergency Management Plan.

STATE STATUES AND REGULATIONS

RCW 38.52.070 - Local organizations and joint local organizations authorized - Establishment, operation - Emergency powers, procedures.

Chapter 70.136 RCW - Hazardous materials incidents.

RCW 70.136.030 - Incident command agencies - Designation by political subdivisions.

RCW 90.56.020 – Director responsible for spill response (Department of Ecology).

Chapter 118-40 WAC - Hazardous chemical emergency response planning and community right-to-know reporting.

Chapter 296-824 WAC - Emergency response. Federal statutes and regulations

40 CFR Part 355 - Emergency Planning and Notification

40 CFR Part 370 - Hazardous Chemical Report: Community Right-to-Know

U.S. Code: Title 42, Chapter 116, Section 11003a-g - Comprehensive Emergency Response Plans

Comprehensive Preparedness Guide (CPG) 101 March, 2010.

National Response Framework – March, 2016

29 CFR 1910.120 - Hazardous waste operations and emergency response.

SITUATION

1. Emergency/Disaster Conditions and Hazards
    a. Hazardous material incidents can occur anywhere and at any time throughout the county. The volume and distribution of hazardous materials in a jurisdiction determines the likelihood of an incident. Transportation routes pose a major threat because of the volume and variety of hazardous materials being transported over them.
    b. The threat presented by hazardous material incidents is often to both public health and safety and the environment. While most hazardous material incidents involve smaller volumes of material, they do require specific approaches to different types of chemical and waste releases. It is important to assess the characteristics of the hazard, acquire the necessary resources and develop a site-specific emergency response plan.
    c. The commencement of emergency response operations of hazardous material incidents may require multi-agency and multi-disciplinary responses. Disciplines involved may include fire responders, law enforcement, environmental containment and cleanup specialists, fish and wildlife experts, emergency medical services, environmental health and other agencies. While upon initial assessment, some incidents may not have obvious impacts on life, property, and the environment. They may have subtle long-term consequences for human health and the environment that will require further remediation.
    d. Klickitat County has suffered both transportation and fixed facility hazardous materials incidents. Most incidents involve petroleum products or agricultural products such as anhydrous ammonia. Incidents involving hazardous materials may occur at any time, but are most likely limited to Highway 97, Highway 14,

Interstate 84 (across the Columbia River in Oregon), along the natural gas distribution pipelines, or along the Burlington Northern Santa Fe (Washington side) or Union Pacific (Oregon side) railroad lines. Some material may be from time to time by barge on the Columbia River, as well. Bulk storage of liquefied petroleum gases at Dallesport presents a potential site for release. Any uncontrolled release of a hazardous material may involve ground, water, air, or any combination thereof. HAZMAT incidents are not limited to industrial areas, they can occur on rural transportation routes, major highways, residential yards, public buildings, railroads, waterways, or remote fields.

e. As per the Klickitat County Hazard Identification & Vulnerability Analysis, November 2008 (http://www.klickitatcounty.org/documentcenter/view/247), Hazardous Materials pose a threat to Klickitat County due to the quantity of materials transported through the county. Responding to hazardous materials emergencies requires special training beyond what the local all-volunteer fire departments can afford. A hazardous material spill will require assistance from outside the county. A HAZMAT team is available through mutual aid agreements with Oregon. The Tri-County HAZMAT Team (located in Yakima, Benton, Franklin, and Walla Walla counties) is an hour away.

2. Planning Assumptions

   a. Rail lines transporting crude oil is the County's greatest risk. The county will be dependent upon the responsible party, inter- and intra-state aid for response assistance.

   b. Fixed facilities (tank farms, agriculture storage sites, and industries using hazardous materials) can produce, generate, use, or store, materials that could be damaged so that existing spill control apparatus and containment measures are not effective.

   c. Hazardous materials that are transported may be involved in railroad accidents, highway collisions, or airline incidents.

   d. Damage to, or rupture of, pipelines, transporting materials that are hazardous if improperly released will present serious problems.

   e. Emergency exemptions may be needed for disposal of contaminated material.

   f. Laboratories responsible for analyzing hazardous material samples may be damaged or destroyed in a disaster.

   g. The demand for public information may be overwhelming. The assignment of a Public Information Officer, with a Joint Information System and/or a Joint Information Center to support them will be critical in the effort to achieve a robust response. First responders and the possible responsible party will face the challenge of providing timely multi-language (English to Spanish is the major deliverable needed) messaging using traditional and social media.

   h. For an extensive event, the local hospital will be over-whelmed and will be looking for assistance from hospitals in Oregon and Washington State's Homeland Security Region 8.

   i. Limitations

      i. Overarching Limitation

ii. It is the policy of Klickitat County government jurisdictions that no guarantee is implied by this plan for a perfect response system. As government assets and systems may be overwhelmed, jurisdictions can only endeavor to make every reasonable effort to respond based on the situation, and information and resources available at the time.

1. Adequate funding is needed to support this plan and its programs. The performance of the assigned tasks and responsibilities will be dependent on appropriations and funding to support this plan. Lack of funding may degrade the services envisioned under this plan.

iii. Specific to Plans

1. This plan does not imply, nor does it infer or guarantee, a perfect response will be practical or possible. No plan can shield individuals from impacts of an event.
2. Responders will attempt to coordinate the plan and response according to standards.
3. Every reasonable effort will be made to respond to emergencies, events or disasters; however, personnel and resources may be overwhelmed.
4. There may be little to no warning during specific events to implement operational procedures.
5. Success or failure of emergency plans depends upon effective tactical execution.
6. Successful implementation of any plan depends on timely identification of capabilities and available resources at the time of the incident and a thorough information exchange between responding organizations.
7. Each agency and jurisdiction will respond within the limits of their training, capabilities and qualifications

CONCERT OF OPERATIONS

1. Response to hazardous materials incidents in Klickitat County and political subdivisions is determined by the Incident Command Agency.
2. According to the requirements of state law, a pre-designated Incident Command Agency has been identified, and assumes overall direction and control of hazardous materials incidents.
3. On all state and federal highways, the Washington State Patrol is the designated
4. Incident Command Agency by state law. A lack of resources will necessitate that WSP
5. Partner with both the local law enforcement agency and the local fire departments in Klickitat County.
6. No fire departments in Klickitat County have retained the Incident Command authority for hazardous materials incidents in their jurisdictions. For all jurisdictions in Klickitat County, the Washington State Patrol has been designated as the Incident Command agency for hazardous materials incidents.

7. On locations that do not pertain to state and federal highways, the Washington State Department of Ecology has overall responsibility for 24-hour environmental pollution prevention, preparedness and response within the State of Washington.
8. The first priority of the Incident Commander will be to determine the appropriate protective action for the public, disseminate such recommendations, and implement them. The Incident Commander (likely Unified Command) will consult on-scene resources, NAERG, MSDS and other applicable resources to develop a written incident action plan (IAP) which will include:
    a. Incident objectives that are based solely on the concept of risk benefit and available resources.
    b. Identification of the command structure.
    c. A communications plan.
    d. Alternative action plan – what will be done if incident benchmarks are not achieved and/or responder safety is put at risk.
9. The Klickitat County Department of Emergency Management is the designated "Community Emergency Coordinator".
10. Radiation is a classification of hazardous material, and danger from radiation is a threat to the county. Although a radiation incident could involve transportation or a fixed-site accident from the Columbia Generating Station, this special hazard is managed by the State of Washington and is addressed in the State's Comprehensive Emergency Management Plan.
11. Klickitat County does not participate in the State's County Radiation Exposure Program, and does not maintain a separate Radiation Response Plan for the County.
12. As quickly as possible, first responders should identify the type or types of materials involved, and the scope of the incident. Information can be gathered from the reporting party, the Klickitat County Dispatch (E911), the responsible party, placards, and references such as the North American Response Guidebook, Chemtrec, and CAMEO.
13. The first emergency responder on-scene should report the size-up, request assistance as needed, and begin establishing the Incident Command System. The size-up and other information gathered will determine the establishment of safety and evacuation zones, as well as what emergency medical aid may be needed for anyone exposed to the hazard. Likewise, the initial Incident Commander will need to assign a Safety Officer to ensure proper guidelines regarding personal protective equipment are issued, and National Response Guidelines are followed.
14. As other responders are in route, it is imperative to identify a safe area for staging, and assign a Staging Officer. Likewise, if decontamination of victims could be needed, decontamination sites will need to be established; and the proper response partners, as well as local medical facilities, must be contacted by Dispatch.
15. The acting Incident Commander will maintain communication with hazardous materials specialists while awaiting their arrival. Communications will be maintained through established interoperability strategies, cell phone or satellite phone, and/or with assistance from Dispatch.
16. Incident Command staff and other personnel will determine who the responsible party is, so they can be contacted for further information and assistance.

17. The Incident Commander, in coordination with the responsible party and other county agencies, will determine the public information needs of the response. As per the National Incident Management System framework, they will collaborate on coordinated public concern messaging for the residents of the county (i.e., the selection of a Public Information Officer, possible use of a Joint Information System, and/or a Joint Information Center, as needed.)
18. Additional resources beyond this are at least 1-4 hours away at the time of call. Additional resources are available by request:
    a. WSP's Meth Lab Response Team, when applicable.
    b. Washington State DOE for clean-up and environmental mitigation.
    c. US Army for Explosive Ordinance Disposal (Yakima Training Center), when applicable.

RESPONSIBILITIES – JURISDICTION/AGENCY

1. Primary Agencies
    (1) Washington State Patrol
        i. Coordinate on-scene activities of hazardous materials spills and releases. Act as designated Incident Command Agency for hazardous materials incidents on interstate and state highways and in areas specifically designated by the local political entity.
        ii. When the local jurisdiction does not designate an incident command agency, assume incident command for the jurisdiction in accordance with RCW 70.136.030.
        iii. When necessary, establish a unified command system with fire departments, emergency medical services, and other state and federal agencies.
    (2) Washington State Department of Ecology
        i. Coordinate the activities according to the Department of Ecology Spill Prevention Policy, and Spill Operations Sections.
        ii. Coordinate with representatives from the Klickitat County Emergency Operations Center (EOC).
    (3) City Fire Departments (Goldendale, White Salmon, Bingen).
        i. Respond to hazardous materials spills and releases and perform initial identification and containment activities within their capabilities.
        ii. Provide a limited initial response to hazardous materials incidents based on responder training and expertise.
        iii. Act as the initial Incident Commander until a designated Incident Commander arrives on scene.

iv. Notify the appropriate dispatch agency when the magnitude of the incident exceeds there capabilities.

v. Identify hazardous material(s) without compromising responder safety (placard number, shipping documents, driver comments, etc.).

vi. Provide for the safety of the public by whatever means necessary (evacuation, shelter-in-place).

vii. Isolate the affected area in accordance with the Emergency Response Guidebook or other appropriate resource information.

viii. Effectively deploy all necessary and available fire jurisdiction equipment and manpower, as per the scope of their training.

ix. Deploy mutual aid, as requested.

x. Support HAZMAT Team with personnel/equipment as required, as per the scope of their training.

xi. Provide coordination and control of manpower and equipment through the EOC or the ICP near the scene.

xii. Provide manpower and equipment for decontamination and emergency medical aid at the scene of a hazardous material incident.

xiii. Provide emergency medical care and transportation for those injured in a hazardous material incident after decon is completed.

xiv. Perform other operations which may be appropriate in accordance with training.

(4) Klickitat County Fire Districts

i. Respond to hazardous materials spills and releases and perform initial identification and containment activities, within their capabilities

ii. Provide a limited initial response to hazardous materials incidents based on responder training and expertise.

iii. Act as the Incident Commander until a designated Incident Commander arrives on scene.

iv. Notify the appropriate dispatch agency when the magnitude of the incident exceeds there capabilities.

v. Identify hazardous material(s) without compromising responder safety (placard number, shipping documents, driver comments, etc.).

vi. Provide for the safety of the public by whatever means necessary (evacuation, shelter-in-place).

vii. Isolate the affected area in accordance with the Emergency Response Guidebook or other appropriate resource information.

viii. Effectively deploy all necessary and available fire jurisdiction equipment and manpower, as per the scope of their training.

ix. Deploy mutual aid, as requested.

x. Support HAZMAT Team with personnel/equipment as required, as per the scope of their training.

xi. Provide coordination and control of manpower and equipment through the EOC or the ICP near the scene.

xii. Provide manpower and equipment for decontamination and emergency medical aid at the scene of a hazardous material incident.

xiii. Provide emergency medical care and transportation for those injured in a hazardous material incident after decon is completed.

xiv. Perform other operations which may be appropriate in accordance with training.

2. Support Agencies

   a. City Law Enforcement (Bingen/ White Salmon Police Department, Goldendale Police Departments)

      (1) Provide on-scene security to support hazardous materials spills and releases occurring within their jurisdiction (evacuations, perimeters, investigating events with a criminal nexus).

   b. Klickitat County Sheriff's Office

      (1) Provide on-scene security to support hazardous materials spills and releases occurring within their jurisdiction (evacuations, perimeters, investigating events with a criminal nexus).

   c. Klickitat County Department of Emergency Management

      (1) Designate a coordinator to work with the Local Emergency Planning Committee (LEPC). Function as lead agency for the Klickitat County LEPC.

      (2) Provide public educational materials to the public and businesses on hazardous materials and preparedness. Provide public information on response activities and public safety, as necessary during major incidents.

      (3) Provide emergency management or emergency operations center (EOC) support for the logistical requirements of hazardous materials emergency response. Coordination of resource needs will be made thru Klickitat County Dispatch or EOC during expanding Incident Command type responses like HazMat spills.

      (4) Provide notification of agencies and organizations as requested by either the facility representative or first responders.

      (5) Open the Klickitat County EOC, when indicated.

      (6) Script and transmit emergency messages using the mass notification system when requested/appropriate.

      (7) Attempt other methods of notification to the public, as necessary.

      (8) Support first response agencies and incident command with information and resource coordination, as required.

      (9) Assist with federal, state and other notifications.

      (10) Provide public information as to areas to avoid, alternate routes of travel, shelter-in-place or evacuation or other information as required.

(11) Assist incident command in determining need for evacuation or shelter-in-place.

(12) Act as Community Emergency Coordinator.

d. City and County Public Works Departments (Klickitat County, City of White Salmon, City of Goldendale, City of Bingen)

(1) Mobilize and manage public works personnel, equipment and necessary materials to help with containment of a hazardous materials release and isolation of the hazard area (e.g. physical barriers, signs).

(2) Provide assistance to law enforcement with regard to traffic control on evacuation routes and at the incident scene.

e. Klickitat County Local Emergency Planning Committee (LEPC)

(1) Receive Tier II reports and maintain updated list of where chemicals are located in the county.

(2) Members provide support to first responders as their resources allow during a hazardous material response.

f. Washington State Emergency Management Division

(1) Maintain a 24-hour duty officer system to receive notification of incidents and requests for assistance; and provide initial notification to local, state and federal response agencies.

(2) Provide communications links to state agencies and local jurisdictions through the state EOC.

(3) Issues mission numbers.

g. Washington State Department of Transportation

(1) Assistance to law enforcement with regard to traffic control on evacuation routes.

h. Washington State Department of Health

(1) Assess the public health implications of a hazardous materials incident and take appropriate actions.

(2) In conjunction with the Washington State Departments of Ecology, assist water and sewer utilities in the investigation and mitigation of impacts from the effects of a hazardous materials incident.

i. United States Coast Guard

(1) Serve as On Scene Federal Coordinator for spills in navigable waterways.

(2) Provide Incident Management Team support through established response rosters, as well as the mobilization of USCG members through Title 14 and Title 10.

j. Environmental Protection Agency

(1) Serve as On Scene Federal Coordinator for spills on land and in non-navigable waterways.

(2) Provide Incident Management Team support through established response rosters.

k. American Red Cross

(1) Provide for temporary shelter, feeding, welfare inquiries and information services.

(1) Yakama Nation Environnemental Management Program

1) Provide tactical boom deployment for incidents impacting tribal fishers within/bordering Klickitat County.

2) Bring logistical support of Yakama Nation when serving as Tribal On Scene

(2) Coordinator within Unified Command.

3. Responsible Parties/ Tier II Facilities

(1) Facilities storing/ transporting extremely hazardous substances must identify the location of such substances and designate a Facility Emergency Coordinator to act as the contact for facility and hazardous materials information in accordance with 40 CFR 355.30. 40 CFR 355.30 (c) requires the owner or operator of a facility subject to the section to designate a facility representative who will participate in the local emergency planning process as a facility emergency response coordinator.

(2) Submit Tier Two-Emergency and Hazardous Chemical Inventory Report and other Information, as required by federal, state or local law.

(3) Prepare hazardous materials emergency plans and provide copies to the Klickitat County LEPC, when requested.

(4) Train and equip personnel to implement the plans.

(5) Notify 9-1-1, and other agencies as required or necessary, when a hazardous materials incident occurs.

(6) Implement emergency plans utilizing NIMS in coordination with the local fire jurisdictions.

(7) Include evacuation routes and methods of evacuation for employees and visitors,

(8) both on site and in the immediate proximity, in hazardous materials emergency plans.

REFERENCES

Community Emergency Management System (CEMS)/National Incident Management Systems (NIMS) Concept of Operations Implementing Procedures, April, 2005

Interlocal Agreement (Contract: C27205, Signed December 6, 2005)

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ESF 11: Agriculture and Natural Resources

RESPONSIBILITY SUMMARY

1. Primary Agencies
    a. WSU Klickitat County Extension
    b. Klickitat County Public Health Department
    c. Klickitat County Department of Emergency Management
    d. Klickitat County Department of Natural Resources
    e. Washington State Department of Agriculture
    f. Washington State Department of Health
    g. Washington State Department of Fish and Wildlife
    h. Washington State Department of Natural Resources
    i. United States Department of Agriculture
    j. United States Food and Drug Administration

2. Support Agencies
    a. Local and State Law Enforcement
    b. Klickitat County Fair Board
    c. Emergency Medical Services
    d. Designated Public Information Officers
    e. Fire Services
    f. Klickitat County Communications Center
    g. Bishop Sanitation Services
    h. Washington State Department of Transportation
    i. Washington State Cattlemen's Association
    j. Klickitat County Livestock Growers Association
    k. US Department of Interior
    m. Washington State Office of Archaeologist
    n. Radio Amateur Civil Emergency Services
    o. Southwest Washington American Red Cross
    p. Public Works Departments
    q. Veterinary Clinics
    r. Volunteer Organizations
    s. Yakama Nation

t. Bureau of Indian Affairs

u. Other State and Federal Agencies

3. Plan Preparation & Maintenance

a. WSU Klickitat County Extension

b. Klickitat County Public Health Department

c. Klickitat County Department of Emergency Management

GENERAL INFORMATION

1. Purpose

ESF 11 supports local jurisdiction efforts to address: (1) providing safe and wholesome food products to the populace; (2) control and eradication of an outbreak of a highly contagious or economically devastating animal/zoonotic disease, highly infective exotic plant disease; (3) assurance of food safety and food security (under Department of Agriculture (USDA) jurisdictions and authorities), and (4) protection of natural and cultural resources and historic properties (NCH) resources prior to, during, and/or after a major emergency or disaster, and (5) radiological contamination and implementation of food control zones.

2. Scope

ESF 11 includes four primary functions:

a. Provision of nutrition assistance by the Food and Nutrition Service (FNS): Includes determining nutrition assistance needs, obtaining appropriate food supplies, arranging for delivery of the supplies.

b. Animal and plant disease and pest response: Includes implementing an integrated Federal, State, local, and tribal response to an outbreak of a highly contagious or economically devastating animal/zoonotic disease, an outbreak of a highly infective exotic plant disease, or an economically devastating plant pest infestation.

c. Assurance of the safety and security of the commercial food supply: Includes the inspection and verification of food safety aspects of products in distribution and retail sites, and import facilities at ports of entry; laboratory analysis of food samples; control of products suspected to be adulterated; plant closures; food-borne disease surveillance; and field investigations; response to radiation release from local fixed nuclear facilities.

d. Protection of NCH resources: Includes appropriate response actions to conserve, rehabilitate, recover, and restore NCH resources.

POLICIES

1. General

Actions undertaken under ESF 11 are coordinated with and conducted cooperatively with State, local and tribal incident management officials and with private entities.

2. Nutrition Assistance
    a. Food supplies secured and delivered under ESF 11 are suitable either for household distribution or for congregate meal service, as appropriate.
    b. Transportation and distribution of food supplies within the affected area are arranged by Federal, State, local, and voluntary organizations.
    c. Local officials encourage the use of congregate feeding arrangements as the primary outlet for disaster food supplies.
    d. Priority is given to moving critical supplies of food into areas of acute need and then to areas of moderate need.

3. Animal and Plant Disease and Pest Response
    a. When addressing animal diseases, all animal depopulation activities are conducted as humanely as possible while stopping pathogen spread and limiting the number of animals that must be euthanized. Disposal methods for infected or potentially infected carcasses and plant host material are chosen for their effectiveness in stopping pathogen spread and for their minimal impact of the environment.
    b. The Secretary of Agriculture (USDA) can release funds from contingency or program accounts, as needed, to indemnify producers for animals and suspect animal and plant products seized, or facilities held, to control a disease, as well as to pay the operational costs of the eradication of disease.
    c. The Secretary of Agriculture (USDA) also may declare an Extraordinary Emergency to pay compensation, and to allow for the use of Federal authorities to take action within a state, if the affected state is unable to take appropriate action to control and eradicate the disease.

4. Food Safety and Security

    Actions undertaken are guided by, and coordinated with, State emergency preparedness and response officials and existing USDA internal policies and procedures.

5. NCH Resources Protection
    a. The Department of the Interior (DOI) is the initial primary agency for NCH resources.
    b. Actions undertaken under ESF 11 to protect, conserve, rehabilitate, recover, and restore NCH resources are guided by the existing internal policies and procedures of the primary agency for each incident.
    c. A major emergency or disaster could adversely impact NCH resources.

SITUATION

1. Emergency/Disaster Conditions and Hazards

    See *Klickitat County Hazard Identification and Vulnerability Assessment, June, 2008*

2. Planning Assumptions

    a. The Klickitat County Department of Emergency Management will work closely with the Southwest Washington American Red Cross, and other disaster relief organizations in the distribution of food and water for the feeding of residents displaced from their homes.

    b. Schools, institutions and other facilities with inventories of USDA commodities, and in proximity of the event, will be used in the feeding of displaced residents.

    c. The delivery of food and potable water may be hindered due to the disruption of transportation routes.

    d. The State Emergency Operations Center will receive requests for food supplies from local jurisdictions or disaster relief organizations 72 hours after the event.

    e. Response and recovery activities will be governed by procedures established in Appendix A – Foreign Animal Disease (FAD) and Appendix B– Disaster Animal Care.

CONCEPT OF OPERATIONS

1. General

    Response and recovery activities will be consistent with the CEMP, this ESF and its appendices, and the Washington State CEMP.

    An animal health event that overwhelms a local jurisdiction's resources, and are of such a scale that existing agreements may not provide an adequate response, are to be acted upon under the coordination of the WSDA, acting consistently within its statutory mandate, and under the coordination authority of the state EMD.

2. Preparedness Activities

    This ESF should be considered an educational and utility tool for each primary response and supporting discipline at the local level. Each discipline should become familiar with this ESF and it contents in preparation for an emergency requiring animal care. When able, each discipline should pursue and take part in any training or educational opportunities that become available regarding animal care response or an outbreak of FAD. This ESF also contains responsibilities and actions required of each discipline, which should be reviewed and where appropriate, put into place before an event. Each discipline is responsible for their specific sections in this ESF.

3. Response Activities

    Based on the type and/or size of an incident, a variety of outside county resources may be needed. These resource needs will be coordinated through KCDEM/EOC.

4. Recovery Activities

    Each department, agency and individual involved shall maintain accurate records of the incident, including activities conducted, associated costs, and hours worked by paid and volunteer personnel. They will be responsible for maintaining response and recovery

expense records for future possible reimbursement. All participants will prepare After-Action reports and have an opportunity to be debriefed. Copies of all records and After-Action Reports will be provided to, and maintained by, the KCDEM/EOC. Information gleaned from the After-Action Reports will be used by responding agencies in preparation for a future emergency requiring animal care.

Recovery and recovery activities will be consistent with the State of Washington CEMP. Animal health care responders (public or private) who meet training and qualification standards established by the Department of Agriculture will be designated as emergency workers by the State EMD. Response and recovery activities will be governed by procedures established by the WSDA, who is also responsible for their implementation.

RESPONSIBILITIES

1. When the action needed is within county/city governmental/non-governmental organizations and private sector jurisdictions, that jurisdiction takes the lead role for services unless otherwise decided by the jurisdiction head. When the jurisdiction is assisting within another jurisdiction they take action as directed or needed. For Local, State, Federal and Tribal Governments, Private Organizations and Businesses, responsibilities for functions other than food and water safety are outlined in the appendices to this plan: Appendix A – Foreign Animal Disease (FAD), Appendix B – Disaster Animal Care.

2. Primary Agencies
    a. Klickitat County Department of Emergency Management

        Lead agency for coordination with disaster relief organizations and major food distributors for the provision and distribution of food to disaster victims or food service organizations.

    b. Health Department
        1) Provide information for the public regarding food contamination, proper handling, distribution, conservation and safe drinking water.
        2) Monitor food preparation at point of consumption and emergency water supplies for compliance with applicable standards.

    c. American Red Cross

        Provide food and water for displaced individuals and families at shelters, and emergency workers and rescue personnel.

REFERENCES

1. *Klickitat County Hazard Identification and Vulnerability Assessment, June, 2008 Washington State CEMP, June 2011*

2. *Community Emergency Management System (CEMS)/National Incident Management Systems (NIMS) Concept of Operations Implementing Procedures, April, 2005*

3. *Washington State Fixed Nuclear Facility Plan April 2012, Annex F.*

ACRONYMS, DEFINITIONS AND TERMS

1. USDA: United States Department of Agriculture
2. FNS: Food and Nutrition Service
3. NCH Natural Cultural Historic
4. ECC: Emergency Coordination Centers

TABS

1. Appendix A: Foreign Animal Disease
2. Appendix B: Disaster Animal Care
3. Appendix C: List of Diseases Notifiable to the OIC
4. Appendix D: Emergency Disposal of Dead Animals

APPENDIX A: FOREIGN ANIMAL DISEASE

RESPONSIBILITY SUMMARY

1. Primary Response
    a. Klickitat County Veterinary Coordinator
    b. WSU Klickitat County Extension
    c. Klickitat County Public Health Department
    d. Washington State Department of Agriculture
    e. Washington State Department of Health
    f. United States Department of Agriculture
    g. Food and Drug Administration
    h. Klickitat County Department of Emergency Management

2. Supporting
    a. Klickitat County Communications Center
    b. Amateur Radio Emergency Services/Radio Amateur Civil Emergency Service
    c. Southwest Washington State American Red Cross
    d. Emergency Medical Services
    e. Law Enforcement
    f. Public Works Departments
    g. State and Federal Agencies

3. Plan Preparation & Maintenance
    a. Klickitat County Department of Emergency Management
    b. WSU Klickitat County Extension
    c. Klickitat County Public Health Department

INTRODUCTION

1. Purpose

    To provide guidance for mitigating against, preparing for, identifying and responding to, and recovering from any highly contagious Foreign Animal Disease (FAD) affecting the health safety and welfare of human beings, livestock and wildlife in Klickitat County. This portion of ESF 11, Appendix A, provides guidance to coordinate the initial Klickitat County based response, as well as ongoing activities of the state and federal agencies, and private organizations and entities in rapid response to and recovery from an outbreak of FAD. Since some FADs are zoonotic (i.e. diseases that can potentially affect both people and other animals), this coordination may also involve the identification and control of diseases of public health significance. Issues of major concern in preparedness and response to a FAD outbreak, include prevention of introduction, disease surveillance, rapid identification,

initiation of steps to reduce the further spread of the disease, and disposal of infected, exposed and dead animals during an outbreak.

2. Scope

   This appendix provides technical advice and assistance to local, county and professional animal health organizations and industry during a FAD outbreak, and includes procedures for the identification, containment, and elimination of a FAD. This appendix is applicable to all local agencies identified in the primary and supporting agency outline. It is anticipated that the remainder of the supporting private organizations identified in this appendix will participate to the fullest extent possible.

POLICIES

All primary response agencies listed in this appendix will, within the limits of their resources and authority, coordinate with other local, state and federal organizations having responsibility to respond to a FAD event. The primary state agency of jurisdiction is the WSDA and at the federal level, the USDA.

The coordinating agencies responsible for planning all animal response and recovery activities for the county CEMP shall be the Klickitat County Veterinary Coordinator (KCVC), WSUOCE, and the DEM/EOC.

It is understood that a FAD outbreak can overwhelm local resources and prevent agencies and jurisdictions from fulfilling all their roles and responses to request for assistance.

SITUATION

1. General Circumstances
   a. Livestock and wildlife in Klickitat County are subject to a variety of highly contagious foreign animal diseases.
   b. When a highly contagious disease occurs, animals may die or their production capability may become severely limited.
   c. If the contagious animal disease is not controlled or eradicated, an entire class of animals may be adversely affected.
   d. Such an event could cause a severe impact to, or even destroy, the agricultural economic stability and viability of Klickitat County, the state and possibly the nation.
   e. Several serious animal disease outbreaks have occurred outside the United States recently. These incidents underscore Klickitat County and Washington State's vulnerability to an outbreak of FAD. A list of concerned diseases is included as Appendix C of this ESF. For additional information refer to Washington State CEMP, ESF 11 – Agriculture and Natural Resources.

2. Planning Assumptions
   a. The veterinary and animal control staffs residing in the county are the first line of response to FAD emergencies involving animals in their communities.

b. During an Animal Health Event, a natural or technological disaster, the need may arise to dispose of a large number of dead animals, contaminated animal products, and animal waste.

c. Coordination of FAD events involves cooperation between the State Veterinary Medical Association appointed local KCVC and the county DEM/EOC and other disciplines mentioned in this appendix, including other state and federal agencies, as well as all local veterinarians.

d. A FAD may be very contagious; it may affect both farm/ranch animals and wildlife in Klickitat County; and it may be extremely difficult to identify, isolate, control, and eradicate and may spread to other states and other countries.

e. The time delay between the detection of an animal disease and its identification as a FAD may be delayed which could result in long term, very costly deployment of emergency control measures for six (6) months or longer.

f. A FAD may be introduced by many natural pathways or could be introduced as an act of terrorism.

g. An individual who observes sick livestock or wildlife will eventually notify a veterinarian, game warden, game biologist, or some other official dealing with animals.

h. FADs not identified, isolated, controlled, or eradicated, could severely disrupt the economy and even change the culture and well-being of people in Klickitat County and Washington State.

i. Some FADs can adversely affect humans.

j. The Office International des Epizooties (OIE) provides worldwide disease reporting services to 147-member countries, including the United States, on the occurrence of certain animal diseases, and establishes guidelines for trade in animals and animal products. See Appendix C – OIE Reportable Diseases.

k. FADs will severely affect intrastate, interstate, and international movement of live animals, and animal products.

l. Control and eradication of an identified FAD will involve many local, county, state and federal agencies including not just those associated with agricultural activities.

m. Positive and prompt actions may have to be taken by government authorities to quarantine and depopulate privately owned animal stocks and wildlife prior to positive identification of a FAD in order to stop the spread of the disease.

n. Those having animals as revenue property may expect to be reimbursed by the government for their losses.

o. Immediate market value indemnity for depopulated animals to owners is essential to maintain credibility with producers, marketers, and processors and to encourage prompt thorough disease reporting by owners and to prevent the FAD from going “underground” through clandestine channels of trade.

p. A ban on entry of certain animal products into human and/or animal food chains could result in illicit slaughter, processing, and distribution of these products.

q. Livestock owners, defenders of animal rights, and other citizens may strenuously object to the depopulation of animals.

r. Some individuals may not believe in the viability or validity of the threat posed by a contagious FAD, and may take actions counter-productive to the government process to isolate, control, and/or eradicate the FAD.

s. Local livestock producers, dairymen, feedlot operators, poultry producers, horsemen, and hog producers likely will be the first to notice an unusual condition or disease in their animals.

CONCEPT OF OPERATIONS

1. General

a. Animal health events that overwhelm local jurisdiction resources and are of such a scale that existing agreements may not provide an adequate response, are to be acted upon under the coordination of the WSDA, acting consistently within its statutory mandate, and under the coordination authority of the DEM. Response and recovery activities will be consistent with the CEMP, this appendix and the Washington State CEMP.

b. FAD of greatest concern are those, which are highly contagious and have the potential for very serious and rapid spread, irrespective of local, state or national borders. They will have serious socio-economic or public health consequence and have a major impact on the international trade of animals and animal products.

c. A FAD outbreak could occur from a disease event within Klickitat County, be transmitted by affected livestock and wildlife, livestock-related products or wastes from other counties, states and countries, or could occur as the result of an act of terrorism.

d. An outbreak of a FAD is expected to adversely affect the food and livestock industries, as well as the businesses that depend upon those industries, for a significant period. Production and export would decrease, and businesses would suffer, and some may fail. Tax revenue generated directly and indirectly would diminish dramatically. If the disease spread to other counties or states, there could have a devastating impact on the United States' ability to compete in the global marketplace.

e. Response to a FAD will almost always involve local, state, federal, and private agencies, all working together, using their authorities and expertise, to stem its spread, and to control and eradicate the disease.

f. The anticipated response to a potential FAD will be as follows, assuming appropriate notifications are made in a timely manner:

1) Initial notification of livestock or wildlife suffering from a disease will be reported to a veterinarian, game warden, game biologist, or other professional dealing with animals.

2) If one of the notified individuals observes or suspects that an animal is infected with a foreign animal or unknown disease, he or she will notify one of seven entities:

a) KCVC,

b) a private accredited veterinarian,

c) WSUOCE,

d) the State Veterinarian and/or local field veterinarian,

e) the Washington Animal Disease Diagnostic Laboratory (WADDL) located at WSU Pullman, Washington

g) or the USDA's Animal and Plant Health Inspection Service (APHIS) and Veterinary Services (VS).

When contacted by the area or private veterinarian, WADDL, or a private laboratory, the State Veterinarian or the USDA Area Veterinarian-In-Charge (AVIC), will in turn contact the other officials by telephone to determine what steps, if any, are necessary to further characterize the disease occurrence. Based on their judgment of the possibility of a FAD being involved, action may include dispatching a Foreign Animal Disease Diagnostician (FADD) to the location, and requesting assistance from the USDA Regional Emergency Animal Disease Eradication Organization (READEO) Early Response Team (ERT).

3) The assigned FADD will travel to the observation site and begin the process of determining what type of disease may be occurring.

4) If the FADD determines that the differential diagnosis includes a FAD, the USDA-AVIC will notify the USDA Emergency Programs and other appropriate state and federal officials and the WSUOCE Educator.

a) The FADD will obtain a FAD investigation case number from the USDA-AVIC.

b) The FADD will assess the on-scene situation.

c) The FADD will collect and send additional samples for laboratory analysis, if needed.

d) The USDA-AVIC and Washington State Veterinarian, depending on the likelihood of a FAD, will take steps, in concert with area field veterinarians, to isolate the disease to as small an area as possible.

e) The involvement of local, county and state law enforcement agencies to assist in isolating the area may be necessary.

g. In addition to the above anticipated response, other initial responses may occur as follows:

1) If the disease situation is unexpected with high death loss, or if the symptoms are unusual, and especially if a FAD is suspected, a private accredited veterinarian must report his or her findings to the State Veterinarian.

2) If contacted by a producer experiencing a sudden unusual disease occurrence, the area WSDA or USDA veterinarian having the expertise as a FADD-trained regulator will gather information and make an initial assessment and submit samples. He or she will then contact the State Veterinarian.

3) If contacted by the private accredited veterinarian or directly by the producer, the Washington Animal Disease Diagnostic Laboratory (WADDL) will in turn

contact the State Veterinarian or the USDA Area Veterinarian-In-Charge (AVIC).

h. If the suspected disease has potential wildlife impacts, the State Veterinarian will contact the Washington Department of Fish and Wildlife (WDFW).

i. Suspected FADs in or potentially affecting wildlife or fish will be reported to the WDFW, who in turn will report this information to the State Veterinarian. If the disease has potential livestock impacts, WDFW will determine the appropriate response in cooperation with the WSDA.

j. If the suspected disease has potential public health impacts, the State Veterinarian will contact the Washington State Department of Health (DOH). The DOH, in cooperation with WSDA, will determine the appropriate response to protect human health and welfare. DOH will report findings to other appropriate agencies including local agencies.

k. Upon notification by the State Veterinarian that an outbreak of FAD is suspected, the Director-WSDA will activate the Primary State Core Decision Group (PSCDC) which consists of the following representatives:

    1) Washington Department of Agriculture
    2) Director, WAEMD
    3) Director, WADDL
    4) USDA-AVIC
    5) Industry representative(s) (depending on animal species involved).

l. The Director, WSDA, on advice of the State Veterinarian, may activate any and all of the Secondary State Core Decision Group (SSCDG), which may consist of the following representatives:

    1) Director, Washington State Department of Ecology (DOE)
    2) Director, WDFW
    3) Secretary, Washington State Department of Health (DOH)
    4) Director, State of Washington Military Department
    5) Director, Washington State Patrol

m. The PSCDG, and possibly some or all of the members of the SSCDG, will make the determination as to:

    1) Procedures necessary to isolate the affected area.
    2) Which ESFs of the Washington State Comprehensive Management Plan (CEMP) will be activated.
    3) When to request activation of a USDA Regional Emergency Animal Disease Eradication Organization.
    4) The procedures to be utilized to combat the outbreak once it is identified as a FAD.

n. When the Washington State EOC is activated, all members of the state primary and supporting government agencies, and if possible, supporting private organizations of this appendix, and the primary and supporting government agencies from any other

activated ESFs, will establish and maintain a presence in the Washington State EOC.

o. The coordinating body responsible for planning all dead animal disposal activities for the ***Washington State Comprehensive Emergency Management Plan*** **(CEMP)** in an Animal Health Event will be the WSDA, in consultation with the Primary Decision Group (PDG), and as required by the Secondary Decision Group (SDG).

2. Mitigation Activities

   All agencies and jurisdictions listed in this appendix will take actions to mitigate the effects of a foreign animal disease within the extent of their capabilities and resources. Any action taken in advance of an event will limit the adverse effects and benefit the agency or jurisdiction and the community.

3. Preparedness Activities

   This appendix should be considered an educational and utility tool for each primary response and supporting discipline at the local level. Each discipline should become familiar with this appendix and its contents in preparation for a FAD event. When able, each discipline should pursue and take part in any training or educational opportunities that become available regarding FAD. This appendix to ESF 11 also contains responsibilities and actions required of each discipline, which should be reviewed and where appropriate, put into place before an event. Each discipline is responsible for their specific sections in this appendix.

4. Response Activities

   Based on the type and/or size of a FAD incident, a variety of outside county resources may be needed. These resource needs will be coordinated through DEM/EOC. There is a strong probability, the USDA will assume control upon their notification of the possibility of a FAD event and will continue control to the resolution. It is essential that EOC representatives keep abreast of state and federal activities and actions taken to assist in keeping Klickitat County/City officials and citizens informed and to assist where appropriate and necessary.

5. Recovery Activities

   Each department, agency and individual involved shall maintain accurate records of the incident, including activities conducted, associated costs, and hours worked by paid and volunteer personnel. They will be responsible for maintaining response and recovery expense records for future possible reimbursement. All participants will prepare After-Action Reports and have an opportunity to be debriefed. Copies of all records and After-Action Reports will be provided to and maintained by the DEM/EOC. Information gleaned from the After-Action Reports will be used by responding agencies in preparation for a future FAD event.

RESPONSIBILITIES

1. The following agencies/personnel will provide the core local response to incidents of FAD:

   a. Klickitat County Veterinary Coordinator (KCVC)

1) The KCVC, in cooperation with the DEM, will advise all responders to a FAD event of any training or educational opportunities that become available regarding FAD.
2) The KCVC will coordinate training and awareness campaigns when necessary, or as needed, to inform all veterinarians, game warders, game biologist, and other animal professionals of the basic clinical signs for identifying common FADs.
3) Participate or provide a representative to assist in the coordination of the FAD event upon activation of the county EOC.
4) Establish communications with NCC/ARC, and other agencies networking in cooperation to the particular emergency.
5) Will maintain contact with the KCPHD for referral of questions concerning human health.
6) Develop a call-up list and activation procedures for local veterinary clinics for those being trained to assist in response operations to a FAD outbreak.
7) Coordinate with the WSUOCE office to develop a list of vehicle and trailers to provide transport of personnel and animals.
8) Request Veterinary Medical Assistance Teams from the American Veterinary Medical Association (AVMA) through the Coordinator of Emergency Preparedness for the AVMA.
9) Refer all media and citizens questions to the PIO.
10) Coordinate with the KCEOC the selection of an incident command post location and a “back-up” where communications will be secured.
11) Appoint a historian to record all activities and oversee completion and collection of data sheets for each animal.
12) Deploy personnel to respond to animal needs. Coordinate these activities with the county EOC, as entry to event area will be closed to the public.
13) Develop list of registered veterinary service volunteers.
14) Coordinate volunteer shift schedule with KCEOC.
15) Provide listing of animal clinics, shelters and their supervisors to the DEM.
16) Coordinate the veterinary logistical supply system. Determine requirements; identify supply sources, method of acquisition, fund requirements, shipping methods, storage, and methods of distribution.
17) Collect all relevant data from veterinarians and shelters.

b. WSU Klickitat County Extension

1) Assist in educational efforts to notify the public and livestock industries and supply expertise in certain diseases.
2) Maintain a list of resources and personnel available to assist local and state jurisdictions in the response and recovery phases in FAD emergencies.
3) Support exercises and drills as a participant during the design and exercise period of the event.

4) Assist in providing coordination of information with state and federal agencies.
5) Determine high-density animal populations at high risk in the event of a FAD incident.
6) Provide applicable media support for ongoing FAD operations.
7) Notify appropriate local and state agencies (KCDEM, WSEOC, WSDA & Washington State Veterinarian) when notified of a potential FAD incident.
8) Work with ranchers and farmers on infection and animal depopulation activities.
9) Provide management training and educational information for impacted ranchers and farmers.
10) Provide mitigation, preparedness, response and recovery support to FAD operations as capable.
11) Assist in presenting and evaluating economic issues related to FADs.
12) Coordinate with DEM to develop a plan to transport animals to animal care facilities when owners are evacuated to shelters.

c. KCPHD

1) Monitor and investigate public health threats.
2) Initiate public health alerts and emergencies and coordinate release of information with the PIO.
3) Coordinate with local state and federal public health agencies on the establishment of human decontamination procedures to include screening areas, decontamination sites and reception centers.
4) Assure the availability of and access to critical health services.
5) Detect and identify possible sources of contamination dangerous to the general public health of the community.
6) Provide a representative to the county EOC for coordination of medical and health services.
7) Provide public information regarding disease prevention, sanitation precautions and risk communications regarding health and safety for the public.
8) Coordinate with other agencies to insure the safety of food and water supplies, and other public health consequences of an event.
9) Coordinate mental health support services for the public.
10) Declare a health emergency to protect the general public, when the Klickitat County Health Officer determines a public health emergency exists.

d. Law Enforcement

1) Provide personnel and equipment resources, as available.
2) Provide support and expertise in controlling and restricting vehicular traffic.

3) Provide law enforcement support for: road closures, operating isolation facilities, decontamination operations, and animal depopulation actions, closing feedlots, and closing borders.
4) Provide personnel to assist in restriction of entry into the restricted or quarantined area/zone.
5) Perform other functions as requested by the county EOC, state and federal officials, as capable.
6) Respond to protestors who desire to hinder or stop FAD-related activities.

2. Supporting

The following agencies will provide the support for the primary responders to incidents of FAD:

a. Emergency Medical Services

1) Coordinate emergency medical services during a FAD event.
2) Provide a representative to the county EOC to coordinate EMS response, if requested.
3) Assist county EOC in the coordination of providing public information regarding disease prevention, sanitation precautions and risk communications regarding health and safety for the public.
4) Assist county EOC in determining local quarantine issues.
5) Assist in the evacuation of ambulatory and wheelchair-bound people.
6) Assist with evacuation of care facilities; such as nursing and boarding homes.
7) Coordinate protocol changes with Emergency Medical Services (EMS) providers.

b. Washington State Patrol – HazMat Coordinator

1) The Washington State Patrol is the designated Incident Command Agency for Klickitat County's hazardous materials response.
2) Respond under the Incident Command System and provide services as outlined in this plan, their Standard Operating Procedures (SOPs) and other local and state regulations.
3) Initiate efforts to reduce or contain the hazard(s).
4) Provide representatives to the county EOC to assist in the consideration of the many health and safety concerns and issues related to FAD containment and eradication.
5) Assist in the coordination of hazardous waste interim storage and/or disposal.
6) Assist in the coordination of biomedical substances and animal carcasses disposal.
7) Provide communications with the hazardous material team and the county EOC.
8) Provide representation to state agencies, as required.

9) Provide roadblocks on state and federal highways in restricted or quarantined areas.

10) Assist local law enforcement, Washington State Department of Agriculture, and Washington National Guard personnel in restriction of entry into the restricted or quarantined area.

11) Perform other functions, as requested.

c. Public Works Departments

1) Provide representatives to the county EOC to assist in the consideration of the many health and safety concerns and issues related to FAD containment and eradication.

2) Coordinate with county EOC to coordinate public works actions pertaining to biomedical substances and animal carcasses disposal.

3) Respond under the ICS and provide services as outlined in this plan, their SOPs and other local and state regulations.

4) Coordinate hazardous waste interim storage and/or disposal.

5) Provide equipment and personnel resources to assist in evacuations.

6) Coordinate with law enforcement traffic control matters, road and/or street closures, determine detour routes.

7) Provide traffic control barricades, as necessary.

d. Amateur Radio Emergency Services (ARES)/Radio Amateur Civil Emergency Service (RACES)

1) Provide emergency communications network between the EOC, responders, hospitals and other locations, as directed by the County EOC.

e. KCDEM/EOC

1) Coordinate with the KCVC, KCPHD, and WSUOCE to develop a program to ensure all those who may be involved in FAD response and recovery operations understand their responsibilities and expected actions.

2) Coordinate, as needed, with other responsibilities to develop a FAD awareness media campaign for producers, brokers, transporters, importers, exporters, and the general public regarding FAD issues and anticipated responses to a FAD outbreak.

3) Activate EOC to provide resource support.

4) Conduct training classes, as needed, for personnel involved in ICS FAD management operations.

5) Disseminate technical legal authority information collected from the USDA to law enforcement responders.

6) Coordinate with agencies/jurisdictions responsible for maintenance of this plan to develop, schedule and conduct training classes for responders and applicable state agency personnel who will be involved in FAD control, containment, decontamination and animal depopulation operations.

7) Participate in tabletop and functional exercises at the local, state and regional level to implement FAD plans and test FAD response procedures.
8) Ensure communication lines are established and participants are clear on what actions need to be taken if a FAD is suspected or confirmed.
9) Develop a call-up list and activation procedures for the county EOC.
10) Provide logistical and other support to responders upon request from the IC.
11) Coordinate with state agencies to establish a local animal retrieval plan in conjunction with animal control and humane society personnel.
12) Coordinate establishment of a uniform “hotline” number for animal retrieval and other animal-related information.
13) Request military veterinary service assistance through the Federal Coordinating Officer of the Washington State EOC.
14) Establish methods and procedures for the appropriate use and accountability of donated funds.
15) Provide public information through a PIO.
16) Coordinate mass alert and warning of persons located in effected area.
17) Develop a plan for rapid disposal of dead domestic animals and contaminated carcasses, as needed. Plans for collection and disposal of dead wildlife must be coordinated with state department of wildlife.
18) Provide briefings to local elected officials and local law enforcement personnel on FAD consequences.
19) Serve as liaison between local jurisdictions and response agencies, the WAEMD and other appropriate State and Federal agencies for requesting resources when the capabilities of local response agencies are exceeded.
20) Coordinate additional communication equipment, as needed.
21) Maintain liaison with supporting agencies.
22) Assist in the training of all administration, dispatchers, and office staff in emergency procedures involving this ESF and FAD.
23) Identify the location of staff inspection sites and barricaded roads.
24) Provide maps of affected area and prepare overlays plotting locations of veterinary hospitals/clinics, animal shelters, animal control facilities, designated emergency animal holding facilities, livestock market facilities, fairgrounds, feedlots, and supply distribution points.
25) Assist in formation of mobile veterinary response teams and assign areas of responsibility. Response teams may be organized by city, county or multi-county, depending on the extent of the disaster and the number of veterinary personnel participating.
26) Provide periodic reports to local officials and Washington State EOC on the status of the FAD situation and its associated operations.
27) Obtain appropriate permits for animal depopulation operations.

28) Coordinate FAD containment, decontamination and animal depopulation activities.

29) Coordinate with Washington State EOC, the handling of donated goods and money, as well as volunteers wishing to assist in the FAD operational activities.

30) Maintain records of FAD activities conducted, their costs and the hours worked by paid and volunteer personnel.

31) Disseminate information regarding methods, prevention and control of zoonotic and food-borne diseases in coordination with the WSUOCE, KCPHD, and Washington State DOH, WSDA, USDA.

32) Maintain frequent communications with the Washington State Veterinary Medical Association (WSVMA).

33) Provide needed information and documentation to Washington State EOC regarding emergency and/or disaster declarations.

34) Assist the Washington State EOC in the preparations of appropriate requests to the Governor and subsequently FEMA, the USDA, and the Small Business Administration for obtaining applicable emergency and/or disaster declarations.

35) Debrief participants and prepare After-Action Reports

. f. Southwest Washington American Red Cross

1) Mass Care-Sheltering – Shelter for disaster clients includes the use of pre-identified shelter sites in existing structures; creation of temporary facilities or the temporary construction of shelters; and use of similar facilities outside the disaster-affected area, should evacuation be necessary.

2) Mass Care-Feeding – Provide food to disaster clients and emergency workers through a combination of fixed sites, mobile feeding units, and bulk distribution of food.

3) Coordinate with the Extension Educator and the DEM in developing a plan to transport animals to animal care facilities when owners are evacuated to shelters.

g. Washington State Department of Agriculture

1) Function as the primary decision-maker for the Primary State Core Decision Group (PSCDG) and the Secondary State Core Decision Group (SSCDG), and co-decision-maker with USDA for the USDA Regional Emergency Animal Disease Eradication Organization (READEO), if activated, and functions as the lead state agency when the USDA emergency management system is activated.

2) Function as the liaison between the local identifying practitioner or producer, the State of Washington, and the federal government.

3) Issue quarantines or hold orders, and oversee the implementation and enforcement of restricted or quarantined areas determined necessary by the PSCDG, with the assistance of the other state and federal supporting agencies. Because time is of the essence in an animal health emergency,

quarantines or hold orders may initially be issued verbally, but will be documented by written order, as soon as practical.

4) Determine the extent to which WSDA personnel will respond to an animal health emergency. Duties in support of this appendix will take priority over all other duties of the department.

h. Office of the Attorney General

1) Provide representation to the PSCDG, when requested by WSDA.

2) Provide legal assistance, including preparing administrative orders, as required, to accomplish the overall mission of dealing with a FAD within, or adjacent to, the boundaries of the State of Washington, including lands owned by tribal governments.

3) Function as the liaison between the WSDA and legal counsel representing federal and tribal government.

i. Department of Ecology

1) Provide representation to the SSCDG, when requested by WSDA.

2) Provide recommendations to the PSCDG as to the most appropriate method(s) for disposal of dead, destroyed, and affected animals. If burning is utilized, Washington State DOE will determine what fuels and procedures should be utilized to minimize the environmental impact. If burial is determined to be the method of disposal, DOE will determine if the materials should be buried on site or transported to an offsite location. If the materials are transported to an offsite location, DOE will identify the offsite location and make recommendations, in conjunction with the Washington Department of Transportation (WSDOT) regarding specific transportation requirements.

3) Assist the Washington National Guard (WNG) in assessing the safety of disinfectants used for cleaning and disinfections of vehicles, equipment, and facilities.

4) Provide personnel at the site of each destruction and disposal area. Ecology personnel will be qualified to make environmental assessments.

j. Washington Department of Fish and Wildlife

1) Coordinate with WSDA and participates in the SSCDG, as requested by WSDA, and as a responding agency, if required.

2) WDFW will provide advice on risks to wildlife and methods to mitigate these risks.

3) Support the law enforcement aspect of the restricted or quarantine area, if applicable.

4) Initiate surveillance program in the immediate vicinity of the outbreak and determines if the disease has spread to wildlife if the FAD is one that has a history of affecting wild animals. WDFW will initiate steps to prevent the spread of the disease to susceptible wildlife.

5) Immediately notify the WSDA, who will then activate the PSCDG, and SSCDG members as deemed appropriate, in the event that a FAD is first detected among wildlife.

k. Department of Health

1) Provide representation to the SSCDG when requested by WSDA.

2) Immediately upon being informed that a suspected FAD has been detected within the state of Washington, will determine the public health risk and impact, if any.

3) Notify the U.S. Centers for Disease Control and Prevention that an outbreak of a FAD has occurred within the boundaries of the state of Washington, inform them of the nature of the disease, its primary animal host, and if it is considered to be a health hazard to humans.

4) Assess the public health risk associated with burial or burning of dead and affected animals, and provide this information to the PSCDG.

l. State of Washington Military Department, Emergency Management Division

1) Provide representation to the PSCDG when requested by WSDA.

2) Assist WSDA in obtaining assistance from the WNG.

3) Activate the Washington State EOC when determined necessary by the PSCDG.

4) Provide liaisons to other state, county, and local government agencies.

5) Establish procedures for documenting expenses.

6) DEM will provide access to the Emergency Management Council (EMC), and federal agencies, other than the USDA, as required.

m. State of Washington Military Department, National Guard (WNG)

1) Provide representation to the SSCDG when requested by WSDA.

2) Activate appropriate members of the WNG as directed by the Governor of Washington. The following types of WNG members may be required:

a) Military Police

b) Heavy Equipment Operators

c) Truck Drivers

d) Helicopter Crews

e) Administrative personnel

f) Communications experts

3) Assist local and county law enforcement, WSP, and WSDA personnel in the staffing of roadblocks and security at quarantine sites.

4) Assist WSDA in the preparation of burial or incineration sites for dead animals, or those to be humanely destroyed, and to assist local and county law enforcement, WSP, and WSDA personnel with security at burial or incineration sites.

5) Assist WSDA and other responding agencies with the transportation of equipment, response personnel, and affected animals.

6) Assist WSDA with the cleaning and disinfection of vehicles, equipment, and facilities.

7) Assist with mobile communications systems in support of the plan.

8) Assist in other missions that may be deemed essential by the PSCDG and approved by the Governor.

n. Washington State University - Washington Animal Disease Diagnostic Laboratory

1) Provide representation to the PSCDG when requested by WSDA.

2) Provide diagnostic assistance as requested by a USDA Early Response Team (ERT), if activated.

3) Report suspected FAD to the State Veterinarian or the USDA Animal and Plant Health Inspection Service (APHIS) AVIC.

4) When there is a suspicion of a FAD in samples provided by either local producers or local veterinarians, the samples need to be forwarded to the appropriate USDA-APHIS laboratory (Plum Island, New York or Ames, Iowa). Washington Animal Disease Diagnostic Laboratory (WADDL) will have the responsibility to assure that their facilities are adequately quarantined and decontaminated if a FAD is diagnosed in samples submitted to their laboratory.

5) Assist WSDA, when requested, with the collection and submission of appropriate samples for definitive diagnosis of suspected FAD.

6) Assist WSDA and other state agencies in their efforts to combat the FAD.

7) Coordinate with the USDA National Veterinary Services Laboratory and the USDA Foreign Animal Disease Diagnostic Laboratory (FADDL) during the initial investigative phase, as well as during the management phase of an outbreak.

o. WSU College of Veterinary Medicine

The College of Veterinary Medicine will assist and advise the WSDA in clinical aspects of the disease and supply expertise in certain diseases.

p. WSU Klickitat County Extension

The WSUOCE will assist in educational efforts to notify the public and livestock industries about the nature of the problem.

q. Washington State Patrol

1) Provide representation to the SSCDG when requested by WSDA.

2) Provide roadblocks on state and federal highways in restricted or quarantined areas delineated by the PSCDG and/or the USDA.

3) Assist local and county law enforcement, WSDA and WNG personnel in restriction of entry into the restricted or quarantined area.

4) Perform other functions as requested by the PSCDG, or if activated, the Washington State EOC.

r. Washington State Veterinary Medical Association

1) Appoint a designated representative for coordinating with WSDA for veterinary medical support during an FAD event.
2) Coordinate volunteer veterinarians and technicians to provide medical care.
3) Provide documentation of injuries and deaths of animals involved in the FAD event.

s. Federal Agencies and Tribal Governments

1) United States Department of Agriculture

USDA, APHIS, VS Emergency Programs will assume a primary role for responding to a FAD emergency within a few days of diagnosis. Initial response of the USDA will be through the USDA-READEO for the Western Region. This appendix to Emergency Support Function (ESF 11) –Agriculture and Natural Resources provides for response actions prior to the full involvement of USDA, and also provides a framework for supporting the USDA once they are fully engaged through their emergency response structure. USDA will use the State Veterinarian as the primary contact point for WSDA. The State Veterinarian will serve as the WSDA representative in the USDA response system. USDA resources include:

a) Animal and Plant Health Inspection Service
b) Veterinary Services
c) Plant Protection Quarantine (PPQ)
d) Regional Emergency Animal Disease Eradication
e) USDA-READEO for the Western Region
f) Veterinary Services (VS) Emergency Programs
g) National Veterinary Services Laboratory
h) FAD Diagnostic Laboratory

2) U.S. Coast Guard
3) U.S. Department of Commerce, National Marine Fisheries Service
4) U.S. Customs
5) U.S. Immigration and Naturalization Services
6) In certain instances, the U.S. Coast Guard, U.S. Customs, Immigration and Naturalization Service (INS) and USDA Plant Protection Quarantine (PPQ) may be involved in response to a FAD exposure in this country or our bordering countries.
7) Tribal Governments

Tribal governments and the U.S. Department of Interior will be engaged, as appropriate, to protect the rights of Native Americans.

t. Private Organizations and Businesses

1) Producer Organizations

a) Llama Owners of Washington

b) Northwest Dairy Association
c) Northwest Quarter Horse Association
d) Washington Cattlemen's Association
e) Washington Cattle Feeder's Association
f) Washington State Dairy Federation
g) Washington Fish Growers Association
h) Washington State Pork Producers
i) Washington Poultry Industry Representatives
j. Washington State Horsemen
k. Washington State Sheep Producers
l. Washington Thoroughbred Association

2) Allied Industries and Professions
   a) American Association of Zoological Parks
   b) Livestock Markets
   c) Livestock Slaughter Establishments
   d) Reindeer Husbandry Industry
   e) USDA Accredited Veterinary Practitioners
   f) Washington Livestock Marketing Association
   g) Washington State Veterinary Medical Association
3) Associated Councils, Boards and Advocacy Organizations
   a) Agricultural Animal Health Advisory Board
   b) Back Country Horsemen of Washington
   c) Livestock Identification Advisory Board
   d) Washington Beef Commission
   e) Washington Dairy Commission
   f) Washington State Fair Association
   g) Washington State Farm Bureau
   h) Washington State Grange
   i) Washington State Horse Council
4) Private organizations have a great deal of interest in a response plan of this type since their livelihood may depend upon the outcome. In most cases a private entity, such as a local veterinarian, will be the first on scene and must make immediate decisions. A local veterinarian, as a veterinarian accredited by the USDA's Animal and Plant Health Inspection Service (APHIS) Veterinary Services (VS), has the authority to verbally restrict movement of animals suspected of being affected with a FAD. The local veterinarian is then required to immediately notify the State Veterinarian who, with the

assistance of the USDA Area Veterinarian-In-Charge (AVIC), determines the next appropriate action(s) to confirm or rule-out the presence of a FAD, and to restrict animal and if necessary, people movement in and through the affected area.

5) Private enterprises such as the Washington State Veterinary Medical Association (WSVMA), producers, livestock markets, slaughtering establishments, renderers and the Agricultural Animal Health Advisory Board will be notified by the WSDA when an animal disease emergency exists. They will be encouraged to actively participate in an emergency response.

6. These industry groups and others, not fully identified at this time, are expected to:

    a) Maintain a list of resources and personnel available to assist state and local jurisdictions in the response and recovery phases in FAD emergencies.

    b) Provide resources and personnel to state and local jurisdictions to assist in the response and recovery phases in FAD emergencies.

    c) Participate as members of state and local jurisdiction planning teams.

    d) Support exercises and drills as a participant during the exercise and design period and conduct of the event, and by including the state and local jurisdictions in business and industry activities.

RESOURCE REQUIREMENTS

The resources needed, will depend on the particular event, however, the primary and support agencies will, if available, provide their own internal support, such as personnel, vehicles, and equipment for their staff.

Other requirements that may be needed are to be requested from the Klickitat County EOC.

REFERENCES

1. CEMP, Appendix 1 – Definitions
2. CEMP, Appendix 2 – Acronyms
3. ESF 2 – Telecommunications, Information Systems, and Warning
4. ESF 3 – Public Works and Engineering
5. ESF 6 – Mass Care, Housing and Human Services
6. ESF 8 – Public Health and Medical Services
7. ESF 13 – Public Safety, Law Enforcement, and Security
9. Washington State CEMP
11. WSDA Foreign Animal Disease Response Guide

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APPENDIX B: DISASTER ANIMAL CARE

RESPONSIBILITY SUMMARY

1. Primary Response
    a. Klickitat County Veterinary Coordinator
    b. Law Enforcement
    c. WSU Klickitat County Extension
    d. Klickitat County Public Health Department

2. Supporting
    a. Klickitat County Emergency Management
    b. Klickitat Emergency Communications Center
    c. Amateur Radio Emergency Services/Radio Amateur Civil Emergency Service
    d. Southwest Washington Chapter American Red Cross
    e. Emergency Medical Services
    f. Klickitat County Prosecuting Attorney

3. Plan Preparation & Maintenance
    a. Klickitat County Emergency Management
    b. Klickitat County Veterinary Coordinator
    c. WSU Klickitat County Extension
    d. Klickitat County Public Health Department

INTRODUCTION

1. Purpose

    To provide guidance on, preparing for, identifying and responding to, and recovering from any disaster or emergency affecting the health safety and welfare of companion animals and livestock in Klickitat County. This portion of ESF 11, Appendix B, provides guidance to coordinate the initial Klickitat County based response, as well as private organizations and entities in rapid response to and recovery from an emergency.

2. Scope

    This appendix provides technical advice and assistance to local, county and professional animal health organizations and the public during an emergency. This appendix is applicable to all local agencies identified in the primary and supporting agency outline. It is anticipated that the remainder of the supporting private organizations identified in this appendix will participate to the fullest extent possible.

POLICIES

1. All primary response agencies listed in this appendix will, within the limits of their resources and authority, coordinate with other organizations having responsibility to respond to an emergency or disaster.
2. The coordinating agencies responsible for planning all animal response and recovery activities for the CEMP shall be the KCVC and DEM.
3. It is understood that a major disaster can overwhelm local resources and prevent agencies and jurisdictions from fulfilling all their roles and responses to request for assistance.

SITUATION

1. General Circumstances
    a. Companion animals and livestock owners hold the primary responsibility for the care of their animals. Due to the limited economic and response resources in the County, no citizen can make the assumption that jurisdictions within Klickitat County will meet their obligations to their animals for them.
    b. Companion animals and livestock and wildlife in Klickitat County are subject to a variety of risks in the event of an emergency or disaster.
    c. Several serious disasters around the country affecting large numbers of animals have occurred recently. These incidents underscore Klickitat County's need to have adequate plans and resources in place.

2. Planning Assumptions
    a. Primary threats are wildfire, flood, and earthquake. Secondary threats include severe winter storm, high winds/tornados, and HazMat events.
    b. The veterinarians residing in the county are the first line of response to emergencies involving animals in their communities.
    c. Coordination of response to such events involves cooperation between the State Veterinary Medical Association appointed local County Veterinary Coordinator and the county EOC and other disciplines mentioned in this appendix, including all local veterinarians.
    d. Those having animals as revenue property may expect to be reimbursed by private insurance, if applicable, but not by government agencies.
    e. There may not be adequate numbers of volunteers to assist with the functions of establishing and maintaining temporary animal care facilities.
    f. Companion animal owners, livestock owners, defenders of animal rights, and other citizens may attempt to provide assistance in an uncoordinated fashion, hindering the capacity of responders to provide the most effective support.
    g. NCC/ARC managed shelters for people will not accept companion animals.
    h. If the fairgrounds is designated as a managed shelter for people, Fairgrounds facilities for animals will provide the most convenient and efficient shelter for displaced animals.

i. During the evacuation phase of an emergency, law enforcement is not able to provide transportation of animals, but may be able to collect information on number and location of animals and report it to the EOC.

j. Fire Department personnel prioritize human safety and will assist with animal rescue, as resources allow.

k. Authorization for owners or rescue teams to enter evacuated areas is protected under House Bill 2925, which requires first responders to allow ranchers/owners into wildfire areas to retrieve cattle and livestock, as long as it does not interfere with response operations.

CONCEPT OF OPERATIONS

1. General

   a. Response and recovery activities will be consistent with the Klickitat County CEMP, this appendix, and the Washington State CEMP.

   b. Capacity for transportation and temporary shelter of companion animals and livestock will be coordinated by DEM and the Klickitat County Veterinary Coordinator.

   c. The anticipated response to an emergency affecting animals will be as follows, assuming appropriate notifications are made in a timely manner:

      1) The IC will notify DEM/EOC if mass care shelters are needed. If a shelter is established, the NCC/ARC will notify DEM/EOC.

      2) The IC will determine if a temporary shelter for animals is advisable at the perimeter of an affected area or off-site.

   d. KCDEM will:

      1) Assess the on-scene situation and organize staff and volunteers to mobilize, shelter, and feeding/watering resources.

      2) Determine if assistance from regional or national organizations is required, and notify the IC.

      3) Coordinate transportation needs and inform IC:

         a) From within an evacuated area to its perimeter.

         b) From such perimeter to temporary shelter sites.

         c) From mass care shelter sites to temporary shelter sites.

      4) Coordinate with the NCC/ARC regarding establishment of temporary shelter adjacent to mass care shelter sites.

      5) Maintain support of temporary shelter sites for the duration of the event.

      6) Coordinate rescue activities with IC.

   e. Movement of animals from certain areas to prevent injury and/or death is sometimes an appropriate protective action. These areas may include those directly affected and those that may be potentially affected by the event. Consideration must be given to the potential safety gained by moving animals as opposed to the risk posed by the hazard, the warning time available, and the time available to move. (Situations will

occur in which sheltering will be the safest option). Movement is to be considered a round-trip process. Immediate planning should include owners being informed that their animals must be moved, and a plan in place to allow them to return.

f. Direction and control of movement is exercised primarily on-scene. Mechanical considerations of animal movement and economic consequences should also be considered. A local Emergency Proclamation may be considered to ease implementation and enforcement of the animal movement process.

g. The actual message to owners requesting that they move their animals should be clear and concise and contain specific information as to the hazard and the specific risk, where the animals are supposed to go, what routes they should take, and what provisions have been made for animal shelter.

2. Preparedness Activities

This appendix should be considered an educational and utility tool for each primary response and supporting discipline at the local level. Each discipline should become familiar with this appendix and it contents in preparation for an emergency requiring animal care. When able, each discipline should pursue and take part in any training or educational opportunities that become available regarding animal care response. This appendix also contains responsibilities and actions required of each discipline, which should be reviewed and, where appropriate, put into place before an event. Each discipline is responsible for their specific sections in this appendix.

3. Response Activities

Based on the type and/or size of an incident, a variety of outside county resources may be needed. These resource needs will be coordinated through KCDEM/EOC.

It should be anticipated that owners will be hesitant to move their animals and will seek confirmation of the movement request from neighbors, friends and relatives. Incentives which can be provided to owners to encourage animal movement may include the following:

a. The request should be made by elected officials or other recognized authority.

b. Contact should be made by uniformed personnel.

c. Information should be provided as to the exact nature of the threat.

d. The request should be disseminated from multiple sources, if possible.

e. Provisions for alternative emergency transportation should be provided, if needed.

f. Provide information as to what exactly is expected of owners in the threatened area.

g. Ensure that all messages from the field and official sources are consistent.

4. Recovery Activities

   Each department, agency and individual involved shall maintain accurate records of the incident, including activities conducted, associated costs, and hours worked by paid and volunteer personnel. They will be responsible for maintaining response and recovery expense records for future possible reimbursement. All participants will prepare After-Action Reports and have an opportunity to be debriefed. Copies of all records and After-Action Reports will be provided to, and maintained by, the KCDEM/EOC. Information gleaned from the After-Action Reports will be used by responding agencies in preparation for a future emergency requiring animal care.

RESPONSIBILITIES

1. Local

   The following agencies/personnel will provide the core local response to any disaster or emergency affecting the health safety and welfare of companion animals and livestock in Klickitat County:

   a. Klickitat County Veterinary Coordinator

      1) Coordinate local veterinarians and their staff as available.
      2) Provide triage and immediate emergency care for animals collected at disaster relief stations.
      3) Act as a resource for information regarding location of transportation, feed sources, and animal related groups.
      4) Advise and implement a plan for dead animal disposal and/or humane euthanasia.
      5) Help coordinate temporary shelter for displaced animals.
      6) Act as a liaison between the State Dept. of Agriculture and Veterinary Services and local groups.
      7) Act as a medical resource for media inquiries.

   b. WSU Klickitat County Extension Educator

      1) Assist in educational efforts to notify livestock industries of preparedness and response procedures.
      2) Maintain a list of resources and personnel available to assist local and state jurisdictions in the response and recovery phases in emergencies affecting significant numbers of livestock.
      3) Support exercises and drills, as a participant, during the design and exercise period of the event.
      4) Assist in providing coordination of information with state and federal agencies.
      5) Determine high-density animal populations at high risk in the event of an emergency.
      6) Coordinate with PIO for media and citizen questions.

7) Coordinate with the EOC to develop a plan to transport animals to animal care facilities when owners are evacuated to shelters.
8) Act as liaison to WSU specialists, as needed.

c. KCPHD
1) Act as liaison to Washington State Department of Health.
2) Advise on human health issues and procedures for management of animal wastes and dead animals.

d. Law Enforcement
1) Provide personnel and equipment resources, as available.
2) Provide support and expertise in controlling and restricting vehicular traffic.
3) Provide law enforcement support for road closures, operating isolation facilities, decontamination operations, animal depopulation actions, closing feedlots, and closing borders.
4) Provide personnel to assist in restriction of entry into the restricted or quarantined area.
5) Provide applicable medial support for ongoing emergency operations.
6) Perform other functions as requested by the county EOC, state, and federal officials, as capable.

2. Supporting

The following agencies will provide support for the primary responders to any disaster or emergency affecting the health safety and welfare of companion animals and livestock in Klickitat County:

a. Emergency Medical
1) Coordinate emergency medical services during an emergency.
2) Provide a representative to the county EOC to coordinate EMS response, if requested.
3) Assist KCEOC in the coordination of providing public information regarding procedures for animal care during an emergency.

b. Public Works
1) Respond under the Incident Command System and provide services as outlined in this plan, agency SOPs, and other local and state regulations.
2) Coordinate hazardous waste interim storage and/or disposal.
3) Provide resources to assist in evacuations.
4) Coordinate with law enforcement traffic control matters, road and/or street closures, and determine detour routes.
5) Provide traffic control barricades as necessary.

c. Amateur Radio Operators

Provide emergency communications network between the EOC, responders, hospitals, shelters, animal shelters, and other locations, as directed by the EOC.

d. KCDEM/EOC

1) Coordinate with KCPHD and KCVC to develop a program to ensure all those who may be involved in disaster animal care response and recovery operations understand their responsibilities and expected actions.
2) Coordinate, as needed, with other agencies in development of a disaster animal care awareness media campaign for companion animals and livestock owners.
3) Conduct training classes, as needed.
4) Participate in tabletop and functional exercises at the local level.
5) Ensure communication lines are established and participants are clear on what actions need to be taken if a disaster animal care response is necessary.
6) Provide logistical and other support to responders upon request from the Incident Commander.
7) Coordinate with state agencies to establish a local animal retrieval plan in conjunction with DEM and animal control personnel.
8) Coordinate establishment of a uniform “hotline” number for animal retrieval and other animal related information.
9) Establish methods and procedures for the appropriate use and accountability of donated funds. Coordinate with the WA State EOC on the handling of donated goods and money, as well as volunteers wishing to assist in the disaster animal care operational activities.
10) Provide public information through a Public Information Officer.
11) Coordinate mass alert and warning of persons located in effected area.
12) Develop a plan for rapid disposal of dead domestic animals and contaminated carcasses, as needed. Plans for collection and disposal of dead wildlife must be coordinated with the Washington State Department of Fish and Wildlife.
13) Serve as liaison between local jurisdictions and response agencies, Washington State EMD and other state and federal agencies for requesting resources when the capabilities of local response agencies are exceeded.
14) Maintain liaison with supporting agencies.
15) Coordinate additional communication equipment, as needed.
16) Provide maps, as needed, with locations of veterinary hospitals and clinics and animal shelter locations clearly marked.
17) Maintain records of disaster animal care activities conducted, their costs, and hours worked by paid and volunteer personnel.
18) Provide needed information and documentation to WA State EOC regarding emergency and/or disaster declarations. Assist the WA State EOC in the

preparations of requests to the governor and subsequently to FEMA for obtaining applicable emergency and/or disaster declarations.

19) Debrief participants and prepare After-Action Reports.

e. NCC/ARC

1) Mass Care Sheltering – Shelter for disaster clients includes the use of pre-identified shelter sites in existing structures, creation of temporary facilities or the temporary construction of shelters, and use of similar facilities outside the disaster-affected area should evacuation be necessary.

2) Mass Care Feeding – Provide food to disaster clients and emergency workers through a combination of fixed sites, mobile feeding units and bulk distribution of food.

3) Coordinate with the Non-Governmental Groups in developing a plan to transport animals to animal care facilities when owners are evacuated to shelters.

f. State Agencies

1) The Washington State Department of Agriculture and Fish and Wildlife represent animal health concerns of the state and maintain liaison with the emergency management and environmental protection agencies, departments and/or agencies that represent veterinary medicine, public health, agriculture, wildlife, non-native wildlife, and humane societies.

2) The coordinating body responsible for planning all animal response and recovery activities for the Washington State CEMP will be the Washington State Department of Agriculture and the Washington Animal Response Management (WARM) Team.

3) The State Veterinarian will serve as permanent chair to the WARM Team, but may designate a veterinary coordinator in his/her place.

4) The purpose of the WARM Team is to coordinate the response of state agencies in assisting local and volunteer organizations to provide all animals affected by the disaster with emergency medical care, evacuation, rescue, temporary confinement, shelter, food and water, and identification for return to the owner. The coordination may also involve diagnosis, prevention, and control of foreign animal diseases and diseases of public health significance. Another major concern is the disposal of dead animals.

5) The WARM members will consist of the following state agencies: Washington State Department of Agriculture, Washington State EMD, Washington Department of Fish and Wildlife, Washington State Department of Health, and WSU Extension Educator.

g. Federal Agencies and Tribal Governments

1) USDA

The WSUOCE, in coordination with the WSDA, may request the support of the USDA in response and recovery activities.

2) Tribal Governments

Tribal governments and the US Department of the Interior will be engaged, as appropriate, to protect the rights of Native Americans.

h. Private Organizations and Businesses

Private organizations and businesses will be consulted during preparation activities to establish sources for the logistical supply system.

RESOURCE REQUIREMENTS

The resources needed, will depend on the particular event, however, the primary and support agencies will, if available, provide their own internal support, such as personnel, vehicles, and equipment for their staff.

Other resources that may be needed are to be requested from the county EOC.

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APPENDIX C

List of Diseases Notifiable to the OIE[i]

Multiple species diseases • Anthrax • Aujeszky's disease • Bluetongue • Brucellosis (Brucella abortus) • Brucellosis (Brucella melitensis) • Brucellosis (Brucella suis) • Crimean Congo haemorrhagic fever • Echinococcosis/hydatidosis • Foot and mouth disease • Heartwater • Japanese encephalitis • Leptospirosis • New world screwworm (Cochliomyia hominivorax) • Old world screwworm (Chrysomya bezziana) • Paratuberculosis • Q fever • Rabies • Rift Valley fever • Rinderpest • Trichinellosis • Tularemia • Vesicular stomatitis • West Nile fever	**Cattle diseases** • Bovine anaplasmosis • Bovine babesiosis • Bovine genital campylobacteriosis • Bovine spongiform encephalopathy • Bovine tuberculosis • Bovine viral diarrhoea • Contagious bovine pleuropneumonia • Enzootic bovine leukosis • Haemorrhagic septicaemia • Infectious bovine rhinotracheitis/infectious pustular vulvovaginitis • Lumpky skin disease • Malignant catarrhal fever (wildebeest only) • Theileriosis • Trichomonosis • Trypanosomosis (tsetse-transmitted)
Avian diseases • Avian chlamydiosis • Avian infectious bronchitis • Avian infectious laryngotracheitis • Avian mycoplasmosis (M. gallisepticum) • Avian mycoplasmosis (M. synoviae) • Duck virus hepatitis • Fowl cholera • Fowl typhoid • Highly pathogenic avian influenza and low pathogenic avian influenza in poultry as per Chapter 2.7.12. of the Terrestrial Animal Health Code • Infectious bursal disease (Gumboro disease) • Marek's disease • Newcastle disease • Pullorum disease • Turkey rhinotracheitis	**Equine diseases** • African horse sickness • Contagious equine metritis • Dourine • Equine encephalomyelitis (Eastern) • Equine encephalomyelitis (Western) • Equine infectious anaemia • Equine influenza • Equine piroplasmosis • Equine rhinopneumonitis • Equine viral arteritis • Glanders • Surra (Trypanosoma evansi) • Venezuelan equine encephalomyelitis
Sheep and goat diseases • Caprine arthritis/encephalitis • Contagious agalactia • Contagious caprine pleuropneumonia • Enzootic abortion of ewes (ovine chlamydiosis) • Maedi-visna • Nairobi sheep disease • Ovine epididymitis (Brucella ovis) • Peste des petits ruminants • Salmonellosis (S. abortusovis) • Scrapie	**Swine diseases** • African swine fever • Classical swine fever • Nipah virus encephalitis • Porcine cysticercosis • Porcine reproductive and respiratory syndrome • Swine vesicular disease • Transmissible gastroenteritis

• Sheep pox and goat pox	
Lagomorph diseases • Myxomatosis • Rabbit haemorrhagic disease	**Bee diseases** • Acarapisosis of honey bees • American foulbrood of honey bees • European foulbrood of honey bees • Small hive beetle infestation (Aethina tumida) • Tropilaelaps infestation of honey bees • Varroosis of honey bees
Fish diseases • Epizootic haematopoietic necrosis • Infectious haematopoietic necrosis • Spring viraemia of carp • Viral haemorrhagic septicaemia • Infectious salmon anaemia • Epizootic ulcerative syndrome • Gyrodactylosis (Gyrodactylus salaris) • Red sea bream iridoviral disease • Koi herpesvirus disease	**Mollusk diseases** • Infection with Bonamia ostreae • Infection with Bonamia exitiosa • Infection with Marteilia refringens • Infection with Perkinsus marinus • Infection with Perkinsus olseni • Infection with Xenohaliotis californiensis • Abalone viral mortality
Crustacean diseases • Taura syndrome • White spot disease • Yellowhead disease • Tetrahedral baculovirosis (Baculovirus penaei) • Spherical baculovirosis (Penaeus monodon-type baculovirus) • Infectious hypodermal and haematopoietic necrosis • Crayfish plague (Aphanomyces astaci) • Infectious myonecrosis • White tail disease	**Other diseases** • Camelpox • Leishmaniosis

[i] The Office International des Epizooties (OIE) provides worldwide disease reporting services to 147-member countries, including the United States, on the occurrence of certain animal diseases, and establishes guidelines for trade in animals and animal products.

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Appendix D

EMERGENCY DISPOSAL OF DEAD ANIMALS

PRIMARY AGENCY:
Washington State Department of Agriculture
US Department of Agriculture

SUPPORT AGENCIES/ PARTNERS:
Washington State Office of the Attorney General
Washington State Department of Ecology
Washington State Department of Health
Klickitat County Department of Emergency Management
WSU Klickitat County Extension
Klickitat County Public Health Department
Northwest Dairy Association
Northwest Quarter Horse Association
Washington Cattlemen's Association
Washington Cattle Feeder's Association
Washington State Dairy Federation
Washington State Pork Producers
Washington Poultry Industry Representatives
Washington State Horsemen
Washington State Sheep Producers
Washington Thoroughbred Association
Baker Commodities

I. DEFINITIONS

a. Dead animals are defined as all animals (fowl, poultry, cattle, sheep, or any other domesticated animal and wildlife) that may die or be killed for other than food purposes.

b. Emergency disposal is defined as the requirement to dispose of dead animals, contaminated animal products, and animal waste due to an Animal Health Event or due to a natural or technological disaster as expeditiously as possible.

II. RESPONSIBILITIES

a. During an Animal Health Event, a natural or technological disaster, the need may arise to dispose of a large number of dead animals, contaminated animal products, and animal waste.

b. The coordinating body responsible for planning all dead animal disposal activities for the ***Washington State Comprehensive Emergency Management Plan*** **(CEMP)** in an Animal Health Event will be the WSDA in consultation with the Primary Decision Group (PDG) and as required the Secondary Decision Group (SDG).

c. Emergency disposal methods are determined by the PDG and may include, but are not limited to: burial, incineration, composting, or digesting. The PDG will select the best dead animal, contaminated product and animal waste disposal method based on the situation, location, disease or disaster, environmental and health concerns, and measures taken to control the spread of a foreign animal disease.

d. Once the disposal method has been determined all agencies will provide support as required to complete the proper disposal of the dead animals, contaminated products, and animal waste. Care should be taken to prevent the spread of any foreign animal disease off-site. The following guidelines should be considered:

- **WAC 16-25-025 states:** Approved methods of disposal are burial, composting, incineration, landfilling, natural decomposition, and rendering.

- **WAC 16-25-020 states:** "Routine disposal" means the disposal of the carcass of a livestock animal that died in the normal course of business.

- **WAC 16-70-010 states:** "Emergency disposal" means disposal of carcasses ordered depopulated by the director or depopulated as a result of a reportable disease.

- **WAC 16-25-025 states (b):** A carcass must be buried to a depth so that no part of the carcass is nearer than three feet to the natural surface of the ground. Every part of the carcass must be covered with at least three feet of soil within twenty-four hours of placement in the ground.

- Methods of composting that are acceptable include aerated static pile, vessel, windrow composting and alternative methods. All of these methods follow strict guidelines which can be found in **RCW 70.95** and **173-350 WAC** and in Ecology's "On Farm Composting of livestock mortalities", publication number 05-07-03.

- For help for assistance with these issues call the WSDA State Veterinarian's office at 360-902-1878.

e. Food Safety, Animal Health and Consumer Service Division, Washington State Department of Agriculture, maintains a list of licensed independent collectors and

licensed renderers for routine disposal. For more information on these listings, contact (360) 902-1878. Regional resources near Klickitat County include:

Animal Renders-
Baker Commodities- Seattle, Sunnyside, Spokane
www.bakercommodities.com, 509-534-2137/ 206-243-4781

Landfills (accept animal carcasses)-
Eastern Washington locations-Asotin County MSW Landfill, Grant County Ephrata Landfill, Okanogan County Public Works, Roosevelt Regional Landfill, Wenatchee Landfill, Yakima County Solid Waste Division

ESF 12: Energy

1. Primary Agency
    a. Klickitat County Public Utility District
    b. Puget Sound Energy
    c. Avista Corporation (natural gas)
    d. Williams Northwest Pipeline Co. (natural gas)
    e. Jurisdictional Utility Agencies
2. Support Agencies
    a. Public Works Departments
    b. Law Enforcement
    c. Fire Departments and Districts
    d. Involved private utilities
    e. Washington State CTED (Energy Division)
    f. Klickitat County Prosecuting Attorney

SITUATION AND ASSUMPTIONS

1. Situation
    a. A public emergency or other significant event may be of such severity and magnitude as to require County response and recovery assistance to save lives and protect property.
    b. Weather conditions such as temperature extremes, snow, rain, and high winds may pose additional hazards for first responders and utility crews.
    c. Power and fuel are critical to protecting lives and property and maintaining the continuity of the government, business, transportation, emergency services, and other critical infrastructures.
    d. Damage to an energy distribution in one geographic region (State or Local) may affect energy supplies in other locations.

2. Assumptions
    a. There may be widespread and possibly prolonged electric power outages or interruptions.
    b. There may be widespread and possibly prolonged disruption to the supply and distribution of natural gas.
    c. Transportation and telecommunication infrastructures may be affected.

d. Delays in the delivery of petroleum-based products may occur as a result of loss of commercial electric power.

e. The resources routinely available within the affected emergency area may be inadequate to provide an adequate response.

f. During periods of abnormal weather or in the event of multiple unanticipated outages there may be times when generating capacity is limited or falls below customer demand.

g. There will likely be an urgent need for restoring power at critical facilities.

h. There may be widespread and prolonged electrical power failure. Such outages will impact other public health and safety services, including the movement of petroleum products for transportation and emergency power generation.

CONCEPT OF OPERATIONS

1. Establish and maintain communications with local utility (Water, Wastewater, Natural Gas, Electricity, Petroleum, Telephone) providers to identify critical tasks, and plan for incident response activities.

2. Contact with utility providers may be established by the EOC to coordinate resources, establish priorities, assess and document damage, monitor restoration of services, and provide information to the public. Information programs may be initiated to keep the public informed of utility status and any restrictions.

2. Utility providers may be requested to send a liaison to the EOC to facilitate coordination and provide communications equipment for contact with field units.

3. Requests for assistance are primarily made by utility providers through existing mutual aid agreements with other providers. The DEM and/or the EOC may assist with coordinating outside resources for service restoration and can use that information (regarding extended outages related to critical assets and infrastructure issues), in conjunction with the County's CEMP and appropriate ESFs, to coordinate delivery of emergency support service during long-term outages.

4. KCDEM may coordinate with the Emergency Resources Management Organization, if activated by the Governor.

5. General Information

    a. The electric power industry within Klickitat County is organized into a network of public and private generation and distribution facilities, which are a part of the Northwest Power Pool. When affected by a disaster, it can be anticipated that the respective power companies will work to re-establish service.

    b. Public drinking water systems within Klickitat County are both publicly and privately owned. These systems are not normally interconnected. Personal preparedness can reduce the impact from disruptions to the water supply.

    c. Natural gas in Klickitat County is distributed through common pipelines originating in Canada and in other states.

d. Contact with local petroleum suppliers and major oil companies may be made to facilitate the delivery of adequate amounts of emergency petroleum fuel supplies.

e. There are several sewer utility providers in the county. Typically, these utilities cooperate in mutual support during emergencies.

f. Two telephone companies serve the Klickitat County area. These companies have emergency plans and priorities for restoration of service. The first priority is usually restoration of company capability, then national security-related lines of the federal government. Local priorities are usually 9-1-1 systems and life safety-related agencies. Klickitat County should anticipate a delay in the restoration of regular telephone service in a major outage due to a disaster.

RESPONSIBILITIES

1. Klickitat County Department of Emergency Management
    a. Maintains contact and coordinates with utility and energy providers.
    b. Coordinates planning with providers, as needed.
2. Energy and Utility Providers
    a. Continue to operate supply system and support mutual aid.
    b. Provide for the timely restoration of services.
    c. Facilitate coordination and communications by providing liaisons to the EOC, as requested.

ESF 13: Public Safety and Security

1. Primary Agency
    a. Klickitat County Sheriff's Office
    b. Municipal Police Departments (White Salmon PD, Goldendale PD)
    c. Klickitat County Prosecuting Attorney/Coroner

2. Support Agencies
    a. Bureau of Indian Affairs
    b. Washington State Patrol
    c. State Agencies with Law Enforcement Personnel (i.e., Fish & Wildlife, State Parks, Department of Corrections etc).
    d. Federal Bureau of Investigation
    e. Washington State Military Department
    f. Klickitat County Department of Emergency Management

CONCEPT OF OPERATIONS

1. The Klickitat County Sheriff is the chief law enforcement officer in Klickitat County. When the EOC is activated, an appropriate liaison may be requested to report to the EOC to coordinate law enforcement activities.

2. Coordination between the Sheriff's Office and other law enforcement (LE) agencies is facilitated by the State Mutual Aid Assistance Act. This allows for law enforcement personnel to respond to another jurisdiction, upon request, and for more specific agreements to be developed for special circumstances.

3. Supplemental law enforcement assistance may be requested through normal mutual aid channels, or through the EOC and the State, under the Law Enforcement Mobilization Act

4. NIMS will be used for the coordination of mutual aid resources.

5. Internal policies and procedures are in place for the mobilization of law enforcement personnel and equipment.

6. Upon Declaration of Disaster by the Governor, the State Military Department may provide National Guard personnel to assist law enforcement.

RESPONSIBILITIES

1. Sheriff's Office
    a. Provides law enforcement in the unincorporated portions of Klickitat County and/or mutual aid as requested, and able to provide.
    b. Provides representation in the EOC to coordinate LE and SAR activities.
    c. Provides security to the County EOC during disaster operations, shelters, points of distribution, etc.
    d. Assists with the dissemination of warnings to the public.
    e. Provides field observations to KCDEM and/or EOC.
        1. Can assist in developing and maintaining situational awareness and a common operating picture.
        2. Can assist in providing situation and damage assessment information to the EOC
    f. Provides communications support to the EOC, as needed.
    g. Provides traffic control and crowd control.
    h. For evacuation orders.
    i. Requests assistance through KCDEM or the EOC for outside resources, if needed.

2. Municipal Police Departments
    a. Provides law enforcement in their respective jurisdictions and/or mutual aid as requested, and able to provide.
    b. Provides representation in the EOC to coordinate law enforcement.
    c. Assists with the dissemination of warnings to the public.
    d. Provides field observations to KCDEM and/or EOC.
        1. Can assist in developing and maintaining situational awareness and a common operating picture.
        2. Can assist in providing situation and damage assessment information to the EOC
    e. Provides communications support to the EOC, as needed.
    f. Provides traffic control and crowd control.
    g. For evacuation orders.
    h. Requests assistance through KCDEM or the EOC for outside resources, if needed.

SUPPORT

1. Department of Emergency Management
    a. Provides the EOC facility at the Department of Emergency Management Building (199 Industrial Way, Goldendale, WA.)
        1. Security of the facility and access to the EOC is controlled by the security fence and automatic security gate. Access is via pre-approved/pre-issued electronic

key cards or by on-duty Communications Officers who identify requesting personnel via a video camera feed and an intercom system.

b. Can provide a Mobile Command Post for on-scene communication services and/or for Command and Control.

c. Orders resources locally or facilitates outreach to the State EOC.

d. Can utilize Emergency Notification System for public notification/outreach.

ESF 14: Long-Term Recovery

1. Primary Agencies
    a. Klickitat County Department of Emergency Management
    b. Department of Economic Development
    c. Klickitat County Board of County Commissioners and City Mayors

2. Support Agencies
    a. Small Business Administration
    b. CTED
    c. FEMA
    d. Public Works
    e. Law Enforcement
    f. Fire Services
    g. Health District
    h. American Red Cross
    i. Critical Infrastructure—Private
    j. Volunteer Organizations
    k. School District and Private Education Groups
    l. Hospitals/Clinics-Public and Private
    m. Private Ambulance Providers
    n. Congregate Care Facilities

CONCEPT OF OPERATIONS

1. Considerations of short-term recovery needs should commence as soon as the immediate life saving efforts in response to a disaster are completed. They include, but are not limited to, expanding the Emergency Operations Center (EOC) and departmental administrative capacity, managing a great deal of information, setting short-term recovery priorities, and keeping the public informed.

2. Consideration needs to be given to the transition from the concepts of on-scene and Incident Command to management of long-term recovery needs. Departmental staff who will be involved in this process should be identified by the County Commission, and in partnership with other Klickitat County cities and towns and the private sector, begin work on recovery needs.

3. Information about specific local, state and Federal programs for citizens and small businesses (Individual Assistance) will be disseminated to the public through the

Emergency Public Information Officer (PIO), including, but not limited to, needs for assessment information, location of Disaster Recovery Centers and specific program information.

5. When the President announces a Disaster Declaration, the Disaster Relief Act of 1974, Section 408, sets forth certain conditions for receiving any Federal disaster loans or grants, specifically that mitigation measures will be taken to prevent such damages from re-occurring.

6. The Presidential Declaration of Disaster authorizes a variety of Federal programs to assist individuals. This assistance is intended to aid citizens in the resumption of a normal way of life, not provide complete restitution for injuries and property damage.

7. When a Presidential Disaster Declaration is proclaimed, the State Emergency Management Division and FEMA establish Disaster Recovery Centers to provide disaster victims with a single location to make application for assistance programs.

8. Emergency related projects may require an environmental impact study or permit prior to final project approval. Some emergency situations may require waiver of environmental review and permit, and may be by oral approval, as per the following:
    a. State Environmental Policy Act WAC 197-10-180
    b. Hydraulics Act RCW 75.20.100.
    c. Forest Practices Act RCW 76.09.060 (2).
    d. Shorelines Management Act WAC 173.14.040 (2),(3).
    e. Flood Control Zones by State RCW 86.16.080.
    f. Non-critical actions affecting archaeological/historical protected areas shall be coordinated with State Office of Archaeology and Historic Preservation.

9. An Interagency Hazard Mitigation Team is established consisting of representatives from Federal, State and Local Government. KCDEM will coordinate with county and city departments for team participation.

10. The Interagency Hazard Mitigation Team prepares three reports at different time intervals after the disaster to document mitigation needs, recommendations for actions, and progress on mitigation activities to reduce future impacts in the disaster area. The Federal Emergency Management Agency (FEMA) provides guidance for these reports through state DEM after a Presidential Declaration of Disaster.

CONSIDERATIONS

1. Short-term recovery should include damage assessments and support of human services.
2. Development of a Recovery Plan could be helpful in development of tasks and priorities that could improve efficiency when responding to community needs.
3. The recovery effort should have specific leadership and a definitive organizational structure.
4. Emphasis should be placed on mitigation and resiliency.

5. Assistance may be needed to help impacted persons navigate the recovery process. Advocacy may be needed for underserved populations.
6. Long-term and permanent housing, for the whole Community, must be considered early-on, as part of the process to get evacuees out of emergency shelters.
7. The Recovery Plan should consider a strategy for re-opening businesses and preserving the economic base.
8. NGOs and the private sector can play an important part in long-term recovery. They should be considered in the Recovery Plan, integrated into the system with clearly defined roles and responsibilities.
9. Essential health and social service needs, for the whole Community, should be considered and integrated, as needed when possible.
10. The input of the whole Community should be considered when seeking/receiving funds for post-disaster mitigation projects.
11. Environmental, natural and cultural resources restoration and/or preservation should be considered in the Community's recovery efforts.

RESPONSIBILITIES

1. Klickitat County Department of Emergency Management (KCDEM)
    a. Prepare local situation reports and collect damage assessment information.
    b. Coordinate the efforts of the Interagency Hazard Mitigation Team, including selection of membership from Klickitat County.
    c. Review current program guidance to ensure familiarity with procedures.
    d. Collect appropriate forms, brochures and program guidance.
    e. Provide adequate staff to the Disaster Assistance Centers.

2. County and City Departments
    a. Report information to the Department of Emergency Management (DEM) or Emergency Operations Center (EOC).
    b. Provide members for Damage Assessment Teams, as appropriate.

3. Community and Economic Development

    Assist individuals and business with Small Business Administration (SBA) disaster loan applications.

4. Other Public Agencies and Organizations

    Provide situation reports from facilities and from field observations by drivers, supervisors, etc.

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ESF 15: External Affairs

RESPONSIBILITY SUMMARY

1. Primary Response
    a. Klickitat County Department of Emergency Management
    b. Klickitat County Public Information Officer
    c. Klickitat County Prosecuting Attorney
2. Supporting
    a. Public Broadcasting
    b. NOAA National Weather Service
    c. Southwest Washington Chapter of the American Red Cross
    d. Response Agencies
    e. Public Information Officer Cities/Towns/Response Agencies
3. Plan Preparation & Maintenance

    Klickitat County Department of Emergency Management

INTRODUCTION

1. Purpose

    The purpose of this Emergency Support Function (ESF) is to provide guidelines for an efficient and coordinated continuous flow of timely information and instruction to the public using all available communications media prior to, during, and immediately following an emergency or disaster (Efforts should be in concert with ESF 2--Communication).

2. Scope

    Emergency public information actions before, during and following any emergency will be determined by the severity of the emergency or potential emergency. A significant emergency public information response could involve personnel from all jurisdictions, organizations, and agencies within the county.

POLICIES

1. Authorities – See Basic Plan
2. Assignment of Responsibilities
    a. A county Public Information Officer (PIO) should be appointed; alternates will be the County Emergency Management Director, EOC Manager and Sheriff or their designee.

b. Each response agency should appoint and train a spokesperson who will act as the Incident Commander's (IC's) PIO at the scene.

c. Each of the cities within Klickitat County are requested to have persons designated and trained as primary and alternate PIOs who could work in the county EOC or Joint Information Center (JIC) during the time of a declared emergency. (Refer to Appendix A – Joint Information Operations).

SITUATION

1. Emergency/Disaster Conditions and Hazards
    a. A natural or human caused emergency or disaster could occur at any time within the county.

2. Assumptions
    a. An event has occurred, or has been forecast as imminent, which places people and property in danger.
    b. Human caused events (i.e. hazmat release, oil train derailment/fire/spill) and some natural events (i.e. wildfires, seismic events, flash flooding) may not provide any advance warning.
    c. Other natural disasters, such as winter storms and flooding, can generally be predicted, allowing some time for preparedness actions.
    d. These events require response and/or action by the public in order to eliminate or reduce their exposure to the dangers of the event.

CONCEPT OF OPERATIONS

1. General
    a. The county and cities are responsible for providing their citizens with information on impending or existing emergencies, to include immediate protective action they should take (such as sheltering or evacuation).
    b. A JIC may be activated, if the situation warrants. The JIC will likely be at an off-site location, such as Klickitat County Public Health or the WSU Extension Office Meeting Room at the KC Fairgrounds. Agencies involved will staff telephones and coordinate media activities under the supervision of the County PIO.
    c. If a JIC is not activated, the PIO releases will be coordinated through the Emergency Operations Center.
    d. All county and city agencies and jurisdictions are responsible for providing the county PIO with appropriate information about the incident, and actions needed to save lives and protect property.

2. Information Support Structure
    a. The PIO will keep county EOC informed of the situation and of any public affairs assistance that might be needed. County EOC will coordinate all requirements with WSEOC.

b. The WSEOC will coordinate with federal agencies to keep them informed of the situation, and of any assistance that might be needed.

c. IC may appoint a PIO and/or spokesperson at the incident scene. If no PIO is appointed, the IC will act as spokesperson. Close coordination between the PIO at the scene and the county PIO and EOC is necessary to ensure correct, accurate, and timely information is given to the public. This may require significant effort to validate data and address rumors. A VOST (Virtual Off-site Support Team) may be helpful for monitoring of Social Media.

d. If an outside agency/organization, such as FEMA, the U.S. Forest Service, etc., sets up a PIO/JIC in Klickitat County because of an event, the county PIO will coordinate with that agency in order to avoid conflicts in information being released. Preferably, the county PIO, or representative, will become a member of the other agency's public information JIC.

3. Notification

Appropriate county agencies will be notified when an emergency or disaster has occurred that requires a PIO response, and be asked to keep the EOC or JIC informed of the situation in their area of responsibility.

4. Emergency Management Activities

All agencies in all jurisdictions are responsible to:

a. Identify and train personnel to implement the public information responsibilities outlined in this ESF.

b. Prepare and coordinate public information resource material that might be needed by their agency during an emergency.

c. Participate in programs to educate the public about hazards caused by emergencies or disasters, and actions people may be asked to take to protect themselves, their property, and the environment.

d. Advise agencies and jurisdictions of emergency management PIO training that is available.

5. When the county EOC and/or the JIC are activated, the county PIO, or their designee, coordinates the preparation and release of news regarding the emergency situation. All news releases and status reports will be coordinated with/through the county PIO to reduce release of conflicting information.

6. Whole Community Involvement

a. ESF #15 is supported by multiple county organizations and non-governmental organizations, many of which have specific missions to serve or advocate on behalf of the public of Klickitat County during and in the aftermath of disasters or emergencies.

1) Many of the county organizations that support ESF #15 engage a wide range of stakeholders in program development and service delivery operations, in accordance with and within the limitations of their respective enabling legal authorities, missions and funding sources.

2) Partner agencies routinely engage many other organizations in their day to day missions, including: community councils; Voluntary Organizations Active in

Disasters; faith-based organizations; community leaders; disability services; private business; home care services; advocacy groups; the media; transportation providers; and many others.

b. This ESF communicates with the Whole Community as needed during emergency response and disaster recovery operations. The Whole Community includes populations with individuals with disabilities and Access and Functional Needs (AFN). Any agency or organization that receives federal funding is required to have a plan or policy for addressing the needs of individuals with Limited English Proficiency (LEP), pursuant to Title VI, the Civil Rights Act.

RESPONSIBILITIES

1. DEM/EOC
    a. Recommend activation of the JIC, when deemed necessary.
    b. Assist in providing the PIO with technical advice and assistance, and recommends training for that person.
    c. Assist the PIO in selecting alternates to serve in the EOC.
    d. Assist the PIO in creating checklists that may be used for all phases of the emergencies (Mitigation and Preparedness, Response, and Recovery) for which the county is vulnerable.
    e. Maintain a media contact list, which includes addresses, phones, e-mail, and FAX numbers.
    f. Provide, as possible, communications capability (phones; fax; internet access for email, video conferencing, etc.; cell phones; satellite phones; Public Safety Radios; ARES-RACES radio coverage; etc.) before, during, and after the incident—to maintain contact with Stakeholders and the media.
    g. Continuously evaluate the effectiveness of the information being provided to the community, to include,
        1. Frequency (Too often, Not often enough)
        2. Appropriate/Adequate Information (Clear, Understandable)
        3. Is the information reaching the target audience
        4. What can be done better, and how

2. The Public Information Officer (PIO)
    a. The PIO is responsible for the preparation and release of information regarding the emergency situation. Pre-scripted information should be prepared for all types of hazards, which may occur in the county.
    b. Distribute press releases to the local media using the pre-established contact list. This may be done by using faxes, phone, and email, scheduling and conducting press briefings, sending press releases, providing video, or using messengers.
    c. Plan, schedule, and coordinate briefings, live interviews, or news conferences for

the media. Consider on-site media centers, as appropriate.

d. Provide the EOC with copies of news releases issued for inclusion in the After-Action Report.

e. If a Federal Disaster Recovery Assistance Center (DRAC) is established in the county, the PIO will continue to coordinate the release of news throughout the recovery phase.

f. Provide information concerning individual and public assistance, when available.

g. If activation of the Emergency Alert System (EAS) is deemed necessary, it will be accomplished in accordance with the Inland Northwest EAS Region Plan.

h. Consider use of Klickitat County's Emergency Notification System (ENS) for release of information and/or instructions to persons who have signed up for such notifications related to emergency incidents. Provide non-English messaging regarding critical life-threatening situations to effected populations with Limited English Proficiency (LEP).

1. Produce pre-scripted messages in English and other LEP identified languages, providing standardized emergency messages to include (but not limited to)

a) Evacuation levels (Ready, Set, Go) and instructions

b) Shelter Instructions (Shelter-in-place, Emergency Shelter Locations)

c) Food and Water resources (Prepared, Pick-Up, Delivery Services)

d) General Information (Medical Services, Reunification Assistance, etc)

2. Urge care-takers and support persons for individuals with sensory, intellectual, or cognitive abilities; with limited English proficiency; and others with access and functional needs to sign up for the ENS messages.

3. Urge care-takers and support persons for individuals with sensory, intellectual, or cognitive abilities; with limited English proficiency; and others with access and functional needs to pre-plan actions that will assist persons-in-need in compliance with the instructions issued via ENS messages.

3. The Southwest Washington Chapter of the American Red Cross will normally be the agency responsible for sheltering, clothing, feeding and registering displaced persons. These agencies may also coordinate volunteers who wish to assist in the response and/or the recovery efforts. The PIO will maintain contact with these agencies and coordinate information to the public about the services they are providing or coordinating.

4. All county and city agencies and departments will notify the PIO of any requests for Information from the media, and of any material or reports they provide to the media.

5. If an evacuation of part, or all, of the county becomes necessary due to an emergency, the PIO has the primary role in disseminating instructions to the public. Special situations dealing with evacuation are found in ESF 13 – Public Safety, Law Enforcement, and Security.

LOCAL MEDIA OUTLETS

NEWSPAPERS	**Email ADDRESS**	**Phone**
BiCoastal Media	RandyHaines@BiCoastalMedia.Com	
	MBailey@BiCoastalMedia.Com	
The Dalles Chronicle	TDChron@TheDallesChronicle.Com	
White Salmon Enterprise	EBakke@WhiteSalmonEnterprise.Com	
	SBakke@WhiteSalmonEnterprise.Com	
Hood River News	HRNews@HoodRiverNews.Com	
Daily Sun News	JMcGhan@DailySun News.Com	
	News@DailySunNews.Com	
Goldendale Sentinel	IMarzeles@GoldendaleSentinel.Com	
	SentinelNews@GoldendaleSentinel.Com	
Yakima Herald-Republic	News@YakimaHerald.Com	
Oregonian	NewsRoom@Oregonian.Com	
Skamania County Pioneer	SCPioneerNews@Gorge.Com	
TELEVISION		
KOIN Channel 6	Brent.Weisberg@KOIN.Com	
	Jennifer.Dowling@KOIN.Com	
	News@KOIN.Com	
Oregon Public Broadcasting	CWilson@OPB.Org	
HayStackBroadcasting	Info@HaystackBroadcasting.Com	
	News @HaystackBroadcasting.Com	
KGW Channel 8	NewsDesk@KGW.Com	503.226.5111
KATU Channel 2	TheDesk@KATU.Com	503.231.4264
RADIO		
Haystack Broadcasting	Info@HayStackBroadcasting.Com	
Radio Tierra	Info@RadioTierra.Org	
KVGD-LP	lpfmradio@kvgd.info	
	CJEberhart@Gorge.Net	
KPAM	TBox@KPAM.Com	503.225.0860

Appendix A

JOINT INFORMATION CENTER OPERATIONS

PURPOSE

The Joint Information Center (JIC) is a temporary organization established during emergency events that provides response agencies with a means to pool communication resources and ensure that consistent and accurate information is released, as quickly as possible, to the general public and news media. The agencies involved work cooperatively to accomplish these goals; and the establishment of a JIC ensures that viewpoints from all response agencies are taken into account.

A Joint Information Center (JIC) may need to be activated to support a large-scale emergency that requires multi-agency and multi-jurisdictional response. Onsite, as well as offsite staffing, and 24-hour operation, may be needed.

The benefits of a JIC are:

- Consistent messaging
- Central working facility
- Single, recognized source for official information
- Enhanced information sharing
- Pooled resource (staff and & equipment)
- Coordinated delivery of the message

INTENT

To provide procedures for the activation of the county JIC during emergency responses and other situations in which multiple organizations need to collaborate to gather updated information, verify accuracy of data, coordinate all public statements and disseminate consistent messages (provide timely, accurate and useful information to the public and other stakeholders).

SITUATION AND ASSUMPTIONS

1. Situation
    a. Upon receipt of information of an impending local emergency or intensifying national crisis, a decision may be made to enhance activation of the EOC and/or establishing a JIC.
    b. Centralized county/state coordination and dissemination of factual, official information helps assure a well-informed public, avoid or minimize the release of incorrect information, and deflate rumors.
    c. Should the JIC be activated, it may operate out of the county EOC, unless the EOC is or will be activated; or the event requires additional manpower, in which case the JIC would move to a predetermined location.

d. In major emergency or disaster situations, there may be a large number of media representatives seeking information about the situation and about response actions. It is the intent of the DEM to cooperate fully with the media in all phases of emergency management.

e. A major emergency or disaster will attract regional and national media representatives, thus necessitating the establishment of a JIC staffed by emergency public information personnel.

2. Assumptions

a. When activated, the JIC becomes the primary tool for facilitating the release of information to the media, as well as the citizens throughout the affected area. All responding agencies will direct questions, concerns, and media inquires to the JIC.

b. During emergency situations and disasters, the general public and media will require information about the emergency situation and instruction on proper response actions.

c. The JIC may be declared operational once the necessary equipment and personnel are in place. The IC, county DEM/EOC, and County Communications Center should be notified of activation and provided with appropriate phone number(s).

d. The local media and radio will perform an essential role in providing emergency instructions and up-to-date information to the public.

e. Depending on the severity of the emergency, or the media's perception of the severity of the emergency, regional and national media will also cover the story and require information and comment from local officials.

f. Our capability to provide information will be overwhelmed if sufficient staff is not provided and if sufficient planning is not completed to accommodate media and public needs.

g. Upon activation, the JIC will organize to accommodate the work space needs of each responding agency. However, the facility may not be reasonably equipped to handle multiple agencies. Agency PIOs should be prepared to provide their own equipment, such as laptop computers and printers, as needed.

h. In order to provide an organizational framework in the JIC, a team approach to management, coordination and dissemination has been developed.

i. The JIC will be equipped with enough communications resources to ensure the timely and accurate gathering and dissemination of information.

j. All media will use the center to receive official news, information, instructions and procedures should a local incident or severe international crisis occur.

CONCEPT OF OPERATIONS

1. Public Information Response Activities

a. The overriding concept of the JIC is that each individual represents his/her own agency; and, at the same time, participate in a coordinated public information approach.

b. A JIC is a collocated group of representatives from organizations and agencies involved in an event that are designated to handle public information needs. The JIC

structure is designed to work equally well for large or small situations and can expand or contract to meet the needs of the incident.

c. When public or private agencies and organizations come together to respond to an emergency event, efficient information flow is critical to effectively carrying out the PIO responsibilities and meeting expectations of the public. A JIC is a centralized location that serves to achieve that information flow.

d. Generally, a collocated group of PIOs, representing the agencies involved, will follow establishment of a multi-agency coordinating (MAC) group.

e. Throughout the emergency, the JIC Manager will provide internal briefings, reconcile conflicts and provide a forum to discuss issues relating to the JIC process.

f. The JIC will operate 24-hours a day, seven days a week, if needed, and as able; with scheduled hours of operation being determined by the JIC Manager in consultation with agency PIOs and JIC staff.

g. All response agencies unable to locate within the JIC will be encouraged to coordinate and disseminate copies of their news releases to and through the JIC. Other agency PIOs may fill support positions within the JIC.

h. Statements that include reporting on actions by other jurisdictions will normally be coordinated by the JIC with the appropriate organization(s) prior to release.

i. The JIC will make available to the media all information received from other organizations, as appropriate.

j. JIC staff will assist agencies in responding to inquiries. They will answer all news media inquiries for which there is releasable information available, and refer news media inquiries to the appropriate agency's PIO.

k. The JIC Manager will facilitate overall policy guidance and operations for the JIC, and will coordinate, as needed, with the lead agency in the JIC, if one is designated.

l. The emergency public information staff may be called upon to warn the public about evacuations and other significant emergency requirements. In this case, they will fully mobilize and disseminate emergency instructions and information to the public in the following order of priority:

    1) Life-saving/health preservation instructions

    2) Emergency status information and/or updates

    3) Other useful information, originated by the government or in response to media inquires

2. Whole Community Involvement

    a. Information dissemination is supported by county agencies/organizations and non-governmental organizations, many of which have specific missions to serve or advocate on behalf of the public before, during and after a disasters or emergency.

    b. Agencies/organizations and non-governmental organizations routinely engage many other including: community councils; Voluntary Organizations Active in Disasters; faith-based organizations; community leaders; disability services; private business; home care services; advocacy groups; the media; transportation providers; and many others.

c. Communications with the Whole Community as necessary before, during and after an emergency response and disaster recovery operations. The Whole Community includes populations with individuals with disabilities and Access and Functional Needs (AFN). Any agency or organization that receives federal funding is required to have a plan or policy for addressing the needs of individuals with Limited English Proficiency (LEP), pursuant to Title VI, the Civil Rights Act.

1) KCDEM expects all agencies and organizations associated with the response to a disaster or declared emergency to comply with federal law.

2) Supporting agencies/organizations, and non-governmental organizations are responsible for their own plans and policies

2. Organization

The JIC organizational structure is based on functions that generally must be performed whether a person is handling a routine emergency or managing communications for a major response to a disaster. For proper coordination in a major emergency or disaster, it is essential that emergency public information be released from a single point to assure consistency and authenticity.

a. At emergency incidents, on-scene PIO will release information from a single location. It is desirable that the public information representatives from other involved agencies join the PIO in releasing information through a single coordination point on-scene. All information releases will be coordinated by the PIO with final approval given by the IC, MAC group or agency administrator, whichever is appropriate. The county EOC shall be kept informed of on-scene releases—and will coordinate information with the on-site PIO.

b. The PIO will coordinate information releases for the emergency from the county EOC or JIC and maintain contact with on-scene and other PIOs for details about the incident.

c. Goals of the JIC:

- Provide confirmed, accurate and consistent public information
- Provide the public with one contact base for all departments, governments, medical facilities, and public utilities
- Answer media calls and requests
- Set-up news conferences, prepare executives, and notify the media
- Write news releases, advisories, statements, and speeches, as requested
- Provide rumor and damage control
- Monitor social media, as possible

ESF 20: Defense Support to Civil Authorities

1. Primary Agency

   Klickitat County Department of Emergency Management

2. Support Agencies
   a. Klickitat County Board of County Commissioners (KCBoCC)
   b. Washington State Emergency Management Division
   c. Military Department
   d. Klickitat County Prosecuting Attorney

INTRODUCTION

1. Purpose

   To establish procedures for requesting and using military assistance in Klickitat County during times of an emergency.

2. Scope

   Military units have specialized equipment, not otherwise available to local jurisdictions that may be needed in time of an emergency operation. They also have personnel that might be needed to support local jurisdictions.

3. Policies
   a. The use and activation of military support requires action by the Washington State Governor and any requests for military assistance must be processed through the Washington State Emergency Operations Center (WSEOC).
   b. Military forces, either state or federal, will remain under and follow their military chain of command.
   c. The State of Washington Department of the Military Adjutant General deploys state active duty resources, in a state funded status, in response to an emergency involving imminent loss of life, to prevent great suffering, and/or to mitigate great destruction of property, in accordance to state regulations and statutes.

SITUATIONS AND ASSUMPTIONS

1. Situations

   An emergency or disaster could occur for which military assistance may be the best or only solution. A request for military support can be initiated to compliment, not substitute for local civilian resources.

2. Assumptions

   Any request for military assistance will be processed through Klickitat County Emergency Operations Center (KCEOC) to WAEOC.

CONCEPT OF OPERATIONS

The Revised Code of Washington (RCW) 38.08.040 provides that, upon the occurrence of certain events, the Governor has the power to order the organized militia of Washington or any part thereof into active service in order for Washington State to execute the laws and perform such services as the Governor shall deem proper. This power resides with the Governor or acting Governor alone, and may not be delegated to another person or agency.

ORGANIZATION

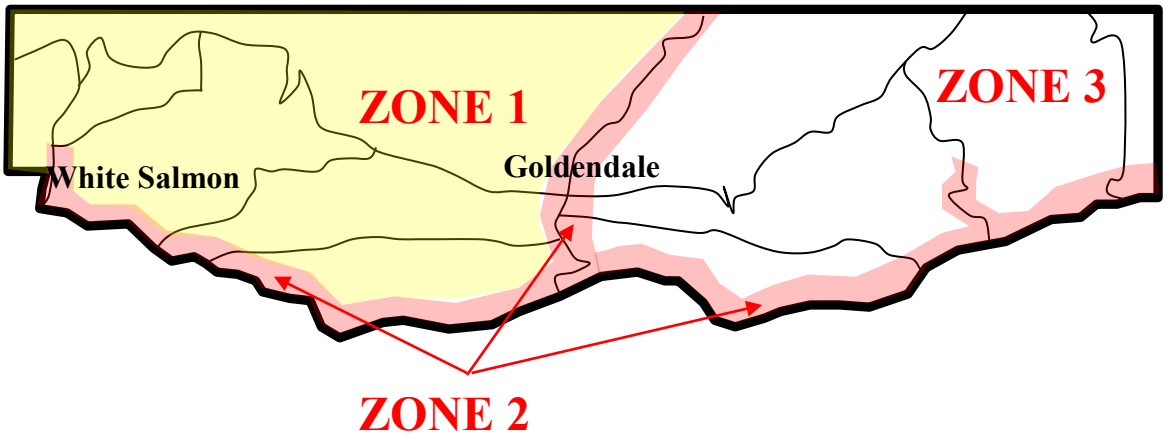
1. The Klickitat County Board of County Commissioners is empowered to declare an emergency.
2. Coordination of military support to civil authorities will be performed by the Washington State Military Department.

RESPONSIBILITIES

Primary Agency

a. Ask the Klickitat County Board of County Commissioners for a Disaster Declaration.
b. Request support from the WAEOC.
c. Klickitat County Board of County Commissioners must issue a Disaster Declaration before requesting any military assets.
d. No MOUs currently exist between Klickitat County and the military.
e. KCDEM will coordinate their request for assistance with the Military Department to ensure that the right equipment/personnel with the right training and appropriate capabilities are ordered.
f. Assembly/response time for military units can be prolonged—KCDEM will ensure that assembly, travel, and set-up times are provided/updated to Stakeholders.
g. In some circumstances, the cost for use of military assets may be charged to local entities. Responsibility for payment, cost for resources, and any administrative costs should be acknowledged by KCDEM PRIOR to authorizing participation of military units.

Klickitat County Hazard Assessment Zones



Map not to scale

2/6/2013

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Klickitat County Community Risk Assessment Summary by Zone

Hazard Assessment Summary by Zone	Average Score	Hazards														
		Radiological Emergency	Terrorism - C/B/R/N	Chemical & Release	Energy Emergency	Drought	Burning Man	Dam Failure	Hazardous Material	Mass Casualty Incident	Landslide, Erosion	Flood	Volcano	Severe Storm	Volcanic activity
Zone 1 (West)	**19.4**	2	1	1	19	29	31	9	7	13	29	29	45	29	28
Zone 2 (South & Central Corridor)	**23.6**	11	1	1	10	15	37	9	39	27	43	51	31	33	22
Zone 3 (East)	**18.9**	1	2	1	20	30	26	10	8	14	26	22	46	30	29
Average by Hazard:		**4.7**	**1.3**	**1.0**	**16.3**	**24.7**	**31.3**	**9.3**	**18.0**	**18.0**	**32.7**	**34.0**	**40.7**	**30.7**	**26.3**

Zone 1 Hazard Assessment

		Hazards																
	score	Radiological Emergency	Terrorism-CBRN	Search & Rescue	Energy Emergency	Drought	Earthquake	Dam Failure	Hazardous Materials	Mass Casualty Incident	Landslide, Erosion	Flood	Wildfire	Severe Storm	Volcanic Activity	
Area Impacted	No developed area impacted	0			0						0							
	Less than 25% of developed area impacted	1		1				1	1		1	1						
	Less than 50% of developed area impacted	2												2				
	Less than 75% of developed area impacted	3	3		3	3							3					
	Over 75% of developed area impacted	4					4								4			
Health and Safety Consequences	No health and safety impact	0																
	Few injuries or illnesses	1			1	1		1	1		1	1	1	1	1			
	Many injuries or illnesses but no fatalities	3	3				3											
	Few fatalities but many injuries or illnesses	4		4						4								
	Numerous fatalities	5																
Property Damage	No property damage	0		0						0								
	Few properties destroyed or damaged	1	1	1	1	1			1		2	2		2	2			
	Few destroyed but many damaged	2					2	2										
	Few damaged and many destroyed	3											4					
	Many properties destroyed and damaged	4																
Environmental Damage	Little or no environmental damage	0		0						0								
	Resources damaged with short term recovery	1												1				
	Resources damaged with long term recovery	2	2		2	2	2	2	2		2	2	2		2			
	Resources destroyed beyond recovery	3																
Economic Disruption	No economic impact	0																
	Low direct and/or indirect costs	1		1					1					2				
	High direct and low indirect costs	2																
	Low direct and high indirect costs	3			3	3	3											
	High direct and high indirect costs	4	4					4		4	4	4	4		4			
	TOTAL SCORE FOR HAZARDS (Sum of value for Public Safety, Property Damage, Environmental Impact and Economic Disruption)		13	12	2	10	10	14	10	6	8	10	10	14	8	13		
Probability or Frequency of Occurrence																		
Probability or Occurrence	Unknown but rare occurrence	1	1	1														
	Unknown but anticipate an occurrence	2							2									
	100 years or less occurrence	3				3		3		3	3				3			
	25 years or less occurrence	4					4					4	4					
	Once a year or more occurrence	5			5									5				
(Total Score for Natural Hazards) X (Score for Probability or Occurrence) =		(100)	13	12	10	30	40	42	20	18	24	40	40	56	40	39		

Zone 2 Hazard Assessment

		Hazards																
		Score	Radiological Emergency	Terrorism - CBRN	Search & Rescue	Energy Emergency	Drought	Earthquake	Dam Failure	Hazardous Materials	Mass Casualty Incident	Landslide, Erosion	Flood	Wildfire	Severe Storm	Volcanic activity
Area Impacted	No developed area impacted	0			0											
	Less than 25% of developed area impacted	1		1										1		
	Less than 50% of developed area impacted	2					2									
	Less than 75% of developed area impacted	3	3			3			3	3	3					
	Over 75% of developed area impacted	4						4				4	4		4	4
Health and Safety Consequences	No health and safety impact	0														
	Few injuries or illnesses	1			1	1	1					1		1	1	1
	Many injuries or illnesses but no fatalities	3	3							3			3			
	Few fatalities but many injuries or illnesses	4		4				4			4					
	Numerous fatalities	5														
Property Damage	No property damage	0			0						0					
	Few properties destroyed or damaged	1				1	1									
	Few destroyed but many damaged	2	2	2						2					2	2
	Few damaged and many destroyed	3														
	Many properties destroyed and damaged	4						4	4			4	4	4		
Environmental Damage	Little or no environmental damage	0			0						0					
	Resources damaged with short term recovery	1				1	1								1	
	Resources damaged with long term recovery	2	2	2				2	2	2		2	2	2		2
	Resources destroyed beyond recovery	3														
Economic Disruption	No economic impact	0														
	Low direct and/or indirect costs	1			1											
	High direct and low indirect costs	2													2	
	Low direct and high indirect costs	3				3	3									
	High direct and high indirect costs	4	4	4				4	4	4	4	4	4	4		4
	TOTAL SCORE FOR HAZARDS (Sum of value for Public Safety, Property Damage, Environmental Impact and Economic Disruption)		**14**	**13**	**2**	**9**	**8**	**18**	**13**	**14**	**11**	**15**	**17**	**12**	**10**	**13**
Probability or Frequency of Occurrence																
Probability or Frequency of Occurrence	Unknown but rare occurrence	1		1												
	Unknown but anticipate an occurrence	2	2						2							
	100 years or less occurrence	3				3		3								3
	25 years or less occurrence	4					4			4	4	4	4	4		
	Once a year or more occurrence	5			5										5	
	(Total Score for Natural Hazards) X (Score for Probability or Occurrence) =	(100)	**28**	**13**	**10**	**27**	**32**	**54**	**26**	**56**	**44**	**60**	**68**	**48**	**50**	**39**

Zone 3 Service Factors

		Score	Hazards																	
			Radiological Emergency	Terrorism- C/B/R/N	Search & Resoue	Energy Emergency	Drought	Earthquake	Dam Failure	Hazardous Materials	Mass Casualty Incident	Landslide , Erosion	Flood	Wildfire	Severe Storm	Volcanic activity
	Total Score from Hazard Assessment Page:	(100)	11	12	10	30	40	36	20	18	24	36	32	56	40	39
Public Access to Services	E-9-1-1 Center & centralized public safety dispatch	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	9-1-1 and decentralized public safety dispatch	2														
	Limited access to emergency services	0														
Public Access to Medical Services	Trauma Center and/or ALS-level local EMS	4														
	Hospital Emergency and/or ALS-level local BMS	3														
	Hospital Emergency and/or BLS-level local BMS	2														
	BLS-level local BMS; Trauma Center within 1 hour	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	No immediate BMS service	0														
Fire Protection	24-hour x 7 staffed structural fire department	4														
	Combination staffing structural fire department	3														
	Volunteer (call) structural fire department	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Forestry fire agency or other facility fire prot systems	1														
	No fire protection infrastructure, fire department	0														
Security	Local LE agency with immediate backup (incl other PD)	4														
	Local LE agency with backup @ < 15 minutes	3														
	Local LE agency with backup @ > 15 minutes	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Limited law enforcement response (jurisdiction)	1														
	Limited emergency access to law enforcment	0														
Transportation Network	Suburban, well defined arterials, highways	4														
	Suburban & urban collector system, limited arterial	3														
	Rural, maintained roads & arterials	2														
	Low density rural with limited maintained roads	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	High density urban surface streets	0														
	Wildland, unimproved roadways	0														
TOTAL CREDIT SCORE FOR SERVICE FACTORS (20)			-10	-10	-10	-10	-10	-10	-10	-10	-10	-10	-10	-10	-10	-10

Support Annex B: Continuity of Government/Operations

PURPOSE

This section provides guidance for the continued operations of local government and the preservation of essential records.

OPERATIONAL CONCEPTS

1. General
    a. The State Law provides for the filling of vacant elective offices by the County Commission.
    b. State law establishes that the Vice-Chair/BoCC is to perform the duties of the Chair/BoCC, in case he/she is absent or is temporarily disabled.
    c. In the absence of the Chair/BoCC, State law provides that the Vice-Chair/BoCC has the authority to proclaim the existence of a disaster and request the Governor to proclaim a State of Emergency.
    d. Each political subdivision should identify a succession of authority that defines the internal transfer of power for continued operations of government.

2. Succession of authority for county government

    In the event the Chair/BoCC is unavailable or inaccessible, the succession of authority for the administrative management of County Government is as follows:

    a. Vice-Chair/BoCC
    b. Commissioner/BoCC
    c. Director of Emergency Management
    d. Director of Public Works

    It is the policy of all Klickitat County governments that all department heads designate successors to fulfill their functions in the event of their absence or disability. It is also the policy of Klickitat County government that department heads designate primary and alternate locations to direct department operations.

3. Succession of authority for local municipal governments

    Municipal governments shall formalize the internal transfer of power for continued operations of government. The order of succession should be identified by position titles and made available on an annual basis to KCDEM. Such adopted rules and regulations should provide for appointment of temporary interim successors to the elected and appointed offices of the political subdivisions.

In the event that such formalized succession has not been identified, the language of RCW 42.14.050 may be applied. RCW 42.14.050 provides that "In the event that the executive head of any city or town is unavailable by reason of [emergency or disaster] to exercise the powers and discharge the duties of the office, then those members of the city or town council or commission available for duty shall by majority vote select one of their number to act as the executive head of such city or town. In the event [that the emergency or disaster] reduces the number of city or town council members or commission members, then those members available for duty shall have full power to act by majority vote of those present."

4. Protection of essential records

   It is the policy of Klickitat County that County departments identify and adequately protect essential records. The County Auditor is the lead for providing guidance and direction related to the identification and preservation of essential records. The Budget and Technical Services Department will provide guidance and direction for minimizing disruption to telephone communication services, computer equipment and data processing capabilities.

   All other participating jurisdictions shall establish policies for guidance and direction related to the identification and preservation of essential records and minimizing disruption to telephone communication services, computer equipment and data processing capabilities.

5. Relocation of the seat of government in an emergency

   RCW 42.14.075 allows local government to conduct the affairs of that local government at a place within or without the territorial limits of the political subdivision if it becomes imprudent, inexpedient or impossible to do business at the usual places. The decision to relocate Klickitat County government will be dependent on the circumstances and information available at the time of an emergency.

   City government may relocate to County government facilities as may be necessary. Klickitat County will assist such displaced city governments in reestablishing reasonable functionality. It may also be necessary for County government to relocate to a city facility.

Support Annex C: Public Alert and Warning

Support annexes identify agencies that play supporting roles during emergencies and describe or address the strategies that the supporting agencies implement. In this way, support annexes describe other mechanisms that private sector, nonprofit organizations and government partners use to organize support. Support annexes describe essential supporting processes and considerations common to most incidents. For example, NRF support annexes include financial management, international coordination, public affairs, tribal relations, volunteer and donations management and worker safety and health. A recovery annex could also reflect RSFs and address issues such as community planning and capacity building, economic recovery, health and social services, housing, infrastructure systems and natural and cultural resources.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021.

Content Guide

Public Alert and Warning

- Identify and describe how to disseminate the notification that a disaster or threat is imminent or has occurred and to communicate response and protective actions to the population (e.g., use alerting systems and IPAWS to send WEA mobile phone broadcasts, activate EAS radio/TV/cable messages, mass notification voice and short-message service distribution, door-to-door warnings, sirens, social media).
- Describe how to use emergency condition levels in the public notification process (e.g., snow emergencies, hazardous materials incidents, nuclear power plant incidents).
- Identify and describe how to alert individuals with sensory or cognitive disabilities and others with access and functional needs in the workplace, public venues and in their homes.
- Include draft messages intended for the public for identified hazards in formats appropriate for each public warning system.

***Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021, Appendix* C.**

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Support Annex D: Hazard Identification and Vulnerability Analysis

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1. INTRODUCTION

RCW 38.52.070 Emergency Management establishes that preparedness of Klickitat County shall be adequate to deal with disasters.

The purpose of this hazard identification & analysis ("HIVA") study is to identify and describe those potential large-scale hazards within Klickitat County and to serve as a basis for county level emergency preparedness planning. The information contained in this document was gathered from various reports, newspaper articles, and Emergency Management records and reports. It is intended to present a general overview of the disaster and hazard potential in Klickitat County.

The first draft of this document was finalized in November 2002, revised in November 2003 and reviewed by the State of Washington in October 2004. This draft is presented with updated information and edits as provided by contract with Klickitat County.

2. GEOGRAPHIC CHARACTERISTICS

Klickitat County is 16th in size among the counties of the State of Washington. Klickitat County encompasses 1,880 square miles. Klickitat County has a population of 20318 residents as of 2010 (Office of Financial Management).

Klickitat County is situated east of the Cascade Range at the farthest extension of what is generally recognized as south central Washington. The region is bounded by Yakima County to the north, Skamania County to the west, Benton County to the east and the Columbia River (and state of Oregon) to the south.

Climate

Temperatures

	Jan	Apr	Jul	Oct
Max (F)	37	62	84	64
Min (F)	22	34	50	36
Mean (F)	30	48	67	50

Avg Annual Max (F): 61
Avg Annual Min (F): 36
Avg Annual Mean (F): 48
Avg Annual Rain (in): 17.4

This section of the State has a very dry climate with rather mild winters and warm sunny summers. Annual precipitation is 10-60 inches. Most of the precipitation is received during the six-month period of November through April. The winter snowfall seldom remains on the ground longer than two to four weeks But can reach a depth in excess of Thirty inches on the west end of the county or twelve inches with wind (Blowing snow) on the east end. Summers are dry and hot, in the 90's, with a few days at higher temperatures. The growing season is about 150 days extending from mid-April to mid-October.

Klickitat County has two main highway systems: US 97 (north-south) and Highway 14 (east-west). It is also served by the Burlington Northern Santa Fe Railroad. In addition, The Dalles Dam and John Day Dam were constructed on the Klickitat-Oregon section of the Columbia River and there is significant barge travel to upriver and downriver ports, primarily to move agricultural products.

CHIEF PRODUCTS

Agriculture/Dairy/Ranching: Approximately 70% of the farmland in Klickitat County is classified as pasture land or rangeland for livestock. Crops are harvested on approximately 15% of the farm acreage. Major products include (apples, pears and cherries), livestock, wheat, hay, dairy products, tree fruits and a variety of vegetables.

Manufacturing and Processing: Machine trades, packaging and materials handling, bench work, motor freight and transportation, processing.

3. DEMOGRAPHIC ASPECTS

Population

Bingen:	712
Goldendale:	3,407
White Salmon:	2,224
County:	**13,975**

The 2010 Washington State Office of Financial Management figures show the population of Klickitat County to be 20318. Since 1990, population growth has averaged 1.5% per year. Approximately two-thirds of the population lives in unincorporated areas and one-third in incorporated areas as shown below:

Demographic breakdowns of the county's population are shown below:

Density of population:	10.9 persons per square mile
Male population:	10,268 (median age of 44.7)
Female population:	10,050 (median age of 46)
White, non-Hispanic population:	17,824
Black, non-Hispanic population:	50
Native American population:	481
Asian and Pacific Island Population:	146
Other, non-Hispanic population:	1,147
Hispanic:	2,171
Assessed Value (2010):	$3,644,223,416

HIVA ZONES

HIVA Score

Assignment of a relative *Community Risk Assessment tool* score to a given hazard is based upon vulnerability, impacts and probability of occurrence. The "base" score is tempered by in-place service factors that are likely to mitigate severity of impacts. Of a total score of 100 points, the higher the score the higher the vulnerability.

In Klickitat County, the low density of population is reflected in the highest relative community vulnerability of less than 50 points ("moderate").

For the purpose of this study, Klickitat County was divided into three zones. Zone 1, in the western portion of the county, is characterized by forested and mountainous grade landscape and low density population; Zone 2, in the southern & central areas of the county, is characterized by a predominantly sub-urban transportation corridor (highway, rail & water-borne) featuring steep grades & minimal vegetation; and Zone 3, in the eastern portion of the county, is characterized by rolling hills featuring minimal vegetation and low density of population.

Using the *Community Risk Assessment* tool, the HIVA score is reported in the summary charts on both a zone and county-wide basis.

The purpose of the scoring matrix is to attempt to display the relative risk among various types of hazards in the community. This tool will assist in focusing planning efforts and maximizing the limited resources available to prepare for, respond to and mitigate hazardous conditions. *It should also be remembered that one hazard may cause or exacerbate another type of hazard.*

4. NATURAL HAZARDS

A. DROUGHT

HISTORY

There has been one major drought declaration between 1956 and 2001. It occurred in March 1977. A Presidential Emergency Declaration was made for 20 counties in Eastern Washington. This drought had an economic impact on Klickitat County. The primary effects have been felt by the agricultural industry; however, the general population has been affected to a lesser degree due to water curtailments, etcetera.

Definition

A drought is the prolonged period of significantly less than normal precipitation, causing a critical drop in available sources of drinking and agricultural water supplies and producing measurable agricultural damages and losses. The severity of drought is measured by the Palmer Index (*Attachment 1 to Annex C*).

VULNERABILITY

Klickitat County's primary industry is agriculture and livestock and it could be damaged or destroyed by a major drought occurrence. The probability of a drought occurrence and its impacts is increasing as water usage agreements are being revised in light of environmental issues, such as salmon run restoration.

EFFECTS

The major effect of drought conditions would be economic to the agricultural industry (farm owners, tenants, and laborers). The condition affects crop yields and feed for animals especially in the non-irrigated fields.

A secondary effect would be the increased danger of wildland fires due to reduced moisture in fire fuels. Scoring for this hazard is included under the classification of "Wildfire."

CONCLUSION

New developments in the agricultural industry have lessened the impact of droughts. Widespread irrigation minimizes the impact of a short-term drought by using the water resources available in the Columbia River. Federal and state governments have also assumed an active role in developing water and soil conservation programs which could help to combat a long-term drought. The end of a drought is usually based on a determination made by individuals in the affected area that precipitation has approached accepted normal levels and existing water sources have been adequately replenished.

B. EARTHQUAKE

HISTORY

Earthquakes rank as one of nature's most violent events. They are measured using sensitive monitoring equipment called seismographs. Using several seismograph locations, seismologists can pinpoint the location and depth of an earthquake. They can usually locate an earthquake within one tenth of a degree latitude or longitude.

In addition to determining location, the seismologists can also determine the strength of the earthquake. Two main scales are used to show the strength: the Richter Scale (Attachment 2) and the Modified Mercalli Intensity Scale (Attachment 3).

The Richter Scale is probably the most well known by the public and is usually given in news reports. This scale is a logarithmic scale which shows the magnitude of an earthquake. This is determined from seismograph readings rather than from actual reports of shaking. Contrary to popular belief, the Richter Scale goes on indefinitely with each increase of one indicating 10 times the strength of the previous number. For example; a 3 on the Richter Scale would be 10 times stronger than a 2, and 100 times stronger than a 1.

Definition

An earthquake is the shaking or trembling of the crust of the earth, caused by underground volcanic forces or by breaking and shifting of rock beneath the surface producing casualties and considerable property damage.

The Modified Mercalli Intensity Scale was developed to show the intensity of an earthquake without using measuring devices. This scale ranges from 1 to 12 and is used to describe the effects on people and property. This scale works well for earthquakes that occurred before seismographs were developed.

Eastern Washington has historically had deep, infrequent, small earthquakes. Typically, they have caused no damage. However, when Mount St. Helen's erupted on May 18, 1980 it caused an earthquake measuring 5.1 on the Richter Scale. It sent 520 tons of ash eastward across the state and created complete darkness as far as 250 miles away. Ash covered 22,000 square miles. There has been activity since 1980, but the mountain has returned to a period of quiet. However, it continues to be monitored.

VULNERABILITY

Klickitat County is located in Seismic category C according to the Uniform Building Code Seismic Risk Map. In this zone, earthquakes up to 5.5 - 6.1 on the Richter Scale can be expected to occur. Earthquakes that have occurred in California and that are anticipated for Western Washington could not occur here because geological differences are too great.

An earthquake in Klickitat County can expect a quake in the range of 4 to 4.5 on the Richter Scale every 50 years.

EFFECTS

The effects of an earthquake episode would certainly depend on the location and the intensity of the earthquake. Some effects could include negligible damage in buildings of good design; slight to moderate damage in well build ordinary structures and more excessive damage in poorly built or badly designed structures. Klickitat County utilizes the Uniform Building Code. According to this code, new buildings must meet standards identified for Seismic category C. An earthquake could cause other secondary disasters such as conflagration, flooding, land movement, and mass casualty incidents.

CONCLUSION

An earthquake could occur in any season. The occurrence of an earthquake is of rapid onset, which does not permit citizens in area of impact to initiate preparedness actions. The duration of an earthquake is generally less than one minute.

C. FLOOD

HISTORY

Flooding in Klickitat County has occurred and been declared a Presidential Major Disaster Declaration seven times between 1956 and 2012 Flooding has been caused by heavy rains, severe storms, snowmelt, mudslides, winter storms, and ice/snow falls. These flooding events have resulted in extensive property damage. Both private citizens and government agencies made application to the federal government for recovery assistance.

Definition

Flooding is the temporary overflow of water onto lands not normally covered by water and that are used or usable by people producing measurable property damage or destruction and forcing evacuation of people and vital resources.

VULNERABILITY

Klickitat County continues to be vulnerable to floods as noted above.

EFFECTS

Flooding effects can include minimal to maximum property damage, loss of life, economic damage to farming lands, loss of crops and farm animals, prolonged evacuation of residents, contamination of wells, disruption of transportation routes (rail, highways), prolonged disruption of utilities, and contamination of domestic water supplies. Secondary effects can include disruption of emergency response routes.

CONCLUSIONS

Flooding will generally occur in late winter and early spring. The average flooding event requires 24 to 72 hours to reach its maximum peak flow through runoff. Flood crest, (highest level of water), lasts several hours then quickly dissipates over the next 24 to 48 hours.

The U.S. Army Corps of Engineers under Public Law 84-99 has the authority to assist public entities in flood fighting and rescue operations and to protect, repair and restore federally constructed flood control works threatened, damaged or destroyed by a flood.

The National Weather Service provides weather information to local governments and the public through radio, teletype, and telephone. The National Weather Service also has an extensive river and weather monitoring system and usually will provide adequate and timely flood warnings.

D. LANDSLIDE & EROSION

Definition

Landslide refers to the *catastrophic* down-slope movement of masses of rock and soil. Erosion refers to the *gradual* down-slope movement of masses of rock and soil.

HISTORY

The most recent slide in Klickitat County was a mudslide in December 1977, which caused flooding and resulted in a Presidential Major Disaster Declaration. The largest and most critical mudslide occurred as a result of severe storms, and ended in flooding.

VULNERABILITY

Klickitat County continues to be at risk for mudslides, depending on weather conditions. New areas of instability may present themselves due to man's activities, such as excavation, development, road cuts, irrigation, etc.

EFFECTS

Mudslides may cause damage or destruction to transportation networks, public and private buildings, utilities, irrigation systems, and industry.

CONCLUSION

Mudslides generally occur in the winter during severe storms. Development proposals in the previously listed areas will be carefully scrutinized and site specific studies and thorough investigation for hazards will be required of prospective developers.

E. SEVERE STORMS

HISTORY

In the period of 1956 to 2012, Klickitat County has experienced severe rain storms, heavy snow storms, and ice storms. There have been eight Presidential Major Disaster Declarations made. These storms have resulted in considerable damage, road closures, school and business closures, resulting in significant economic impact.

Definition

High winds: sustained wind speeds in excess of 40 mph with gusts exceeding 60 mph;

Thunderstorm: a violent weather phenomenon producing high winds, heavy rain, lightning and hail that can cause injuries, damages or destroys property, crops & livestock;

Ice storm: rain that freezes on impact, coating at least ¼-inch thickness and is heavy enough to damage trees and overhead power lines;

Snow storm: a snowfall of 6 or more inches within 12 to 24 hours;

Blizzard: falling or blowing snow combined with winds of at least 35 mpg for several hours.

VULNERABILITY

Severe weather has the potential for extensive property damage, but is generally localized in a single occurrence. Injury to people is also possible, but less likely than economic impacts.

EFFECTS

The effects of severe local storms can vary with the intensity of the storm and the level of preparation of local government and residents. The major effect from severe storms is the immobility. Transportation accidents are more likely to occur, motorists become stranded, and transportation networks can be closed or impassable causing delays. Property damage can be extensive. Failure of utilities can cause business and public building closures resulting in economic losses.

CONCLUSION

Severe local storms can occur in any season with varying intensity. Public education and preparedness should

lessen the impact of severe local storms on people, but damage to agriculture and other industries may be unavoidable. Procedures for requesting state and federal assistance may help with economic impacts.

F. VOLCANIC ACTIVITY

HISTORY

Scientists use the term "active" to refer to any volcano that has erupted in historic time. By this definition, Mt. Rainier, Mt. Baker, Mt. Hood, and Mt. St. Helens are active volcanoes. Glacier Peak has erupted within the last 1000 years and may have erupted as recently as the 17th century. Mt. Adams is also capable of renewed activity.

The most current volcanic activity that affected Klickitat County occurred during the May 1980 eruption of Mt. St. Helens. The most recent eruptions of other volcanoes affecting Washington State are as follows:

Mount Adams	~1500 B.C.
Glacier Peak	~1800
Mount Hood	1800 - 1804
Mount Rainier	1820 - 1894
Mount Baker	1975
Mount St. Helens	1980

Definition

A volcano is created when *magma* (liquid molten rock deep within the earth) erupts onto the surface of the earth, of the general types based on chemical composition & conditions of eruption:

Basalts: Hawaiian type magma hot & fluid; Rhyolites: stiff magma with explosive eruptions & form steep domes; Andesites: thick & slow flowing magma with moderate explosive history, most common in the Pacific Northwest.

VULNERABILITY

There are two active volcanoes that could directly affect Klickitat County: Mt. St. Helens, and Mt. Hood (in Oregon). Due to the county's distance from the volcanoes, the only effect that can be expected is ash fall, most likely from Mt. St. Helens or Mt. Hood because of prevailing easterly winds.

EFFECTS

The major effect of volcanic eruption to Klickitat County would be ash fall. A one-inch deep layer of ash weighs an average of ten pounds per square foot. Heavy ash fall may clog water courses and machinery; it causes electrical short circuits, drifts in roadways, railways, and runways. Its weight may cause structural collapse. Because it is easily carried by air currents, it remains a hazard for months after the eruption. In addition, ash could greatly impact Klickitat County's agriculture and livestock industries.

When ash clouds combine with rain, sulfur dioxide combines with water to form diluted sulfuric acid that may cause minor, but painful burns to the skin, eyes, and mucous membranes, nose, throat, etc. Hydrochloric acid rains have also been reported. Acid rains may affect water supplies, strip and burn foliage, strip paint, corrode machinery, and dissolve fabric.

Volcanic earthquakes, often centered within or beneath the volcano, are usually one of three kinds:

- Pre-eruption: Caused by explosions of steam or underground magma movements.
- Eruption: Caused by explosions and collapse of walls inside the volcano.
- Post-eruption: Caused by magma retreat and interior structural collapse.

CONCLUSION

Due to extensive monitoring of Cascade Range volcanoes, warning of increased volcanic activity prior to an eruption is expected. Response to a volcanic eruption could be long-term if heavy ash fall were to occur in Klickitat County. State and local planning should address the special problems associated with ash fall, such as damage to emergency vehicles and respiratory problems of emergency workers.

5. TECHNOLOGICAL HAZARDS

G. DAM FAILURE

HISTORY

Public Law 92-367, the National Dam Inspection Act, resulted in the inventorying of all dams in the United States. As of September 1980, 63,418 dams had been inventoried, and 8639 non-federal dams had been inspected nationally. Klickitat County has never experienced a dam failure; however, other areas in Washington State have been affected by dam failure.

Definition

A dam failure is the spontaneous release of water from a barrier built to hold back the flow of water. The loss of structural integrity causes rapid flooding, loss of life, damage or destruction of property and forces evacuation of people and vital resources. Dam failures can be caused by many circumstances:

Water exceeding spillway capacity: 35%

Failure of foundation structure: 25%

Improper operation, design, construction & materials: 40%.

VULNERABILITY

Many of the dams in Washington State are more than 50 years old. The dams that would affect Klickitat County have been inspected under a U.S. Army Corps of Engineers inspection program. Those inspected dams with notable problems have been turned over to the Washington State Department of Ecology, Dam Safety Office for resolution of the noted problems. Expected loss of life and property damage from a dam with a higher probability of failure is low. Expected loss of life and property damage from a dam with a lower probability of failure is high.

EFFECTS

The arrival time of flood waters from a major dam failure on the Columbia River could be as little as two hours or as much as forty-eight hours. The necessary evacuation along with the suspected widespread damage would be extensive in most scenarios and the resulting overall effect would be catastrophic. Damage to structures, roads,

utilities, and crops would be extensive. Contamination of sanitary water supplies, damage to public buildings such as schools and city government buildings can be expected. The pumping stations that furnish water for firefighting would be lost.

CONCLUSION

A dam breach event could occur at any time. A higher probability exists during periods of high flood potential, especially during the spring. Ice jams pose a very serious threat to dams. As measures to revitalize salmon runs on the Columbia River are implemented, the integrity of dams may be diminished.

There are three state statutes that deal with safety of dams and other hydraulic structures: The Revised Code of Washington (RCW) 43.21, 86.16, and 90.03.

These laws provide authority to approve plans for dams, control construction of dams and inspect hydraulic works.

Evacuation planning should consider the effects of a large-scale evacuation which could result from a dam failure. Klickitat County emergency response resources participate in emergency planning and exercises based on dam failure conducted by the dam operators.

H. ENERGY EMERGENCIES

HISTORY

Power outages may occur due to natural or technological circumstances. Long-term power outages have followed severe local storms in Klickitat County and in surrounding areas. However, most occurrences are less than 24 hours.

Definition

Power failure: interruption of electrical service for 24 hours or more, forcing shutdown of business, industry and possible evacuation of certain populations.

Energy shortage: includes fast-developing petroleum shortage (caused by supply or demand factors), hydro-electrical shortages (caused by low water levels). Shortage in one area (e.g. hydro-carbon fuels) may effect another energy source (coal fired electrical generation).

Petroleum shortages were demonstrated during the 1973-1974 Arab Oil Embargo and the Iran cutoff of 1979. During those periods, "state set-aside" program allowed state governments to allocate portions of the fuel in the state to areas of greatest need. This program was abolished under deregulation rules early in 1981. Electrical shortages occurred in 1973-1974 and 1977-1978, from drought conditions and resulted in insufficient amounts of water to operate the hydroelectric plants. A heating fuel shortage occurred in 1996 when the lower Columbia River dams were closed and barge traffic could not reach Klickitat County.

Wind powered electrical generation has increased in the county from 2005-2011. This may impact the availability of local power.

VULNERABILITY

Both power outages and energy shortages can be the result from numerous different circumstances, but are not expected to cause significant harm to people or property.

Economic impacts could be great, however, depending on the severity and duration of the emergency.

Petroleum shortages can occur depending on the political climate of an unstable Middle East Region. Although imports have decreased substantially due in part to greater conservation measures and increased domestic production and awareness, the United States remains dependent upon imports for a majority of its petroleum needs. The National Strategic Petroleum Reserve has gradually increased since 1973, providing a limited protection against the impact of petroleum shortages.

Hydroelectric dams produce the majority of the electricity in the State of Washington. Low precipitation years may result in insufficient energy production.

EFFECTS

The major effects of energy emergencies would include economic loss for businesses and agricultural industries.

CONCLUSION

Power outages will occur. Public education and preparedness should lessen the impact of short-term power outages on people, but long-term outages will require additional support including congregate care facilities.

Future energy shortages are likely to occur due to numerous uncontrollable factors. The Washington State Energy Office has developed a Petroleum Products Contingency Plan and Electrical Contingency Plan for dealing with various energy shortage scenarios.

I. WILDFIRE

Definition

Wildland fire is destruction through burning of farmland or undeveloped countryside covering and extensive tract of land. Major causes of wildland fires include lightning, motor vehicles and arson. Fires adjacent to railroads are commonly touched off by sparks from trains.

NOTE: *urban type conflagrations are not considered in this HIVA due to extremely low risk factors (low population density, small & isolated number of large structures).*

HISTORY

Klickitat County and southeastern Washington are especially prone to this type of emergency. The climate of the area coupled with the chief industry of agriculture and timber harvest along with rail transportation make range fires within this area a yearly occurrence.

VULNERABILITY

Over half of Klickitat County is wildland or non-irrigated grazing land. The climate of southeastern Washington is ideal for fire proliferation. Economic impacts of a wildland fire could be high. An uncontrolled fire may also cause homes and/or businesses to be destroyed, with a potential loss of life.

EFFECTS

The effects of range fires often vary with the intensity of the fire, the area affected and the time of year that the fire occurs. The greatest short-term loss is the destruction of valuable natural resources, such as wildlife habitats, scenic

vistas and watersheds. Range fires also have the potential to destroy structures, and create economic loss by destroying crops and farming machinery and animals.

CONCLUSION

The fire season usually runs from mid-May through October. However, any prolonged period of drought conditions or decreased precipitation presents a potentially dangerous situation. The probability of a fire in any specific locality on a particular day depends on fuel conditions (moisture levels, types, loading), topography, past and present weather conditions.
Mutual aid agreements have been established for the fire departments and fire protection districts in Klickitat County. Mutual Aid is along county borders, as well as with the bordering state of Oregon.

A large-scale wildland fire would be managed according to the Washington State Fire Mobilization Plan, which can bring in resources from all of Washington. These mutual aid agreements, as well as a special wildland fire strike force agreement, help to counteract the effects of reduced manpower and specialized equipment.

J. RADIOLOGICAL EMERGENCIES

HISTORY

No emergencies involving the release of radiation have occurred in Klickitat County. Emergencies have occurred at facilities that have radioactive materials in Benton County, but none have resulted in significant radiation releases.

VULNERABILITY

A radiological emergency can be generated from a number of facilities in adjacent Benton County, including research laboratories, waste storage, and decommissioned nuclear reactors at the U. S. Department of Energy's Hanford Site; the nuclear power plant Washington Nuclear Project-Plant 2; Siemens' nuclear fuel fabrication facility; and private research and development laboratories near the Hanford Site. In addition, radiological materials are transported by rail, road and barge in and around Klickitat County.

Definition

The spontaneous release of radioactive material from a fixed facility or transport medium due to a failure of existing safety systems.

The Tri-Cities in nearby Benton and Franklin Counties have a much greater likelihood of experiencing a radiological emergency than most parts of the country, due to the combined potential from a nuclear reactor, a federal nuclear waste site, and various industries supporting both of those facilities. However, the probability compared to other types of emergencies remains low. Expected property damage from a major release would be high, both in actual damage to industry and from the economic impact of the suspicion of contamination. Impacts to life and health are also likely from a major release.

EFFECTS

The effects from a radiological emergency could range from no impact to the public to widespread contamination, evacuation, and/or permanent relocation.

Radioactivity from a release may enter the human food chain via crops or dairy products, causing further contamination and severe economic impacts. The effects of a release are determined by the type of radioactive material involved, the quantity released, and the meteorological conditions. Utilities, roads and structures would be largely unaffected, except in the case of severe gross contamination which may be unable to be remediated.

CONCLUSION

A radiological emergency could occur at any time. The emergency will be a sudden onset, and could last hours, days or even weeks. Benton and Franklin County Emergency Management and other emergency response agencies spend a significant amount of time planning and preparing for such an emergency, including training emergency workers and participating in emergency exercises. Industries which use or transport radiological materials are governed by various state and federal agencies and regulations mandating their safe use and transportation.

K. HAZARDOUS MATERIALS

HISTORY

Klickitat County has suffered both transportation and fixed facility hazardous materials accidents. Most incidents involve petroleum products, or agricultural products such as anhydrous ammonia.

Definition

A hazardous materials ("haz-mat") incident is the loss of containment of a material in a quantity or form that will cause severe injury and/or loss of life, significant property damage or forcing the evacuation of people from an impact area.

It can originate from a fixed facility or from any transportation medium. The manufacture, use, transportation, storage and disposal of haz-mat products poses potential risk to public health, safety & welfare, private & government properties and the environment.

VULNERABILITY

The U.S. Department of Transportation classifies a material as hazardous if it is corrosive, explosive, toxic, flammable, biologically irritating, radioactive, or packaged in a dangerous container.

These materials are regulated while in transit, and when stored on site by a variety of local, state, and federal guidelines. Federal regulations, such as Title III of the Superfund Amendments and Reauthorization Act, have made it easier for local governmental agencies to track the presence of hazardous materials in their jurisdictions.

Incidents involving hazardous materials may occur at any time, but are most likely limited to Highway 97, Highway 14, Interstate 84 (across the Columbia River in Oregon), along the petroleum products distribution pipelines, or along the Burlington Northern Santa Fe (Washington side) or Union Pacific (Oregon side) railroad lines. Some material may be carried from time to time by barge on the Columbia River as well. Bulk storage of liquefied petroleum gasses at Dallesport presents a potential site for produce release. Any uncontrolled release of a hazardous material may involve ground, water, air, or any combination thereof. HAZMAT incidents are not limited to industrial areas, they can occur on rural transportation routes, major highways, residential yards, public buildings, railroads, waterways, or remote fields.

Statistically, the majority of hazardous materials incidents are transportation related. The majority of these incidents involve petroleum products such as motor oil and fuels. Ground water supplies are particularly vulnerable in areas of shallow aquifers and, once contaminated, can be difficult and expensive to clean up. Hazardous materials incidents also may cause injury or loss of life, although these effects will likely be more localized than property damage.

EFFECTS

Hazardous materials incidents occur suddenly and can cause damage to people and property without any warning. The impact of this type of emergency can last from a few minutes to weeks, months and even years before damage to the environment could be repaired.

Any incident in which hazardous materials are involved has the potential for escalation from a relatively minor incident into a full-scale disaster. The hazardous properties of chemicals, motor fuels, radioactive substances and other potentially dangerous materials range from highly flammable to explosive to poisonous. These chemicals have the ability to contaminate the environment with amounts harmful to human, animal and plant life. The potential for loss of life, extensive property damage, environmental contamination, and economic loss always remains high when hazardous materials are involved.

The effects of a hazardous materials incident vary depending on such factors as the type and quantity of material(s) involved, the location, time of day, and weather conditions. In the case of airborne contaminants, wind speed and direction are extremely important for response procedures and capabilities. Mass evacuation or widespread shelter-in-place should be considered a high priority when dealing with airborne or potential airborne contamination.

CONCLUSION

Hazardous Materials pose a threat to Klickitat County due to the quantity of materials transported through the county. The paramount requirement is to continue to improve and maintain a hazardous materials management system.

This management system should emphasize to the public and industrial sectors the need to correctly report hazardous materials as outlined by Title III of the Superfund Amendments and Reauthorization Act.

Hazardous materials education is also necessary. Federal regulations outline minimum acceptable standards for response personnel. It is the ultimate responsibility of local government to ensure that its emergency response personnel are adequately trained and prepared for hazardous materials situations.

Responding to hazardous materials emergencies requires special training beyond that required of fire departments. A HAZMAT team is available through mutual aid agreements with Oregon.

L. MASS CASUALTY

HISTORY

Mass casualty incidents have occurred in and around Klickitat County. Klickitat County responders have dealt with an average of one mass casualty incident per year. Mass casualty incidents may occur from transportation accidents (air, rail, or highway), major fires, natural disasters, terrorism, etc.

Definition

A Mass Casualty Incident ("MCI") is a medical incident that overwhelms the ability of the emergency responders and/or medical facilities to provide normal levels of care to sick & injured victims

VULNERABILITY

The susceptibility to a mass casualty incident increases with the likelihood of all types of natural and technological disasters, including the growing threat of domestic terrorism. An MCI can occur at any time in any place. Expected property damage from an MCI is low, but injury and loss of life could be potentially very high.

EFFECTS

A mass casualty incident generally occurs without warning. Secondary effects from having emergency response personnel involved in a mass casualty incident could include decreased safety in other areas of fire and law enforcement. Public chaos is a likely possibility, especially before the victims have been identified and family notifications made.

CONCLUSION

The potential for an MCI is not restricted to any one season or set of circumstances.

Planning and preparation are the key elements to coping with an MCI. Klickitat County emergency response agencies are participants in the development of a Mass Casualty Incident Plan (Pre-Hospital). This plan is exercised each year.

M. SEARCH & RESCUE

Definition

Search & rescue ("S&R") activity can be classified into various distinct areas: wildland (or land-based), urban, air and underground (mining). The most immediate risk in Klickitat County is related to wildland S&R.

Wildland S&R is defined and detailed in both statute (RCW 38.52) and in the *Federal Response Plan*.

HISTORY

Conducting a wildland search & rescue ("S&R") operation is a relatively common event in Klickitat County. There are approximately five operations per year that last less than one day and are staffed by a limited number of S&R personnel, Sheriff's deputies and neighbors. Once or twice a year, a full activation of county S&R resources is made with searches lasting greater than one day. S&R resources are
also used to assist adjacent counties under mutual aid agreements and with authorized mission numbers from State EMD. By statute, the Klickitat County Sheriff is responsible for the S&R operations in the county.

VULNERABILITY

The wide range of and easy access to outdoor recreational activities in the county and the large number of people who participate in those activities results in a significant number of people becoming lost and/or injured every year. Also the wildland-urban interface situation (locating of housing in wildland areas) has increased the risk of people becoming lost in areas that may only be a few minutes away from their home.

EFFECTS

Wildland S&R operations are primarily initiated, coordinated and directed by local jurisdictions in accordance with state and local jurisdictional plans, using local resources. Generally, they are of a relatively focused nature (geographically). If such operations exceed the scope or capability of local resources, requests for additional resources including special skills, expertise or equipment are coordinated through the State Emergency Management Division. This would be most prevalent in air and underground S&R operations.

CONCLUSION

Risk to the community for wildland S&R events is relatively low due to the current capability of local resources, frequent exercising of S&R operations and depth of support if necessary.

N. TERRORISM - CHEMICAL / BIOLOGICAL / RADIOLOGICAL / NUCLEAR

NOTE

A separate *Terrorism Annex* has been prepared. The most common means of producing a terrorist act include use of explosives or chemical weapons; however, there exists some potential threat in the use of biological weapons, radiological weapons or nuclear weapons.

Definition

Terrorism is the use of force or violence against persons or property violating the criminal laws of the United States for the purposes of intimidation, coercion or ransom.

Terrorists often use threats to create fear among the public; attempt to convince citizens that their government is powerless to prevent terrorism; and to obtain publicity for their causes.

HISTORY

Recent political actions throughout the world have highlighted terrorist actions, Including infamous attacks against the United States on September 11, 2001. Terrorism is the method of choice in many venues for outright warfare. As such, terrorism is now a major focus in community risk planning. There have been no known acts of terrorism in Klickitat County to date.

VULNERABILITY

Klickitat County's relatively low population density would tend to limit the potential threat of terrorist attack; however, there are several key potential targets within and near the county (details included in the *Terrorism Annex*). In addition several factors affect Klickitat County's vulnerability to a terrorist attack. Local response capabilities

to manage the threat or use of Weapons of Mass Destruction are extremely limited. Issues that may be commonly encountered include:

- Difficulty in recognizing at attack as such.
- Difficulty in identifying the agent.
- Determining the most appropriate means of protection.
- Decontaminating and treating (victims, incident sites, and the environment).
- Identifying and providing appropriate treatment (initial and definitive).
- Identifying and providing diverse collateral requirements (public safety, mental health, etc.).
- Determining the appropriate disposition of the deceased.

EFFECTS

The effects of terrorism can vary significantly from massive loss of life and property damage, to nuisance service interruptions. Threatened services include electricity, water supply, public transportation, communications, agriculture and public safety. With the relatively low density of population, terrorist opportunities to inflict mass casualties are very limited.

CONCLUSION

History and community demographics suggest a low probability of terrorist activity in Klickitat County. While the proximity to some key targets and the relatively low capability to handle terrorist actions are significant, the general risk to the community is low.

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ATTACHMENT 1

PALMER INDEX

Palmer Index (Wayne C. Palmer, U.S. Weather Bureau, Research Paper No. 45 "Meteorological Drought," February 1965). This index is computed using a complex formula designed to indicate the cumulative effect of prolonged departures from normal moisture. It takes into account the intensity and duration of abnormally wet or dry weather periods using several parameters, including: (1) temperature, (2) precipitation, (3) evaporation and transpiration, (4) runoff, and (5) soil moisture. Current and antecedent moisture data are compared to long-term averages for each climatologically division to derive a single index number which normally falls within a -6 to +6 range.

Above +4	Extremely Wet
+3 to +4	Severely Wet
+2 to +3	Moderately Wet
-2 to +2	Near Normal
-2 to -3	Moderate Drought
-3 to -4	Severe Drought
Below -4	Extreme Drought

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ATTACHMENT 2

RICHTER SCALE

Each point on the Richter Scale represents about a tenfold increase in the power of an earthquake.

8.9 Damage nearly total. Lines of sight distorted. Large rock masses displaced; objects thrown in the air.

8.0 Damage severe to wood structures. Few masonry buildings stand. Bridges, underground pipes destroyed.

7.9 Most masonry, wood structures gone; large landslides and serious damage to dams and dikes. Rails bend slightly.

7.0 Conspicuous cracks in ground. Masonry heavily damaged; serious damage to reservoirs and pipes broken.

6.9 Steering of autos affected. Chimneys, stucco and masonry walls collapse. Frame houses move; cracks in wet ground.

6.0 Difficult to stand. Fall of plaster. Hanging objects shake; small slides; noticed by drivers and waves on ponds.

5.0-5.9 Felt by all. People walk unsteadily. Glass breaks. Furniture moves. Objects fall from shelves.

4.0-4.9 Felt outdoors by most people. Sleepers awakened; doors swing closed. Pictures move. Some plaster breaks.

3.0-3.9 Felt indoors. Vibrations feel like passing of light trucks. May not be recognized as an earthquake.

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ATTACHMENT 3

MODIFIED MERCALLI INTENSITY SCALE *(ABBREVIATED)*

I. Not felt except by a very few under especially favorable circumstances.

II. Felt only by a few persons at rest, especially on upper floors of buildings. Delicately suspended objects may swing.

III. Felt quite noticeably indoors, especially on upper floors of buildings. Many people do not recognize it as an earthquake. Standing motor cars may rock slightly. Vibration similar to the passing of a truck. Duration estimated.

IV. Felt indoors by many, outdoors by few during the day. At night, some awakened, dishes, windows, doors disturbed; walls make creaking sound. Sensation like heavy truck striking building. Standing motor cars rocked noticeably.

V. Felt by nearly everyone; many awakened. Some dishes, windows broken. Unstable objects overturned. Pendulum clocks may stop.

VI. Felt by all; frightened a run outdoors. Some heavy furniture moved; a few instances of fallen plaster. Damage: slight.

VII. Damage negligible in buildings of good design and construction; slight to moderate in well-built ordinary structures; considerable in poorly built or badly designed structures; some chimneys broken.

VIII. Damage slight in specially designed structures; considerable in ordinary substantial buildings with partial collapse. Damage will be great in poorly built structures. Fall of chimneys, factory stacks, columns, monuments, walls. Heavy furniture overturned.

IX. Damage considerable in specially designed structures; well-designed frame structures thrown out of plumb. Damage will be great in substantial buildings with partial collapse. Buildings shifted off foundations.

X. Some well-built wooden structures destroyed; most masonry and frame structures destroyed with foundations. Rails bent.

XI. Few, if any, (masonry) structures remain standing. Bridges destroyed.

XII. Damage total. Lines of sight and level distorted. Objects will be thrown into the air.

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Support Annex E: Financial Management

Support annexes identify agencies that play supporting roles during emergencies and describe or address the strategies that the supporting agencies implement. In this way, support annexes describe other mechanisms that private sector, nonprofit organizations and government partners use to organize support. Support annexes describe essential supporting processes and considerations common to most incidents. For example, NRF support annexes include financial management, international coordination, public affairs, tribal relations, volunteer and donations management and worker safety and health. A recovery annex could also reflect RSFs and address issues such as community planning and capacity building, economic recovery, health and social services, housing, infrastructure systems and natural and cultural resources.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021.

Content Guide

Financial Management

- Identify and describe how to provide funds expeditiously and conduct financial operations in accordance with established law, policies, regulations and standards.
- Describe how to capture eligible costs for potential reimbursement.
- Describe the process for retaining and maintaining documents and receipts that need to be kept as records associated with or required for grant programs and funding.

***Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021, Appendix* C.**

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Support Annex F: Private Sector Coordination

Support annexes identify agencies that play supporting roles during emergencies and describe or address the strategies that the supporting agencies implement. In this way, support annexes describe other mechanisms that private sector, nonprofit organizations and government partners use to organize support. Support annexes describe essential supporting processes and considerations common to most incidents. For example, NRF support annexes include financial management, international coordination, public affairs, tribal relations, volunteer and donations management and worker safety and health. A recovery annex could also reflect RSFs and address issues such as community planning and capacity building, economic recovery, health and social services, housing, infrastructure systems and natural and cultural resources.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021.

Content Guide

Private Sector Coordination

- Describe how to coordinate and integrate with private sector organizations, both for-profit and nonprofit, engaged in incident response and recovery activities.
- Describe how to share situational awareness across sectors and between the jurisdiction and the private sector.
- Describe how to coordinate with business, industry and critical infrastructure owners and operators to determine resource requirements and the ways that supply chain disruptions affect resource management.
- Describe how to identify private sector capabilities and resources to help address supply chain gaps.
- Describe how, within the volunteer and donations management function, to refer private sector donors to where their donations are needed most.
- Describe how to understand the interests and processes of faith-based communities and how to work with them.
- Describe how to address and track requests for information and assistance from for-profit and nonprofit private sector stakeholders, including critical infrastructure owners and operators.
- Describe how to assess the cascading effects of damaged infrastructure systems.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021, Appendix C.

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Support Annex G: Volunteer and Donations Management

Support annexes identify agencies that play supporting roles during emergencies and describe or address the strategies that the supporting agencies implement. In this way, support annexes describe other mechanisms that private sector, nonprofit organizations and government partners use to organize support. Support annexes describe essential supporting processes and considerations common to most incidents. For example, NRF support annexes include financial management, international coordination, public affairs, tribal relations, volunteer and donations management and worker safety and health. A recovery annex could also reflect RSFs and address issues such as community planning and capacity building, economic recovery, health and social services, housing, infrastructure systems and natural and cultural resources.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021.

Content Guide

Volunteer and Donations Management

- Describe how the jurisdiction manages unaffiliated volunteers and organizations and applies those resources to incident response and recovery activities.
- Identify and describe how, pre- and post-incident, to establish and staff donation management functions (e.g., set up toll-free hotlines and dedicated email accounts, create databases, appoint a donations liaison/office, use support organizations such as Voluntary Organizations Active in Disasters).
- Identify and describe how to verify and/or vet voluntary organizations that collect relief funds to support all disaster phases, from preparedness through mitigation.
- Identify and describe how to vet, match, collect, sort, manage and distribute in-kind contributions, including methods to repurpose, dispose of and/or refuse items that are not needed.
- Identify sites to sort and manage in-kind contributions (e.g., private warehouses, government facilities).
- Identify and describe how to coordinate donation management issues with neighboring districts and the state's donations management function.
- Describe how to engage the general public in volunteer and donations management functions (e.g., instructions on donating goods, volunteering, and making monetary donations), including a process for issuing routine updates.
- Identify and describe how to manage an influx of spontaneous volunteers.
- Identify and describe how to receive, manage and distribute cash contributions.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021, Appendix C.

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Support Annex H: Worker Safety and Health

Support annexes identify agencies that play supporting roles during emergencies and describe or address the strategies that the supporting agencies implement. In this way, support annexes describe other mechanisms that private sector, nonprofit organizations and government partners use to organize support. Support annexes describe essential supporting processes and considerations common to most incidents. For example, NRF support annexes include financial management, international coordination, public affairs, tribal relations, volunteer and donations management and worker safety and health. A recovery annex could also reflect RSFs and address issues such as community planning and capacity building, economic recovery, health and social services, housing, infrastructure systems and natural and cultural resources.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021.

Content Guide

Worker Safety and Health

- Describe the processes for response and recovery worker safety and health during incident response and recovery

***Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021, Appendix* C.**

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Support Annex I: Prevention and Protection

Support annexes identify agencies that play supporting roles during emergencies and describe or address the strategies that the supporting agencies implement. In this way, support annexes describe other mechanisms that private sector, nonprofit organizations and government partners use to organize support. Support annexes describe essential supporting processes and considerations common to most incidents. For example, NRF support annexes include financial management, international coordination, public affairs, tribal relations, volunteer and donations management and worker safety and health. A recovery annex could also reflect RSFs and address issues such as community planning and capacity building, economic recovery, health and social services, housing, infrastructure systems and natural and cultural resources.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021.

Content Guide

Prevention and Protection

- Identify/Outline responsibilities assigned to each organization that has a mission assignment defined in the plan
- Describe how the organization addresses prevention roles and responsibilities, including linkages with fusion centers where applicable.
- Describe how the jurisdiction manages roles and responsibilities for critical infrastructure protection and restoration.
- Describe how the jurisdiction determines roles and responsibilities for unaffiliated volunteers and how to incorporate these individuals into the emergency operation.
- Identify and describe what MAAs are in place to quickly activate and share resources during an emergency. Examples of agreements that may exist include agreements
- Describe how the jurisdiction maintains a current list of available NIMS-typed resources and credentialed personnel.
- Describe how all tasked organizations maintain current notification rosters, SOPs/SOGs and checklists to carry out their assigned tasks.
- Provide a matrix that summarizes which tasked organizations have the primary lead versus a secondary support role for each defined response function.
- Describe the jurisdiction's policies regarding public safety enforcement actions required to maintain the public order during a crisis response, including teams of enforcement officers needed to handle persons who are disrupting the public order, violating laws, requiring quarantine, etc.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.0, September 2021, Appendix C.

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Appendix 1: Definitions

Agency: A division of government with a specific function offering a particular kind of assistance. In ICS, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance).

Agency Representative: A person assigned by a primary, assisting, or cooperating Federal, State, local, or tribal government agency or private entity that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency.

Amateur Radio Emergency Services (ARES): A group of licensed amateur radio operators who have voluntarily registered their services and formed an organized pool of operators to provide reliable primary or secondary communications links for governmental agencies and/or non-profit organizations when needed.

Area Command (Unified Area Command): An organization established (1) to oversee the management of multiple incidents that are each being handled by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command works directly with Incident Commanders. Area Command becomes Unified Area Command when incidents are multi-jurisdictional. Area Command may be established at an EOC facility or at some location other than an ICP.

Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multijurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an incident command post.

Assessment: The evaluation and interpretation of measurements and other information to provide a basis for decision-making.

Assignments: Tasks given to resources to perform within a given operational period, based upon tactical objectives in the IAP.

Assistant: Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications, and responsibility subordinate to the primary positions. Assistants may also be assigned to unit leaders.

Assisting Agency: An agency or organization providing personnel, services, or other resources to the agency with direct responsibility for incident management. See also Supporting Agency.

Available Resources: Resources assigned to an incident, checked in, and available for a mission assignment, normally located in a Staging Area.

Awareness: The continual process of collecting, analyzing, and disseminating intelligence, information, and knowledge to allow organizations and individuals to anticipate requirements and to react effectively.

Branch: The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.

Care Center: A public or private facility that is pre-designated and managed by the American Red Cross during an emergency, where evacuated or displaced persons are housed and fed.

Catastrophe: An event, expected or unexpected, in which a community, because of the severity of the event, is unable to use its resources; or the need for resources has greatly exceeded availability; and the social or economic structure of the community has been disrupted; and the fulfillment of the community's essential functions are prevented, and the community is incapable of responding to or recovering from the effects of the event without massive and prolonged outside help.

Chain of Command: A series of command, control, executive, or management positions in hierarchical order of authority.

Check-In: The process through which resources first report to an incident. Check-in locations include the incident command post, Resources Unit, incident base, camps, staging areas, or directly on the site.

Chief: The ICS title for individuals responsible for management of functional sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established as a separate section).

Code of Federal Regulations (CFR): The code contains Presidential executive orders and regulations based on those orders, federal laws, and other federal regulations.

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

Command Post: A designated and visible location where the Incident Commander and/or command staff perform their functions. A stationary and identifiable area is needed so that representatives of coordinating agencies and emergency responders can find the Incident Commander.

Command Staff: In an incident management organization, the Command Staff consists of the Incident Command and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

Common Operating Picture: A broad view of the overall situation as reflected by situation reports, aerial photography, and other information or intelligence.

Communications Unit: An organizational unit in the Logistics Section responsible for providing communication services at an incident or an EOC. A Communications Unit may also be a facility (e.g., a trailer or mobile van) used to support an Incident Communications Center.

Comprehensive Emergency Management Network (CEMNET): A dedicated 2-way Very High Frequency (VHF) low-band radio system, which provides direction and control capability for state and local jurisdictions for administrative use during an emergency or disaster. This is an emergency management net belonging to and managed by the Washington State Military Department, Emergency Management Division.

Comprehensive Emergency Management: see Emergency Management.

Consequence Management: Per the National Strategy for Homeland Security, July 2002, and Homeland Security Presidential Directive/HSPD-5, with regard to domestic incidents, the United States Government treats crisis management and consequence management as a single integrated function (referred to as “domestic incident management”) rather than as two separate functions. Previous definitions of crisis management are not used in the NIMS.

Cooperating Agency: An agency supplying assistance other than direct operational or support functions or resources to the incident management effort.

Coordinate: To advance systematically an analysis and exchange of information among principals who have or may have a need to know certain information to carry out specific incident management responsibilities.

Crisis Management: Per the National Strategy for Homeland Security, July 2002, and Homeland Security Presidential Directive/HSPD-5, with regard to domestic incidents, the United States Government treats crisis management and consequence management as a single integrated function (referred to as “domestic incident management”) rather than as two separate functions. Previous definitions of crisis management are not used in the NIMS

Damage Survey Reports (DSR's): A description of the disaster damage caused to property of a state or local government and estimated repair costs based upon Federal Emergency Management Agency (FEMA) eligibility criteria. Damage Survey Reports establish the basis of an eligible claim for a financial grant under the FEMA Public Assistance Program.

Damage Survey Report (DSR) Teams: Teams composed of federal, state and local jurisdiction experts, typically architects or engineers, who conduct detailed on-site inspections of disaster damage caused to property of state or local jurisdictions. The team determines costs and categories of repair work needed for damages offered. The results are used in the preparation of DSRs, which are used in conjunction with a Presidential Disaster Declaration.

Decontamination: The removal or covering of radioactive or toxic chemical contamination from a structure, area, object, or person to reduce the radiation or toxic hazard.

Department of Natural Resources (DNR) Emergency Coordination Center: The site where DNR’s Emergency Management Teams accomplish the duties assigned in their emergency plan. Their primary office is in Olympia.

Deputy: A fully qualified individual who, in the absence of a superior, could be delegated the authority to manage a functional operation or perform a specific task. In some cases, a Deputy could act as relief for a superior and therefore must be fully qualified in the position. Deputies can be assigned to the Incident Commander, General Staff, and Branch Directors.

Direct Effects: The effect classified as "direct" includes flash, blast, thermal radiation, electromagnetic pulse, and initial nuclear radiation.

Disaster Application Center (DAC): A temporary facility where, under one roof, representatives of federal agencies, local and state governments, and voluntary relief organizations can process applications from individuals, families, and businesses.

Disaster: An event, expected or unexpected, in which a community's available, pertinent resources are expended; or the need for resources exceeds availability; and in which a community undergoes severe danger; incurring losses so that the social or economic structure of the community is disrupted; and the fulfillment of some or all of the community's essential functions are prevented.

Dispatch: The ordered movement of a resource or resources to an assigned operational mission or an administrative move from one location to another.

Division: The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the manageable span of control of the Operations Chief. A division is located within the ICS organization between the branch and resources in the Operations Section.

Emergency: Any natural or man-caused situation that results in or may result in substantial injury or harm to the population or substantial damage to or loss of property. As more explicitly defined in the Stafford Act, it is any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Alert System (EAS): Established to enable the President, federal, state, and local jurisdiction authorities to disseminate emergency information to the public via the commercial broadcast system. Composed of amplitude modulation (AM), frequency modulation (FM) television broadcasters, and the cable industry. Formerly known as the Emergency Broadcast System (EBS).

Emergency Information System (EIS): An emergency planning and response software program that facilitates emergency management operations. The current software standard for the Washington State Military Department, Emergency Management Division.

Emergency Management: The preparation for and the carrying out of all emergency functions, other than functions for which the military forces are primarily responsible, to mitigate, prepare for, respond to and recover from emergencies and disasters, and to aid victims suffering from injury or damage, resulting from disasters caused by all hazards, whether natural or technological, and to provide support for search and rescue operations for persons and property in distress.

Emergency Medical Services (EMS): A complex health care system that provides immediate, on-scene patient care to those suffering sudden illness and injury.

Emergency Medical Technician (EMT): A member of a pre-hospital emergency medical system who is trained to provide basic life support. EMTs are certified by the state. They have continuing education requirements and must be recertified every three years.

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or some combination thereof.

Emergency Operations Plan: The plan that each jurisdiction has and maintains for responding to appropriate hazards.

Emergency Public Information: Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the general public.

Emergency Response Provider: Per the Homeland Security Act of 2002, the term includes Federal, State, Tribal, and local emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. Also known as Emergency Responder.

Emergency Worker: Any person who is registered with and holds an identification card issued by, the local emergency management director for the purpose of engaging in authorized emergency management activities. It is also an employee of the State of Washington or any political subdivision thereof who is called upon to perform emergency management activities.

Evacuation: Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Event: A planned, non-emergency activity. ICS can be used as the management system for a wide range of events, e.g., parades, concerts, or sporting events.

Evidence Search: An unscheduled, non-emergency training activity utilizing emergency worker skills to look for evidentiary materials resulting from criminal activity.

Explosive Ordnance Disposal: The detection, identification, field evaluation, rendering-safe, and/or disposal of explosive ordnance which has become hazardous by damage or deterioration when the disposal such explosive ordnance is beyond the capabilities of personnel assigned to routine disposal.

Federal: Of or pertaining to the Federal Government of the United States of America.

Federal Coordinating Officer (FCO): The individual appointed by the Federal Emergency Management Agency Director (by delegation of authority from the President) to coordinate assistance in a federally-declared disaster.

Federal Emergency Management Agency (FEMA): This agency was created in 1979 to provide a single point of accountability for all federal activities related to disaster mitigation and emergency preparedness, response, and recovery. FEMA manages the President's Disaster Relief Fund and coordinates the disaster assistance activities of all federal agencies in the event of a Presidential Disaster Declaration.

Finance/Administration: Monitors costs related to the incident. Provides accounting, procurement, time recording, cost analyses, and overall fiscal guidance.

Fire Services Defense Regions: There are nine regions in the state that are coordinated by the state through their Washington State Regional Fire Services Resource Mobilization Procedures. Klickitat County is part of the Mid-Columbia Region along with Douglas, Chelan, Grant and Adams Counties.

First Responder: Police, fire, and emergency medical personnel who first arrive on the scene of an incident and take action to save lives, protect property, and meet basic human needs. First responders may include Federal, State, or local responders.

Food Access Control Point (FACP): An access control point established along the food control boundary to ensure that food control measures are maintained. (Synonymous with Food Control Point).
Force Account: The work on a grant or loan project performed more efficiently and economically by using labor, materials, or equipment of a public body or governmental entity.

Full-Scale Exercise: An activity intended to evaluate the operational capabilities of emergency management systems in an interactive manner over a substantial period of time. It involves the testing of a major portion of the emergency plan and organizations in a highly stressful environment. It includes the mobilization of personnel and resources to demonstrate coordination and response capabilities. The Emergency Operations Center is activated and field command posts may be established. A full-scale exercise is always formally evaluated.

Function: Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved (e.g. the planning function). A sixth function, Intelligence, may be established to meet incident management needs.

Functional Area: A major grouping of the functions and tasks that agencies perform in carrying out awareness, prevention, preparedness, response, and recovery activities.

Functional Exercise: Activities designed to test or evaluate the capability of individual or multiple emergency management functions. It is more complex than a tabletop exercise in that activities are usually under time constraints and are followed by an evaluation or critique. It usually takes place in some type of coordination or operating center. The use of outside resources is often simulated.

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

Governor's Authorized Representative (GAR): An individual authorized by the Governor to sign amendments to the Federal-State Agreement and to verify the grant applications from the state and local jurisdictions.

Group: Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not

necessarily within a single geographic division. Groups, when activated, are located between branches and resources in the Operations Section. (See Division.)

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Hazardous Materials (HAZMAT): Any substance or combination of substances which, because of quantity, concentration, physical, chemical, or infectious characteristics, may cause and/or pose a substantial present or potential hazard to people property, or the environment. Some are classified as EXTREMELY HAZARDOUS MATERIALS which are a specific list, prepared by the Environmental Protection Agency, and are a hazard in very small amounts.

Homeland Security Presidential Directive-5 (HSPD-5): A Presidential directive issued on February 28, 2003 and intended to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system.

Incident: An occurrence or event, natural or human-caused, which requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

Incident Command Post (ICP): The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Incident Commander (IC): The individual responsible for all incident activities (within the confines of his/her authority), including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Incident Management Team (IMT): The Incident Commander and appropriate Command and General Staff personnel assigned to an incident.

Incident Objectives: Statements of guidance and direction necessary for the selection of appropriate strategy(s), and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow for strategic and tactical alternatives.

Individual Assistance (IA): Supplementary federal assistance available under the Stafford Act to individuals, families, and businesses: which includes disaster housing assistance, unemployment assistance, grants, loans, legal services, crisis counseling, tax relief, and other services or relief programs? (Also see Family Grant Program below.)

Information Officer: A member of the Command Staff responsible for interfacing with the public and media or with other agencies requiring information directly from the incident. There is only one Information Officer per incident. The Information Officer may have assistants.

Initial Action: The actions taken by those responders that are the first to arrive at an incident.

Initial Response: Resources initially committed to an incident.

Intelligence Officer: The intelligence officer is responsible for managing internal information, intelligence, and operational security requirements supporting incident management activities. These may include information security and operational security activities, as well as the complex task of ensuring that sensitive information of all types (e.g., classified information, law enforcement sensitive information, proprietary information, or export-controlled information) is handled in a way that not only safeguards the information, but also ensures that it gets to those who need access to it to perform their missions effectively and safely.

Interface Area: The area where residences are built in proximity to the flammable fuels naturally found in wild land areas, such as forests, prairies, hillsides, and valleys.

Interface Fire: A fire that threatens or burns the interface area affecting both wild lands and homes. Sometimes referred as INTERMIX FIRE.

Joint Field Office (JFO): The JFO is a temporary Federal facility established locally to coordinate operational Federal assistance activities to the affected jurisdiction (s) during an incident, ranging from accidents and natural disaster to actual or potential attacks, that are catastrophic in nature and national in their scope of consequences. The JFO is a multi-agency center that provides a central point of coordination for Federal, State, local, tribal, non-governmental and private-sector organizations with primary responsibility for threat response and incident support and coordination. The JFO enables the effective and efficient coordination of Federal incident-related prevention, preparedness, response, and recovery actions. The JFO accommodates all entities (or their designated representatives) essential to incident management, information-sharing, and the delivery of disaster assistance and other support.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should collocate at the JIC.

Joint Information System (JIS): A component of command and incident management under NIMS, which provides a formalized structure—the Joint Information Center (JIC)—that integrates incident information and public affairs into a cohesive organization designed to

provide consistent, coordinated, timely information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the command structure; advising the command structure concerning public affairs issues that could impact a response effort; and controlling rumors and inaccurate information that could undermine public confidence.

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

Law Enforcement Radio Network (LERN): A statewide law enforcement mutual aid frequency controlled by the Washington State Police Chiefs Association and Washington State Patrol.

Liaison: A form of communication for establishing and maintaining mutual understanding and cooperation.

Liaison Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Local Emergency Management Agency Comprehensive Emergency Management: The emergency management or services organization of a political subdivision of the state established in accordance with RCW 38.52.070.

Local Emergency Planning Committee (LEPC): The planning body designated by the Superfund Amendments and Reauthorization Act (SARA), Title III legislation as the planning body for preparing local hazardous materials plans. (Also, see Title III.)

Local Government: A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Logistics Section: The section responsible for providing facilities, services, and material support for the incident.

Logistics: Providing resources and other services to support incident management.

Major Disaster: As defined under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122), a major disaster is any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this act to supplement the efforts and available resources of states, tribes, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Management by Objective: A management approach that involves a four-step process for achieving the incident goal. The Management by Objectives approach includes the following: establishing overarching objectives; developing and issuing assignments, plans, procedures, and protocols; establishing specific measurable objectives for various incident management functional activities and directing efforts to fulfill them, in support of defined strategic objectives; and documenting results to measure performance and facilitate corrective action.

Mission: A distinct assignment of personnel and equipment to achieve a set of tasks related to an incident, emergency, disaster, catastrophe, or search and rescue operations that occurs under the direction and control of an authorized official.

Mitigation: The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Mitigation measures include, but are not limited to building codes, disaster insurance, floodplain buyouts, and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities, land use management, hazard analysis, land acquisition, monitoring and inspection, public education, research, relocation, risk mapping, safety codes, statues and ordinances, tax incentives and disincentives, equipment or computer tie downs, and stocking emergency supplies. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

Mobilization: The process and procedures used by all organizations—Federal, State, local, and tribal—for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

Modular: The NIMS is designed so that some or all of its components can be tailored to fit the specific requirements of a situation.

Multi-agency Coordination Entity: A multi-agency coordination entity functions within the broader multi-agency coordination system. It may establish the priorities among incidents and associated resource allocations; prioritize agency policies; and provide strategic guidance and direction in support of domestic incident management activities.

Multi-agency Coordination Systems: Multi-agency Coordination Systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of Multi-agency Coordination Systems include facilities, equipment, emergency operation centers (EOCs), specific multi-agency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS.

Multi-jurisdictional Incident: An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In ICS, these incidents will be managed under Unified Command.

Mutual-Aid Agreement: Written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner.

National: Of a nationwide character, including the Federal, State, local, and tribal aspects of governance and polity.

National Disaster Medical System: A cooperative, asset-sharing partnership between the Department of Health and Human Services, the Department of Veterans Affairs, the Department of Homeland Security, and the Department of Defense. NDMS provides resources for meeting the continuity of care and mental health services requirements of the Emergency Support Function 8 in the Federal Response Plan.

National Incident Management System: A system mandated by Homeland Security Presidential Directive 5 (HSPD-5) that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private-sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multi-agency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources. National Response Plan: A plan mandated by HSPD-5 that integrates Federal domestic prevention, preparedness, response, and recovery plans into one all-discipline, all-hazards plan.

National Response Plan: A plan mandated by HSPD-5 that integrates Federal Government domestic prevention, preparedness, response, and recovery plans into one all-discipline, all-hazards plan.

National Warning System (NAWAS): The federal portion of the Civil Defense Warning System, used for the dissemination of warnings and other emergency information from the Federal Emergency Management Agency's National or Regional Warning Centers to Warning Points in each state. Also used by the State Warning Points to disseminate information to local Primary Warning Points. Provides warning information to state and local jurisdictions concerning severe weather, earthquake, flooding, and other activities that affect public safety.

Nongovernmental Organization: An entity with an association that is based on interests of its members, individuals, or institutions and that is not created by a government, but may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross.

Northwest Area Contingency Plan (NWACP): The NWACP is a joint agreement between the U.S. Coast Guard, U.S. Environmental Protection Agency (EPA), and the states of Oregon, Idaho and Washington.

On-Scene Command and Coordination Radio: A frequency used by "on-scene" emergency responders of different agencies for command and coordination of an incident or emergency, according to a joint Military Department, Emergency Management Division and Association of Police Communication Officers (APCO) agreement.

Operational: The level between tactical and strategic that merges the on-scene concerns with the overall strategic objectives of incident management.

Operational Period: The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually not over 24 hours.

Operations Section: The section responsible for all tactical incident operations. In ICS, it normally includes subordinate branches, divisions, and/or groups.

Paramedic: An EMT who has received extensive training in advanced life support, including intravenous therapy, pharmacology, cardiac monitoring and defibrillation, advanced airway maintenance, including intubation and other advanced assessment and treatment skills. Paramedics have a continuing education requirement and must be recertified every three years.

Personnel Accountability: The ability to account for the location and welfare of personnel. It is accomplished when supervisors ensure that ICS principles and processes are functional and personnel are working within these guidelines.

Planning Meeting: A meeting held as needed prior to and throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. For larger incidents, the planning meeting is a major element in the development of the Incident Action Plan (IAP).

Planning Section: Responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the IAP. This section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

Preliminary Damage Assessment (PDA): The joint local, state, and federal analysis of damage that has occurred during a disaster and which may result in a Presidential declaration of disaster. The PDA is documented through surveys, photographs, and other written information.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

Preparedness organizations: Preparedness organizations are the range of non-emergency forums for interagency coordination. Preparedness organizations can include all agencies with a role in incident management, whether its prevention, preparedness, response, or recovery oriented. They represent a wide variety of committees, planning groups, and other organizations who meet to ensure the proper level of planning, training, equipping and other preparedness requirements within a jurisdiction or area.

Presidential Declaration: Formal declaration by the President that an emergency or major disaster exists based upon the request for such a declaration by the Governor and with the verification of FEMA preliminary damage assessments.

Prevention: Actions to avoid an incident, to intervene to stop an incident from occurring, or to mitigate an incident's effects. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and as appropriate specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity, and apprehending potential perpetrators and bringing them to justice. Prevention also includes measures designed to mitigate damage by reducing or eliminating risks to persons or property or to lessen the potential effects or consequences of an incident.

Private Sector: Organizations and entities that are not part of any governmental structure. It includes for-profit and not-for-profit, and formal and informal structures, including commerce and industry, non-governmental organizations (NGO), and private voluntary organizations (PVO).

Processes: Systems of operations that incorporate standardized procedures, methodologies, and functions necessary to provide resources effectively and efficiently. These include resource typing, resource ordering and tracking, and coordination.

Protective Action Decision (PAD): An action or measure taken by public officials to prevent or minimize radiological or chemical exposure to people and foodstuffs. Normally a PAD is based on a PAR.

Protective Action Recommendation (PAR): A recommendation based on technical scientific data for public officials to use in forming a decision to prevent or minimize the contamination of people and foodstuffs.

Public Assistance (PA): Supplementary federal assistance provided under the Stafford Act to state and local jurisdictions, special purpose districts, Native Americans, or eligible private, nonprofit organizations.

Public Information Officer: A member of the Command Staff responsible for preparing and coordinating the dissemination of public information in cooperation with other responding Federal, State, tribal, and local agencies.

Publications Management: The publications management subsystem includes materials development, publications control, publications suppliers, and distribution. The development and distribution of NIMS materials is managed through this subsystem. Consistent documentation is critical to success, because it ensures that all responders are familiar and comfortable with the documentation used in a particular incident, regardless of the location or the responding agencies involved.

Qualification and Certification: This subsystem provides recommended qualification and certification standards for emergency responder and incident management personnel. It also allows the development of minimum standards for resources expected to have an interstate application. Standards typically include training, currency, experience, and physical and medical fitness.

Radio Amateur Civil Emergency Services (RACES): A group of licensed amateur radio operators who support state and local jurisdiction during federally declared emergencies or disasters.

Radiological Monitor (RM): An individual trained to measure, record, and report radiation exposure and exposure rates, and to provide limited field guidance on radiation hazards.

Radiological Response Team (RRT): A community-based radiological defense cadre consisting of members from the community emergency services, vital facilities, and essential services. This cadre, trained and exercised on an on-going basis, forms a baseline radiological defense capability which can be used for surge training and to assist in the rapid build up of community radiological defense capability during an increased readiness period. The RRT may be used to respond to peacetime radiological accidents such as transportation and nuclear power plant accidents.

Reception Area: This refers to a location separate from staging areas, where resources report in for processing and out-processing. Reception areas provide accountability, security, situational awareness briefings, safety awareness, distribution of Incident Action Plans (IAPs), supplies and equipment, feeding, and bed down.

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private- sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.

The immediate objective of this activity is to return vital life support systems to minimum operating standards. The overall objective is to return all activities to normal or improved levels. Recovery measures include, but are not limited to, crisis counseling, damage assessment, debris clearance, decontamination, disaster application centers, disaster insurance payments, disaster loans and grants, disaster unemployment assistance, public information, reassessment of emergency plans, reconstruction, temporary housing, and full-scale business resumption.

Recovery Plan: A plan developed by a State, local, or tribal jurisdiction with assistance from responding Federal agencies to restore the affected area.

Resource Management: Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special Federal, State, local, and tribal teams; and resource mobilization protocols.

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Resources Unit: Functional unit within the Planning Section responsible for recording the status of resources committed to the incident. This unit also evaluates resources currently

committed to the incident, the effects additional responding resources will have on the incident, and anticipated resource needs.

Response: Action taken immediately before, during, or directly after an emergency occurs, to save lives, minimize damage to property and the environment, and enhance the effectiveness of recovery. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans as well as mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include, but are not limited to, emergency plan activation, emergency alert system activation, emergency instructions to the public, emergency medical assistance, staffing the emergency operations center, public official alerting, reception and care, shelter and evacuation, search and rescue, resource mobilization, and warning systems activation.

Response activities also include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; on-going public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

Revised Code of Washington (RCW): The Revised Code of Washington (RCW) is the compilation of all permanent laws now in force in Washington State. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriations acts. The official version of the RCW is published by the Washington State Statute Law Committee and the Code Reviser.

Risk Management Program (RMP): The Risk Management Program (RMP) Rule, Section 112 Clean Air Act Amendments is a statute in place to identify hazards in industry and minimize the consequences of a HAZMAT release. There are three component pieces to the RMP: the hazard assessment, a prevention program, and a response program.

Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended by Public Law 100-707): The act that authorizes the greatest single source of federal disaster assistance. It authorizes coordination of the activities of federal, state, and volunteer agencies operating under their own authorities in providing disaster assistance, provision of direct federal assistance as necessary, and provision of financial grants to state and local jurisdictions as well as a separate program of financial grants to individuals and families. This act is commonly referred to as the Stafford Act.

Safety Officer: A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

Search and Rescue (SAR): The act of searching for, rescuing, or recovering by means of ground, marine, or air activity any person who becomes lost, injured, or is killed while outdoors or as a result of a natural or human-caused event, including instances of searching for downed aircraft when ground personnel are used. The terms Disaster, Urban, Wildland, or Air are often used in front of SAR to describe the SAR mission.

Section: The organizational level having responsibility for a major functional area of incident management, (e.g. Operations, Planning, Logistics, Finance/Administration, and Intelligence, if established). The section is organizationally situated between the branch and the Incident Command.

Span of Control: The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

Staging: An identifiable area near the incident where incoming resources can safely group in preparation for assignment. The Staging Officer will make a written list of resources (equipment and number and type of personnel) and times they arrived and deployed. This helps provide safety of responders and efficiency of response, as it prevents traffic flow and access problems at the incident site, and directs the proper resources to the proper locations. The staging area and Staging Officer also take a large load off of the Incident Commander. By having incoming units report in to staging, the IC reduces radio traffic, and is free to concentrate on size-up, development of plans and strategy, and other critical issues.

Standard Operating Procedure (SOP): These are the procedures established by individual agencies for the operations of their specific agency when encountering specific situations.

State: When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States. See Section 2 (14), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

State Coordinating Officer (SCO): The individual appointed by the Governor to act in cooperation with the Federal Coordinating Officer (FCO) to administer disaster recovery efforts. The SCO may also function as the Disaster Recovery Manager.

State Fire Defense Committee: A committee of the Fire Protection Policy Board which develops the Washington State Fire Services Resource Mobilization Procedures, develops planning guidance for the Fire Services Mobilization Regions, promotes standardization of fire communications, develops alerting and dispatching procedures, maintains a listing of regional firefighting resources, and provides guidance for the approval of reimbursement requests.

Strategic: Strategic elements of incident management are characterized by continuous long-term, high-level planning by senior level organizations. They involve the adoption of long-range goals and objectives; the setting of priorities; the establishment of budgets and other fiscal decisions; policy development; and the application of measures of performance or effectiveness.

Strategy: The general direction selected to accomplish incident objectives set by the IC.

Strike Team: A set number of resources of the same kind and type that have an established minimum number of personnel.

Supporting Technologies: Any technology that may be used to support the NIMS is included in this subsystem. These technologies include orthophoto mapping, remote automatic weather stations, infrared technology, and communications, among various others.

Tabletop Exercise: An activity in which officials and key staff or others with emergency responsibilities are gathered together informally to discuss simulated emergency situations. It is designed to elicit constructive discussion by the participants without time constraints. Participants evaluate plans and procedures and resolve questions of coordination and assignment of responsibilities in a non-threatening format under minimum stress.

Tactical: Tactical elements of incident management are characterized by the execution of specific actions or plans in response to an actual incident or, prior to an incident, the implementation of individual or small unit activities, such as training or exercises. Unified Command and the Incident Command System have traditionally been considered a tactical organizational structure.

Task Force: Any combination of resources assembled to support a specific mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.

Technical Assistance: Support provided to State, local, and tribal jurisdictions when they have the resources but lack the complete knowledge and skills needed to perform a required activity (such as mobile-home park design and hazardous material assessments).

Terrorism: Under the Homeland Security Act of 2002, terrorism is defined as activity that involves an act dangerous to human life or potentially destructive of critical infrastructure or key resources and is a violation of the criminal laws of the United States or of any state or other subdivision of the United States in which it occurs and is intended to intimidate or coerce the civilian population or influence a government or affect the conduct of a government by mass destruction, assassination, or kidnapping. See Section 2 (15), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Threat: An indication of possible violence, harm, or danger.

Tier II Reports: Tier II emergency and Hazardous Chemical Inventory Report is filed by facilities with identified hazardous materials held in an amount equal to or greater than set quantity thresholds determined by SARA Title III or the Emergency Planning and Community Right-To-Know-Act. Copies of these reports are filed with local Emergency Management Department (EMD), the local fire department and the Department of Ecology (DOE).

Title III: Public Law 99-499, Superfund Amendment and Reauthorization Act (SARA) of 1986, Title III, Emergency Planning Community Right-to-Know Act, requires the establishment of state and local planning organizations, State Emergency Response Commission (SERC), a subcommittee of the Emergency Management Council, and Local Emergency Planning Committees (LEPCs), to conduct emergency planning for hazardous materials incidents. It requires (1) site-specific planning for extremely hazardous substances, (2) participation in the planning process by facilities storing or using hazardous substances, and (3) notifications to the commission or committee of releases of specified hazardous substances. It also provides for mechanisms to provide information on hazardous chemicals and emergency plans for hazardous chemical events to the public.

Tools: Those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrine, capabilities, and legislative authorities.

Tribal: Any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 stat. 688) [43 U.S.C.A. and 1601 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Type: A classification of resources in the ICS that refers to capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size; power; capacity; or, in the case of incident management teams, experience and qualifications.

Unified Command (UC): An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. The need for unified command can arise at many emergency incidents, as incidents have no regard for jurisdictional boundaries. All involved agencies contribute to the process of determining overall goals and objectives, joint planning for tactical activities, conducting integrated tactical operations, and maximizing the use of all assigned resources.

Unit: The organizational element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.

United States Code (USC): The official version of the federal statutory code.

Unity of Command: The concept by which each person within an organization reports to one and only one designated person. The purpose of unity of command is to ensure unity of effort under one responsible commander for every objective.

Unprotected Lands: Lands that are not protected by any fire suppression agency. There may be private property that does not have fire protection from rural fire districts, but does have protection from the Department of Natural Resources. However, this protection is for wild land and forest fires and not for protection of structures.

Urban Fire: Fire that is primarily within the boundaries or limits of a city or town.

Volunteer: For purposes of the NIMS, a volunteer is any individual accepted to perform services by the lead agency, which has authority to accept volunteer services, when the individual performs services without promise, expectation, or receipt of compensation for services performed. See, e.g., 16 U.S.C. 742f(c) and 29 CFR 553.101.

Washington Administrative Code (WAC): An interpretation of statutes written by a government agency or board. WACs help clarify the terms that are found in related statues (see Revised Code of Washington – RCW). WACs are legally binding and are filed by chapter with the Code Reviser.

Washington State Emergency Information Center (WEIC): State level emergency public information may be established, provided to media and public, and managed through the WEIC, which is a part of the State EOC.

Wildland: An area in which development is essentially non-existent except for roads, railroads, power lines, and similar transportation facilities. Used in place of WILDERNESS, which frequently refers to specifically designated federal lands intended to remain in their natural state to the greatest extent possible.

Windshield Survey: This is a quick, cursory evaluation usually accomplished by driving through the areas (hence the term “windshield survey”).

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Appendix 2: Acronyms

ACCESS	A Central Computerized Enforcement Service System
AG	Attorney General
ALS	Advanced Life Support
AMBER	Abducted Minor Broadcast Emergency Response
AMC	Army Material Command (U.S. Army)
AMS	Aerial Measuring System (DOE)
ANI	American Nuclear Insurance
APCO	Association of Police Communication Officers
APHIS	Animal and Plant Health Inspection Service (USDA)
ARAC	Atmospheric Release Advisory Capability (DOE)
ARC	American Red Cross
ARES	Amateur Radio Emergency Services
ARG	Accident Response Group (DOE)
ATF	Bureau of Alcohol, Tobacco and Firearms and Explosives
ATSDR	Agency for Toxic Substance and Disease Registry (DHHS)
ATV	All Terrain Vehicle
AVIC	Area Veterinarian-In-Charge (USDA)
AVMA	American Veterinary Medical Association
BLM	Bureau of Land Management
BOCC	Board Of County Commissioners
CAMEO	Computer Aided Management for Emergency Operations
CAP	Civil Air Patrol
CBRNE	Chemical/Biological/Radiological/Nuclear/Explosives
CDC	Center for Disease Control and Prevention (DHHS)
CEMNET	Comprehensive Emergency Management Network
CEMP	Comprehensive Emergency Management Plan
CERT	Community Emergency Response Team
CFR	Code of Federal Regulations
CIA	Central Intelligence Agency
CIRG	Critical Incident Response Group (FBI)
CISM	Critical Incident Stress Management Team
CNA	Certified Nurse Assistant
COG	Continuity of Government
CONOPS	Concept of Operations
COOP	Continuity of Operations Plan
CP	Command Post
CPG	Civil Preparedness Guide
CPR	Cardio Pulmonary Resuscitation
CSD	Chemical Support Division
CST	Civilian Support Team
CTED	Community Trade and Economic Development
DEM	Department of Emergency Management
DEST	Domestic Emergency Support Team
DSHS	Department of Social and Health Services

DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team (DHHS)
DMORT	Disaster Mortuary Operations Response Team (DHHS)
DNR	Department of Natural Resources
DO	Duty Officer
DOC	Department Operations Center
DOD	Department of Defense
DOE	Department of Ecology
DOH	Department of Health
DOI	U.S. Department of Interior
DOJ	Department of Justice
DOT	Department of Transportation
DRAC	Disaster Recovery Assistance Center
DSR	Damage Survey Report
DWI	Disaster Welfare Information
EAL	Emergency Action Levels
EAS	Emergency Alert System
ECC	Emergency Coordination Center
ECL	Emergency Classification Level
EHTR	Emergency Highway Traffic Regulation
EIS	Emergency Information System (Software)
EIS	Environmental Impact Statement
EMA	Emergency Management Assistance (or Agency)
EMAC	Emergency Management Advisory Council
EMAC	Emergency Management Assistance Compact
EMC	Emergency Management Council
EMD	Emergency Management Department
EMI	Emergency Management Institute
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOD	Explosive Ordnance Disposal
EOF	Emergency Operation Facility
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
EPCRA	Emergency Planning Community Right-to-Know Act
ERMO	Emergency Resource Management Organization
ERO	Emergency Response Organization
ERT	Environmental Response Team (EPA)
ERT	Evidence Response Team (FBI)
ESCAB	Emergency Services Communications Advisory Board
ESF	Emergency Support Function
EWAC	Emergency Worker/Assistance Centers
FAA	Federal Aviation Administration
FACP	Food Access Control Point
FAD	Foreign Animal Disease
FADD	Foreign Animal Disease Diagnostician
FADDL	Foreign Animal Disease Diagnostic Laboratory
FBI	Federal Bureau of Investigation

FCA	Food Control Area
FCB	Food Control Boundary
FCC	Federal Communications Commission
FCC	Federal Coordinating Center
FCO	Federal Coordinating Officer
FCP	Food Control Point
FD	Fire Department
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FFY	Federal Fiscal Year
FIPS	Federal Information Processing Standard
FOG	Field Operations Guide
FRP	Federal Response Plan
FY	Fiscal Year
GAR	Governor's Authorized Representative
GIS	Geographic Information System
GNT	Office of Grants and Training
GSA	General Services Administration
HAZMAT	Hazardous Materials
HEAR	Hazard Identification Vulnerability Analysis
HSPD-5	Homeland Security Presidential Directive-5
HUD	U.S. Department of Housing and Urban Development
IA	Individual Assistance
IAP	Incident Action Plan
IAW	In Accordance With
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IMT	Incident Management Team
INS	Immigration and Naturalization Service
IPZ	Ingestion Planning Zone
IS	Independent Study
JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System
JOC	Joint Operations Center
KC	Klickitat County
KCBOCC	Klickitat County Board of County Commissioners
KCDEM	Klickitat County Department of Emergency Management
KCHD	Klickitat County Health Department
KCVC	Klickitat County Veterinarian Coordinator
LE	Law Enforcement
LEPC	Local Emergency Planning Committee
LERN	Law Enforcement Radio Network
LFA	Lead Federal Agency

LNO	Liaison Officer
MAC	Multi-Agency Coordination
MCI	Mass Casualty Incident
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSDS	Material Safety Data Sheet
NAWAS	National Alert and Warning System
NCC/ARC	North Cascades Chapter/American Red Cross
NEMA	National Emergency Management Association
NFA	National Fire Academy
NGO	Nongovernmental Organization
NIC	NIMS Integration Center
NICC	National Interagency Coordination Center
NIIMS	National Interagency Incident Management System
NIMCAST	National Incident Management Capability Assessment Support Tool
NIMS	National Incident Management System
NLEEC	National Law Enforcement Emergency Channel
NMCC	National Military Command Center
NMRI	Naval Medical Research Institute (U.S. Navy
NOAA	National Oceanic and Atmospheric Administration
NPG	National Preparedness Goal
NPRT	National Pharmacy Response Team
NRC	Nuclear Regulatory Commission
NRCC	National Response Coordination Center
NRDA	Natural Resource Damage Assessment
NRF	National Response Framework
NTSB	National Transportation Safety Board
NUREG	Nuclear Regulatory Commission Regulation
NVRT	National Veterinary Response Team (DHHS)
NWACP	Northwest Area Contingency Plan
NWC	Northwest Coordination Center
NWS	National Weather Service
ODP	Office for Domestic Preparedness
ORO	Offsite Response Organization
OSC	On-Scene Commander
OSCCR	On-Scene Command and Coordination Radio
PA	Prosecuting attorney
PAD	Protective Action Decision
PAG	Protective Action Guides
PAR	Protective Action Recommendation
PDA	Preliminary Damage Assessment
PDD	Presidential Decision Directive
PH	Public Health
PIO	Public Information Officer
PL	Public Law
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Point

PW	Public Works
PVO	Private Voluntary Organizations
R&D	Research and Development
RACES	Radio Amateur Civil Emergency Services
RCC	Resource Coordination Center
RCW	Revised Code of Washington
RMP	Risk Management Program
RN	Registered Nurse
ROC	Regional Operations Center
RRCC	Regional Response Coordination Center
RRIS	Rapid Response Information System
RRTF	Recovery and Restoration Task Force
RTAP	Real Time Analytical Platform
RTF	Response Task Force
SA	Situational Awareness
SAE	Site Area Emergency
SAR	Search and Rescue
SARA	Superfund Amendments and Reauthorization Act
SCO	State Coordinating Officer
SDO	Standards Development Organizations
SEOO	State Emergency Operations Officer
SERC	State Emergency Response Commission
SIOC	Strategic Information Operations Center
SITREP	Situation Report
SMHSA	Substance Abuse & Mental Health Services Administration (DHHS)
SNS	Strategic National Stockpile
SO	Sheriff's Office
SOP	Standard Operating Procedure
SWARC	Southwest Washington American Red Cross
TC	Transportation Coordinator
TCL	Targeted Capabilities List
TCP	Traffic Control Point
UAC	Unified Area Command
UC	Unified Command
UDAC	Unified Dose Assessment Center
UMDA	Umatilla Depot Activity
UMS	Uniform Map System
UPS	Uninterrupted Power Supply
US&R	Urban Search and Rescue
USC	United States Code
USDA	United States Department of Agriculture
USDOC	United States Department of Commerce
USDOE	United States Department of Energy
USEPA	United States Environmental Protection Agency
USGS	United States Geological Survey
USRT	Urban Search and Rescue Team

VA	Veterans Administration
VS	Veterinary Services
WAC	Washington Administrative Code
WADDL	Washington Animal Disease Diagnostic Laboratory
WADOE	Washington State Department of Ecology
WAEMD	Washington State Emergency Management Division
WARM	Washington Animal Response Management
WDFW	Washington Department of Fish and Wildlife
WEIC	Washington State Emergency Information Center
WIC	Special Nutrition Program for Women, Infants and Children
WMD	Weapons of Mass Destruction
WNG	Washington National Guard
WSDA	Washington State Department of Agriculture
WSDOH	Washington State Department of Health
WSDOT	Washington State Department of Transportation
WSFSRMP	Washington State Fire Services Resource Mobilization Plan
WSP	Washington State Patrol
WSU	Washington State University
WSUOCE	Washington State University Okanogan County Extension
WSVMA	Washington State Veterinary Medical Association

Appendix 3: References and Authorities

This Plan was developed and is maintained pursuant to, but not limited to the following statutes, regulations, and existing plan documents. Each Appendix and Emergency Support Function in this Plan may include additional references that pertain to that specific document.

FEDERAL:

- National Response Framework, Fourth Edition, October 2019
- National Incident Management System (NIMS) , Third Edition, October 2017
- Public Law 920, Federal Civil Defense Act of 1950, as amended
- Public Law 93-288, The Disaster Relief Act of 1974, as amended by Public Law 100-707, The Robert T. Stafford Disaster Relief and Emergency Assistance Act
- Public Law 960-342, Improved Civil Defense, 1980
- Public Law 99-499, Superfund Amendment and Reauthorization Act (SARA) of 1986, Title III, Emergency Planning Community Right-to-Know Act (EPCRA)
- Code of Federal Regulations, Title 44, Emergency Management and Assistance, revised Oct 2003

GOVERNING REVISED CODES OF WASHINGTON (RCW) AND WASHINGTON ADMINISTRATIVE CODES (WAC):

- Chapter 09.73 RCW, Rights of Privacy
- Chapter 35A RCW, Optional Municipal Code
- Chapter 38.52 RCW, Emergency Management
- Chapter 38.52.110 RCW, Use of Existing Services and Facilities
- Chapter 38.54 RCW, State Fire Service Mobilization
- Chapter 52.02 RCW, Fire Protection Districts
- Chapter 70.102 RCW, Hazardous Substance Incidents
- Chapter 70.105 RCW, Hazardous Waste Management
- Chapter 70.136 RCW, Hazardous Materials Incidents
- Chapter 118 WAC, Emergency Management
- Chapter 118.04 WAC, Emergency Worker Program

PLAN REFERENCES:

- Northwest Area Contingency Plan & Region 8 Regional Contingency Plan, 2010
- Washington State Military Department, Emergency Management Division Publications:
    - Washington State Comprehensive Emergency Management Plan (CEMP), 2024
    - Hazard Identification and Vulnerability Assessment (HIVA), 2008
    - Washington State Fire Services Resources Mobilization Plan, 2016

LOCAL REFERENCES:

- Klickitat County Code
- Klickitat County Joint Local Agency Agreement, 1997
- Hazard Identification and Vulnerability Analysis (HIVA), 2008
- Klickitat County Multi-Hazard Mitigation Plan (AHMP), 2022 and Community Wildfire Protection Plan (CWPP), 2018
- Klickitat County Local Emergency Planning Committee Emergency Response Plan (HazMat), 2006 as amended
- Klickitat County Solid Waste Management Plan for years 2021-2026, 2021
- KCDEM NIMS-NQS Program and Training Plan, 2024
- Area Trauma Advisory Board (ATAB) #6 Mass Casualty Incident (MCI) Plan Initial Response Guide, 2022
- Klickitat Valley Health (KVH) Emergency Operations Plan (EOP), 2021
- Skyline Hospital Emergency Operations Plan (EOP), 2024

Appendix 4: Training, Exercises, and Drills

INTRODUCTION

This appendix defines training and exercises to ensure readiness for all jurisdictions, agencies, organizations and the public within Klickitat County.

CONCEPT OF OPERATIONS

1. General

   Emergency management training and exercises will focus on needed training and events as determined by evaluation during exercises, drills and actual events. A build-up of events and preparation each year will consist of tabletop exercises, drills, workshops and training leading to a major functional or full-scale exercise.

2. Training

   Training may be conducted locally, regionally, statewide and at national institutions. Sources for training include: Local training, regional training, statewide training, federal training or commercially conducted training. Klickitat County Department of Emergency Management (DEM) will assist by coordinating and conducting training for agencies or organizations where practical.

   a. Required individual training. Certain Incident Command System (ICS) training courses are required to remain compliant with the National Incident Management System (NIMS).

      1) Entry Level

         a) IS-100a: ICS, Introduction

         b) IS-700a: NIMS, An Introduction

      2) First Line, Single Resource, Field Supervisors

         a) IS-100a

         b) IS-200a: ICS for Single Resources and Initial Action Incidents

         c) IS-700A

      3) Mid-level Management: Strike Team Leaders, Division Supervisors, EOC Staff, etcetera

         a) IS-100a

         b) IS-200a

         c) ICS-300: Intermediate ICS

         d) IS-700A

         e) IS-800B: National Response Framework (NRF), An Introduction

4) Command and General Staff; Area, Emergency and EOC Managers

a) IS-100a

b) IS-200a

c) ICS-300

d) ICS-400: Advanced ICS

e) IS-700A

f) IS-800B

Note: ICS 100 and 200 are available for specific organization. For example: IS-100HC = Healthcare; IC-100LE = Law Enforcement; IS-100PW = Public Works Personnel; IC-100SC = System for Schools.

b. Training is offered at no cost through the Federal Emergency Management Agency (FEMA) web site at http://training.fema.gov/IS/crslist.asp . ICS-300 and ICS-400 is offered only via classroom training and may be coordinated through county DEM.

c. Efforts will be made to coordinate training events so that they are conducted locally and tailored to meet the needs of local jurisdictions.

d. The Washington Emergency Management Division schedules and conducts a variety of emergency management courses each year. County DEM will ensure that appropriate agencies and organization within the county are aware of this training and the application process. Meals, lodging and travel are paid by the local jurisdiction.

e. Federal Emergency Management Agency conducts resident training, exercise and workshops at the Emergency Management Institute at Emmitsburg, Maryland and Mount Weather, Virginia. They also provide non-resident self-study courses. Information on all courses is available to persons working in various fields of emergency management. Most courses have prerequisites. Information on these courses is available at the FEMA web site at http://training.fema.gov/EMICourses/. Travel and lodging are paid by FEMA for qualified students.

3. Exercises

Exercises are conducted to determine if plans and procedures are operationally sound, adhere to NIMS/ICS, meet Homeland Security Exercise and Evaluation Program performance criteria, and fulfill mandated requirements. Through critiques by participants, controllers, and evaluators, strengths and weaknesses are identified that were encountered during the exercise. Changes to plans and procedures for critical tasks are incorporated immediately, if necessary, or in the next review cycle. If an exercise reveals a proficiency problem, training is enhanced to address that need.

4. Public Education

Effective public information is a vital element of emergency management. Mitigation, preparedness, response and recovery must be equally emphasized to increase the public awareness of emergency management and better protect themselves during disasters. When possible, the public should be involved in training and exercises.

RESPONSIBILITIES

1. General
    a. Each organization and agency is individually responsible for planning and conducting training, exercises and drills to ensure his or her readiness. They must ensure that individuals and teams receive training to accomplish the emergency operations tasks to which they are assigned.
    b. Each agency and organization should review the training being planned and conducted by his or her agency to ensure it is adequate and appropriate. Coordination with other agencies is necessary to avoid scheduling conflicts.

2. Department of Emergency Management
    a. May request and receive assistance from Washington State Military Department, Emergency management Division (EMD), in the development and implementation of training exercises for local emergency management plans, these plans will follow the HSEEP guidance in order to create an exercise that will test critical tasks. Financial assistance may be available through the state EMD from the federal government.
    b. Coordinate public education, exercise and training requirements with state EMD for documentation of exercises for funding.

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Appendix 5: Distribution List

AGENCY or ACTIVITY	COPY #
Klickitat County Departments	
Administrative Services	
Adult Probation	
Assessor	
Auditor	
Board of County Commissioners	
Clerk	
Communications Center	
Emergency Management	
Planning Department	
Prosecuting Attorney/Coroner	
Public Health	
Public Works	
Planning Department	
Senior Services	
Solid Waste	
Superior Court	
Treasurer	
Washington State University Extension Service	
Weed Control	
West District Court	
Cities / Towns	
City of Bingen	
City of Goldendale	
City of White Salmon	

Klickitat County Fire Districts / Departments	
FD #1 – Trout Lake	
FD #2 – Bickleton	
FD #3 – Husum	
FD #4 – Lyle	
FD #5 – Centerville	
FD #6 – Dallesport	
FD #7 – Rural Goldendale	
FD #8 – Glenwood	
FD #9 – Roosevelt	
FD #10 – Alderdale	
FD #11 – Wishram	
FD #12 – Klickitat	
FD #14 – High Prairie	
FD #15 – Wahkiacus	
City of Bingen Fire Department	
City of Goldendale Fire Department	
City of White Salmon Fire Department	
Law Enforcement	
Bingen/White Salmon City Police Department	
Columbia River Intertribal Fisheries Enforcement	
Goldendale City Police Department	
Klickitat County Coroner	
Klickitat County Sheriff	
Washington State Patrol (Goldendale Detachment)	
Yakima Nation Law Enforcement	
Emergency Medical Service Agencies	
Klickitat County EMS and Trauma Council	

Hospitals	
Klickitat County Valley Health	
Skyline Hospital	
Providence Hood River Memorial Hospital	
Mid Columbia Medical Center	
Other	
Klickitat County Fair Board	
Southwest Washington American Red Cross	
Washington State Agencies	
Washington State Emergency Management Division	
Washington State Parks	
Other Counties	
Benton County, Washington	
Franklin County, Washington	
Grant County, Washington	
Skamania County, Washington	
Yakima County, Washington	
Federal Agencies	
FEMA Region X	
Private Enterprise	
Alpine Veterinary Clinic	
Bishop Sanitation Service	
Goldendale Veterinary Clinic	
Mid-Columbia Veterinary Clinic	
Klickitat Public Utility District	

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FINAL
Klickitat County
Solid Waste Management Plan





For Years 2021–2026

KLICKITAT COUNTY
ESTABLISHED 1859

Final Klickitat County Solid Waste Management Plan For Years 2021-2026

June 2021

Prepared for:

Klickitat County
Solid Waste Department
Goldendale, Washington

Prepared by:



Project 10172512

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Klickitat County Solid Waste Department would like to thank the following organizations and individuals for their assistance in the development of this Solid Waste Management Plan:

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Name	**Affiliation/Title**
Laura Mann	City of Bingen
Mike Cannon	City of Goldendale
Donna Rockwell	Citizen Representative Commissioner District #2
Steven Randall	School Representative
John Longfellow	Citizen Representative Commissioner District #3
Jason Hartmann	City of White Salmon Council Member
Joe Johnson	Landfill Compliance Officer
James Beeks	Citizen Representative At-Large / Agricultural Representative
David Kavanagh	Klickitat County Public Health Department
Pierce Louis	Agricultural Industry Representative / Business Representative
Greg Bringle	Waste Industry Representative
Kevin Barry	Citizen Representative-At-Large

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Acronyms and Abbreviations

2013 Plan	Klickitat County Solid Waste Management Plan Update, March 2013
BEI	Burlington Environmental, Inc.
BSE	Bovine Spongiform Encephalopathy
C&D	Construction and Demolition
CEMP	Comprehensive Emergency Management Plan
CFCs	Chlorofluorocarbons
CRD	Columbia River Disposal
CROP	Contamination Reduction and Outreach Plan
CUP	Conditional Use Permit
dba	doing business as
DDMP	Disaster Debris Management Plan
Ecology	Washington State Department of Ecology
EIS	Environmental Impact Statement
EPA	United States Environmental Protection Agency
ESHB	Engrossed Substitute House Bill
E-Waste	Electronic Wastes
FEMA	Federal Emergency Management Agency
GMA	Washington State Growth Management Act
H5N1	Highly Pathogenic Asian Avian Influenza A
HB	House Bill
HDR	HDR Engineering, Inc.
Health Department	Klickitat County Health Department
HHW	Household Hazardous Waste
LSWFA	Local Solid Waste Funding Assistance
MRW	Moderate Risk Waste
MSW	Municipal Solid Waste
MTCA	Model Toxics Control Act
MW	Megawatts
OFM	Washington State Office of Financial Management
PCS	Petroleum Contaminated Soils
Plan	Solid Waste and Moderate Risk Waste Management Plan
RCRA	Resource Conservation and Recovery Act
RCW	Revised Code of Washington

Acronyms and Abbreviations

RFQ/P	Request for Qualifications and Proposals
RRL	Roosevelt Regional Landfill
RRLC	Rabanco Regional Landfill Company
RS	Republic Services, Inc.
SEPA	State Environmental Policy Act
SHB	Substitute House Bill
SQG	Small Quantity Generator
SR	State Route
SWAC	Solid Waste Advisory Committee
SWD	Klickitat County Solid Waste Department
TPY	Tons Per Year
WAC	Washington Administrative Code
WGA	Waste Generation Area
WSDA	Washington State Department of Agriculture
WUTC	Washington Utilities and Transportation Commission

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Executive Summary

Introduction

This Solid Waste Management Plan (Plan) recommends strategies to manage solid waste generated in Klickitat County, Washington, including the cities and towns of Bingen, Goldendale, and White Salmon. Solid waste handling includes management, storage, collection, diversion, transportation, treatment, use, processing and final disposal. Recommendations are provided for municipal solid waste, miscellaneous wastes, and moderate risk waste.

This Plan was prepared in accordance with Revised Code of Washington 70A.205, Solid Waste Management – Reduction and Recycling under the guidance and direction of Klickitat County Solid Waste Department and the Klickitat County Solid Waste Advisory Committee, and supersedes previous Solid Waste Management Plans in Klickitat County.

An important motivation behind the development of this Plan is the need to establish a coordinated, regional approach to solid waste management within counties that enables decision makers to manage resources most effectively, while assuring adequate protection of the environment and public health.

Summary of Recommended Strategies and Additional Costs

A summary of recommended strategies and potential additional costs are presented in Table ES-1. Over the next six years, implementation of recommended strategies is estimated to cost approximately $73,500 in 2021 dollars. This cost estimate reflects only the new services or programs to be implemented by Klickitat County. It does not reflect costs associated with existing programs, nor does it reflect the significant costs incurred by private firms, public agencies, or residents who also have roles in managing solid waste in Klickitat County.

Table ES-1 Summary of Recommended Strategies and Costs:

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2021	*2022*	*2023*	*2024*	*2025*	*2026*
3. Waste Reduction, Recycling and Education						
WWR1) Adopt the updated list of designated materials (Table 3-2) and maintain it through periodic review and updates.	No Additional Costs					
WWR2) Update the Model Rural Recycling Program Plan.	No Additional Costs					
WWR3) Incorporate and expand the education and promotion program.	No Additional Costs					
WWR4) Continue to provide support for recycling at public events.	No Additional Costs					

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2021	*2022*	*2023*	*2024*	*2025*	*2026*
WWR5) Consider converting the curbside recycling collection program to a cart based system.	No Additional Costs					
4. Organics						
O1) Continue to develop and distribute educational materials related to organics management as programs are established and implemented.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
O2) Consider developing a pilot yard debris collection and composting program to assess public interest and participation.	-	-	$5,000	$5,000	$5,000	$5,000
O3) Monitor the pilot food waste collection program for participation and customer satisfaction and consider expanding the program as appropriate.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
O4) Consider developing a Christmas tree recycling pilot program to assess public interest and participation.	-	$3,000	-	-	-	-
5. Solid Waste Collection						
SWC1) Encourage the use of curbside collection services when possible and ensure collection services are available to all residents.	No Additional Costs					
SWC2) The County should continue to enforce solid waste regulations and laws to encourage the proper collection and disposal of solid waste.	No Additional Costs					
SWC3) Cities should continue to enforce compliance with their respective codes for solid waste collection and disposal.	No Additional Costs					
SWC4) Education efforts should be undertaken by both Klickitat County and the franchised haulers to provide information to customers that describe collection and recycling services availabilitv.	No Additional Costs					
6. Transfer Facilities						
TF1) Monitor population growth and tonnage and consider transfer facility expansion as necessarv.	No Additional Costs					
TF2) Monitor waste importation tonnages and the current Agreement with Republic Services and consider intermodal facility expansion as needed.	No Additional Costs					

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2021	*2022*	*2023*	*2024*	*2025*	*2026*
TF3) Annually review permits and the contract for compliance and potential transfer facility modifications or expansions.	No Additional Costs					
7. Waste Import/Export						
IE1) Importation of waste should continue in compliance with the Agreement.	No Additional Costs					
IE2) Continue to monitor compliance with the Agreement.	No Additional Costs					
IE3) Yakama Nation and Gorge Commission preferences regarding waste transportation through specific areas under their jurisdictions should be implemented through permit conditions and should be monitored for compliance.	No Additional Costs					
IE4) Exportation will not be considered during this planning period.	No Additional Costs					
8. Disposal						
D1) Waste should continue to be disposed per the Agreement.	No Additional Costs					
D2) Continue to maintain, monitor and update the Agreement.	No Additional Costs					
D3) Ensure continued compliance with permits by monitoring, including retention of an Inspector.	No Additional Costs					
9. Energy Recovery						
ER1) Monitor developments and progress in waste processing and conversion technologies utilized and support the continued use of landfill gas to energy operations.	No Additional Costs					
10. Moderate Risk Waste						
MRW1) Enhance the public education and outreach program for handling of MRW waste for households and businesses as a cooperative effort.	$2,500	$1,000	$1,000	$1,000	$1,000	$1,000
MRW2) Consider re-establishment of the used oil collection program at more transfer station and drop box sites.	No Additional Costs					
MRW3) Continue to coordinate the schedule and process for updating the MRW Plan with the solid waste management plan (as is the current practice).	No Additional Costs					

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2021	*2022*	*2023*	*2024*	*2025*	*2026*
MRW4) If grant funding is reduced or eliminated, consider implementing a fee based program to accept business waste and setting aside a fraction of the "host fee" from the Agreement for the MRW program.	No Additional Costs					
MRW5) Update the MRW implementation plan, as appropriate, for review and approval by Klickitat County.	No Additional Costs					
11. Miscellaneous Wastes						
MW1) Continue to dispose miscellaneous wastes through a cooperative effort with Klickitat County, Republic Services and Ecology.	No Additional Costs					
MW2) Monitor federal and state guidance regarding pharmaceutical waste and implement changes as needed to comply with statewide medicine take-back program.	No Additional Costs					
MW3) Promote proper reuse, recycling and disposal of C&D debris.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
MW4) Partner with private organizations to promote recycling and reuse of C&D wastes and building materials.	No Additional Costs					
MW5) Develop an internal plan for handling disaster debris, in coordination with the Klickitat County Emergency Management Department.	-	-	$25,000	-	-	-
MW6) Consider adding an additional E-Waste collection site.	No Additional Cost					
12. Administration/Enforcement						
AE1) Consider pursuing some of the additional funding strategies listed in Table 12-2 that can be implemented by Klickitat County directly and independently from other alternatives.	No Additional Costs					
AE2) Provide adequate funding to maintain or increase staff at county levels, as needed.	No Additional Costs					
AE3) Include the SWAC in the review of new solid waste facility permit requests.	No Additional Costs					
TOTAL	**$5,500**	**$7,000**	**$34,000**	**$9,000**	**$9,000**	**$9,000**

Notes:
1. Monetary figures are approximate and subject to update.

1 Background

This Solid Waste and Moderate Risk Waste Management Plan (Plan) recommends strategies to manage solid waste and moderate risk waste (MRW) generated in Klickitat County, Washington. Solid waste handling includes management, storage, collection, diversion, transportation, treatment, use, processing, and final disposal. This Plan includes recommendations for municipal solid waste (MSW), MRW, diversion, construction and demolition (C&D) debris, and miscellaneous wastes.

1.1 Purpose

Washington State law assigns primary responsibility for managing MSW and MRW to local governments. Revised Code of Washington (RCW) 70A.205 requires local government to maintain current solid waste management plans. RCW 70A.300 requires local government to develop plans for managing hazardous waste, which in this Plan is covered in Chapter 10 Moderate Risk Waste.

The purpose of this Plan is to develop recommended waste management strategies for the period years 2021 through 2026. The Plan also looks forward to ensure that sufficient processing and disposal options will be available for at least the next 20 years, or through year 2040.

Local plans must be complete and in good standing to receive grant monies from the Washington State Department of Ecology (Ecology) Local Solid Waste Financial Assistance (LSWFA), which is a funding source for non-disposal related programs and activities.

1.2 Goals and Objectives

The mission statement for this Plan is as follows:

> *The overall goal of Klickitat County and the participating jurisdictions is to provide citizens with efficient, reliable, and affordable solid waste collection, handling, recycling and disposal services in order to improve the quality of life while protecting and preserving human health, environmental quality, and natural resources.*

For each element of the Plan, goals were developed. An assessment of existing conditions relative to each element was made and then an identification of needs and opportunities followed. An evaluation of the alternatives was then performed and recommendations for specific programs, policies or actions were selected and adopted.

In summary, the goals for the Plan are as follows:

- Provide convenient and reliable services for managing solid waste materials.
- Promote the use of innovative and economical waste handling methods.
- Emphasize waste reduction as a fundamental management strategy.
- Encourage recovery of marketable resources from solid waste.
- Encourage public/private partnerships for waste reduction and recycling programs.

- Maintain a solid waste management system and suitable agreements between Klickitat County, incorporated cities, franchise haulers, contract haulers, and other users of the solid waste facilities that result in minimizing tariffs on Klickitat County's citizens.
- Evaluate, consider, and maintain the regional approach to solid waste management in Klickitat County to include waste from outside Klickitat County.
- Encourage County citizens to act on the basis of their understanding of the societal, environmental, health and financial impacts of their disposal and consumption choices including impacts to climate change.
- Increase public awareness on solid waste issues and provide citizens with information and education to implement recommended waste management practices.
- Minimize the environmental impacts to climate, air, water and land that are associated with waste generation, transportation, handling, recycling and disposal.
- Comply with applicable federal, state and local regulations.
- Recognize and support local conditions associated with the management of solid waste and MRW.

1.3 Participants in the Planning Process

This document was developed with the guidance of the Klickitat County Solid Waste Advisory Committee (SWAC) whose participation is gratefully acknowledged. Committee members and their affiliation are shown in Table 1-1.

Table 1-1. Klickitat County Solid Waste Advisory Committee

Name	Affiliation/Title
Laura Mann	City of Bingen
Mike Cannon	City of Goldendale
Donna Rockwell	Citizen Representative Commissioner District #2
Steven Randall	School Representative
John Longfellow	Citizen Representative Commissioner District #3
Jason Hartmann	City of White Salmon Council Member
Joe Johnson	Landfill Compliance Officer
James Beeks	Citizen Representative At-Large / Agricultural Representative
David Kavanagh	Klickitat County Public Health Department
Pierce Louis	Agricultural Industry Representative / Business Representative
Greg Bringle	Waste Industry Representative
Kevin Barry	Citizen Representative-At Large

1.4 Planning Area

The planning area includes the incorporated and unincorporated areas of Klickitat County. The incorporated areas include the cities and towns of Bingen, Goldendale, and White Salmon.

1.5 Planning Authority

This Plan is intended to satisfy the participating jurisdictions' responsibilities for maintaining a current solid waste management plan in accordance with RCW 70A.205, and to provide a local hazardous waste management plan in accordance with RCW 70A.300.

Cities and counties share the responsibility for developing and maintaining a local solid waste management plan. RCW 70A.205 provides cities with three alternatives for satisfying their planning responsibilities:

- Prepare and deliver to Klickitat County auditor a city solid waste management plan for integration into Klickitat County solid waste plan;
- Enter into an agreement with Klickitat County to prepare a joint city-county plan; or
- Authorize Klickitat County to prepare a plan for the city for inclusion in Klickitat County plan.

The incorporated communities of Bingen, Goldendale, and White Salmon executed interlocal agreements with Klickitat County regarding solid waste management. The agreements authorize Klickitat County to prepare a countywide solid waste management plan that includes each of these cities and towns. Participating cities and towns have both the opportunity and responsibility to participate in Plan development, review and comment on the draft Plan, and to adopt the final Plan.

Executed Solid Waste Interlocal Agreements can be found in Appendix A. Resolutions of Adoption for this Plan can be found in Appendix B.

1.6 Plan Development Process

The Plan was developed over a period of approximately 15 months. The process began in June 2019 with the contract execution for HDR Engineering, Inc. (HDR), as the team that would assist with starting the update process. During the 15 months, technical research, analysis, and recommendations were prepared by HDR and Klickitat County staff and discussed with the Klickitat County Health Department (Health Department), the SWAC, stakeholders and interested members of the public. This process was undertaken in order to prepare and build support for the Plan.

The public participation process was largely focused on the SWAC. The Board of County Commissioners appointed SWAC members. Members are selected to represent a balance of interests including citizens, public interest groups, business, the waste management industry, local elected public officials, and the agricultural industry. The SWAC provides guidance to the Klickitat County Solid Waste Department (SWD) in the development of programs and policies concerning solid waste handling and disposal.

The SWAC can review and comment, on rules, policies, resolutions, and ordinances. SWAC meetings are open to the public and meeting notices are published beforehand. For additional information on the SWAC please refer to Appendix C.

The anticipation is the Plan will be adopted by each participating city or town and by the Board of County Commissioners in meetings open to the public.

1.7 Status of Previous Plans

This Plan supersedes previous solid waste and MRW management plans including the *2013 Klickitat County Solid Waste Management Plan Update* (2013 Plan). Status of the 2013 Plan recommendations and previous Plan recommendations and planning history can be found in Appendix D.

1.8 Relationship to Other Plans

This section provides information on how this Plan is related to other state and local documents.

1.8.1 Moving Washington Beyond Waste and Toxics

Ecology released a waste and toxics reduction plan in June 2015. Moving Washington Beyond Waste and Toxics focuses on reducing waste and toxics by adopting a sustainable materials management approach, which is also used by the United States Environmental Protection Agency (EPA). This approach looks at the full life cycle of materials from the design and manufacturing, through use, to disposal or recycling. The EPA believes a sustainable materials management approach can help identify more sustainable ways to produce products that are less impactful to the environment.

Moving Washington Beyond Waste and Toxics' vision is as follows: "We can transition to a society where waste is viewed as inefficient, and where most wastes and toxic substances have been eliminated. This will contribute to economic, social and environmental vitality." The following four priorities are included in Moving Washington Beyond Waste and Toxics:

- Increase our focus on manufacturing and use phases, not just on end-of-life issues;
- Reduce toxic threats in products and industrial processes;
- Increase efficiency of recycling (including organic processing) systems, and maximize effectiveness of existing solid and hazardous waste infrastructure; and
- Mitigate climate change through waste reduction, reuse, and recycling.

1.8.2 Klickitat County Planning

RCW 36.70A.040 provides counties with planning requirements as required under the Growth Management Act. Klickitat County has chosen to "partially plan" under the Growth Management Act requirements and has adopted development regulations that designate and protect critical areas and designate natural resource lands. The Klickitat County Zoning Ordinance includes solid waste disposal as a conditional use in certain residential zones and in other zones, solid waste disposal, handling and processing are

considered to be an essential public utility facility and subject to conditional use approval by the Board of Adjustment. In addition, Klickitat County complies with the Shoreline Management Act through its Shoreline Management Plan that recommends that environmentally hazardous uses be prevented from locating within 200 feet of designated shoreline areas.

1.9 Required Plan Elements

This Plan is intended to meet or exceed applicable requirements set by Washington State. RCW 70A.205 establishes requirements for local solid waste management plans. Local plans are required to include the following elements:

- An inventory and description of solid waste handling facilities including any deficiencies in meeting current needs;
- The projected 20-year needs for solid waste handling facilities;
- A program for the development of solid waste handling facilities that meets applicable laws and regulations, takes into account the comprehensive land use plans of participating jurisdictions, contains a 6-year construction and capital acquisition program and a plan for financing both capital costs and operational expenditures;
- A program for surveillance and control (to avoid or mitigate the negative impacts of improper waste handling);
- An inventory and description of solid waste collection operations and needs within each jurisdiction, including state collection certificate holders and municipal operations;
- A comprehensive waste reduction and recycling element;
- An assessment of the Plan's impact on the costs of solid waste collection; and
- A review of potential areas that meet state criteria for land disposal facilities.

RCW 70A.300 establishes the required elements for local hazardous waste management plans identified below:

- A plan or program to manage MRW including an assessment of the quantities, types, generators, and fate of MRW in the jurisdiction;
- A plan or program to provide for ongoing public involvement and education including the potential hazards to human health and the environment resulting from improper use and disposal of the waste;
- An inventory of existing generators of hazardous waste and facilities managing hazardous waste within the jurisdiction;
- A description of the public involvement process used in developing the plan; and
- A description of the eligible zones designation in accordance with RCW 70A.300.225.

1.9.1 Regulatory Overview

The statutes and regulations that govern solid waste handling are briefly summarized below.

1.9.2 Solid Waste Handling Standards

A rule governing solid waste facilities and handling practices, Washington Administrative Code (WAC) 173-350, also known as *Solid Waste Handling Standards* went into effect in 2003. This rule replaced WAC 173-304. WAC 173-350 sets out standards of operation and permitting requirements for solid waste handling facilities for recycling, intermediate handling (i.e., transfer), composting, MRW, and tires (unless exempted by definition or due to beneficial use). The rule regulates landfill disposal of a new category of wastes called "inert" wastes. In 2013, Ecology began the development of a rule update proposal to WAC 173-350. On August 1, 2018, Ecology adopted a comprehensive amendment to WAC 173-350.

WAC 173-350 also places importance on local solid waste management plans (such as this document) by requiring solid waste handling facilities (whether exempt or requiring a permit) to conform to local solid waste plans. WAC 173-350 also states a facility's exemption for handling only recyclable materials is contingent on meeting the definition of a recyclable material as designated in a local solid waste management plan.

Landfill disposal of solid waste is regulated under a separate rule, WAC 173-351, *Criteria for Municipal Solid Waste Landfills*. This rule was last revised in October 2015. Klickitat County has issued an active permit to Republic Services, Inc. (RS) for operation of a Municipal Solid Waste Landfill 45 miles east of Goldendale near Roosevelt Washington See Chapter 8 Disposal for additional information.

1.9.3 Hazardous Waste Management Act

In 1982, Ecology adopted rules that combined the state and federal regulation of hazardous wastes. These rules, as amended several times in the ensuing years, are contained in WAC 173-303 and are the main body of regulations for hazardous wastes in Washington State. In 1983, the State Legislature adopted a hierarchy of hazardous waste management methods in RCW 70A.300. In descending order of priority for management, the hierarchy is waste reduction; waste recycling; physical, chemical, and biological treatment; incineration; solidification/ stabilization treatment; and landfill.

Amendments to RCW 70A.300 in 1985 and 1986 defined MRW and required that local governments (counties) develop plans for the proper management of MRW. As stated in RCW 70A.300, the legislature's intent was "to promote cooperation between state and local governments by assigning responsibilities for planning for hazardous waste to the state and planning for MRW to local government." In 1987, the legislature appropriated funds for grants to counties to assist in their planning efforts and clarified the schedule.

The legislature enacted the Used Oil Recycling Act, RCW 70A.205. This statute requires local governments to manage used oil in conjunction with their MRW programs and to submit annual reports to Ecology. Local governments were required

to adopt used oil recycling amendments to their MRW management plans by July 1, 1993.

New Solid Waste Handling Standards (WAC 173-350) were developed by Ecology and became effective February 10, 2003. These standards address MRW facilities (including construction, record keeping and reports).

The *Dangerous Waste Regulations* (WAC 173-303) have been amended several times to address new issues and to incorporate new provisions of state and federal regulations.

1.9.4 Summary of Changes in Solid Waste Regulation and Policy Since 2013

Several new rules have been adopted since the previous Plan was developed. Important new rules and regulations for consideration in the Plan development are described below (not in order of priority).

1.9.5 Mercury-Containing Lights Product Stewardship Program

WAC 173-910 requires establishment of a product stewardship program for mercury-containing lights throughout Washington State. Producers of mercury-containing lights sold for residential use must finance and participate in the product stewardship program by doing the following:

- Funding its producer share cost of the standard plan and program operated by the department-contracted stewardship organization or operating, either individually or jointly, an independent plan and program approved by Ecology.
- Pay administrative and operational costs associated with the standard program or the independent program in which they participate, except for the collection costs associated with curbside and mail-back collection programs. For curbside and mail-back programs, a stewardship organization must finance the costs of transporting and processing mercury-containing lights from the point of accumulation. For collection locations, including household hazardous waste (HHW) facilities, charities, retailers, government recycling sites, or other suitable locations, a stewardship organization must finance the costs of collection, transportation, and processing of mercury-containing lights collected at the collection locations.
- Submit market share data to Ecology to determine market share in the event more than one approved product stewardship plan is operating.
- Meet its financial obligations to the plan, which includes Ecology's annual fee.
- Comply with producers' requirements.
- Participate in a fully implemented plan.
- Take actions required to correct violations.

Refer to Chapter 10 Moderate Risk Waste for additional information.

1.9.6 Revenue-Sharing Agreements

An update to RCW 81.77.185 allows waste collection companies to retain up to fifty percent of the revenue paid to the companies for the material if the companies submit a plan to the Washington Utilities and Transportation Commission (WUTC) that is certified by the appropriate local government authority as being consistent with the local government solid waste plan and that demonstrates how the revenues will be used to increase recycling. The remaining revenue shall be passed to residential customers.

1.9.7 County Comprehensive Solid Waste Management Plan

RCW 70A.205 was updated to indicate that when updating a solid waste management plan, after June 10, 2010, each local comprehensive plan must, at a minimum, consider methods that will be used to address the following:

- C&D waste for recycling or reuse;
- Organic material including yard debris, food waste, and food contaminated paper products for composting or anaerobic digestion;
- Metals, glass, and plastics for recycling; and
- Waste reduction strategies.

1.9.8 Quarantine – Agricultural Pests

Effective January 1, 2017, the Washington State Department of Agriculture (WSDA) amended WAC 16-470 by adding MSW, yard debris, organic feedstocks, organic materials, and agricultural wastes to the list of commodities regulated under the apple maggot quarantine. Special permits are required for the following:

- Transportation and disposition of MSW from an area under quarantine for disposal at a solid waste landfill or disposal facility in the apple maggot and plum curculio pest-free area.
- Transportation and disposition of yard debris, organic feedstocks, organic materials, and agricultural wastes from the area under quarantine for disposal at a solid waste landfill or treatment at a composting facility in the apple maggot and plum curculio pest-free area.

Refer to Chapter 4 Organics for additional information regarding how these rules affect solid waste in Klickitat County.

1.9.9 Secure Drug Take-Back

Washington's Safe Medication Return program, also known as the Drug Take-Back program was established in 2018 under RCW 69.48. This program will create a unified, statewide, medication return program that will give Washington residents free, convenient, and environmentally responsible options for disposing of unwanted medication. Drug manufacturers will fund the program at no cost to taxpayers. It will be operated by an approved program operator(s). Klickitat County will oversee the

establishment of the program, monitor on-going operations, manage enforcement when compliance issues arise, and evaluate program effectiveness.

1.9.10 Sustainable Recycling

House Bill (HB) 1543 Sustainable Recycling, was signed by Governor Inslee on April 29, 2019. This act took effect July 1, 2019. This act creates a Recycling Development Center within Ecology. Ecology will work with the Department of Commerce on recycling market research and development. Ecology and Commerce will appoint an advisory board and enter into an interagency agreement. The Washington State Association of Counties will appoint two Solid Waste Managers to the advisory board. Ecology will create a state recycling Contamination Reduction and Outreach Plan (CROP) by July 1, 2020. Local jurisdictions will need to create their own CROP or adopt the state CROP by July 1, 2021. Counties with populations of fewer than 25,000 are exempt from this requirement. Local governments may use LSWFA Grants and Waste Reduction and Recycling Education Grants to support CROPs.

1.9.11 Food Waste

HB 1114 bill established a goal for the state to reduce by 50 percent the amount of food waste generated annually by 2030. Ecology will work with the Washington State Departments of Agriculture and Health to develop a state wasted-food reduction and diversion plan by October 1, 2020. Ecology will gather feedback form the public and stakeholders. The three agencies will consider recommending changes to state law that will achieve the reduction goal and report to the Legislature by December 1, 2020.

1.9.12 Paint Stewardship

Substitute HB (SHB) 1652 requires producers of architectural paint sold in Washington to participate in an approved paint stewardship plan. This bill prohibits a producer or retailer of paint from selling or offering for sale architectural paint unless the producer or brand of paint is participating in a stewardship plan. A paint stewardship organization will implement this bill with Ecology providing oversight.

1.9.13 Reducing Pollution From Plastic Bags

In 2020, ESHB 5323 was authorized which prohibits and/or requires a retail establishment to comply as follows:

- Providing to a customer or a person at an event a single-use plastic carryout bag; or a paper carryout bag or reusable carryout bag made of film plastic that does not meet recycled content requirements.
- Using or providing certain polyethylene or other non-compostable plastic bags.
- Authorizes a retail establishment to provide a reusable carryout bag or a recycled content paper carryout bag of any size to a customer at the point of sale.
- Requires a retail establishment to collect a pass-through charge of not less than ten cents for every recycled content paper carryout bag or reusable carryout bag made of film plastic it provides.

- Prohibits a city, town, county, or municipal corporation from implementing a local carryout bag ordinance.

2 Waste Stream

This chapter provides information on population and waste generation rates. This data is used in various ways in the following chapters, such as assessing the need for or determining the impact of a proposed new program.

2.1 Waste Stream and Population Projections

This section presents information regarding past and present information and future projections regarding waste generated in Klickitat County.

2.1.1 Population and Waste Generation Rates

POPULATION

Current population levels and future population growth are important factors to consider for solid waste management plans. People create solid waste and in general, the more people there are (now and in the future), the more waste is created.

Table 2-1 provides past, current, and future estimates of Klickitat County population which is approximately two-thirds rural. This table uses population figures produced by the Washington State Office of Financial Management (OFM), which OFM based on Census 2010 results and adjustments made through 2018. For future population projections, the OFM actually produces three different sets of forecasts for population growth: a low, medium, and high series. The medium series figures are used in this Plan.

Table 2-1. Population Estimates

Area	2010[1]	2016[1]	2018[1]	2025[2]	2030[2]	2040[2]
Klickitat County, Total	20,318	21,270	21,980	21,882	22,189	21,930
Unincorporated Areas	13,975	14,660	15,210	15,098	15,310	15,131
Incorporated Areas	6,343	6,610	6,770	6,784	6,879	6,799
Cities:						
Bingen	712	735	735	746	757	748
Goldendale	3,407	3,435	3,530	3,528	3,577	3,535
White Salmon	2,224	2,440	2,505	2,510	2,545	2,516

Notes:
1. Data for these years are from the Office of Financial Management's " April 1, 2018 Population of Cities, Towns, and Counties, 2010-2018," http://www.ofm.wa.gov/pop/april1/default.asp. (OFM 2018).
2. Total population data for the years 2025 through 2040 is from the OFM's "Projections of the Total Resident Population for the Growth Management Act, Medium Series: 2010 to 2040 by 5-year intervals," http://www.ofm.wa.gov/pop/gma/projections12/projections12.asp. Population figures by area and city for the years 2025 through 2040 assume the same breakdown as 2018.

According to the OFM, April 2018 Population Changes and Rank Report, Klickitat County is the thirtieth most populated county in Washington State and incurred an 8.18 percent growth in population from April 2010 to April 2018.

WASTE GENERATION RATES

Washington State defines solid waste as "all putrescible and non-putrescible solid and semisolid wastes including, but not limited to, garbage, rubbish, ashes, industrial wastes, swill, sewage sludge, demolition and construction wastes, abandoned vehicles or parts thereof, contaminated soils and contaminated dredged material, and recyclable materials" (WAC 173-350-100).

This Plan focuses primarily on MSW, consisting of those wastes generated by residential and commercial sources that are meant to be handled by Klickitat County's solid waste disposal system. Wastes generated by industrial and agricultural sources are generally included to the extent that these are similar to what is disposed through Klickitat County's system and they do not require special handling. Miscellaneous wastes handled separately by these sources are only addressed briefly in this Plan.

Table 2-2 shows the 2016 solid waste disposed of in Klickitat County or taken to other facilities. This table also shows the amount of materials recycled or diverted through various drop-off and collection programs in Klickitat County as well as the amounts of C&D debris and other miscellaneous wastes that have similarities to "normal" MSW and can be managed in a similar fashion with additional precautions or special handling procedures, disposed of in Klickitat County. These materials are accounted for in developing a waste generation rate because tonnages may shift from one facility to another in the future due to new programs, changes in rates, or other factors.

Table 2-2. Current Waste Generation Rate (2016)

Facility and Waste Stream	Annual Amount
MSW Disposed Tonnage at Roosevelt Regional Landfill	20,727 Tons
Recycling Tonnages	4,262 Tons
Total	**24,989 Tons**
Materials to Other Landfills/Facilities	2,806 Tons
Additional Diverted Materials[1]	2,739 Tons
Grand Total, All Solid Waste	**30,534 Tons**
Population (2016 Estimate)	21,270 Persons
Waste Generation Rate, per person per year	2,871 Pounds
Waste Generation Rate, per person per day	**7.87 Pounds**

Notes: MSW and Recycling tonnages are 2016 figures from Ecology tonnage records.
1. One-time diversion of asphaltic materials from road construction deducted from Additional Diverted Materials total.

In Table 2-3, waste quantities have been projected using the most current (2016) available per capita generation rate multiplied by population forecasts for Klickitat County. The current generation rate was calculated by combining the tons disposed in 2016 with the tons recycled, or diverted, in 2016 and then dividing by the population in 2016. By applying the current per capita rate to future years, the projected figures for 2025 through 2040 assume no change in waste generation rate or disposal practices, or in the percentage of material recycled and reduced. This approach also assumes no change in the amount of waste migrating to out-of-county facilities and other factors

(such as the ratio of annual tourists and migrant workers to the general county population).

Table 2-3. Project Waste Quantities (2016)

Year	Total Population[1]	Waste Generated TPY[2]	Waste Generation Rate	Amount Recycled TPY[3]	Amount Diverted TPY[3]	MSW Disposed TPY[3]
Actual Amounts:						
2016	21,270	30,534	7.87	4,262 (14%)	2,739 (9%)	23,533 (77%)
Projected Amounts:						
2025	21,882	31,429	7.87	4,400	2,829	24,200
2030	22,189	31,870	7.87	4,462	2,868	24,540
2040	21,930	31,498	7.87	4,410	2,835	24,253

Notes:
1. Figures, except the year, population and generation rate, are shown as tons per year (TPY). The waste generation rate is shown as pounds per person per day. Population figures are from Table 2-1.
2. Projected waste generation figures for 2020 through 2040 are based on the estimated waste generation rate for 2016 (7.87 pounds per person per day) and population forecasts.
3. The projected amounts of recycling, other diversion, disposed MSW and other wastes assume the same percentage of the total waste generated as in Table 2-2.

2.1.2 Recycling Data

The most recent recycling survey conducted by Ecology suggests that 15 percent of Klickitat County's MSW was recycled or composted (see Table 2-4). This figure is generally called a *recycling* rate, although it sometimes includes composting and some reuse as well.

Ecology also defines a diversion rate, which includes several additional materials shown in Table 2-4 that are not included in the stricter recycling rate. These diverted materials include specific materials such as agricultural organics and tires, which are still being put to a beneficial use but simply do not count as recycling as defined by Washington State. Diverted materials also include miscellaneous wastes sent to other facilities such as household hazardous waste. Including these other wastes equates to an overall diversion rate of 23 percent of the total tons generated.

Table 2-4. Recycled and Diverted Materials (2016)

Materials	Annual Tons	% of Total Tons of MSW Disposed	% of Total Tons Generated
Recycled			
Aluminum Cans	43.62	-	-
Cardboard	533.49	2.0	1.9
Electronics	5.86	-	-
Fluorescent Light Bulbs	.10	-	-
Grease, Other Rendering	100.07	0.5	0.3
High-Density Polyethylene (HDPE) Plastics	66.28	-	-
Low-Density Polyethylene Plastics	35.57	-	-

Table 2-4. Recycled and Diverted Materials (2016)

Materials	Annual Tons	% of Total Tons of MSW Disposed	% of Total Tons Generated
Metals/Appliances	710.97	3.0	2.8
Mixed Waste Paper	1,571.10	7.0	6.0
Other Plastics/Plastic Film	166.20	1.0	0.6
Tires	2.76	-	-
Tin Cans	93.95	0.5	0.3
Used Motor Oil	200.18	1.0	0.7
Vehicle Batteries	61.00	-	-
Wood Waste/Yard Debris	7.32	-	-
Glass	663.75	3.0	2.4
Tons Recycled/Composted	**4,262.22**	**18.0**	**15.0**
Tons MSW Disposed	23,533.00	-	-
Total Tons of MSW	27,795.22	-	-
Recycling Rate	15%	-	-
Diverted			
Concrete	171.00	0.7	0.5
Antifreeze	7.19	-	-
Batteries	2.18	-	-
Oil Filters	25.01	0.1	0.1
Used Oil	7.89	-	-
Organics-Agricultural/Other	2,514.85	10.8	8.3
Tires (Energy Recovery, Baled, and Reuse)	11.04	-	-
Other	.31	-	-
Tons Diverted	2,739.47	11.6	8.9
Tons Diverted or Recycled/Composted	7,001.69	29.7	22.9
Tons Disposed	23,533.00	-	-
Total Tons Generated	30,534.27	-	-
Overall Diversion Rate	23%	-	-

Notes: Data for recycled and diverted materials, and for the amount of "other wastes," are from the 2016 annual survey conducted by Ecology.

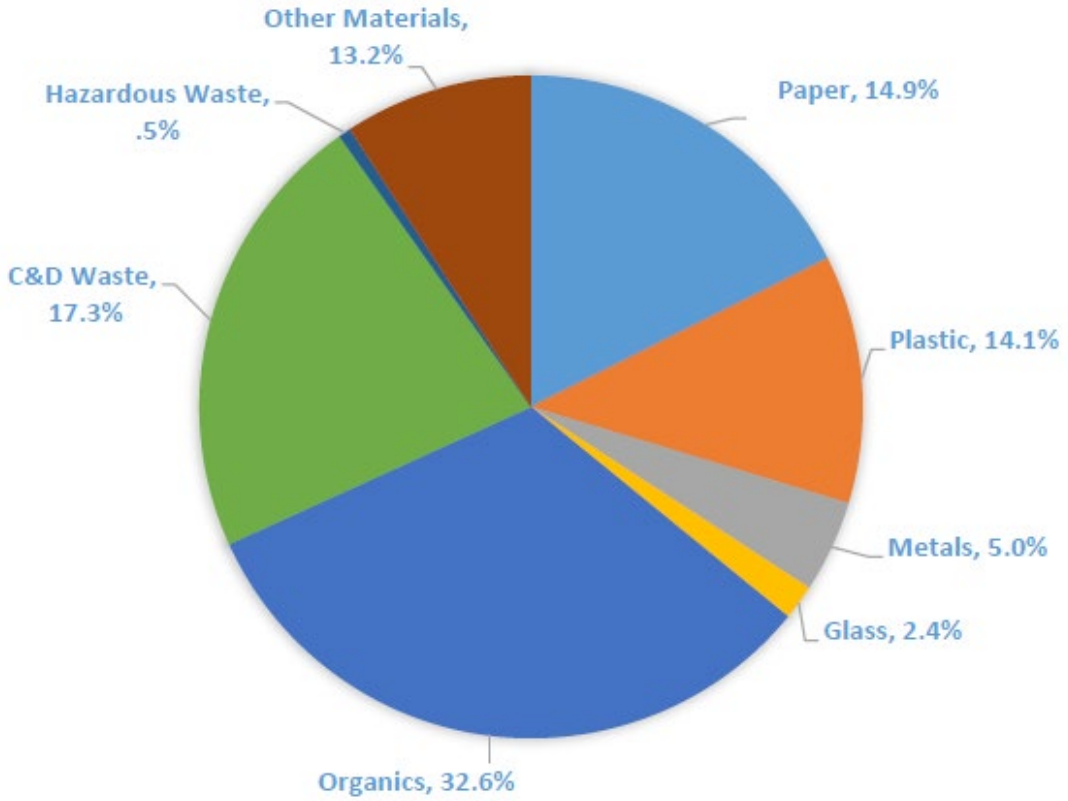
2.1.3 Composition of Disposed Municipal Solid Waste

Ecology commissioned Cascadia Consulting Group (Cascadia) to conduct a four-season MSW characterization study during 2015–2016. The study characterizes the disposed MSW stream in Washington State in support of the state Solid and Hazardous Waste Plan and incorporates a packaging versus product analysis, detailed composition results for six waste generation areas, and a supplementary analysis, which combines the statewide results with existing county waste composition studies.

Before any discussions of data collection began, Ecology first selected ten counties in which to collect and sort waste samples. These ten counties represent Washington's six Waste Generation Areas (WGAs): Central, East, Northwest, Puget Sound, Southwest,

and West. Klickitat County is in the Central WGA. The six WGAs combine similar regions and take into account the geographic, demographic, and economic variation found throughout the state. Figure 2-1 presents an overview of the 2016 Central Washington Waste Composition Study by material type disposed and percentage of the waste stream.

Figure 2-1. 2016 Central Washington Waste Composition Study



Waste composition can be expected to change in the future due to changes in consumption patterns, packaging, disposal habits, tourism and other factors. These changes are difficult to predict in the long term. Furthermore, implementation of this Plan may affect waste composition in Klickitat County by changing purchasing and disposal habits. Utilizing the compositional analysis derived for the Central WGA, Table 2-5 illustrates composition of the total measured Klickitat County waste stream.

Table 2-5. Waste Stream Composition (2016)

Materials	Waste Stream	
	Percent by Weight	Tons of Material
Paper	**14.9**	**3,506**
Cardboard	3.9	918
Newspaper	0.5	118
Other Recyclable Paper	6.4	1,506
Compostable Paper	3.5	824
Non-Recoverable Paper	0.6	140

Table 2-5. Waste Stream Composition (2016)

Materials	Waste Stream	
	Percent by Weight	Tons of Material
Plastic	**14.1**	**3,318**
Polyethylene Terephthalate Bottles	2.5	588
HDPE Bottles	1.4	329
Other Recyclable Plastic	6.0	1,412
Recyclable Film	4.2	989
Glass	**2.4**	**565**
Clear Containers	1.1	259
Brown Containers	0.6	140
Green Containers	0.4	94
Non-Recyclable Glass	0.3	72
Metals	**4.3**	**1,012**
Aluminum Cans	0.5	118
Tin Cans	0.8	188
Other Ferrous	0.1	24
Other Non-Ferrous	2.0	470
Computers, Electronics	0.6	140
Non-Recyclable Metal	0.3	72
Organics	**32.6**	**7,672**
Food Waste	18.4	4,330
Yard Debris	10.9	2,565
Non-Recoverable Organics	3.3	777
Other Materials	**13.8**	**3,248**
Carpeting	1.4	329
Textiles	2.5	588
Mattresses	0.6	140
Tires, Rubber Products	1.0	235
Recoverable Hazardous / Special Wastes	0.5	118
Other Hazardous / Special Wastes	0.0	-
Other Non-Recoverable Materials	7.8	1,838
Construction Debris	**17.9**	**4,212**
Clean Wood	6.3	1,483
Recoverable C&D	7.0	1,647
Non-Recoverable C&D	4.6	1,082
Total Tons Disposed (in tons)		**23,533**

3 Waste Reduction, Recycling, and Education

This chapter discusses existing waste reduction, recycling and education programs, identifies relevant planning issues to meet local and state goals, and develops and evaluates alternative strategies for future implementation.

3.1 Background

This section describes applicable Washington State laws and rules regarding waste reduction and recycling programs.

3.1.1 State Legislation, Regulations, and Guidelines

Chapter 3 provides an update of Klickitat County's methods to divert waste away from landfill disposal and to comply with Washington State requirements regarding waste reduction and recycling opportunities and programs. Washington State's requirements are based on the "Waste Not Washington Act" (ESHB 1671), which declared that waste reduction and recycling must become a fundamental strategy for solid waste management in Washington State. This law is reflected in various sections of the RCW and WAC. RCW 70A.205 includes the following goals (among others) and requires that solid waste management plans demonstrate how these goals will be met:

- Washington State is to achieve a statewide recycling rate of 50 percent of the total tons of solid waste generated and recovered statewide. Ecology conducts waste composition studies and recycling surveys on an annual basis to track achievement of waste reduction and recycling goals.
- Source separation of waste (at a minimum, separation into recyclable and non-recyclable fractions) must be a fundamental strategy of solid waste management.
- Steps should be taken to make recycling at least as affordable and convenient to the ratepayer as disposal of mixed solid waste.

Other applicable state requirements are as follows:

- Programs for the collection of source separated materials from residences in urban and rural areas. In rural areas, these programs shall include, but not be limited to, drop-off boxes, buy-back centers, or a combination of both, at each solid waste transfer, processing, or disposal site, or at locations convenient to the residents. The drop-off boxes and buy-back centers may be owned or operated by public, nonprofit or private person.
- Programs to educate and promote concepts of waste reduction and recycling.
- Monitor the collection of source-separated waste from non-residential sources when there is sufficient density to economically sustain a commercial collection program. Planning guidelines can include criteria such as anticipated recovery rates and levels of public participations, availability of environmentally sound disposal capacity, access to markets for recyclable materials, unreasonable cost impacts on the

ratepayer, utilization of environmentally sound waste reduction and recycling technologies and other factors as appropriate.

RCW 70A.205 requires that counties develop clear criteria for designating areas as urban or rural for the purpose of providing solid waste and recycling services. RCW 70A.205 requires recyclables to be collected from homes and apartments in urban areas (with some exceptions), whereas drop-off centers and other methods can be used in rural areas. According to the Washington State OFM, a "rural county" is defined as "…a county with a population density less than 100 persons per square mile". Using this definition, Klickitat County is considered a rural county. According to the Washington State Department of Health, Small Town/Rural Areas are towns with populations below 10,000 and surrounding commuter areas with more than a one-hour driving distance to the closest city. Cities and Towns within Klickitat County are considered rural.

RCW 70A.205 requires a monitoring program for collection of source-separated waste from non-residential sources when there is sufficient density to economically sustain a commercial collection program. Klickitat County achieves this by working cooperatively with Ecology and using the data Ecology collects through the annual Washington State Recycling Survey.

In addition, public education is an important element for solid waste management systems. Klickitat County residents and businesses need to be informed as to the proper and available methods for waste reduction, disposal and recycling. The programs described in this chapter encourage residents and businesses to take the extra steps to recycle or compost appropriate waste streams, or to avoid generating waste in the first place.

In 2019, HB 1543 Sustainable Recycling, was signed which took effect July 1, 2019. The act requires Ecology to create a state recycling CROP by July 1, 2020, with local jurisdictions with a population of greater than 25,000 creating their own CROP or adopting the state CROP by July 1, 2021. Based on Klickitat County population projections, it is was not required to adopt a Crop during this plan implementation timeline. However, Klickitat County chose to proactively create their own CROP which can be found in Appendix K.

3.1.2 Local Regulations, and Guidelines

Klickitat County and RS have an Agreement in place for operations of Roosevelt Regional Landfill (RRL) and various other negotiated services. Additional information on the Agreement is located in Chapter 8 Disposal. As part of the Agreement, RS is obligated to implement and maintain a County-wide model rural recycling plan. See Appendix E for the Model Rural Recycling Program Plan.

The Model Rural Recycling Program Plan, which was implemented in 1999, identifies specific facilities, programs and support services that RS will provide within Klickitat County and how these facilities, programs and support services will be coordinated with the waste reduction and recycling efforts sponsored by Klickitat County to help make substantial progress towards achieving a reduced generation rate per person.

3.2 Existing Program Elements

This section provides background information regarding waste reduction, recycling and education and discusses Klickitat County's existing programs.

3.2.1 Waste Reduction and Reuse

Waste reduction is the highest priority for solid waste management according to RCW 70A.205 and is preferred over recycling and composting because the social, environmental, and economic costs are typically lower for avoiding the creation of waste.

Onsite composting can reduce the amount of yard debris disposed of as garbage or composted commercially.

Other opportunities for reuse and waste reduction that are available in Klickitat County include yard sales, material donations and reuse, local government public surplus sales, upcycling, and classified advertisements websites, which may be used to buy and sell second-hand goods locally.

3.2.2 Public Education

Public education and outreach programs supporting waste reduction and reuse, recycling, and organics management activities are ongoing when grant funding is available. Klickitat County has several educational programs aimed at youth, the general public, and local businesses. Information about solid waste management is provided on the website https://www.klickitatcounty.org/374/Solid-Waste. Additional education efforts include the following:

- Klickitat County develops a yearly recycling newsletter which provides information on recycling and curbside pickup schedules, household hazardous waste acceptance, and used oil recycling opportunities.
- Media advertising, including radio and newspaper spots, are developed to share information about Klickitat County's solid waste management programs, special events and recycling and diversion opportunities.
- Klickitat County maintains an Instagram account, klickitatcounty solidwaste , and a Facebook page, @KlickitatCountySolidWaste to share information relating to programs, events and recycling and diversion opportunities.
- Klickitat County has a YouTube channel, https://www.youtube.com/channel/UC2DB4ai46i3Zh57aHiEBjeA, dedicated to waste reduction such as recycling and upcycling.
- Klickitat County develops promotional materials educating the public about waste reduction and keeping hazardous materials out of the waste stream.
- Klickitat County provides information on backyard composting and provides home composting bins to residents for a fee when grant funding is available.
- A food waste composting pilot project was established in 2019 with information available on participation, drop sites and acceptable materials. Additional information on this pilot program can be found in Chapter 4 Organics.

3.2.3 Residential Recycling

Currently, curbside residential recycling collection service is available through the established recycling program, free of charge. The recycling program is provided through the Agreement with RS which requires recycling and countywide curbside collection at no cost to County residents. Currently, blue plastic bags are provided by RS for the program with participants placing a limited type, and amount, of commingled recyclables in the bags before setting the bags curbside for collection on specified collection days. Figure 3-1 presents a picture of recycling bags being distributed at BZ Corner Transfer Station. The bags are loaded into containers and hauled by train to the Republic Services Recycling Facility in Seattle for processing.

Figure 3-1. Blue Bags Distribution



In addition, each of the transfer stations, drop box sites, and the Bingen Point Recycling Drop Site have residential recycling opportunities available. Collection methods for residential recyclables may be subject to change during the planning period.

3.2.4 Commercial Recycling

Commercial-sector recycling is available, for a fee, through the private haulers in Klickitat County.

3.2.5 Public Event Recycling

RCW 70A.200.100 requires public event recycling in communities where there is an established curbside service and where recycling service is available to businesses. A recycling program must be provided at every official gathering and at every sports facility by the vendors who sell beverages in single-use aluminum, glass, or plastic bottles or cans. A recycling program includes provision of receptacles or reverse vending machines, and provisions to transport and recycle the collected materials. Facility managers or event coordinators may choose to work with vendors to coordinate the

recycling program. The recycling receptacles or reverse vending machines must be clearly marked, and must be provided for the aluminum, glass, or plastic bottles or cans that contain the beverages sold by the vendor.

To support this requirement, Klickitat County is currently offering portable recycling containers specifically designed to collected beverage containers at public events which can be reserved through the Solid Waste Division. This program is a low-cost public service with high visibility that provides a positive benefit for those involved.

3.2.6 Incentives for Recycling

As previously discussed, Klickitat County provides recycling opportunities at the transfer station, drop box sites and through the residential curbside collection program of designated recyclable materials.

Recycling can enable residents and businesses to divert recyclable materials such as aluminum, plastics, mixed paper, and cardboard from the landfill.

3.2.7 Monitoring and Evaluation

Klickitat County gathers information from Ecology on recycled quantities and an estimate of its countywide recycling rate. Annual figures for recycled tonnages are reported on a voluntary basis by both public- and private-sector entities.

3.2.8 Recycling Processing Facilities

There are currently no recycling processing facilities located in Klickitat County. Recyclable materials are collected and transported to material recovery facilities within Washington State and other facilities located outside of the State.

3.2.9 Markets

Washington State regulations (RCW 70A.205) require “a description of markets for recyclables,” which is provided below. This description is intended to be only a brief report of current conditions, and it should be noted that market conditions for recyclables can change drastically and rapidly.

3.2.10 Market Overview

In July 2017, China's government announced that it would ban 24 recyclables, including "unsorted mixed paper" and "mixed plastics," starting in 2018. This ban originates from China's "National Sword" campaign to crackdown on smuggling and contaminated scrap imports.

China applied a strict new contamination standard for other recyclables. Starting in March 2018, scrap materials imported into China may not exceed 0.5 percent contamination. This is below typical processing standards of 3-5 percent at Washington recycling facilities and it risks excluding domestic recyclables from sale in China.

With a few exceptions, China has frozen the approval of scrap paper import permits. As a result, most scrap paper import companies cannot import any scrap paper into China, causing a total suspension of imports since September 2017. This has created market uncertainty, even for materials not covered by the restrictions.

In 2018, China's government implemented new restrictions on what recyclables may be imported into the country, significantly impacting Washington's recycling programs. China was a major buyer of Washington's recyclables.

China no longer allows the importation of low-grade plastics and unsorted paper. The regulations aim to increase the quality of recyclables entering China by requiring a low amount of contamination in recyclables it imports.

The import ban is creating a major disruption in Washington and throughout the region. Material recovery facilities in Washington, which receive mixed recyclables and sort them for resale to commodities brokers, have been slowing down their processing of recyclable materials in an attempt to reduce contamination. This slowdown has reduced the amount of material that can be processed. The amount of material collected in Washington currently exceeds the processing capacity at these slower processing rates. In the short term, some materials may not be able to be processed and recyclable materials may need to be disposed of in a solid waste handling facility.

An important factor for marketing of recyclable materials collected in Klickitat County is the cost of transporting them to end-markets, some of which are outside of Washington State. Recyclers in eastern Washington are farther from most markets than recyclers along the Interstate 5 corridor, reducing market access and creating a transportation cost barrier. The low market value of many recyclable materials limits the number of materials that can be cost-effectively moved to markets.

Primary markets for specific materials and comments on factors that affect them are shown in Table 3-1.

Table 3-1. Markets for Recyclables Materials

Material	Primary Market(s)	Comments
Paper		
Cardboard	Regional paper markets, paper mills and export	The markets for cardboard (used in packaging) have recently been improving and may be stabilizing.
Mixed Waste Paper and Newspaper	Regional paper markets, paper mills and export	The markets are fluctuating due to supply and demand from overseas markets and processors.
Plastics		
Bottles #1 through #7	Regional markets in Western Washington, Oregon, and export	The markets for polyethylene terephthalate and high-density polyethylene bottles are currently weak to non-existent (#1 and #2), and even weaker for bottles #3 through #7.
Other Plastics	Primarily export	Markets are volatile and sometimes unreliable.
Metals		
Aluminum	Regional markets in Western Washington and Oregon; can manufacturing in St. Louis	Aluminum prices were stable in 2018.

Table 3-1. Markets for Recyclables Materials

Material	Primary Market(s)	Comments
Tin cans, appliances, and ferrous and non-ferrous scrap	Regional markets in Western Washington and Oregon	Steel has fluctuated heavily, and the market is currently weak.
Glass		
Clear Glass	Regional markets in Western Washington and Oregon	Prices are poor for clear glass.
Brown and Green Glass	Regional markets in Western Washington and Oregon	Prices for brown and green glass are low or negative (i.e., the glass is recycled for a charge).
Organics		
Wood	Hog fuel, mulch (clean wood only)	Hog fuel prices are fluctuating.
Yard Debris	Compost	Yard debris is currently composted for a fee.

3.2.11 Designation of Recyclable Materials

Table 3-2 shows the list of "designated recyclable materials," required by WAC 173-350, which should be used for guidance as to the materials to be recycled. This list is based on existing conditions (collection programs and markets), so future markets and technologies may warrant changes in this list. Because market conditions for recyclables can change rapidly, the list of designated materials is accompanied by a description of the process for its revision, if needed, before the next major Plan update.

This list is not intended to create a requirement that recycling programs in Klickitat County collect every designated material. Instead, the intent is that if materials become feasible for recycling, Klickitat County will review the feasibility of collection in respect to markets, ease of collection, size of waste stream, special events or removal of collection limitations and consider programs for collection so that residents and businesses have an opportunity to recycle the designated materials listed through at least one program.

Table 3-2. List of Designated Recyclable Materials

Priority Level	Material
Routine Collection: Materials feasible to be collected by curbside collection and/or drop-off programs throughout Klickitat County.	1. Aluminum 2. Tin Cans 3. Cardboard 4. High Grade Paper 5. Mixed Paper 6. Newspaper 7. Plastics, #1 and #2 8. Milk/Juice Cartons

Table 3-2. List of Designated Recyclable Materials

Priority Level	Material
Limited Collection: Materials that can be recycled but that have collection or marketing limitations in Klickitat County.	1. Electronics covered by E-Cycle Washington 2. Mercury-Containing Lights covered by LightRecycle Washington 3. Glass 4. Textiles 5. Ferrous Metals 6. Non-Ferrous Metals 7. Vehicle Batteries 8. Yard Waste/Food Waste 9. Wood Waste 10. Cell Phones 11. Ink Cartridges 12. Motor Oil 13. Antifreeze
Potentially Recyclable: Hard to recycle materials that could be recycled if markets are available.	1. Latex Paint 2. Plastics, #3 through #7 3. Plastic Containers (Non-Bottle) 4. Plastic Film 5. Poly-Coated Paper 6. Food Waste (Compostable) 7. Extruded polystyrene foam

The following conditions are grounds for additions or deletions to the list of designated materials:

- Legislative mandate.
- The potential for increased amounts of diversion.
- No market can be found for an existing recyclable material, causing the material to be stockpiled with no apparent solution in the near future.
- The market price for an existing material becomes so low that it is no longer feasible to collect, process, or transport it to markets.
- Local markets or brokers expand their list of acceptable items based on new uses for materials or technologies that increase demand.
- New local or regional processing or demand for a particular material develops.
- Other conditions not anticipated at this time.

Proposed changes to the list of designated materials should be submitted to the Board of Commissioners for review through the Solid Waste Department before adoption. These can be adopted without formally amending the Plan. If a major change is required to the list of designated materials then Ecology should be notified prior to the initiation of that change and may require an amendment process.

3.3 Status of Previous Recommendations

Status of the recommendations made by the 2013 Plan can be found in Appendix D.

3.4 Alternatives and Evaluations

Existing service gaps and other issues connected to the Waste Reduction, Recycling and Education component of solid waste management are discussed below.

3.4.1 Recycling Rates by Material

Overall, Klickitat County's waste diversion rate is estimated to be 23 percent. In 2016, a total of 7,002 tons was reported as recycled, composted, or otherwise diverted. Refer to Chapter 2 Waste Stream for data sources and detailed information. Recovery rates in Klickitat County appear to be highest for mixed waste paper, cardboard, metals, glass, and organics. However, organics are not well calculated due to backyard composting.

3.4.2 Model Rural Recycling Program Plan

The Model Rural Recycling Program Plan was adopted in 1999 between Klickitat County and RS and has not been amended since adoption. The original Model Rural Recycling Program's objective was to make substantial progress towards achievement of a 50 percent waste reduction and recycling rate and to coordinate activities as they relate to programs and participation levels.

Updating the Model Rural Recycling Program Plan to include relevant practices, activities, reporting requirements and program evaluation benchmarks should be accomplished during this planning period.

3.4.3 Service Equity and Cost

As Klickitat County establishes recycling goals and service levels for the next five to seven years, questions of equity and cost arise when considering what type of service to provide in the incorporated and unincorporated areas of Klickitat County. Issues to consider included the following:

- Addressing how to provide equity between residents in terms of opportunities for and convenience of recycling.
- Providing rural residents with adequate service.
- Planning for whether these service levels will need to be adjusted in the future.

3.4.4 Sham Recycling

Some facilities may claim they are recycling materials without actually doing so. Others haul mixed loads they claim constitutes recyclable materials to avoid flow control policies in areas with high transfer station or landfill tip fees. These practices can both be considered "sham recycling." Though Washington State's 2005 "Sham Recycling Bill" and the Recyclable Materials Transporter and Facility Requirements (Chapter 173-345 WAC) limit this practice by requiring recycling haulers to register with Washington State and prohibiting delivery of recyclable materials to transfer stations and landfills, sham

recycling may still occur. To date, no sham recycling has been documented in Klickitat County.

3.4.5 Modifying Curbside Collection to Carts

Klickitat County and RS should consider modifying the current bag recycling collection system to a cart system. Collecting and processing recyclables in blue plastic bags can be time consuming to remove recyclables from the bags, with the current bags not having an end-market and requiring shipment back to the RRL for disposal. Converting to a cart based system would eliminate the additional processing time required, shipment of the non-recyclable blue bags back to RRL for disposal and would provide participants with a larger recycling container for placement of recyclable materials.

3.4.6 Establish Specific Waste Diversion Goals

Klickitat County and signatory cities could set specific performance targets for waste reduction, recycling, and composting programs. Setting specific diversion goals for various waste streams, such as recyclables and organics, provides a benchmark for measuring future performance.

3.4.7 Expand the Public Education Program

Klickitat County and RS, should continue to take the lead in establishing, expanding, and incorporating public education and promotion of waste management programs to inform residents and businesses regarding opportunities and program available when managing waste. Efforts to inform residents and businesses about recycling and waste reduction options should be conducted on an ongoing basis and coordinated with the participating municipalities, schools, businesses, and waste collection companies.

3.4.8 Provide Support for Recycling at Public Events

Washington State law requires public events to provide recycling containers in communities where there is an established curbside service and where recycling service is available to businesses (RCW 70A.200.100). To support this requirement, Klickitat County is currently offering portable recycling containers specifically designed to collected beverage containers at public events. This program is a low-cost public service with high visibility that provides a positive benefit for those involved. Signatory cities could partner with Klickitat County to support and increase promotion of this program.

3.4.9 CROP

Klickitat County has chosen to complete a CROP which is included in Appendix K. The CROP will be implemented and maintained as outlined in the six-year implementation schedule.

3.5 Recommended Actions

The following recommendations are made for waste reduction, recycling, and education programs by Klickitat County:

WWR1) Maintain the updated list of designated materials (Table 3-2) through periodic reviews and updates.

WWR2) Update the Model Rural Recycling Program Plan.

WWR3) Incorporate and expand the education and promotion program.

WWR4) Continue to provide support for recycling at public events.

WWR5) Consider converting the current curbside recycling collection program to a cart based system.

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4 Organics

This chapter discusses existing programs, identifies relevant planning issues, and develops/evaluates alternative strategies for organic materials, including yard debris and food waste.

4.1 Background

This Chapter and Chapter 3 – Waste Reduction, Recycling, and Education provide an update of waste diversion methods that comply with state requirements regarding waste diversion programs.

4.1.1 State Legislation and Regulations

Beginning in 1989, the Waste Not Washington Act (ESHB 1671) declared that waste reduction and recycling must become a fundamental strategy of solid waste management. To that end, RCW 70A.205 includes a statement encouraging yard debris to be eliminated from landfills by 2012 in those areas where alternatives exist.

RCW 70A.205 also requires that collection programs for yard debris be addressed in areas where there are adequate markets or capacity for composted yard debris within or near the service area.

4.1.2 Washington State Department of Agriculture Regulations

In 2016, the WSDA amended WAC 16-470 Quarantine – Agricultural Pests as follows:

1. Adding MSW, yard debris, organic feedstocks, organic materials, and agricultural wastes to the list of commodities regulated under the apple maggot quarantine;
2. Establishing a special permit to allow transportation and disposition of MSW from the areas under quarantine for disposal at a solid waste landfill or disposal facility in the apple maggot and plum curculio pest-free area; and
3. Establishing a special permit to allow transportation and disposition of yard debris, organic feedstocks, organic materials, and agricultural wastes from the area under quarantine for disposal at a solid waste landfill or treatment at a composting facility in the apple maggot and plum curculio pest-free area.

Klickitat County is designated as a quarantined area by the WSDA and so can accept solid waste from quarantined and non-quarantined areas.

4.2 Existing Program Elements

The sections below describe existing collection and processing activities for organic materials.

4.2.1 Yard Debris Collection Program

Prior to 2005, Klickitat County operated a yard debris chipping service where residents could drop off brush and similar materials at no charge. Due to volumes of material and

lack of funding, the yard debris chipping service was cancelled. Currently, yard debris collection programs are offered during different times of the year, with the City of Bingen currently offering collection in April and November.

4.2.2 Food Waste

In 2019, Klickitat County established a food waste collection pilot program in Goldendale with plans to roll out the program countywide. The program is free to residents. Food waste is collected at designated drop sites that are available seven days per week to participants. Food waste collected is composted at the Dirt Hugger composting facility in Dallesport for a fee. Section 4.2.4 provides additional information on the Dirt Hugger facility.

4.2.3 Home Composting

Klickitat County offers home composting bins to residents for a small fee. In addition, a comprehensive website, https://www.klickitatcounty.org/455/Compost-Organics, is maintained with information on composting techniques, worm composting, livestock manure composting, and a composting calculator.

4.2.4 Dirt Hugger

The Dirt Hugger composting facility is located at 111 East Rockland Road, Dallesport, Washington, 98617, and is open Monday through Friday 8 a.m. to 4 p.m. The facility began operations in 2015 and sells for various fees both retail and wholesale products offering compost, soil blends, potting mixes, and landscape barks.

4.3 Status of Previous Recommendations

Status of recommendations made by the 2013 Plan are presented in Appendix D.

4.4 Alternatives and Evaluations

This section describes alternatives considered for implementation by Klickitat County.

4.4.1 Organics Education

Klickitat County has a home composting education program available on its website. As additional programs grow, such as the pilot food waste composting program, educational materials outlining the benefits of the programs could be developed and distributed.

4.4.2 Yard Debris Collection

With the discontinuation of the yard debris chipping program in 2005, yard debris is either disposed in RRL, taken to Dirt Hugger, or burned. Klickitat County could establish a pilot yard debris collection and composting program through source separation of the materials through either a curbside collection program or segregation at the transfer station and drop box sites.

4.4.3 Food Waste

Klickitat County and participating municipalities could evaluate the potential of increasing food waste collection programs based on response to the pilot food waste collection

program. Klickitat County should monitor the current pilot program in Goldendale, and if successful, consider expanding the program to service more customers in the other cities and unincorporated areas. The County will consider implementation of strategies for education and outreach from the Use Food Well Washington Plan, being drafted by Ecology, once completed, as they pertain to organics and food waste handling in the County system.

4.4.4 Christmas Tree Collection Program

Klickitat County could consider developing a Christmas tree collection program for collection and composting of trees following the holiday season. Klickitat County could work cooperatively with RS and Dirt Hugger to develop a pilot program and conduct a survey to assess public participation and interest.

4.5 Recommended Actions

The following recommendations for Klickitat County are made for organics:

O1) Continue to develop and distribute educational materials related to organics management as programs are established and implemented.

O2) Consider developing a pilot yard debris collection and composting program to assess public interest and participation.

O3) Monitor the pilot food waste collection program for participation and customer satisfaction and consider expanding the program as appropriate.

O4) Consider developing a Christmas tree recycling pilot program to assess public interest and participation.

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5 Solid Waste Collection

This chapter discusses existing MSW collection services in Klickitat County and the participating cities and towns, identifies relevant planning issues, and develops and evaluates alternative collection strategies.

5.1 Background

This section provides information regarding existing programs.

5.1.1 Legal Authority

Ecology, WUTC, Klickitat County, cities and towns, share the legal authority for solid waste collection within Klickitat County. RCW 70A.205 assigns primary responsibility for solid waste handling (management) to local government. Private industry's role in waste management is reflected in the legislative language: "It is the intent of the legislature that local governments are encouraged to use the expertise of private industry and to contract with the same to the fullest extent possible to carry out solid waste recovery and recycling programs" (RCW 70A.205).

For information regarding establishment of collection and disposal districts as allowed by RCW 36.58A, refer to Chapter 12 Administration and Enforcement. Refer to Chapter 11 Miscellaneous Wastes – Section 11.8 Construction and Demolition Debris for information on the "Sham Recycling Bill" and the Recyclable Materials Transporter and Facility Requirements (WAC 173-345).

5.1.2 Incorporated Areas

Cities and towns have three alternatives for collecting solid waste within their boundaries:

1. Municipal collection: Collect waste using municipal employees.
2. Contract collection: The municipality conducts a competitive procurement process and selects a private company to provide collection services.
3. Permitted Solid Waste Carriers: If a city does not wish to be involved in managing garbage collection within its boundaries, a WUTC certified hauler for the area can provide those services. The city may pass an ordinance requiring that certain services be provided. A city may also require a permitted hauler to secure a license from the city. Cities within Klickitat County are utilizing the permitted solid waste carrier's alternative.

5.1.3 Unincorporated Areas

Waste collection companies are included as a regulated transportation industry. As such, the WUTC grants exclusive rights to specific haulers, referred to as "Solid Waste Carriers," in unincorporated areas. RCW 81.77.030 allows the WUTC to supervise and regulate waste collection companies by the following:

1. Fixing and altering its rates, charges, classifications, rules and regulations;
2. Regulating the accounts, service, and safety of operations;
3. Requiring the filing of annual and other reports and data;

4. Supervising and regulating such persons or companies in all other matters affecting the relationship between them and the public which they serve;
5. Requiring compliance with local solid waste management plans and related implementation ordinances; and
6. Requiring certificate holders under RCW 81.77 use rate structures and billing systems consistent with the solid waste management priorities set forth under RCW 70A.205 and the minimum levels of solid waste collection and recycling services pursuant to local comprehensive solid waste management plans.

WAC 480-70 implements RCW 81.77 by establishing standards for public safety; fair practices; just and reasonable charges; nondiscriminatory application of rates; adequate and dependable service; consumer protection; and compliance with statutes, rules and commission orders. At the time of this writing, there are two collection companies with authority to operate in Klickitat County, RS Certificate G-12 as issued to Rabanco Ltd, doing business as (dba) Republic Services of Klickitat County, and Columbia River Disposal (CRD) Certificate G-51 as issued to Waste Connections dba Columbia River Disposal, Inc. The service area map is included as Appendix F.

5.2 Existing Conditions

Residential curbside waste collection is mandatory in the City of White Salmon and not mandatory in all other areas of Klickitat County. In Bingen and the unincorporated areas around Lyle and Dallesport, residential waste collection service can be provided by either RS or CRD. Other areas in Klickitat County are serviced by RS.

In both incorporated and unincorporated Klickitat County, the franchised haulers collect the MSW in trucks and deliver it to either the closest transfer station (Dallesport or Goldendale) or RRL for final disposal. More detailed information about the haulers' service areas can be found at the WUTC's website: http://www.utc.wa.gov/regulatedIndustries/transportation/solidWaste/Pages/default.aspx.

5.2.1 Waste Collection Programs

Table 5-1 lists the style of residential garbage collection and the rates per household per month in Klickitat County.

Table 5-1. Solid Waste Collection Data

City or Town	Population[1] 2018	Residential Garbage Cart Size	Collection Entity	Mandatory Service	Rate per Household per Month
Bingen	735	35 gallon	CRD RS	No	$15.87 $13.31
Goldendale	3,407	35 gallon	RS	No	$13.31
White Salmon	2,224	35 gallon	RS	Yes	$13.31
Unincorporated Area[2]	13,975	35 gallon	CRD RS	No	$15.87 $13.31

Notes:
1. Population information from Table 2-1. Data current as of July 2019.
2. In the unincorporated area around Bingen, Lyle and Dallesport, service can be provided by either CRD or RS.

The private haulers that currently hold the rights to operate in Klickitat County are:

- RS. RS is located at 925 Fairgrounds Road, Goldendale, Washington, 98620, and can be contacted at (509) 773-5825.
- CRD. CRD is located at 41 Carson Frontage Road, Carson, Washington, 98610, and can be contacted at (509) 493-3930.

Current information on the service area for these companies can be found on the WUTC web page and in Appendix F.

Curbside recycling is offered within Klickitat County and the participating municipalities through RS. Additional information on curbside recycling can be found in Chapter 3 Waste Reduction, Recycling, and Education.

5.2.2 Bulky Waste Collection Service

Bulky waste collection is available countywide through both RS and CRD.

5.2.3 Commercial Collection Service

Similar to residential garbage collection, commercial garbage collection is non-mandatory in most jurisdictions and the unincorporated areas of Klickitat County. Style and frequency of service as well as rates charged vary by commercial customer.

5.2.4 Disposition of Collected Waste

Waste collected within Klickitat County is delivered to RRL for final disposal.

5.3 Status of Previous Recommendations

Status of recommendations made by the 2013 Plan are presented in Appendix D.

5.4 Alternatives

Existing service gaps and other issues connected to the solid waste collections component of solid waste management are discussed below.

5.4.1 Alternatives

SOLID WASTE COLLECTION

Curbside garbage collection appears to be operating satisfactorily. Because of the rural nature of Klickitat County and the high level of self-hauling of waste to the transfer stations, the potential exists for nuisances resulting from illegal garbage disposal and contributes to roadside litter from unsecured loads. Rural residents should be encouraged to use regular garbage collection service, when practical, and Klickitat County should continue to enforce the appropriate solid waste regulations and laws to ensure proper disposal of solid waste.

CURBSIDE RECYCLING

There are currently curbside recycling services offered in Klickitat County and the participating municipalities. The relationship of collection and recycling is addressed in

greater detail in Chapter 3 Waste Reduction and Recycling. Chapter 3 Waste Reduction and Recycling includes certain collection system alternatives to be considered in order to promote recycling.

5.5 Recommended Actions

The following recommendations are made for solid waste collection programs by Klickitat County:

SWC1) Encourage the use of curbside collection services when possible and ensure collection services are available to all residents.

SWC2) The County should continue to enforce solid waste regulations and laws to encourage the proper collection and disposal of solid waste.

SWC3) Cities should continue to enforce compliance with their respective codes for solid waste collection and disposal.

SWC4) Education efforts should continue to be undertaken by both Klickitat County and the franchised haulers to provide information to customers that describe collection and recycling services availability.

6 Transfer Facilities

This chapter discusses existing transfer facilities and programs, identifies relevant planning issues, and develops alternative strategies for transfer of solid waste for disposal.

6.1 Background

In 1989, Klickitat County contracted with Regional Landfill Company to provide transfer station and drop box services. The contract was amended and restated in 2002 due to the acquisition of Regional Landfill Company by Allied Waste Industries, Inc. In 2008, Allied Waste Industries, Inc. was purchased by RS who now owns and operates transfer stations, drops box facilities, and the intermodal facility.

The transfer system in Klickitat County includes two transfer station facilities, two drop box facilities and one intermodal facility: the Dallesport Transfer Station, the Goldendale Transfer Station, the BZ Corners Drop Box, the Roosevelt Drop Box, and the RS Intermodal Facility. Both transfer stations serve commercial and self-haul waste, the two drop box facilities serve self-haul waste and the intermodal facility serves to transfer containers imported from outside of Klickitat County for transfer to final disposal.

Republic Services, under the contract agreement, does not assess a disposal fee for in-County waste received at the disposal site, transfer stations or drop boxes. The fee assessed at each site covers the haul of waste to the landfill only. A disposal fee is allowed for waste from any business or entity disposing of more than 1,000 tons per year, in-County waste from construction and demolition sites, out-of-County waste, or in-County problem wastes.

6.1.1 State Legislation, Regulations, and Guidelines for Waste Transfer

The siting, design, and operation of transfer facilities are addressed in WAC 173-350-310, which regulates intermediate solid waste handling facilities.

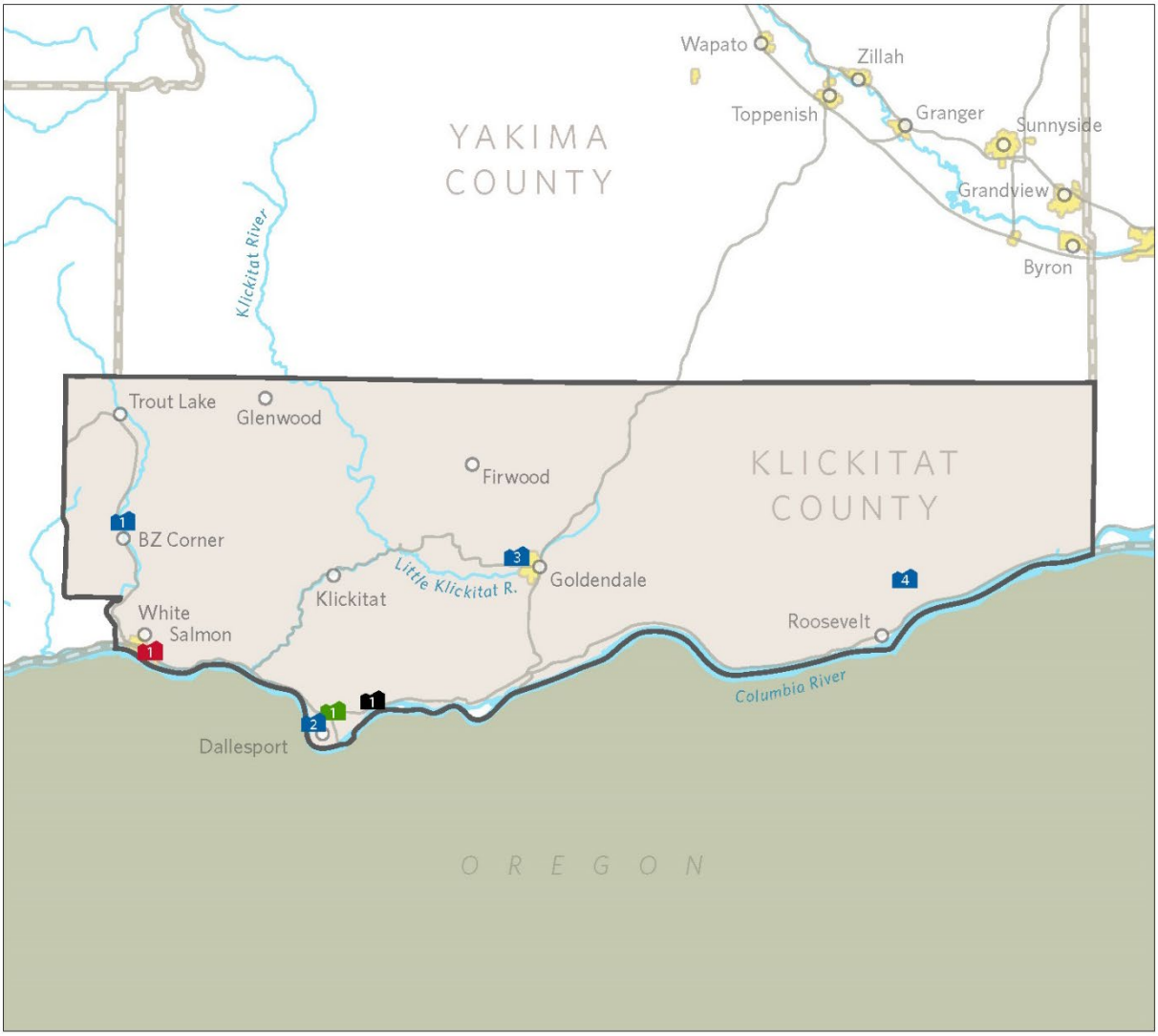
6.2 Existing Conditions

The following sections provide information on the existing transfer stations, drop boxes and the intermodal facility operated by RS and acceptable wastes at each facility. Figure 6-1 on the following page presents a map of the existing waste transfer, disposal and recycling facilities.

6.2.1 Dallesport Transfer Station

The Dallesport Transfer Station, located at 126 Tidyman Road, Dallesport, Washington, 98617, became operational in the early 1990s and services the south-central portion of Klickitat County including the unincorporated areas around Dallesport, rural industry and residents, and the certified haulers. RS operates the facility and is responsible for daily operations, including daily receipts and reports, site maintenance, loading of trailers, transport to the disposal site and insuring an adequate number of extra containers are available on site.

Figure 6-1. Klickitat County Solid Waste Facilities



Legend

Public Existing Transfer Station *(owned by Klickitat County)*
1 Bingen Recycling Center

Private Existing Landfill/Transfer Station
1 BZ Corners Transfer Station
2 Dallesport Transfer Station
3 Goldendale Transfer Station
4 Roosevelt Regional Landfill

Closed/Abandoned Disposal Sites
1 Horsethief Landfill

Private Compost Centers
1 Dirt Huggers

October 2019

Figure 6-1

Klickitat County Solid Waste Facilities

Klicktat County Comprehensive Solid Waste Management Plan

This station accepts MSW and C&D wastes as well as asbestos containing materials with prior notice. The Dallesport Transfer Station also provides for recycling, HHW collection, scrap metal recycling, and bulky appliance drop off.

Regular hours of operation at the Dallesport Transfer Station are Tuesday through Saturday, 9 a.m. to 5 p.m. The current rate for disposal of regular solid waste is $5.18 per yard for Klickitat County residents with a gate fee of $1.82. The out of County disposal fee for the first cubic yard is $30 plus the gate fee, and $20 for each additional cubic yard. The out of County fees are scheduled to increase at the beginning of 2021 to $35 plus the gate fee for the first cubic yard, and $25 for each additional cubic yard.

The Dallesport Transfer Station tip floor can accommodate 2-3 vehicles for disposal at one time depending on size of vehicles. Figure 6-2 shows a photo of the Dallesport Transfer Station tip floor.

Figure 6-2. Dallesport Transfer Station



6.2.2 Goldendale Transfer Station

The Goldendale Transfer Station, located at 1205 W. Broadway, Goldendale, Washington, 98620, services the city of Goldendale, rural residents, and the certified hauler. The facility was rebuilt in 2016. Republic Services owns and operates the facility and is responsible for day-to-day operations, including daily receipts and reports, site maintenance, loading of containers, transport to RRL and ensuring an adequate number of extra containers are available on site. This station accepts MSW and C&D wastes as

well as asbestos containing materials with prior notice. The Goldendale Transfer Station also provides for recycling, HHW collection, waste oil recycling, electronics recycling, scrap metal recycling and bulky appliance drop off.

Regular hours of operation at the Goldendale Transfer Station are Tuesday through Saturday, 9 a.m. to 5 p.m. The current rate for disposal of regular solid waste is $5.18 per yard for Klickitat County residents with a gate fee of $1.82. The out of County disposal fee for the first cubic yard is $30 plus the gate fee, and $20 for each additional cubic yard. The out of County fees are scheduled to increase at the beginning of 2021 to $35 plus the gate fee for the first cubic yard, and $25 for each additional cubic yard. The Goldendale Transfer Station tip floor can accommodate 2 to 3 vehicles for disposal at one time depending on size of vehicles. Figure 6-3 shows a photo of the Goldendale Transfer Station tip floor.

Figure 6-3. Goldendale Transfer Station



6.2.3 BZ Corners Drop Box

The BZ Corners Drop Box, located at 5 Fir Tree Road, Husum, Washington, 98623, opened in the 1990s to service the western area of Klickitat County and rural residents. RS owns and operates the facility and is responsible for daily operations, including daily receipts and reports, site maintenance, loading of containers, transport to the disposal site and insuring an adequate number of extra containers are available on site. This station accepts all solid waste and C&D wastes as well as asbestos containing materials with prior notice. The BZ Corners Drop Box also provides for recycling, waste oil collection, HHW collection, scrap metal recycling and bulky appliance recycling.

Regular hours of operation at the BZ Corners Drop Box are Tuesday through Saturday, 9 a.m. to 5 p.m. The current rate for disposal of regular solid waste is $5.18 per yard for Klickitat County residents with a gate fee of $1.82. The out of County disposal fee for the

first cubic yard is $30 plus the gate fee, and $20 for each additional cubic yard. The out of County fees are scheduled to increase at the beginning of 2021 to $35 plus the gate fee for the first cubic yard, and $25 for each additional cubic yard.

The BZ Corners Drop Box disposal area can accommodate 2 to 3 vehicles for disposal at one time depending on size of vehicles. Figure 6-4 shows a photo of the BZ Corners disposal area.

Figure 6-4. BZ Corners Dropbox



6.2.4 Roosevelt Drop Box

The Roosevelt Drop Box, located at 500 Roosevelt Grade Road, Roosevelt, Washington, 99356, opened in the 1990s to service the eastern area of Klickitat County. RS owns and operates the facility and is responsible for daily operations, including daily receipts and reports, site maintenance, loading of containers, transport to the disposal site and insuring an adequate number of extra containers are available on site. This station accepts MSW and C&D wastes as well as asbestos containing materials with prior notice. The Roosevelt Drop Box also provides for recycling, HHW collection, scrap metal recycling, and bulky appliance recycling.

Regular hours of operation at the Roosevelt Drop Box are Monday through Saturday, 7 a.m. to 3 p.m. The current rate for disposal of regular solid waste is free for Klickitat County residents. Additional fees are assessed for in county businesses exceeding 1,000 tons per year and for out of county solid waste.

The Roosevelt Drop Box unloading area can accommodate two to three vehicles for disposal at one time depending on size of vehicles.

6.2.5 Republic Services Intermodal Facility

RS operates an intermodal facility for the RRL that transfers waste imported by rail in containers from locations outside of Klickitat County. The containers are then transferred

to truck and hauled to the landfill, approximately 5 miles north, for disposal. Empty containers are returned, by truck, to the intermodal facility and reloaded onto railcars. The operating hours for the intermodal facility occur between 6 a.m. and 11 p.m. or as determined by the operating permit. If additional hours of operation are required, Klickitat County is notified.

6.2.6 Waste Disposal Statistics

As population growth occurs in the cities and Klickitat County unincorporated areas, the total tonnage of solid waste also increases. Table 6-1 summarizes quantities of solid waste received at each of the transfer station and drop box sites over the past 3 years. The Roosevelt Drop Box Site tonnage is included in RRL tonnage received and cannot be separate out by site. Solid waste quantities have shown a modest increase since 2016 at the Dallesport Transfer Station and the Goldendale Transfer Station and a modest decrease at the BZ Corners Drop Box site.

Table 6-1. Solid Waste Received at Transfer Facilities

Year	Waste Received[1]		
	Dallesport Transfer Station (cubic yards)	Goldendale Transfer Station (approximate cubic yards)[2]	BZ Corners Drop Box (cubic yards)
2016	11,930	39,138	22,750
2017	13,927	41,262	21,123
2018	13,536	47,803	19,295

Notes:
[1] Data is from information reported to Ecology from RS.
[2] Data for Goldendale Transfer Station was reported to Ecology in tons. Weight was converted to cubic yards using a conversion of 0.1625 tons per cubic yard.

6.3 Status of Previous Recommendations

Status of recommendations made by the 2013 Plan are presented in Appendix D.

6.4 Alternatives and Evaluations

Existing service gaps and other issues connected to the transfer component of solid waste management are discussed below.

6.4.1 Transfer Facilities

The current transfer system, which is owned and operated by RS under contractual agreement with Klickitat County, appears to be operating satisfactorily. The permits for transfer facilities should be reviewed annually for compliance and potential system modifications.

As growth occurs, Klickitat County should analyze population and tonnage projections and consider the need for the expansion of transfer facilities or the constructions of new facilities to accommodate the needs of the citizens.

6.4.2 Intermodal Facilities

The Intermodal Facility is operated as part of the Agreement between Klickitat County and RS. As tonnages to the landfill increase, the transport facilities should be assessed for potential options such as expansion and new facilities should be considered such as a barge unloading facility. The Intermodal Facility is a necessary element to the importation of waste and is permitted and contracted for under the terms of the Agreement between Republic Services and Klickitat County. The contract, in regard to the intermodal facility, should be reviewed annually for contract compliance and potential modifications or expansion.

6.5 Recommended Actions

The following recommendations are made for transfer station facilities by Klickitat County:

TF1) Monitor population growth and tonnage and consider transfer facility expansions as necessary.

TF2) Monitor waste importation tonnages and the current Agreement with Republic Services and consider intermodal facility expansion as needed.

TF3) Annually review permits, and the contract, for compliance and potential transfer facility modifications or expansions.

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7 Waste Import and Export

This chapter discusses existing waste import and export opportunities, identifies relevant planning issues, and develops alternative strategies for MSW import and export.

7.1 Background

MSW has been historically imported into Klickitat County since the early 1970s. Horsethief Landfill, a Klickitat County owned and operated landfill, depended on revenues produced from imported wastes.

In 1990, Republic Services under an Agreement with Klickitat County, noted its intent to import waste from other jurisdictions and operate RRL as a regional facility. Additional information regarding the Agreement between Klickitat County and Republic Services can be found in Chapter 8 Disposal.

Waste quantities, for year 2018, imported to RRL for disposal are shown in Table 7-1.

7.2 Existing Conditions

This section describes current solid waste import and export conditions.

7.2.1 Waste Import

The Agreement with RS obligated Klickitat County to the importation of waste until 2032. The Agreement contains a clause that allows up to three extensions (of 5 years each), which could extend the Agreement until 2047. Klickitat County's goal, regarding waste importation, is to maintain and expand the present flow of waste to RRL in conformance with the Agreement and permits.

The Agreement has an annual waste importation limit of five million tons and other restrictions. Options under the Agreement for waste importation include no change, reduction of the annual tonnage limit, and increasing the annual tonnage limit. Table 7-1 identifies waste, by jurisdiction, imported into Klickitat County for disposal at RRL.

Prior to waste importation approval, the Agreement requires the following of exporting municipalities:

- Have an approved solid waste management plan that address exporting and includes recycling and waste reduction elements;
- Have an approved MRW plan; and
- Klickitat County be allowed to review and approve these plans for conformance.

Table 7-1. Waste Imported into Roosevelt Regional Landfill

Waste Import Origin[1]	MSW (tons)	Other[2] (tons)	Total (tons)
Washington State Tonnage			
Adams County	-	812	812
Benton County	-	1,176	1,176
Chelan County	-	116	116
Clallam County	15,370	324	15,694
Cowlitz County	182	11,152	11,334
Ferry County	2,475	-	2,475
Franklin County	-	1,558	1,558
Grant County	-	1,098	1,098
Grays Harbor County	27	929	956
Island County	52,520	1,933	54,453
Jefferson County	20,700	11,943	32,643
King County	-	581,075	581,075
Kitsap County	-	7,935	7,935
Kittitas County	-	10	10
Klickitat County	25,495	2,348	27,843
Lewis County	6,598	11,441	18,039
Lincoln County	3,072	-	3,072
Mason County	37,866	180	38,046
Pacific County	-	160	160
Pend Oreille County	7,745	-	7,745
Pierce County	-	18,809	18,809
San Juan County	5,022	285	5,307
Skagit County	113,413	14,986	128,399
Snohomish County	526,098	46,739	572,837
Spokane County	36,433	70,197	106,630
Thurston County	196,421	2,882	199,303
Whatcom County	49,276	14,359	63,635
Whitman County	29,821	1,113	30,934
Yakima County	-	4,709	4,709
Washington State	-	11	11

Waste Import Origin[1]	MSW (tons)	Other[2] (tons)	Total (tons)
Out of State / Out of Country Tonnage			
Out of State – Idaho	123	848	971
Out of State - Montana	18	-	18
Out of State - Alaska	22,759	7,318	30,077
Out of State - California	-	284	284
Out of State - Oregon	-	2,471	2,471
Out of State - Guam	-	82	82
Out of Country – Marshall	-	18	18
Out of Country – British Columbia	281,697	150,408	432,105
Total Waste Imported	**1,433,131**	**969,709**	**2,402,840**

Notes:
1. Information provided by Republic Services.
2. Includes waste imported, including MSW, ash, contaminated soils, and other.

Klickitat County's location lends itself to the importation of waste from regional population centers as the area is served by transportation corridors including State Route (SR) 14, SR 97, Burlington Northern Santa Fe Railway, and Columbia River. These transportation corridors connect Klickitat County to Washington State population centers as well as areas outside of the region.

Long-distance transportation may raise concerns about impacts to areas that lie on or adjacent to the routes utilized to move waste. Klickitat County has placed conditions on RRL's conditional use permit (CUP) in response to concerns expressed regarding transportation impacts. The current CUP for RRL (Klickitat County CUP2006-01) restricts truck traffic through the Yakama Nation Reservation and through the Columbia River Gorge National Scenic Area.

Additional information on the Agreement between Klickitat County and RS can be found in Chapter 8 Disposal.

7.2.2 Waste Export

Biomedical and pathological wastes are typically generated by hospitals, medical clinics, dental offices, and nursing homes and are regulated under RCW 70A.205. Refer to Chapter 11 Miscellaneous Wastes for detailed information regarding medical waste.

Export of Klickitat County MSW is not applicable.

7.3 Status of Previous Recommendations

Status of recommendations made by the 2013 Plan are presented in Appendix D.

7.4 Alternatives and Evaluations

Existing service gaps and other issues connected to the Waste Import and Export component of solid waste management are discussed below.

7.4.1 Waste Import

Importation of waste into RRL appears to be currently operating in compliance with the Agreement between Klickitat County and RS. In order to maintain compliance with the Agreement in regard to importation of waste, Klickitat County will need to monitor compliance with the Agreement including review and approval of importing municipalities' solid waste and MRW management plans.

The Yakama Nation and the Gorge Commissions' preferences for trucking of waste should be honored where the location of the exporting jurisdiction allows reasonable alternatives.

7.4.2 Waste Export

The current options available for export of biomedical and pathological wastes appear to be adequately managing disposal of these waste streams. Additional materials are addressed in Chapter 11 Miscellaneous Wastes for waste export and disposal options. MSW export is not considered as a viable option at this time.

7.5 Recommended Actions

The following recommendations are made for waste import and export.

IE1) Importation of waste should continue in compliance with the Agreement.

IE2) Continue to monitor compliance with the Agreement

IE3) Yakama Nation and Gorge Commission preferences regarding waste transportation through specific areas under their jurisdictions should be implemented through permit conditions and should continue to be monitored for compliance.

IE4) Exportation will not be considered during this planning period.

8 Disposal

This chapter discusses existing programs and facilities, identifies relevant planning issues, and develops/evaluates alternative strategies for MSW disposal.

8.1 Background

This section provides information on Klickitat County's waste disposal system.

8.1.1 State Legislation, Regulations, and Guidelines for Disposal

Klickitat County's waste disposal system is regulated by RCW 70A.205 Solid Waste Management, Chapter 173-350 WAC Solid Waste Handling Standards, and Chapter 173-351 WAC Criteria for Municipal Solid Waste Landfills.

8.1.2 Roosevelt Regional Landfill Agreement

Since 1977, Klickitat County has pursued regionalization of disposal facilities in order to reduce tipping fees and rates for local citizens. On August 30, 1988, the SWAC recommended Klickitat County issue a Request for Qualifications and Proposals (RFQ/P) for the private development of a landfill. Klickitat County authorized the RFQ/P and issued its Notice to Contractors on October 3, 1988. The Notice to Contractors called for proposals and negotiations concerning a possible full-service contract with a contractor for the permitting, design, construction and operation of a state-of-the-art landfill to be sited within Klickitat County.

Responses to the RFQ/P were received on January 23, 1989, from Burlington Environmental, Inc. (BEI), Rabanco Regional Landfill Company (RRLC), and Washington Waste Systems, Inc. Klickitat County reviewed these proposals, and on February 13, 1989, decided to further consider proposals of BEI and RRLC. Klickitat County conducted interviews of BEI and RRLC, as required by law.

Klickitat County received and considered recommendations from its Public Works and Planning Departments as well as from R.W. Beck and Associates, Klickitat County's consulting firm. On March 16, 1989, after review and consideration of the two finalist, RRLC was selected as "first vendor" and moved forward on contract negotiation.

Public hearings on a proposed agreement with RRLC were conducted in White Salmon on May 16, 1989, Roosevelt on May 17, 1989, and Goldendale on May 18, 1989, and written comment was received through May 25, 1989. Klickitat County considered the input received at public hearings and in writing, and considered reports and recommendations of its staff and R.W. Beck and Associates. Resolution No. 07489 authorized the Agreement concerning Solid Waste Handling ("Agreement") between Klickitat County and RRLC on May 26, 1989.

Consistent with the Agreement, RRLC commenced the process for full environmental review on the development of a regional landfill and related solid waste management projects ("Klickitat County Solid Waste Project" or "Project"). The Project proposed three related actions: a model rural recycling and waste reduction program, a new regional landfill, and regional transportation to serve the landfill. Based on public and agency

comments, the preferred alternative was to implement an augmented program of the reduction/recycling alternatives, a landfill at the Clark site near Roosevelt, and rail transportation.

A final Project environmental impact statement (EIS) was issued on December 18, 1989. The Project EIS was incorporated by reference in the 1990 Plan Update and associated environmental review (see WAC 197-11-425(6)).

RRLC sought a CUP before Board of Adjustment for the Clark site near Roosevelt under matter No. 89-13. The Board of Adjustment held public hearings and meetings on the CUP application on January 8, 11, 18, and 22, 1990. On January 22, 1990, the Board of Adjustment entered its Findings of Fact, Conclusions and Disposition, granting the CUP for development of a site now identified as RRL.

The existing Agreement was amended in 2011 and commits to continued operation through 2032 with three 5-year extensions allowable.

The Agreement can be renegotiated as both parties agree. Significant changes to the Agreement are subject to environmental review. In addition, the Agreement provides for Klickitat County options to not dispose of waste at RRL, however, disposal costs would increase from the present negotiated free disposal. Highlights of the Agreement are outlined as follows:

- Republic Services provides and pays for recycling, transfer, and disposal site access, services, labor, overtime labor, standby labor, methods, materials, equipment, transportation, power, fuel, water, taxes and other facilities and services necessary for performance under the Agreement for Klickitat County waste.
- Republic Services is responsible for preparation of technical documents, designs, environmental review, permits, testing, construction, and operating activities of facilities.
- Republic Services is responsible for local, state, and federal permits and permit requirements associated with phases of projects, including but not limited to, the siting, constructions, operation, and closing of RRL and associated improvements, the drop box and recycling stations, and the intermodal transfer facility.
- Republic Services is solely responsible for facilities' closure and post-closure activities.
- Specific areas for origination of waste are identified and approved for acceptance to RRL.
- Minimum payment to Klickitat County is guaranteed to be paid in quarterly payments. Contract reopener is established, at Klickitat County's sole option, to negotiate additional fees if waste received is in excess of five million tons in any calendar year.
- Klickitat County is to be notified of any major customers whose waste will be accepted with a copy of the exporting jurisdictions solid waste management plan and MRW management plan provided for review and approval.
- Klickitat County designates the facilities for waste collected in the unincorporated areas to be delivered to RS facilities for transfer and disposal and utilize reasonable

best efforts to maintain and enforce intergovernmental agreements with the Cities to designate these facilities for disposal.

- Klickitat County and RS work cooperatively to establish and maintain educational programs regarding hazardous waste reduction and disposal.
- RS developed a countywide Model Rural Recycling Program Plan and a MRW receiving and disposal plan and is required to implement and maintain both.

8.1.3 Roosevelt Regional Landfill Operation

The RRL began receiving wastes on November 1, 1990. Since that time, RRL has been maintained and improved in a number of ways. A site expansion was authorized in 2002, which expanded the total capacity from 180 million cubic yards to 245 million cubic yards and the annual limit from 2 million TPY to 5 million TPY. In 2003, a geosynthetic clay liner was approved for new cells as an alternative liner to the previously permitted clay liner.

In collaboration Klickitat Public Utility District (PUD) and RRL a power plant was built in 1998 to covert methane gas generated in RRL to electrical power. Methane is collected in a network of wells buried in RRL and transported through pipes. The H.W. Hill Landfill Gas Project was initially designed with four Waukesha reciprocating engines converted to run on methane. Phase 1 capacity was 8.4 megawatts (MW) with a fifth engine added at the end of the plant's first year of operations boosting capacity to 10.5 MW. Phase II of the H.W. Hill Landfill Gas Project began in 2009 with commercial operation commencing in 2011. Phase II added two 10 MW combustion turbines with an additional capacity of 6 MW through a heat recovery steam generator and steam turbine. Phase 1 was shutdown at this time due to the more modern facility operating at a 26 MW power generation rate.

In 2017, the Klickitat PUD authorized contracts to begin the production and selling of renewable natural gas from methane utilized to generate electricity. Agreements were reached with IGI Resources and its parent company, British Petroleum North America, for a guaranteed, fixed revenue stream for the natural gas sold. The facility is expected to produce more than 22 million gallons of ethanol gallon equivalents annually and is one of the largest renewable natural gas projects in the United States. Formal dedication of the renewable natural gas plant was in September 2019.

A separate ash monofill was added to RRL in 1991 and serves the disposal of incinerator ash received from the City of Spokane. In 2016, RS and Lab USA unveiled an ash metal recovery facility. The facility processes newly delivered ash as well as systematically processing ash previously buried. Recovered metals are recycled, shipped and repurposed to make new metal products. The facility is estimated to recover and recycle 46,200 tons of ferrous metals and 42,900 tons of non-ferrous metals annually.

8.2 Existing Conditions

This section provides information regarding disposal within Klickitat County.

8.2.1 Republic Services Roosevelt Regional Landfill

The RRL is located at 500 Roosevelt Grade Road, Roosevelt, Washington, 99356, and is owned and operated by RS. The location is shown on Figure 6-1. RRL currently receives waste from most counties in Washington State, and a number of out-of state and out-of country areas as outlined in Table 8-1.

Table 8-1. Roosevelt Regional Landfill Tonnage (2018)

Waste Import Origin[1]	MSW	Other[2]	Total All
Washington State Tonnage			
Adams County	-	812	812
Benton County	-	1,176	1,176
Chelan County	-	116	116
Clallam County	15,370	324	15,694
Cowlitz County	182	11,152	11,334
Ferry County	2,475	-	2,475
Franklin County	-	1,558	1,558
Grant County	-	1,098	1,098
Grays Harbor County	27	929	956
Island County	52,520	1,933	54,453
Jefferson County	20,700	11,943	32,643
King County	-	581,075	581,075
Kitsap County	-	7,935	7,935
Kittitas County	-	10	10
Klickitat County	25,495	2,348	27,843
Lewis County	6,598	11,441	18,039
Lincoln County	3,072	-	3,072
Mason County	37,866	180	38,046
Pacific County	-	160	160
Pend Oreille County	7,745	-	7,745
Pierce County	-	18,809	18,809
San Juan County	5,022	285	5,307
Skagit County	113,413	14,986	128,399
Snohomish County	526,098	46,739	572,837

Table 8-1. Roosevelt Regional Landfill Tonnage (2018)

Waste Import Origin[1]	MSW	Other[2]	Total All
Spokane County	36,433	70,197	106,630
Thurston County	196,421	2,882	199,303
Whatcom County	49,276	14,359	63,635
Whitman County	29,821	1,113	30,934
Yakima County	-	4,709	4,709
Washington State	-	11	11
Out of State/Out of Country Tonnage			
Out of State – Idaho	123	848	971
Out of State - Montana	18	-	18
Out of State - Alaska	22,759	7,318	30,077
Out of State - California	-	284	284
Out of State - Oregon	-	2,471	2,471
Out of State - Guam	-	82	82
Out of Country – Marshall	-	18	18
Out of Country – British Columbia	281,697	150,408	432,105
Total Waste Imported (In Tons)	**1,433,131**	**969,709**	**2,402,840**

Notes:
1. Information provided by Republic Services.
2. Other waste included C&D debris, industrial, petroleum contaminated soils (PCS), tires, incinerator ash, contaminated soil, dredge materials, medical waste and other.

As of January 2, 2019, RRL had 172,000,000 tons of remaining capacity with an estimated closure date of year 2100.

8.2.2 Horsethief Landfill

Horsethief Landfill is located in the south central portion of Klickitat County and was owned and operated by Klickitat County until 1994. Due to a determination from the Columbia River Gorge National Scenic Area that it was not a compatible land, Horsethief Landfill was closed in compliance with WAC 173-304-407 WAC 173-304-407 requiring 20 years of post-closure monitoring. In 2014, an Engineering company was hired to monitor and assess the stability of Horsethief and found that the criteria for ending post-closure care had been met.

8.3 Status of Previous Recommendations

Status of recommendations made by the 2013 Plan is presented in Appendix D.

8.4 Alternatives and Evaluations

Existing service gaps and other issues connected to the disposal component of solid waste management are discussed below.

Given current technology and disposal patterns, landfills are and will remain a necessary and important component of waste management for the foreseeable future. For now, RRL has capacity well beyond the timeframe addressed by this Plan to handle Klickitat County's MSW disposal needs.

8.4.1 Agreement between Klickitat County and Republic Services

Klickitat County should continue to maintain, monitor and update the Agreement as necessary for compliance and requirements outlined for waste importation.

8.5 Recommended Actions

The following recommendations are made for disposal by Klickitat County:

D1) Waste should continue to be disposed per the Agreement.

D2) Continue to maintain, monitor and update the Agreement.

D3) Ensure continued compliance with Permits by monitoring, including retention of an inspector.

9 Energy Recovery

This chapter addresses emerging technologies in energy recovery and decrease waste disposal and generation of greenhouse gases.

9.1 Background

Waste processing and conversion technology options can be grouped into the following main technology classes:

- Thermal Technologies
  - Direct Combustion (various forms of traditional waste-to-energy)
  - Gasification
  - Plasma Arc Gasification
  - Pyrolysis
- Biological Technologies
  - Aerobic Composting
  - Anaerobic Digestion with Production of Electricity or Fuel Generation
- Chemical Technologies
  - Hydrolysis
  - Catalytic and Thermal Depolymerization
- Mechanical Technologies
  - Autoclave and Steam Classification
  - Advanced Materials Recovery
  - Refused Derived Fuel Production

There are also waste conversion technologies that are a combination of two or more technology classes. For example, Mechanical Biological Treatment technologies combine mechanical separation and treatment with biological processing, while Waste-to-Fuel technologies combine mechanical pre-processing with thermal and chemical conversion processes.

9.2 Existing Conditions

As discussed in Chapter 8 Disposal, waste from Klickitat County is disposed at RRL located in Klickitat County. The RRL recovers energy through direct combustion of collected landfill gas to electricity and through conversion of landfill gas to pipeline quality compressed natural gas. In collaboration, Klickitat Public Utility District and Republic Services, partnered on a power plant



H.W. Hill Landfill Gas Project

that was built in 1998 to convert methane gas generated in the landfill to electrical power. Methane is collected in a network of gas wells and transported through pipes. The H.W. Hill Landfill Gas Project was initially designed with four Waukesha reciprocating engines converted to run on methane. Phase 1 capacity was 8.4 megawatts (MW) with a fifth engine added at the end of the plant's first year of operations boosting capacity to 10.5 MW. Phase II of the H.W. Hill Landfill Gas Project began in 2009 with commercial operation commencing in 2011. Phase II added two 10 MW combustion turbines with an additional capacity of 6 MW through a heat recovery steam generator and steam turbine. Phase 1 was shutdown at this time due to the more modern facility operating at a 26 MW power generation rate.

In 2017, the Klickitat Public Utility District authorized contracts to begin the production and selling of renewable natural gas from methane utilized for transportation fuel. Agreements were reached with IGI Resources and its parent company, British Petroleum North America, for a guaranteed, fixed revenue stream for the natural gas sold. The facility is expected to produce more than 22 million gallons of ethanol gallon equivalents annually and is the largest renewable natural gas projects in the United States. Formal dedication of the renewable natural gas plant was in September 2019. In 2020, Puget Sound Energy signed a contract with Klickitat Public Utility District to purchase renewable gas through June 2040.

9.3 Status of Previous Recommendations

Status of recommendations made by the 2013 Plan are presented in Appendix D.

9.4 Alternatives

Existing service gaps and other issues connected to the Energy Recovery component of solid waste management are discussed below.

9.4.1 Energy Recovery Needs

Klickitat County's waste stream is too small to economically support the capital expenditures required for construction and operation of waste processing and conversion technology alternatives.

Waste collected in Klickitat County is disposed at RRL. Ample capacity is currently available at RRL and conversion technologies are in use. Information regarding RRL and energy recovery technologies at the site is included in Chapter 8 Disposal.

9.5 Recommended Actions

The following recommendations is made by Klickitat County:

ER1) Monitor developments and progress in waste processing and conversion technologies utilized and support the continued use of landfill gas to energy operations.

10 Moderate Risk Waste

This chapter discusses programs for MRW, identifies relevant planning issues, and develops and evaluates alternative strategies.

10.1 Background

This section provides definitions, regulations and guidance, and Klickitat County objectives for managing MRW.

MODERATE RISK WASTE COLLECTION

Klickitat County currently contracts with RS, who owns and operates transfer station and drop box sites in Klickitat County, for collection, recycling and disposal of MRW. The collection of MRW for both households and Small Quantity Generators (SQG) is provided free of charge at transfer facilities in Klickitat County. Klickitat County pays for the disposal costs for MRW collected. Additional information on locations, hours of operation and site locations is located in Chapter 6 Transfer Facilities. The SWD Landfill Compliance Officer acts as an agent for enforcement and the Klickitat County provides oversight of the facilities.

10.1.2 Definitions

MRW refers to materials that have the characteristics of and pose the same risks as hazardous wastes – they are flammable, corrosive, toxic, and/or reactive. State and Federal law do not regulate MRW as hazardous wastes due to their relatively small quantities. MRW is regulated by Chapter 173-350-360 WAC under the authority of RCW 70A.300 and RCW 70A.205. MRW is defined as solid waste that is limited to conditionally exempt SQG waste and HHW.

HOUSEHOLD HAZARDOUS WASTE

The Hazardous Household Substances List developed by Ecology is shown in Table 10-1. When generated in a residence, these products become HHW when discarded.

SMALL QUANTITY GENERATOR WASTE

Many businesses and institutions produce small quantities of hazardous wastes; the list is the same as for HHW (see Table 10-1). SQGs produce hazardous waste at rates less than 220 pounds per month or per batch (or 2.2 pounds per month or per batch of extremely hazardous waste) and accumulate less than 2,200 pounds of hazardous waste onsite (or 22 pounds of extremely hazardous waste). Extremely hazardous wastes include certain pesticides and other poisons that are more toxic and pose greater risks than other HHW. SQGs are conditionally exempt from state and federal regulation, meaning they are exempt only as long as they properly manage and dispose of their wastes.

Table 10-1. Hazardous Household Substances List

Substance or Class of Substance	Flammable	Toxic	Corrosive	Reactive
Group 1: Repair and Remodeling				
Adhesives, Glues Cements	x	x		
Roof Coatings, Sealants		x		
Caulking and Sealants		x		
Epoxy Resins	x	x		x
Solvent Based Paints	x	x		
Solvents and Thinners	x	x	x	x
Paint Removers and Strippers		x	x	
Group 2: Cleaning Agents				
Oven Cleaners		x	x	
Degreasers and Spot Removers	x	x	x	
Toilet, Drain and Septic Cleaners		x	x	
Polishes, Waxes and Strippers	x	x	x	
Deck, Patio, and Chimney Cleaners	x	x	x	
Solvent Cleaning Fluid	x	x	x	x
Household Bleach (>8% solution)			x	
Group 3: Pesticides				
Insecticides	x	x		
Fungicides		x		
Rodenticides		x		
Molluscides		x		
Wood Preservatives		x		
Moss Retardants		x	x	
Herbicides		x		
Fertilizers		x	x	x
Group 4: Auto, Boat, and Equipment Maintenance				
Batteries		x	x	x
Waxes and Cleaners	x	x	x	
Paints, Solvents, and Cleaners	x	x	x	x
Additives	x	x	x	x
Gasoline	x	x	x	x
Flushes	x	x	x	x
Auto Repair Materials	x	x		
Motor Oil	x	x		
Diesel Oil	x	x		
Antifreeze		x		
Group 5: Hobby and Recreation				
Paints, Thinners, and Solvents	x	x	x	x
Chemicals (including Photo and Pool)	x	x	x	x
Glues and Cements	x	x	x	
Inks and Dyes	x	x		

Table 10-1. Hazardous Household Substances List

Substance or Class of Substance	Flammable	Toxic	Corrosive	Reactive
Glazes		x		
Chemistry Sets	x	x	x	x
Pressurized Bottled Gas	x	x		x
White Gas	x	x		x
Charcoal Lighter Fluid	x	x		
Batteries		x	x	x
Group 6: Persistent Bioaccumulative Toxins				
Mercury-Containing Products		x	x	
Lead-Containing Products		x		
E-Waste		x		
Polycyclic Aromatic Hydrocarbons		x		
Polychlorinated Biphenyl		x		
Group 7: Miscellaneous				
Ammunition	x	x	x	x
Asbestos		x		
Fireworks	x	x	x	x
Marine Aerial Flares	x	x		
Pharmaceuticals		x		
Non-Controlled Substances		x		
Sharps		x		
personal Care Products	x	x	x	

Source: Guidelines for Developing and Updating Local Hazardous Waste Plans - Appendix F, Ecology, 2010.
https://fortress.wa.gov/ecy/publications/documents/1007006.pdf

10.1.3 Regulations and Guidance

MRW is regulated primarily by state and federal laws that govern proper handling and disposal of these wastes. A review of the recent regulatory changes affecting solid wastes and MRW is provided in Chapter 1 Background, and the relevant details are reproduced below.

MOVING WASHINGTON BEYOND WASTE AND TOXICS PLAN

Ecology released an updated waste and toxics reduction plan in June 2015. Moving Washington Beyond Waste and Toxics focuses on reducing waste and toxics by adopting a sustainable materials management approach which is also used by EPA. This approach looks at the full life cycle of materials from the design and manufacturing, through use, to disposal or recycling. The EPA believes a sustainable materials management approach can help identify more sustainable ways to produce products that are less impactful to the environment. Moving Washington Beyond Waste and Toxics' vision is as follows: "*We can transition to a society where waste is viewed as inefficient, and where most wastes and toxic substances have been eliminated. This will contribute to economic, social and environmental vitality.*"

One of the five sections of Moving Washington Beyond Waste and Toxics Plan is "Managing Hazardous Waste and Materials." The background information for this initiative explains that perhaps as little as 1 percent of SQG waste is properly managed on a statewide basis. For HHW, only about 16 percent (statewide) is estimated to be collected through local programs. Moving Washington Beyond Waste and Toxics Plan provides the following goals pertaining to MRW:

- Until toxic substances are phased out of products, and use of hazardous materials declines, MRW collection will be maximized (GOAL HWM 11).
- MRW locations and programs will provide increased services for residents, businesses, and underserved communities (GOAL HWM 12).
- Facilities that collect MRW will be properly permitted (if required) and in compliance with applicable laws and rules (GOAL HWM 13).

HAZARDOUS WASTE MANAGEMENT ACT (CHAPTER 70A.300 RCW)

The Hazardous Waste Management Act establishes requirements for state and local hazardous waste management plans, rules for hazardous waste generation and handling, criteria for siting hazardous waste management facilities, and local zoning designations that permit hazardous waste management facilities. The Hazardous Waste Management Act also establishes waste management priorities for hazardous wastes. In order of decreasing priority, the management priorities are:

- Waste reduction,
- Waste recycling,
- Physical, chemical, and biological treatment,
- Incineration,
- Solidification/stabilization/treatment, or
- Landfill.

The waste hierarchy is a key element in determining compliance of this Plan with state requirements.

Rules implementing the Hazardous Waste Management Act are codified in the Dangerous Waste Regulations (Chapter 173-303 WAC). This regulation defines dangerous waste materials and establishes minimum handling requirements. State rules specifically exclude HHW and SQG wastes from Dangerous Waste Regulations, which have been amended several times over the years, most recently in 2014. The 2014 amendments allow mercury-containing equipment to be managed as a universal waste, require recyclers and used oil processors to develop closure plans and meet financial responsibility requirements, and provides several other changes and updates.

MERCURY-CONTAINING LIGHTS PRODUCT STEWARDSHIP PROGRAM

Washington State rules (WAC 173-910) established a product stewardship program for mercury-containing lights. Producers of mercury containing lights sold for residential use must finance and participate in the stewardship program. Counties can choose to have a

collection site at their facilities and retailers can also be designated collection sites for spent mercury-containing lights. Additional information on Mercury-Containing Lights Product Stewardship can be found in Chapter 3 Waste Reduction and Recycling.

PAINT STEWARDSHIP

In 2019, SHB 1652 was approved by the Legislature to require producers of architectural paints sold in Washington State to participate in an approved paint stewardship program. As this bill was just passed, Ecology will be working to implement the bill and provide oversight of programs as they are established.

USED OIL

Washington State law (RCW 70A.205) requires local governments to manage used oil in conjunction with their MRW programs and to submit annual reports to Ecology.

10.2 Moderate Risk Waste Generation

RCW 70A.300(1)(a) requires local governments to prepare hazardous waste plans that contain an assessment of the quantities, types, generators and fate of hazardous waste in each jurisdiction. This Plan serves to compile that data for Klickitat County and this Chapter focuses on the MRW associated with HHW and SQG aspects/quantities of hazardous waste. The quantities, types and fate of MRW in Klickitat County are described in Section 10.3. The following subsections focus on the generators of this waste in Klickitat County.

10.2.1 Hazardous Waste Inventory

The following information helps provide an inventory of hazardous waste management in Klickitat County by addressing dangerous waste generators (i.e., large-quantity generators), contaminated sites, transporters and processing facilities, and locations where hazardous waste facilities can be sited ("zone designations"). Appendix L Detailed Hazardous Waste Inventory includes the data, provided by Ecology, on dangerous waste generators, remedial action sites, and hazardous waste service providers.

DANGEROUS WASTE GENERATORS

- Ecology records (latest data as of December 2018) show that five (5) businesses and institutions in Klickitat County are registered as hazardous waste generators and reported generation of waste. Sixteen businesses and institutions in Klickitat County are registered with EPA or state identification numbers but did not report generating waste in 2018.

REMEDIAL ACTION SITES

Ecology's list of confirmed and suspected contaminated sites in Klickitat County can be found at: https://apps.ecology.wa.gov/tcpwebreporting/reports/cleanup/all?County=Klickitat. As of July 2019 there were ninety (90) of these sites identified in Klickitat County.

HAZARDOUS WASTE SERVICES (TRANSPORTERS AND FACILITIES)

Multiple private companies provide transportation and disposal services for a wide range of materials. The current list of these companies can be found at http://www.esdwa.com/services/index.cfm, under the Hazardous Waste & Materials master category group.

10.2.2 Inventory of Moderate Risk Waste Generators

As stated above, MRW generators include HHW from local residents, as well as SQG from local businesses and institutions. The 2018 population of Klickitat County is 21,980 residents, currently residing in an estimated 10,551 housing units.[1] However, not all residents and/or businesses are generators of MRW. For residential sources in particular, products may be stored for several years before the resident determines that the material is no longer useful and takes it to a MRW facility for disposal. In addition, although quantities and types of MRW collected and shipped are tracked, it is unknown how many residents are recycling or disposing of wastes through drop-off programs and private collection services. Also unknown is the number of SQGs and large-quantity generators utilizing the services of private collection companies for their hazardous wastes.

10.3 Existing Conditions

This section describes existing programs to manage MRW in Klickitat County.

10.3.1 Current Moderate Risk Waste and Oil Programs

MRW COLLECTION

MRW in Klickitat County is collected primarily through the transfer stations and drop box facilities. The following are available drop-off programs active in Klickitat County, including:

- The Goldendale Transfer Station, Dallesport Transfer Station, BZ Corners Drop Box Site, and Roosevelt Drop Box Site accept hazardous wastes from households and SQG's. Wastes are accepted at no charge. Residents and SQG's can bring in MRW any time during facility operational hours. SQG's need to call ahead for approval.
- Electronics can be recycled in Klickitat County at the Goldendale Transfer Station.
- Fluorescent tubes can be recycled at the Goldendale Transfer Station and Allyn's Building Center. In additional fluorescent tubes are recycled at the Dallesport Transfer Station, BZ Corners Drop Box Site, and Roosevelt Drop Box Site.
- The WSDA conducts agricultural chemical waste collection events in Eastern Washington on an as needed basis. Participants must sign up in advance to bring in wastes, but there is no cost to participate.

[1] 2018 estimate of total housing units (source: Washington State OFM)

- Large-quantity generators use the services of private companies that collect specific types of wastes, but little information is publicly available on the amounts collected in this manner.

USED OIL COLLECTION

There is currently limited used oil collection in Klickitat County. Used oil is primarily collected at BZ Corners Drop Box Site and Goldendale Transfer Station.

PROCESSING, TRANSPORT AND DISPOSAL

The Agreement between Klickitat County and RS requires the implementation of certain MRW programs, as follows:

- Operation of MRW collection sites at transfer stations and at RRL with trained staff provided to manage and coordinate collection.
- RS submits an MRW implementation plan for Klickitat County approval. This plan provides planning for receipt and disposal of MRW from the collection sites and other operational details.
- Recycling of MRW from collection sites when reasonable to do so.
- Transport of remaining MRW from collection events for final disposal, treatment or recycling.
- Agricultural container education, public outreach, and disposal for insecticides and fertilizer.
- Public education, outreach and awareness programs through media and participation in public events.

PROCESSING, TRANSPORT AND DISPOSAL

MRW to be shipped offsite for recycling or disposal is sorted at transfer stations and drop box sites according to its Washington State Department of Transportation hazard classification (flammable, toxic, acid, corrosive or reactive). The MRW is stored in secured storage lockers until sufficient quantities are available for transport. MRW is picked up by an outside vendor then shipped to licensed hazardous waste treatment, storage and/or disposal facilities. Table 10-2 provides the quantities of MRW processed, transported and disposed of in 2018 by site for a total of 37,743 pounds disposed:

Table 10-2. MRW Quantities Shipped (2018)

Waste Type	BZ Corners Drop Box	Dallesport Transfer Station	Goldendale Transfer Station	Roosevelt Drop Box
Aerosols	150	-	-	-
Acids	83	-	161	-
Bases	16	-	209	-
Batteries: Dry Cell	250	-	3,593	14

Table 10-2. MRW Quantities Shipped (2018)

Waste Type	BZ Corners Drop Box	Dallesport Transfer Station	Goldendale Transfer Station	Roosevelt Drop Box
Oil Non-Contaminated	-	-	5,720	-
Paint:				
Oil Based	1,700	700	4,550	900
Paint Related Materials	4,750	-	8,150	-
Pesticides/Poisons	-	-	1,855	307
Flammables	701	450	2,450	800
Mercury/Light Ballast	75	-	2	-
Oxidizers	-	-	88	2
Other	-	-	67	-
TOTAL (in pounds)	**7,725**	**1,150**	**26,845**	**2,023**

Note this table presents data reported to Ecology regarding amount of MRW shipped, processed and disposed. Information presented does not reflect the amount of materials collected at these sites.

MRW EDUCATION

Klickitat County educates residents about proper handling and disposal of HHW through their website and advertising campaigns. Additional information can be found at https://www.klickitatcounty.org/376/Household-Hazardous-Waste.

COMPLIANCE AND ENFORCEMENT

Compliance issues are handled by the SWD Compliance Officer, who responds to complaints and other problems as these are identified. Klickitat County provides oversight. The SWD receives LSWFA grant funding for this purpose.

10.4 Status of Previous Recommendations

Status of the recommendation made by the 2013 Plan can be found in Appendix D.

10.5 Alternatives and Evaluations

There are generally five components for local MRW management programs; two that address educational efforts and three that help fulfill the mandate to prepare a "program to manage moderate-risk waste" (RCW 70A.300(1)(a)). These five elements are as follows:

- Public education program;
- Technical assistance program for businesses;
- Collection program for HHW and used oil;
- Collection program for business wastes; and

- A plan or program to assess compliance by SQG and others.

The existing service gaps and other issues connected to these components are discussed below.

10.5.1 Public Education

Klickitat County currently informs the public about opportunities for proper disposal of MRW and used oil through its website and advertising campaigns. Public Education should be continued and expanded as new programs are implemented to inform residents about properly handling and disposed of HHW. RS is also required to participate in public education and outreach programs through the Agreement with Klickitat County.

10.5.2 Business Technical Assistance

Klickitat County is not currently providing technical assistance to businesses about SQG waste handling and disposal. The level of expertise required to effectively assist many businesses would require significant amounts of training for specific types of businesses, and is better handled at the state level.

10.5.3 Collection

Collection is currently being provided through the transfer station and drop box sites and other opportunities. RS, through the Agreement with Klickitat County, provides free collection of MRW. Klickitat County pays for disposal of both household and SQG MRW waste and currently utilizes LSWFA grant funding to assist in paying for household MRW waste disposal. LSWFA grant funding does not reimburse for SQG waste disposal.

10.5.4 Used Oil Collection

Klickitat County is currently providing used oil collection on a limited basis through the Goldendale Transfer Station and BZ Corners Drop Box Site. Klickitat County should consider re-establishing used oil collection at the other transfer stations and drop box sites through a cooperative effort with RS by developing Best Management Practices, Policies, Procedures, and testing protocols. Additional sites will provide more citizens the opportunity to dispose of these commodities in an environmentally sound manner.

10.5.5 Compliance and Enforcement

Compliance and enforcement is currently being conducted at the transfer stations on a monthly basis and there are no known issues with this approach.

10.5.6 Moderate Risk Waste Plan Preparation

RCW 70A.300 requires local governments to prepare hazardous waste plans. Klickitat County has incorporated the hazardous waste plan update process into the Klickitat County Solid Waste Management Plan update process to maintain compliance with the rule.

10.6 Recommended Actions

The following recommendations are made for MRW by Klickitat County:

MRW1) Enhance the public education and outreach program for handling of MRW waste for households and businesses as a cooperative effort.

MRW2) Consider re-establishment of the used oil collection program at more transfer station and drop box sites.

MRW3) Continue to coordinate the schedule and process for updating the MRW Plan with the solid waste management plan (as is the current practice).

MRW4) If grant funding is reduced or eliminated, consider implementing a fee based program to accept business waste and setting aside a fraction of the "host fee" from the Agreement for the MRW program.

MRW5) Update the MRW implementation plan, as appropriate, for review and approval by Klickitat County.

11 Miscellaneous Wastes

This chapter discusses existing programs, identifies relevant planning issues, and develops and evaluates alternative strategies for the management of miscellaneous wastes.

11.1 Background

Miscellaneous wastes have some similarities to "normal" MSW and can be managed in a similar fashion with some additional precautions or special handling procedures. Each type of special waste is governed by slightly different regulations, based on its physical and chemical characteristics and the degree of environmental, health, or safety risk it poses. This Chapter is subdivided into the sections shown in the below table to describe regulations, current programs, and planning issues for each type of special waste.

Table 11-1. Miscellaneous Wastes

Section	Miscellaneous Waste
11.2	Agricultural Waste
11.3	Animal Carcasses
11.4	Appliances
11.5	Asbestos
11.6	Biomedical/Infectious Waste
11.7	Construction/Demolition Debris
11.8	Electronic Waste
11.9	Junk Vehicles
11.10	Petroleum Contaminated Soils
11.11	Pharmaceuticals
11.12	Street Sweepings / Vactor Waste
11.13	Tires
11.14	Disaster Debris Management

11.2 Agricultural Waste

This section addresses disposal of agricultural waste within Klickitat County.

11.2.1 Regulations and Guidelines

WAC 173-350-100 defines agricultural wastes as, "wastes on farms resulting from the raising or growing of plants and animals including, but not limited to, crop residue, manure from herbivores and non-herbivores, animal bedding, and carcasses of dead animals." WAC 173-350-230 addresses land application, the beneficial use of solid waste applied to land for its agronomic value or soil-amending capability.

11.2.2 Current Practice

As defined above, little of the agricultural waste generated is disposed of within Klickitat County's programs. Hence, agricultural wastes are not under the purview of this Plan. Agricultural wastes, whether crop residues or animal manures, can be returned to the land where these were generated. Exceptions to this are the disposal of animal carcasses which is addressed below in Section 11.3.

Unusable produce from a food processor, such as a load of rotten potatoes, is handled as MSW and may be disposed of at RRL or may be composted at a permitted composting facility.

Note that empty pesticide and herbicide containers may be disposed of as refuse following triple rinsing, as they are not considered agricultural waste as defined by WAC 173-350.

11.2.3 Planning Issues

Current agricultural waste management and disposal practices are generally adequate and should be maintained.

11.3 Animal Carcasses

This section addresses disposal of animal carcasses within Klickitat County.

11.3.1 Regulations and Guidelines

Animal carcass disposal requirements generally differ according to cause of death, as follows:

1. Animals that die of natural causes (but not an infectious disease) can be buried or composted on site (typically on a farm) in accordance with state and local regulations, taken to a rendering facility, or taken to RRL or a transfer station for disposal.
2. Animals killed by collision with motor vehicles ("road kill") are taken to a transfer station for disposal.
3. The carcasses of animals that die from an infectious disease must be treated to destroy the disease-causing agent to prevent it from infecting other animals or humans. This involves coordination with Klickitat County.

11.3.2 Current Practice

Klickitat County's policy and procedures for disposal of animals can be summarized as follows:

- Animal carcasses are accepted for disposal at RRL.
- RRL does not accept animals preserved in formaldehyde as these designate as medical waste.
- Customers are charged the same rate as for garbage disposal.

- Customers wishing to dispose of infectious and/or diseased animals are directed to Klickitat County for further instructions.

11.3.3 Planning Issues

Because they can potentially infect humans, two of the most important animal diseases are bovine spongiform encephalopathy (BSE) and avian flu.

BSE-infected cattle must be buried in a lined landfill. In addition, BSE-infected cattle cannot be disposed in a landfill where the leachate goes to a sewage treatment plant, because chlorination does not deactivate prions. Incineration is also an accepted method of BSE-cattle disposal.

Highly Pathogenic Asian Avian Influenza A (H5N1) or "avian flu" is caused by bird influenza viruses. Since 1997, H5N1 has infected and killed humans who had close contact with infected poultry. There is concern the H5N1 virus could mutate and eventually acquire the ability to spread easily from one person to another, without birds as the carrier. Onsite composting has been proven to be an effective mass disposal method for dead poultry, as the avian influenza virus is deactivated after 10 days of composting at 60 degrees Celsius (140 degrees Fahrenheit). Single birds may also be accepted as MSW if they are double bagged. In larger quantities, the birds are required to be disposed of at a lined landfill or incinerated.

11.4 Appliances

This section addresses disposal of appliances generated within Klickitat County.

11.4.1 Regulations and Guidelines

Major appliances, also known as white goods, are considered to be a special waste because their size make it difficult to handle them in the "normal" garbage collection system, and because some types of appliances contain chlorofluorocarbons (CFCs) also known as Freon that must be removed prior to disposal. On the federal level, the Clean Air Act prohibits the release of CFCs, and state law (RCW 70.94, the Washington Clean Air Act) also requires that CFCs be handled in a manner that prevents release into the atmosphere. Furthermore, CFCs and hydro CFCs are designated as dangerous wastes under WAC 173-303, although they are exempt from these rules if recycled properly.

11.4.2 Current Practice

Appliances are composed mainly of steel, copper, plastic, and rubber, but are typically recycled as ferrous scrap metal. As a service to customers, some dealers recycle an old appliance when a new one is delivered. Appliances are accepted at no charge at the transfer station and drop box sites. RS confirms the "Freon" refrigerants from refrigerators, freezers, air conditioners, and similar devices are removed. Recreational vehicle refrigerators charged with ammonia have been noted at the transfer station sites and have been accepted free of charge. Industrial-sized appliances are also accepted at no charge at the transfer stations and drop box sites.

RS contracts with various companies to haul and recycle appliances based on price and availability.

11.4.3 Planning Issues

Current appliance management and disposal practices are generally adequate and should be maintained.

11.5 Asbestos

This section addresses asbestos disposal within Klickitat County.

11.5.1 Regulations and Guidelines

Asbestos is a naturally occurring crystalline material that breaks down into small particles that float in air, and once inhaled these particles can become lodged in a person's lungs and cause cancer. Several federal laws address asbestos removal and disposal, including the Toxic Substances Control Act, the Occupational Safety and Health Act, the Clean Air Act, and the Clean Water Act. There are also several state laws that address asbestos through worker training and protection requirements as well as disposal rules under the Dangerous Waste Regulations (WAC 173-303).

11.5.2 Current Practice

Customers with asbestos containing materials are referred to the RRL for disposal.

11.5.3 Planning Issues

Current asbestos waste management and disposal practices are generally adequate and should be maintained.

11.6 Biomedical/Infectious Waste

This section addresses disposal of biomedical waste generated within Klickitat County.

11.6.1 Regulations and Guidelines

Washington State's definition of biomedical waste (RCW 70A.205) includes the following waste types:

Animal waste: animal carcasses, body parts and bedding of animals that are known to be infected with, or have been inoculated with, pathogenic microorganisms infectious to humans.

Biosafety level 4 disease waste: contaminated with blood, excretions, exudates, or secretions from humans or animals who are isolated to protect others from communicable infectious diseases that are identified as pathogenic organisms assigned to biosafety level 4 by the Center for Disease Control and Prevention.

Cultures and stocks: wastes infectious to humans, including specimen cultures, cultures and stocks of etiologic agents, wastes from production of biologicals and serums, discarded live and attenuated vaccines, and laboratory waste that has come into contact with cultures and stocks of etiologic agents or blood specimens. Such waste includes, but is not limited to, culture dishes, blood specimen tubes, and devices used to transfer and inoculate cultures.

Human blood and blood products: discarded waste human blood and blood components, and materials containing free flowing blood and blood products.

Pathological waste: human source biopsy materials, tissues, and anatomical parts that emanate from surgery, obstetrical procedures and autopsy. Does not include teeth, human corpses, remains and anatomical parts that are intended for interment or cremation.

Sharps waste: all hypodermic needles, syringes and intravenous tubing with needles attached, scalpel blades, and lancets that have been removed from the original sterile package.

The WUTC regulates transporters of biomedical wastes. Its regulations also allow regular solid waste haulers to refuse to haul wastes that they observe to contain infectious wastes as defined by the WUTC.

11.6.2 Current Practice

Stericycle, Inc., collects biomedical/infectious wastes in Klickitat County. Due to privacy considerations, Stericycle does not provide information about where these wastes are generated.

11.6.3 Planning Issues

The list of potential generators of biomedical waste includes medical and dental practices, hospitals and clinics, veterinary clinics, farms and ranches, as well as individual residences. Some of these may not always dispose of biomedical wastes properly. There is no definitive estimate of the quantity of syringes and other biomedical wastes that are improperly disposed locally, but haulers in other areas often report seeing syringes sticking out of garbage bags. This problem is expected to increase due to an aging population and additional medications for human immunodeficiency virus, arthritis, osteoporosis, and psoriasis delivered via syringe that have become available for home use.

11.7 Construction and Demolition Debris

This section addresses disposal of C&D debris within Klickitat County.

11.7.1 Regulations and Guidelines

Construction, demolition and land clearing wastes are a solid waste resulting from the construction, renovation, and demolition of buildings, roads and other manmade structures. Construction wastes generally include wood scraps, drywall scraps, and excess concrete, as well as cardboard boxes and other packaging used to hold materials or products prior to installation. Demolition wastes typically contain concrete, brick, wood, drywall and other materials. Land clearing debris (tree stumps, brush and soil) is often included with C&D wastes, but little of this material is actually sent to disposal facilities. Another component of C&D wastes are reusable building materials, which are salvaged materials from construction or demolition that would otherwise be landfilled.

C&D wastes are generated by construction companies, homeowners and others. Large amounts of C&D wastes generated by construction companies and contractors are more

likely to be collected separately from normal garbage and brought to special disposal sites. Homeowners are more likely to bring small, mixed loads containing both C&D wastes and garbage to Klickitat County disposal facilities.

WAC 173-350-400 allows many types of C&D wastes to be disposed in limited purpose landfills. In addition, state law prohibits the open or unregulated burning of "treated wood, metal and construction debris."

Ecology released an updated waste and toxics reduction plan in June 2015. Moving Washington Beyond Waste and Toxics focuses on reducing C&D waste through design and recycling. Moving Washington Beyond Waste and Toxics Plan provides the following goals pertaining to C&D waste:

- Waste generation will be reduced throughout the system by both businesses and residents (GOAL SWM 4)
    - Advance building salvage and building material reuse to reduce construction and demolition waste by promoting design for deconstruction principles, sharing model contract language that requires salvage, and other related efforts.

The state legislature passed the "Sham Recycling Bill" in 2005, requiring transporters of recyclable materials to register with Washington State, and requiring certain recycling facilities to notify the state before commencing operation. A new state rule, the Recyclable Materials Transporter and Facility Requirements (WAC 173-345), was developed in response to this legislation. Although originally directed at C&D recycling issues, the new rule covers all types of recyclable materials (including materials designated as recyclable in this Plan). The new rule prohibits delivery of recyclable materials to transfer stations and landfills. The rule does not apply to several entities, including self-haulers, cities and city contractors, and charities.

11.7.2 Current Practice

There are no operational C&D processing facilities in Klickitat County at this time. C&D debris is currently accepted at the RRL and in small quantities, at the transfer stations and drop box sites.

11.7.3 Planning Issues

C&D debris management and disposal practices are generally adequate and should be maintained.

11.8 Electronic Waste

This section addresses disposal of electronic and electronic equipment waste, commonly referred to as "E-Waste," generated within Klickitat County.

11.8.1 Regulations and Guidelines

Electronic products may contain heavy metals and other chemicals at hazardous levels that make them difficult to dispose of safely. The Electronic Product Recycling law (RWC 70A.205) requires manufacturers of computers, monitors, laptops and portable computers to provide recycling services throughout the state at no cost to households,

small businesses, small local governments, charities and school districts. This law led to the E-Cycle Washington program developed by Ecology. Names and locations of collection sites can be obtained by calling 1-800-RECYCLE or going to www.ecyclewashington.org.

11.8.2 Current Practice

The E-Cycle Washington program allows for collection and recycling of televisions, desktop computers, laptop computers, tablet computers, e-readers, portable video disc players, and computer monitors. However, peripherals such as keyboards, mice, and printers are not covered by the program. Over 330 collection sites (statewide) have been established since January 2009. In the first five years of its existence, E-Cycle Washington has collected more than 200 million pounds of discarded electronics.

Klickitat County currently has one site, the Goldendale Transfer Station, which accepts E-Waste.

11.8.3 Planning Issues

Based on the E-Cycle Washington statistics, the statewide program is working well.

11.9 Junk Vehicles

This section addresses disposal of junk vehicles within Klickitat County.

11.9.1 Regulations and Guidelines

RCW 70A.200.060 prohibits the abandonment of junk vehicles upon any property located in a county unincorporated area. Abandoned vehicles are also regulated under RCW 46.55, which establishes rules for removal and disposal of junk vehicles. If a junk vehicle is abandoned in violation of RCW 70A.200.060, the vehicle's removal, disposal, sale, and penalties that may be imposed against the registered owner are governed by RCW 46.55.230.

11.9.2 Current Practice

RS does not accept any licensed vehicles for disposal at transfer stations, drop box sites, or RRL due to Washington State rules and regulations. Junk vehicles may be taken to an auto recycling center for disposal.

11.9.3 Planning Issues

Current junk vehicle waste management and disposal practices are generally adequate and should be maintained.

11.10 Petroleum Contaminated Soils

This section addresses disposal of PCS within Klickitat County.

11.10.1 Regulations and Guidelines

PCS can contain fuel oil, gasoline, diesel, or other volatile hydrocarbons in concentrations below dangerous waste levels, but greater than cleanup levels

established by Ecology. Small amounts of PCS may be disposed of as a solid waste in RRL. Depending on the contamination levels, large amounts may need to be treated by a process that removes or destroys the contamination. Treatment processes include aeration, bioremediation, thermal stripping, and incineration.

11.10.2 Current Practice

Klickitat County refers PCS to RRL for disposal.

11.10.3 Planning Issues

Current management and disposal practices are generally adequate to handle the volume of PCS generated within Klickitat County.

11.11 Pharmaceuticals

This section addresses disposal of pharmaceuticals within Klickitat County.

11.11.1 Regulations and Guidelines

Generally, two types of pharmaceuticals are of interest to Klickitat County waste management: 1) controlled substances (prescription drugs and illegal drugs) and 2) over-the-counter, nonprescription substances (for example aspirin, vitamins, other health supplements, and cold medicines). Controlled substances are covered by their own regulations, which do not address disposal other than to prevent their reuse. Over-the-counter substances are not specifically addressed by solid waste regulations.

Washington's Drug Take-Back program (RCW 69.48), to securely collect and dispose of unwanted medications requires potential programs to submit for approval no later than July 1, 2019. Manufacturers that sell drugs in Washington must participate in a collection program.

11.11.2 Current Practice

Disposal of unused or outdated prescription and nonprescription substances occurs in an informal and inconsistent fashion. Historically, people have been told to dispose of unwanted prescription drugs and other medicines by flushing down a toilet. However, some of these compounds are only partially broken down (if at all) in wastewater treatment plants, and eventually show up as contaminants in ground and surface waters. Therefore, Washington State has established temporary drop-off locations while it develops a statewide take-back program. A list of temporary drop-off locations is available online (see www.takebackyourmeds.org).

If a collection program for unwanted medicines is not conveniently available to residents, people are currently encouraged to dispose of these in their trash after mixing the medicines with an undesirable substance, such as used cat litter or coffee grounds, and putting the mixture into a container with a lid.

If available, Klickitat County encourages giving pharmaceutical waste to community drug take-back programs to provide proper disposal rather than mixing with trash. Klickitat Valley Hospital also provides a take-back programs and can be contacted for additional information.

11.11.3 Planning Issues

Currently, the EPA lists pharmaceuticals and personal care products as "contaminants of emerging concern." For household pharmaceuticals, the EPA's interim recommendation is to not flush medications into the sewer or septic tank. Rather, the EPA recommends that residents double bag medications and place them directly into exterior garbage cans to avoid children or pets accessing them.

Take Back Your Meds is a group of over 270 organizations in Washington State that supported creation of a statewide program for the safe return and disposal of unwanted medicines. Resources for this can be found at www.takebackyourmeds.org.

Current pharmaceutical waste management and disposal practices are generally adequate.

11.12 Street Sweepings/Vactor Waste

This section addresses disposal of wastes generated from maintaining paved areas within Klickitat County.

11.12.1 Regulations and Guidelines

Street sweepings and vactor wastes may be contaminated with a variety of materials, depending on the locale, unauthorized or accidental discharges, and frequency of cleaning. Both street sweepings and vactor waste may contain small amounts of petroleum hydrocarbons from motor oil that leaks from vehicles traveling on public streets. Currently, vactor wastes can be classified as clean fill, solid waste, or dangerous wastes, depending upon the level of contamination.

11.12.2 Current Practice

Klickitat County currently refers street sweeping and vactor waste to RRL for disposal.

11.12.3 Planning Issues

Current waste management and disposal practices for street sweepings and vactor waste are generally adequate.

11.13 Tires

This section addresses tire disposal within Klickitat County.

1.1.1 Regulations and Guidelines

WAC 173-350-100 defines waste tires as any tires that are no longer suitable for their original intended purpose because of wear, damage or defect. WAC 173-350-350 imposes restrictions on outdoor piles of more than 800 tires.

11.13.1 Current Practice

Many tire shops and auto repair shops recycle the tires they replace (typically for a fee). Waste tires are also accepted at transfer stations, drop box sites, and RRL for disposal with a limit of five per trip.

11.13.2 Planning Issues

Recycling and disposal practices for tires are generally adequate. The areas of primary concern are large tire stockpiles, loads of tires that are illegally dumped on public or private property, and small quantities of tires stored by residents and businesses for disposal at some indeterminate future date.

11.14 Disaster Debris Management

This section addresses management and disposal of wastes generated during disasters within Klickitat County.

11.14.1 Regulations and Guidelines

Natural and man-made disasters can result in a surge of unanticipated debris that can inhibit or obstruct emergency services and overwhelm normal Klickitat County Department of Public Works capabilities. It is critical to clear debris immediately after a disaster to allow emergency vehicles to respond to life-threatening situations. Once the debris is cleared from the right-of-way and vehicle access is achieved, the removal and disposal of debris are important for the community's recovery.

Being prepared with a plan to address the increased quantity and potential types of disaster debris can help to protect the health and safety of the community. Successful implementation of that plan can positively affect speed and cost of recovery, and the ability to obtain financial assistance for the recovery efforts.

Numerous resources that provide guidance for the development of disaster debris management plans (DDMPs) are available. In March 2008 EPA developed *Planning for Natural Disaster Debris* (EPA 2008) as a tool for local communities to create such a DDMP. Another guidance tool is the Federal Emergency Management Agency's (FEMA) *Public Assistance Program and Policy Guide, Appendix D: Debris Management Plan Job Aid* (FEMA 2016). Both of these documents are available online and provide guidance that could assist Klickitat County in developing a DDMP.

11.14.2 Current Practice

Klickitat County has an Emergency Management Department that has prepared a Comprehensive Emergency Management Plan (CEMP).

From January 2010 to June 2019, three federally declared disasters affected Klickitat County, according to FEMA's website.

- Severe Winter Storms, Flooding, Landslides, and Mudslides in 2011
- Severe Winter Storms, Flooding, Landslides, and Mudslides in 2012
- Horsethief Butte Fire in 2015

Klickitat County is historically at risk primarily for storm, fire and flood disasters. However, wind-borne ash from the 1980 volcanic eruption of Mt. St. Helens affected Klickitat County. Table 11-2 summarizes the types of disasters most likely to occur in or near Klickitat County and the types of debris likely to be generated. Evaluation of

potential disasters and resultant debris can help prepare for disaster response and recovery.

Table 11-2. Potential Disasters and Resultant Debris

Debris	Biodisaster/ Epidemic	High Winds	Floods	Wildfires	Winter Storms	Volcanoes
C&D Material: concrete, asphalt, metal, wallboard, brick, glass, wood		XX	X	X	X	X
Personal Property: appliances, E-Waste, MRW, furniture, other personal belongings		XX	X	X		
Vehicles and vessels		X	X	X		
Vegetative Debris: trees, yard debris, woody debris		X	XX	X	XX	X
Animal carcasses, bedding, manure, contaminated items	XX				X	
Displaced Sediments: sand, soil, rock, sediment			XX	X		X
Mixed other debris		X	X	X		X

X = smaller quantity; XX = significant quantity

Planning for debris management enables Klickitat County to consider and evaluate alternative debris management options before a natural disaster occurs. Adequate preparation assists with making disaster debris management more cost-effective and meet community concerns, which typically include:

- Public health and safety
- Prioritizing response activities to target resources in an appropriate manner
- Preserving property and the environment
- Minimal impact or disruption of normal solid waste services
- Cost
- Compliance with regulations governing specific waste streams such as asbestos and hazardous waste.
- Availability of facilities permitted to accept specific waste streams
- Ability to recycle portions of the waste stream
- Eligibility for cost-recovery funds through FEMA or other government programs

11.14.3 Planning Issues

In an emergency, timely response, saving lives, and minimizing property damage are the primary goals. Following the initial response, disaster debris handling becomes

important. A DDMP can be used to coordinate between emergency responders and Klickitat County agencies that provide various services. Following the DDMP during and after an emergency is likely to allow for a speedier response and recovery and assist in reducing the financial impact. The DDMP is a supplement to the CEMP by elaborating on debris clearance and demolition activities. Following are issues the DDMP could address:

- Forecast of type and quantity of debris;
- Types of equipment required to manage debris;
- Description of critical local accessibility routes;
- Plan for public debris collection and removal and debris removal from private property;
- Plan for informing the public regarding debris handling;
- Health and safety requirements for emergency workers;
- List of environmental considerations and regulatory requirements;
- Temporary debris management sites and disposal locations, including any necessary permits or variances;
- Potential resources, such as contractors or Klickitat County staff, and their responsibilities; and
- Plan for monitoring debris removal and disposal operations.

11.14.4 Status of Previous Recommendations

No recommendations were made regarding Miscellaneous Wastes in the 2013 Plan.

11.15 Alternatives and Evaluations

Existing service gaps and other issues connected to the Special Waste component of solid waste management are discussed below.

11.15.1 General Alternatives

Collection programs may be required or desired in the future for materials that cannot be fully anticipated at this time. As these needs arise or are identified, options should be evaluated and feasible cost-effective solutions implemented as necessary. Possible steps that could be taken include the following:

- **Increased education**: additional education for generators who are the sources of the waste stream could be conducted to promote safe handling and disposal practices.
- **Collection programs**: additional or new collection programs could be developed or existing ones expanded to include additional materials or sources. An example is to provide an additional E-Waste collection site in Klickitat County since there is currently one collection site, the Goldendale Transfer Station.

- **Product stewardship**: new product stewardship programs could be considered or supported to address specific waste materials.

11.15.2 Construction and Demolition Debris Alternatives

There are currently few opportunities in Klickitat County for C&D recycling, although specific types of C&D materials (such as clean wood, cardboard, metals, and reusable building materials) can be diverted to various recovery operations. In general, reuse and recycling options for C&D wastes could include:

- **Salvage for onsite and offsite reuse**: This option generally applies to demolition projects, although a small amount of reusable materials and products are also generated at construction sites. To be effective, salvaging requires pre-demolition removal of reusable materials and hence requires some additional time and steps in a project's schedule. Offsite reuse could be accomplished through a variety of means, including reuse stores and private efforts.
- **Onsite crushing and grinding for reuse and recycling**: This generally applies to concrete and asphalt, which could be crushed to serve as road base or replace other basic materials, although in some cases wood and other materials could also be handled onsite.
- **Source-separation for off-site processing**: Source separation at C&D sites could allow recycling of wood, cardboard and other materials.
- **Mixed C&D processing off-site**: This option would require a significant investment in one or more facilities that are properly equipped and operated to process and market C&D waste.
- **Central site for recycling and reuse**: An ideal option could be a facility, or a series of local facilities, that combine reuse and recycling as appropriate for the material. These facilities could sell salvaged products (such as doors, windows, and cabinets), as well as crush or grind other materials (such as concrete and wood) for use as aggregate or hog fuel.
- **Collection depots at transfer and disposal facilities**: Collection containers for reusable and/or recyclable C&D materials at transfer stations and drop box sites could allow these materials to be transferred to a central processing or salvage facility. Transportation costs can be a significant barrier, however, since the recovered materials typically have a low monetary value.

Klickitat County could partner with businesses that recycle material to salvage and divert recyclable materials received at transfer stations and drop box sites. Materials that suitable to be recycled and resold could be set aside for pickup or customers could be redirected to specific businesses that resell or reuse materials.

Contractors and homeowners could benefit from more information about the potentially hazardous materials that can be uncovered during demolition activities. Information could include proper handling and disposal, as well as the potential health impacts. Disposers of C&D waste can most easily identify potential hazards if they separate their demolished waste. Others can learn about the hazards they are exposing themselves to with Klickitat

County-provided brochures. Contractors and homeowners could be given a brochure when they apply for a permit.

11.15.3 Disaster Debris Management Alternatives

SWD could coordinate with Klickitat County Emergency Management Department to determine details regarding debris removal and disposal activities that could provide better guidance for disaster debris management activities and preparedness. A portion of the details should be describing critical lines of communication related to debris removal and disposal. This would facilitate a quicker response and reduce the number of decisions that need to be made during a disaster while the extent of damage and possible options for addressing them were being assessed. Any revisions to the CEMP would best be done on the normal schedule for updating this document.

Klickitat County can develop a separate DDMP. In this case, both the CEMP and a DDMP together would be used for guidance in the event of a disaster. The DDMP could either be a separate plan or added as an appendix to the CEMP. The DDMP could provide the detail for critical lines of communication specific to debris management activities, identify disasters that would most likely impact the solid waste system, the type of debris that would be generated from each one, address the need for temporary staging areas including potential locations, contain forms and brochures that could be easily modified for use in such an event, and have identified reuse/recycle activities that would minimize disposal at landfills. The level of detail for this plan could range from simple plans consisting largely of checklists and an outline of procedures to more complex plans that would be reviewed and approved by FEMA.

11.15.4 Evaluation of Alternative Strategies

For the most part, management practices for miscellaneous wastes in Klickitat County are adequate. Emerging regulations and guidance regarding pharmaceutical waste may require future action.

11.16 Recommended Actions

The following recommendations for miscellaneous wastes are made by Klickitat:

MW1) Continue to dispose miscellaneous wastes through a cooperative effort with Klickitat County, Republic Services and Ecology.

MW2) Monitor federal and state guidance regarding pharmaceutical waste and implement changes as needed to comply with statewide medicine take-back program.

MW3) Promote proper reuse, recycling and disposal of C&D debris.

MW4) Partner with private organizations to promote recycling and reuse of C&D wastes and building materials.

MW5) Develop an internal plan for handling disaster debris, in coordination with the Klickitat County Emergency Management Department.

MW6) Consider adding an additional E-Waste collection site.

12 Administration and Enforcement

This chapter addresses the administrative and enforcement activities related to solid waste and MRW.

12.1 Background

Klickitat County, the cities, towns and several other organizations and agencies are responsible for providing enforcement of federal, state, and local laws and regulations that guide the planning, operation, and maintenance of the region's solid waste management system. This local enforcement authority ensures the Klickitat County system meets applicable standards for the protection of human health and environmental quality.

12.2 Existing Conditions

Administrative responsibility for solid waste handling systems in Klickitat County is currently divided among several agencies and jurisdictions in local, county, and state government. RRL operates under an Agreement between RS and Klickitat County, and under permits issued by Klickitat County and Ecology. Klickitat County and Ecology have cooperated in aspects of observation and monitoring of RRL. Each organization involved in Klickitat County solid waste management system is described below.

12.2.1 Klickitat County Solid Waste Department

The Washington State Solid Waste Management Act, Chapter 70A.205 RCW assigns local government the primary responsibility for managing solid waste. Solid waste handling, as defined in Chapter 70A.205 RCW, includes the "management, storage, collection, transportation, treatment, utilization, processing, and final disposal of solid wastes, including the recovery and recycling of materials from solid wastes, the recovery of energy resources from solid wastes or the conversion of the energy in solid wastes to more useful forms or combinations thereof."

RCW 36.58 authorizes Klickitat County to develop, own, and operate solid waste handling facilities in unincorporated areas, or to accomplish these activities by contracting with private firms. Klickitat County also has the authority and responsibility to prepare comprehensive solid waste and MRW management plans for unincorporated areas and for jurisdictions that agree to participate with Klickitat County in the planning process.

Klickitat County entered into interlocal agreements with incorporated cities and towns prior to starting the Plan review, update and adoption process. These agreements address the Plan participation. Copies of these agreements are included as Appendix A.

Operations of RRL requires the Solid Waste Director to provide an increased level of administration, inspection and oversight. Additional consultants are needed to observe liner installation and analyze some test results. One Recycling Coordinator is needed to assist with waste reduction and recycling programs, one Litter Crew Supervisor to assist

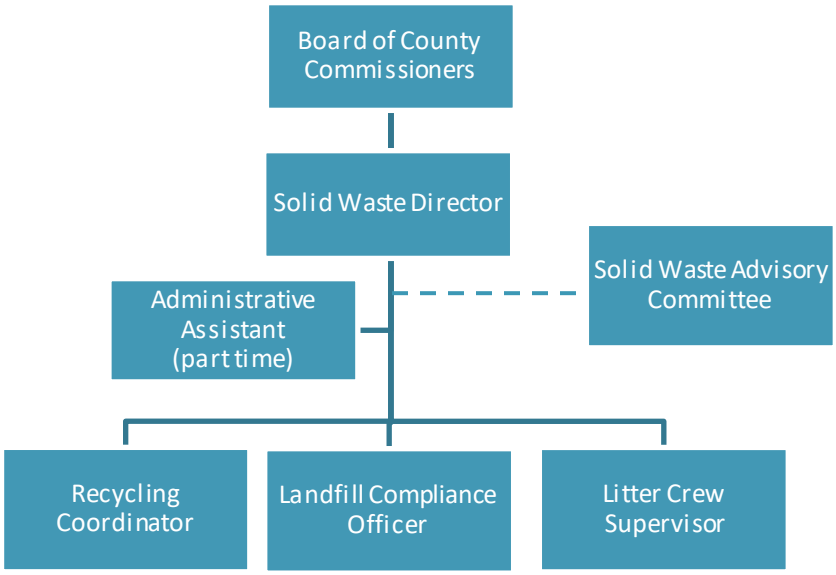
with the litter crew operations and one Landfill Compliance Officer is needed onsite at RRL. Staff clerical support requires one half-time person.

Klickitat County exercises its solid waste responsibilities through the SWD. The specific administrative functions performed include the following:

- Administering and staffing public education programs for waste reduction and recycling.
- Administering contracts.
- Maintaining the Plan as adopted relating to public health, safety, and sanitation, and providing regulations to govern the storage, collection, transfer, transportation, processing, use, and final disposal of solid waste by persons in Klickitat County.
- Providing staff support for the SWAC.

Figure 12-1 illustrates the Klickitat County SWD organizational structure. The SWD is staffed by one part time and four full time employees who handle administration, inspection, coordination, education and outreach activities.

Figure 12-1. Solid Waste Department Organizational Structure



The SWD is funded by fees collected from the Agreement with RS. Klickitat County also receives grant monies from Ecology for solid waste management planning activities, litter clean up, MRW disposal, and pilot projects. Table 12-1 shows the current budget (2019) for the SWD.

Table 12-1. Solid Waste Department 2019 Budget

2019[1] Budgeted	
Revenues	
LSWFA Grant	$103,000
Litter Grant	$34,000
Administrative Fees	$251,652
Reimbursable Contracts	$10,000
Total Revenues	**$388,552**
Expenditures	
Administration General	$345,878
Administration Planning	$5,000
Operations General	$27,000
Transfer Out	$10,674
Total Expenses	**$388,552**
Total Balance/(Deficiency)	**$0**

Note: All figures are in dollars.
1. The 2019 figures are the budgeted amounts

12.2.2 Klickitat County Solid Waste Advisory Committee

Per RCW 70A.205, the Board of County Commissioners has appointed the SWAC to help develop solid waste handling programs and policies. The SWAC has adopted bylaws that can be amended by the SWAC at any time, subject to approval by the Board of County Commissioners. The term of the SWAC members is three years and members can be re-appointed by the Board of County Commissioners to serve consecutive terms. The SWAC consists of a minimum of nine members each with one vote and membership is outlined in the bylaws to include: citizens, public interest groups, business, the waste management industry, agriculture, and local elected officials.

12.2.3 Incorporated Cities

RCW 35.21.152 empowers cities to develop, own, and operate solid waste handling systems and to provide for solid waste collection services within their jurisdictions. There are five incorporated cities and towns in Klickitat County.

Municipalities contract for collection programs and one private hauler currently operates in the unincorporated areas. Fees charged for the service cover the expenses of the system. Detailed information about collection in individual cities is included in Chapter 5 Solid Waste Collection.

12.2.4 Klickitat County Health Department

The Health Department works with the public, cities, and state agencies to develop and implement plans for the safe storage, collection, transportation, and final disposal of solid

waste. The Health Department works to assure compliance with RCW 70A.205 and WAC 173-304 - Minimum Functional Standards for Solid Waste Facilities. The Health Department is responsible for the following activities:

- Permitting solid waste facilities operating in Klickitat County.
- Assure permits are consistent with the Plan, local ordinances, and appropriate Washington State and federal regulations.
- Oversight of existing permitted facilities.
- Investigating illegal dumping and non-permitted dump sites.

Solid waste facility permits are required in accordance with WAC 173-303, 173-350, and 173-351. Facilities are required to obtain solid waste handling permits from the Health Department.

The State Environmental Policy Act (SEPA), RCW 43.21C, requires governmental agencies to consider the environmental impacts of a proposal before making decisions. An environmental impact statement (EIS) must be prepared for proposals with probable significant adverse impacts on environmental quality. In order to determine if an EIS is necessary, an environmental checklist must be completed.

For this planning document, a SEPA checklist has been completed and is included as Appendix G.

Applicants applying for new solid waste permits within Klickitat County will notify the Health Department. The applicant will submit a permit application and a SEPA checklist to the Health Department which forwards such applications to SWD for review and comment.

The Health Department will forward such findings and comments along with the SEPA checklist and permit application, on to the Klickitat County Board of Health. Final approval or disapproval of the application shall rest with the Health Department, which shall issue its approval/disapproval of the application within 90 days after its receipt pursuant to RCW 70A.205.125.

12.2.5 Washington State Department of Ecology

RCW 70A.205 provides for a comprehensive, statewide solid waste management program and assigns primary responsibility for solid waste handling to local governments. This regulation gives each county, in cooperation with its cities, the task of setting up a coordinated solid waste management plan that places an emphasis on waste reduction and recycling programs. Enforcement and regulatory responsibilities are assigned to cities, counties, or jurisdictional health departments, depending on the specific activity and local preferences, but Ecology issues permits for land application of biosolids.

Ecology has promulgated WAC 173-350, Solid Waste Handling Standards, which addresses the operational and other requirements for recycling and composting facilities as well as inert and special purpose landfills. WAC 173-351, Criteria for Municipal Solid Waste Landfills, contains the current standards for MSW landfills.

The Model Litter Control and Recycling Act (RCW 70A.200.060) prohibits depositing garbage on any property not properly designated as a disposal site. There is also a "litter fund" that has been created through a tax levied on wholesale and retail businesses, and the monies from this fund are being used for education, increased litter cleanup efforts, and contracts to eligible county entities for illegal dump cleanup activities.

Under the Model Toxics Control Act (MTCA) (RCW 70A.300), grants are available to local governments for solid waste management plans and programs, hazardous waste management plans and programs, and remedial actions to clean up existing hazardous waste sites. Solid and hazardous waste planning and programs are funded through the LSWFA Grants program administered by Ecology's Solid Waste and Financial Assurance Program. The state rule that governs this program is WAC 173-312 – Local Solid Waste Financial Assistance.

12.2.6 Washington Utilities and Transportation Commission

The WUTC regulates privately-owned utilities that provide public services such as electric power, telephone, natural gas, private water, transportation, and refuse collection. WUTC's authority over solid waste collection is established in RCW 81.77. This authority does not extend to companies operating under contract with any city or town, or to any city or town that undertakes solid waste collection. WUTC regulates solid waste collection companies by granting "certificates of convenience and necessity" that permit collection companies to operate in specified service areas. WUTC also regulates solid waste collection, under authority of RCW 81.77.030, by performing the following functions:

- Fixing collection rates, charges, classifications, rules, and regulations.
- Regulating accounts, service, and safety of operations.
- Requiring annual reports and other reports and data.
- Supervising collection companies in matters affecting their relationship to their customers.
- Requiring collection companies to use rate structures consistent with Washington State waste management priorities.

The WUTC requires certificate holders to provide the minimum levels of solid waste collection and recycling services established by a local solid waste management plan and enacted through an ordinance. Solid waste companies operating in the unincorporated areas of a county must comply with the local solid waste management plan (RCW 81.77.040).

At its option, Klickitat County may notify the WUTC of its intention to have the G-certificate holder bid on the collection of source-separated recyclable materials from residences in unincorporated areas. Commercial recycling is also regulated by the WUTC, under laws that apply in general to motor freight carriers (RCW 81.80), although their oversight is limited to requiring a permit (at $100 per year) and also to require companies to carry insurance, conduct drug testing of employees, and conduct a few other activities.

This Plan contains a cost assessment (see Appendix H) prepared according to the W*UTC Cost Assessment Guidelines for Local Solid Waste Management Planning* (WUTC 2001). RCW 70A.205 grants the WUTC 45 days to review the plan's impact on solid waste collection rates charged by solid waste collection companies regulated under RCW 81.77, and to advise Klickitat County and Ecology of the probable effects of the Plan's recommendations on those rates.

12.2.7 United States Environmental Protection Agency

At the federal level, the Resource Conservation and Recovery Act (RCRA) of 1976, as amended by the Solid Waste Disposal Act Amendments of 1980 (42 U.S.C. 6901-6987), is the primary body of legislation addressing solid waste. RCRA Subtitle D deals with non-hazardous solid waste disposal and requires the development of a state comprehensive solid waste management program that outlines the authorities of local, state and regional agencies. Subtitle D requires the state program prohibit "open dumps" and provide that solid waste is handled in an environmentally-sound manner.

12.3 Status of Previous Recommendations

Status of recommendations made by the 2013 Plan are presented in Appendix D.

12.4 Alternatives and Evaluations

Existing service gaps and other issues connected to Administration and Enforcement components of solid waste management are discussed below.

12.4.1 Long-Term Funding Needs

Financial resources are necessary to provide for the continuation of recycling and hazardous waste diversion and education programs and for complying with new and more stringent rules and regulations governing solid waste management. These resources may be provided by taxes, solid waste tipping fees, grants, or any combination of these sources.

Solid waste funding for recycling and educational programs are currently reliant on the LWSFA funding and the fee assessed under the Agreement with RS. The LWSFA grant funding has been decreased over the past few biennium. The cities do not currently contribute towards the 25 percent match required to receive LWSFA grant funding. Additional funding options (grouped by category) and the associated implementation entity are provided on Table 12-2.

Table 12-2. Potential Funding Methods for Solid Waste Management

Possible Funding Methods	Potential Implementation Entity			
	City	County	State	Private Sector
User Fees, Rates, Surcharges				
1. Cost-of-Service-Based Rates	X	X		X
2. Other Volume-Based Rates	X			

Table 12-2. Potential Funding Methods for Solid Waste Management

Possible Funding Methods	Potential Implementation Entity			
	City	County	State	Private Sector
3. Fixed Per-Customer Service Rates	X			X
4. Collection Rate Surcharges	X			
5. Planning Fees		X		
6. Weight or Volume-Based Disposal Fees	X	X		X
7. Fixed Per-Customer Disposal Fees	X	X		X
8. Disposal Surcharges	X	X		
Taxes				
9. MTCA Funds, Hazardous Substance Tax		(x)	X	
10. State Litter Tax		(x)	X	
11. Disposal Department Excise Tax		X		
12. Mandatory Collection		X		
13. Franchise Fees	X		X	
Other				
16. Enforcement Fines/Penalties		X		
17. Sales of Recyclable Materials	X	X		X
18. Recycling Fees/Charges	X	X		X
19. Sales of Recovered Energy		X		X
20. Utility Tax	X			
21. General Fund Revenues	X	X		
22. Bond Financing		X		(x)
23. Public Works Assistance Account[1]	X	X		

Note: X = Implementing authority, (x) = potentially benefits from funding method but cannot implement it.

1. Public Works Assistance Account, commonly known as the Publics Works Trust Fund, was established by C 43.155 to be used by the Public Works Board to finance local government infrastructure loans.

12.4.2 Staffing

Adequate funding should be provided to increase staff at county levels as needed for the primary responsibility for solid waste management and to monitor, permit and enforce solid waste facilities and programs.

12.4.3 Permit Review

The SWAC should be included in the review of new solid waste facility permit requests within Klickitat County, although final approval shall continue to reside with the jurisdictional Health Department. Such permit requests, after review by the SWAC, will

be forwarded to the Health Department with comments. This review will check for adherence to this Plan and RCW 70A.205.

12.5 Recommended Actions

The following recommendations are made for administration and enforcement by Klickitat County:

AE1) Consider pursuing some of the additional funding strategies listed in Table 12-2 that can be implemented by Klickitat County directly and independently from other alternatives.

AE2) Provide adequate funding to maintain or increase staff at county levels, as needed.

AE3) Include the SWAC in the review of new solid waste facility permit requests.

13 Implementation Plan

This chapter provides information regarding the cost and schedule for implementing the recommendations made in this Plan. Information is also provided on monitoring progress and maintaining the Plan.

13.1 Recommended Strategies

The recommendations made in previous chapters of this Plan are repeated below for convenient reference, as later sections of this chapter discuss costs and implementation responsibilities. More details about specific recommendations can be found in the respective chapters.

Specific information regarding budget for recommendations may be found in Table 13-1.

CHAPTER 3: WASTE REDUCTION, RECYCLING AND EDUCATION

Chapter 3 discusses existing programs and provides recommendations for three related topics: waste reduction, recycling and education. The following recommendations are proposed:

WWR1) Adopt the updated list of designated materials (Table 3-2) and maintain it through periodic review and updates.

WWR2) Update the Model Rural Recycling Program Plan.

WWR3) Incorporate and expand the education and promotion program.

WWR4) Continue to provide support for recycling at public events.

WWR5) Consider converting the curbside recycling collection program to a cart based system.

Klickitat County would take the lead in implementing these recommendations. Recommendation WWR2 and WWR5 would be implemented cooperatively between Klickitat County and RS with funding from RS.

CHAPTER 4: ORGANICS

Chapter 4 discusses existing programs and provides recommendations related to organics management. The following recommendations are being proposed for Organics programs:

O1) Continue to develop and distribute educational materials related to organics management as programs are established and implemented.

O2) Consider developing a pilot yard debris collection and composting program to assess public interest and participation.

O3) Monitor the pilot food waste collection program for participation and customer satisfaction and consider expanding the program as appropriate.

O4) Consider developing a Christmas tree recycling pilot program to assess public interest and participation.

Klickitat County would take the lead in implementing and funding these recommendations.

CHAPTER 5: SOLID WASTE COLLECTION

Chapter 5 discusses existing solid waste collection services in unincorporated Klickitat County and in the participating cities and towns. These programs are operating satisfactorily. Chapter 5 concludes with the following recommendations:

SWC1) Encourage the use of curbside collection services when possible and ensure collection services are available to all residents.

SWC2) The County should continue to enforce solid waste regulations and laws to encourage the proper collection and disposal of solid waste.

SWC3) Cities should continue to enforce compliance with their respective codes for solid waste collection and disposal.

SWC4) Education efforts should be undertaken by both Klickitat County and the franchised haulers to provide information to customers that describe collection and recycling services availability.

The budget for these activities will consist primarily of continuation of the existing funding.

CHAPTER 6: TRANSFER FACILITIES

Chapter 6 discusses existing transfer stations and drop box disposal systems and programs. The transfer system is working well. Chapter 6 outlines the following recommendations for implementation:

TF1) Monitor population growth and tonnage and consider transfer facility expansion as necessary.

TF2) Monitor waste importation tonnages and the current Agreement with Republic Services and consider intermodal facility expansion as needed.

TF3) Annually review permits and the contract for compliance and potential transfer facility modifications or expansions.

Klickitat County would take the lead in implementing and funding these recommendations.

CHAPTER 7: WASTE IMPORT/EXPORT

Chapter 7 discusses the status of waste import to the RRL and potential export of Klickitat County waste. The Chapter concludes with the following recommendations:

IE1) Importation of waste should continue in compliance with the Agreement.

IE2) Continue to monitor compliance with the Agreement.

IE3) Yakama Nation and Gorge Commission preferences regarding waste transportation through specific areas under their jurisdictions should be

implemented through permit conditions and should be monitored for compliance.

IE4) Exportation will not be considered during this planning period.

Klickitat County has the primary authority for these recommendations in compliance with the Agreement between Klickitat County and RS. The budget for these activities consists primarily of continuation of the existing funding.

CHAPTER 8: DISPOSAL

Chapter 8 discusses the existing disposal system and programs. The disposal system is working well. Chapter 8 outlines the following recommendations for implementation:

D1) Waste should continue to be disposed per the Agreement.

D2) Continue to maintain, monitor and update the Agreement.

D3) Ensure continued compliance with permits by monitoring, including retention of an inspector.

Klickitat County is the lead agency for these recommendations with funding primarily from existing funding.

CHAPTER 9: ENERGY RECOVERY

Chapter 9 discusses energy recovery options available to Klickitat County. The Chapter concludes with the following recommendation:

ER1) Monitor developments and progress in waste processing and conversion technologies utilized and support the continued use of landfill gas to energy operations.

Klickitat County is the lead agency for this recommendation. No additional budget is necessary for this recommendation.

CHAPTER 10: MODERATE RISK WASTE

Chapter 10 provides an update of the Klickitat County Moderate Risk Waste Plan. The following recommendations are being proposed for MRW programs:

MRW1) Enhance the public education and outreach program for handling of MRW waste for households and businesses as a cooperative effort.

MRW2) Consider re-establishment of the used oil collection program at more transfer station and drop box sites.

MRW3) Continue to coordinate the schedule and process for updating the MRW Plan with the solid waste management plan (as is the current practice).

MRW4) If grant funding is reduced or eliminated, consider implementing a fee based program to accept business waste and setting aside a fraction of the “host fee” from the Agreement for the MRW program.

MRW5) Update the MRW implementation plan, as appropriate, for review and approval by Klickitat County.

Klickitat County is the lead agency for these recommendations working cooperatively with RS in compliance with the Agreement for the update of the MRW implementation plan and education and outreach activities. The budget for these activities will consist primarily of continuation of the existing budget or reallocation of funds if grant funding is reduced.

CHAPTER 11: MISCELLANEOUS WASTES

Chapter 11 discusses the various materials considered "miscellaneous wastes" because they pose somewhat elevated risks, require additional precautions, or special handling procedures. For the most part, miscellaneous wastes can be handled by the existing MSW infrastructure and programs, but with a few additional considerations:

MW1) Continue to dispose miscellaneous wastes through a cooperative effort with Klickitat County, Republic Services and Ecology.

MW2) Monitor federal and state guidance regarding pharmaceutical waste and implement changes as needed to comply with statewide medicine take-back program.

MW3) Promote proper reuse, recycling and disposal of C&D debris.

MW4) Partner with private organizations to promote recycling and reuse of C&D wastes and building materials.

MW5) Develop an internal plan for handling disaster debris, in coordination with the Klickitat County Emergency Management Department.

MW6) Consider adding an additional E-Waste collection site.

Klickitat County is the lead agency for these recommendations, and these are essentially ongoing activities that would be funded by continuing the existing budget with the exception of SW5. SW5 would require additional funding for implementation and is dependent upon other agencies and partners.

CHAPTER 12: ADMINISTRATION AND ENFORCEMENT

The administration and enforcement of the solid waste system is an activity shared among several parties, including the SWD, Health Department, cities and towns, and the private sector. The SWD and Health Department have the primary responsibility for these activities.

AE1) Consider pursuing some of the additional funding strategies listed in Table 12-2 that can be implemented by Klickitat County directly and independently from other alternatives.

AE2) Provide adequate funding to maintain or increase staff at county levels, as needed.

AE3) Include the SWAC in the review of new solid waste facility permit requests.

Klickitat County is the lead agency for these recommendations so the additional costs are largely limited to a portion of staff time (existing staff). The budget for these activities

will consist primarily of continuing the existing budget plus additional amounts and/or reallocation of existing funds for new activities.

13.2 State Environmental Policy Act

Ecology requires the potential impacts of this Plan be evaluated according to SEPA process. The checklist has been prepared to fulfill that requirement and is included as Appendix G.

The SEPA checklist is a "non-project proposal" intended to address new programs recommended by the Plan. As a non-project proposal SEPA checklist, it is unable to fully address the potential impacts of facilities proposed in this Plan. Any new facility will need to undergo its own SEPA review process.

Klickitat County issued a determination of non-significance that the recommendations in the Plan will not have a probable significant adverse impact on the environment. A copy of this determination is included in Appendix I.

13.3 Estimated Additional Costs

Table 13-1 shows the approximate budget for Plan recommendations that incur additional costs, by Klickitat County, above and beyond current status quo costs and programs. "No Additional Costs" in Table 13-1 indicates Klickitat County is already performing the activity so it is covered by SWD budget or costs are covered by RS or CRD.

Table 13-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2021	*2022*	*2023*	*2024*	*2025*	*2026*
3. Waste Reduction, Recycling and Education						
WWR1) Adopt the updated list of designated materials (Table 3-2) and maintain it through periodic review and updates.	No Additional Costs					
WWR2) Update the Model Rural Recycling Program Plan.	No Additional Costs					
WWR3) Incorporate and expand the education and promotion program.	No Additional Costs					
WWR4) Continue to provide support for recycling at public events.	No Additional Costs					
WWR5) Consider converting the curbside recycling collection program to a cart based system.	No Additional Costs					

Table 13-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2021	*2022*	*2023*	*2024*	*2025*	*2026*
4. Organics						
O1) Continue to develop and distribute educational materials related to organics management as programs are established and implemented.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
O2) Consider developing a pilot yard debris collection and composting program to assess public interest and participation.	-	-	$5,000	$5,000	$5,000	$5,000
O3) Monitor the pilot food waste collection program for participation and customer satisfaction and consider expanding the program as appropriate.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
O4) Consider developing a Christmas tree recycling pilot program to assess public interest and participation.	-	$3,000	-	-	-	-
5. Solid Waste Collection						
SWC1) Encourage the use of curbside collection services when possible and ensure collection services are available to all residents.	No Additional Costs					
SWC2) The County should continue to enforce solid waste regulations and laws to encourage the proper collection and disposal of solid waste.	No Additional Costs					
SWC3) Cities should continue to enforce compliance with their respective codes for solid waste collection and disposal.	No Additional Costs					
SWC4) Education efforts should be undertaken by both Klickitat County and the franchised haulers to provide information to customers that describe collection and recycling services availability.	No Additional Costs					
6. Transfer Facilities						
TF1) Monitor population growth and tonnage and consider transfer facility expansion as necessary.	No Additional Costs					
TF2) Monitor waste importation tonnages and the current Agreement with Republic Services and consider intermodal facility expansion as needed.	No Additional Costs					
TF3) Annually review permits and the contract for compliance and potential transfer facility modifications or expansions.	No Additional Costs					

Table 13-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2021	*2022*	*2023*	*2024*	*2025*	*2026*
7. Waste Import/Export						
IE1) Importation of waste should continue in compliance with the Agreement.	No Additional Costs					
IE2) Continue to monitor compliance with the Agreement.	No Additional Costs					
IE3) Yakama Nation and Gorge Commission preferences regarding waste transportation through specific areas under their jurisdictions should be implemented through permit conditions and should be monitored for compliance.	No Additional Costs					
IE4) Exportation will not be considered during this planning period.	No Additional Costs					
8. Disposal						
D1) Waste should continue to be disposed per the Agreement.	No Additional Costs					
D2) Continue to maintain, monitor and update the Agreement.	No Additional Costs					
D3) Ensure continued compliance with permits by monitoring including retention of an inspector.	No Additional Costs					
9. Energy Recovery						
ER1) Monitor developments and progress in waste processing and conversion technologies utilized and support the continued use of landfill gas to energy operations.	No Additional Costs					
10. Moderate Risk Waste						
MRW1) Enhance the public education and outreach program for handling of MRW waste for households and businesses as a cooperative effort.	$2,500	$1,000	$1,000	$1,000	$1,000	$1,000
MRW2) Consider re-establishment of the used oil collection program at more transfer station and drop box sites.	No Additional Costs					
MRW3) Continue to coordinate the schedule and process for updating the MRW Plan with the solid waste management plan (as is the current practice).	No Additional Costs					

Table 13-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2021	*2022*	*2023*	*2024*	*2025*	*2026*
MRW4) If grant funding is reduced or eliminated, consider implementing a fee based program to accept business waste and setting aside a fraction of the "host fee" from the Agreement for the MRW program.	No Additional Costs					
MRW5) Update the MRW implementation plan, as appropriate, for review and approval by Klickitat County.	No Additional Costs					
11. Miscellaneous Wastes						
MW1) Continue to dispose miscellaneous wastes through a cooperative effort with Klickitat County, Republic Services and Ecology.	No Additional Costs					
MW2) Monitor federal and state guidance regarding pharmaceutical waste and implement changes as needed to comply with statewide medicine take-back program.	No Additional Costs					
MW3) Promote proper reuse, recycling and disposal of C&D debris.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
MW4) Partner with private organizations to promote recycling and reuse of C&D wastes and building materials.	No Additional Costs					
MW5) Develop an internal plan for handling disaster debris, in coordination with the Klickitat County Emergency Management Department.	-	-	$25,000	-	-	-
MW6) Consider adding an additional E-Waste collection site.	No Additional Cost					
12. Administration/Enforcement						
AE1) Consider pursuing some of the additional funding strategies listed in Table 12-2 that can be implemented by Klickitat County directly and independently from other alternatives.	No Additional Costs					
AE2) Provide adequate funding to maintain or increase staff at county levels, as needed.	No Additional Costs					
AE3) Include the SWAC in the review of new solid waste facility permit requests.	No Additional Costs					
TOTAL	**$5,500**	**$7,000**	**$34,000**	**$9,000**	**$9,000**	**$9,000**

Notes:
1. Monetary figures are approximate and subject to update.

13.4 Six-Year Implementation Schedule

The proposed implementation schedule and primary responsibility is shown in Table 13-2. The SWAC will review and comment on proposed resolutions and ordinances prior to their adoption.

Table 13-2. Six-Year Implementation Schedule

Recommendation	Implementation Responsibility	Implementation Year					
		2021	*2022*	*2023*	*2024*	*2025*	*2026*
3. Waste Reduction, Recycling and Education							
WWR1) Adopt the updated list of designated materials (Table 3-2) and maintain it through periodic review and updates.	Klickitat County	Ongoing					
WWR2) Update the Model Rural Recycling Program Plan.	Klickitat County Republic Services	X	-	-	-	-	-
WWR3) Incorporate and expand the education and promotion program.	Klickitat County	Ongoing					
WWR4) Continue to provide support for recycling at public events.	Klickitat County	Ongoing					
WWR5) Consider converting the "blue bag" curbside recycling collection program to a cart based system.	Klickitat County Republic Services	X	X	X	-	-	-
4. Organics							
O1) Continue to develop and distribute educational materials related to organics management as programs are established and implemented.	Klickitat County	Ongoing					
O2) Consider developing a pilot yard debris collection and composting program to assess public interest and participation.	Klickitat County Cities and Towns	-	-	X	X	X	X
O3) Monitor the pilot food waste collection program for participation and customer satisfaction and consider expanding the program as appropriate.	Klickitat County	Ongoing					
O4) Consider developing a Christmas tree recycling pilot program to assess public interest and participation.	Klickitat County	-	X	-	-	-	-

Table 13-2. Six-Year Implementation Schedule

Recommendation	Implementation Responsibility	Implementation Year					
		2021	*2022*	*2023*	*2024*	*2025*	*2026*
5. Solid Waste Collection							
SWC1) Encourage the use of regular collection services when possible and ensure that collection services are available to all residents.	Klickitat County Cities and Towns	Ongoing					
SWC2) The Health Department should continue to enforce solid waste regulations and laws to encourage the proper collection and disposal of solid waste.	Klickitat County Health Department	Ongoing					
SWC3) Cities should continue to enforce compliance with their respective codes for solid waste collection and disposal.	Cities and Towns	Ongoing					
SWC4) Education efforts should be undertaken by both Klickitat County and the franchised haulers to provide information to customers that describe collection and recycling services availability.	Klickitat County Franchised Haulers	Ongoing					
6. Transfer Facilities							
TF1) Monitor population growth and tonnage and provide for transfer facility expansion as necessary.	Klickitat County	Ongoing					
TF2) Monitor waste importation tonnages and the current Agreement with Republic Services and consider intermodal facility expansion as needed.	Klickitat County	Ongoing					
TF3) Annually review the contract for compliance and potential transfer facility modifications or expansions.	Klickitat County	Ongoing					

Table 13-2. Six-Year Implementation Schedule

Recommendation	Implementation Responsibility	Implementation Year					
		2021	2022	2023	2024	2025	2026
7. Waste Import/Export							
IE1) Importation of waste to the Roosevelt Regional Landfill should continue in compliance with the Agreement.	Klickitat County Republic Services	Ongoing					
IE2) Continue to monitor compliance with the Agreement.	Klickitat County Republic Services	Ongoing					
IE3) Yakima Nation and Gorge Commission preferences regarding transportation of waste through specific areas under their jurisdictions should be implemented through permit conditions and should be monitored for compliance.	Klickitat County	Ongoing					
IE4) Exportation will not be considered during this planning period.	Klickitat County	Ongoing					
8. Disposal							
D1) Waste should continue to be disposed per the Agreement.	Klickitat County	Ongoing					
D2) Continue to maintain, monitor and update the Agreement to ensure compliance including retention of an inspector.	Klickitat County	Ongoing					
D3) Work cooperatively with the permitting authority for termination of post-closure care requirements at Horsethief Landfill.	Klickitat County Health Department	Ongoing					
9. Energy Recovery							
ER1) Monitor developments and progress in waste processing and conversion technologies utilized and support the continued use of landfill gas to energy operations.	Klickitat County	Ongoing					

Table 13-2. Six-Year Implementation Schedule

Recommendation	Implementation Responsibility	Implementation Year					
		2021	*2022*	*2023*	*2024*	*2025*	*2026*
10. Moderate Risk Waste							
MRW1) Enhance the public education and outreach program for handling of MRW waste for households and SQG's as a cooperative effort.	Klickitat County Republic Services	X	X	X	X	X	X
MRW2) Consider re-establishment of the used oil collection program at more transfer station and drop box sites.	Klickitat County Republic Services	X	X	X	X	X	X
MRW3) Continue to coordinate the schedule and process for updating the MRW Plan with the solid waste management plan (as is the current practice).	Klickitat County	Ongoing					
MRW4) If grant funding is reduced or eliminated, consider implementing a fee based program to accept business waste and setting aside a fraction of the "host fee" from the Agreement for the MRW program.	Klickitat County	Ongoing					
MRW5) Update the MRW implementation plan, as appropriate, for review and approval by Klickitat County.	Klickitat County Republic Services	Ongoing					
11. Miscellaneous Waste							
MW1) Continue to dispose miscellaneous wastes through a cooperative effort with the Health Department, Republic Services and Ecology.	Klickitat County Health Department Republic Services Ecology	Ongoing					
MW2) Monitor federal and state guidance regarding pharmaceutical waste and implement changes as needed to comply with statewide medicine take-back program.	Klickitat County	Ongoing					
MW3) Promote proper reuse, recycling and disposal of C&D debris.	Klickitat County	Ongoing					

Table 13-2. Six-Year Implementation Schedule

Recommendation	Implementation Responsibility	Implementation Year					
		2021	*2022*	*2023*	*2024*	*2025*	*2026*
MW4) Partner with private organizations such as the Columbia Gorge Habitat for Humanity ReStore to promote recycling and reuse of C&D wastes and building materials.	Klickitat County	Ongoing					
MW5) Develop an internal plan for handling disaster debris, in coordination with the Klickitat County Emergency Management Department.	Klickitat County	-	-	X	-	-	-
12. Administration/Enforcement							
AE1) Consider pursuing some of the additional funding strategies listed in Table 12-2 that can be implemented by Klickitat County directly and independently from other alternatives.	Klickitat County	Ongoing					
AE2) Provide adequate funding to maintain or increase staff at county levels, as needed.	Klickitat County	Ongoing					
AE3) Include the SWAC in the review of new solid waste facility permit requests.	Klickitat County	Ongoing					

13.5 Twenty-Year Implementation Program

Solid waste management in Klickitat County will continue to evolve based on changes in population, demographics, the local, state, and national economy, regulations, and advancements in waste handling and recycling. Klickitat County's current solid waste management system is functioning effectively.

The current process of solid waste rates and adjustments provides adequate funding for solid waste programs and facilities. If in the future it becomes advisable to seek additional sources of funding, Chapter 12 provides a list of potential funding sources.

13.6 Draft Plan Review

Klickitat County provided the Plan for review to stakeholders. Comments were received from Ecology, WUTC, and WSDA. Comments received and response to comments by Klickitat County are included as Appendix J.

13.7 Procedures for Amending the Plan

The Solid Waste Management-Reduction and Recycling Act (RCW 70A.205) requires local governments to maintain solid waste plans in current condition. Plans must be reviewed at least every five years and revised, if necessary. This Plan should be reviewed in 2026. Before that time, the Plan can be kept in current condition through amendments. An "amendment" is defined as a simpler process than a revision. If there is a significant change in the solid waste system, however, a revision may be necessary before the five-year period expires.

Changes in the Plan may be initiated by Klickitat County, working with the SWAC to develop and review proposed changes, or by outside parties. For the latter, individuals or organizations wishing to propose plan amendments before the scheduled review must petition the SWD Director in writing. The petition should describe the proposed amendment, its specific objectives, and explain why immediate action is needed prior to the next scheduled review. The SWD Director will investigate the basis for the petition and prepare a recommendation for the SWAC.

The petition will be referred to the SWAC for review and recommendation. The SWD Director will draft the proposed amendment together with the SWAC. Whether the proposed amendment has been initiated by Klickitat County or an outside party, the proposed amendment must be submitted to the legislative bodies of participating jurisdictions and Ecology for review and comment. Adoption of the proposed amendment will require the concurrence of affected jurisdictions.

The SWD Director may develop reasonable rules for submitting and processing proposed plan amendments, and may establish reasonable fees to investigate and process petitions. Administrative rulings of the SWD Director may be appealed to the Board of County Commissioners.

Minor changes may occur in the solid waste management system, whether due to internal decisions or external factors. These can be adopted without going through a formal amendment process. If there is uncertainty about whether or not a change is "minor," it should be discussed by the SWAC and a decision made based on member consensus.

Implicit in the development and adoption of this Plan is the understanding that in the future, Klickitat County may need to take emergency action for various reasons, and that these actions can be undertaken without the need to amend this Plan beforehand. In that case, Klickitat County staff will endeavor to inform the SWAC and other key stakeholders as soon as feasibly possible, but not necessarily before new actions are implemented. If the emergency results in permanent and significant changes to the Klickitat County solid waste system, an amendment to this Plan will be prepared in a timely fashion. If, however, the emergency actions are only undertaken on a temporary or short-term basis, an amendment may not be considered necessary. Any questions about what actions may be considered "temporary" or "significant" should be brought to the SWAC for its opinion.

Similar to the allowance for emergency action discussed above, Klickitat County will need to make operational decisions and expenditures to comply with future regulatory

changes and update permit requirements as applicable. Plan update and coordination with the SWAC will not be required or initiated for these future actions, as they are considered operational activities.

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Appendix A. Intergovernmental Agreements

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INTERGOVERNMENTAL AGREEMENT

REGARDING SOLID WASTE DISPOSAL

This Intergovernmental Agreement ("Agreement") regarding solid waste disposal is entered by and between Klickitat County and the City of Bingen, both municipal corporations of the State of Washington.

SECTION 1. RECITALS

1.1 The Klickitat County Comprehensive Solid Waste Management Plan (the "Comprehensive Solid Waste Management Plan") designates Klickitat County (the "County") as responsible for the selection of a method for the safe handling and disposal of Solid Waste within the County.

1.2 The County has designated or will designate a Vendor or Vendors to provide certain Solid Waste handling services for the disposal of Solid Waste generated within certain cities and towns and within unincorporated areas of the County.

1.3 In order to develop successfully the System for Solid Waste handling consistent with the obligation of cities and counties to provide for the safe and efficient handling and disposal of Solid Waste, it is necessary for Solid Waste generated in the County, including waste generated in the City of Bingen (the "City"), to be disposed of through the county System of Solid Waste Handling and it is necessary to authorize the County to designate disposal sites for the disposal of all Solid Waste generated within the City of Bingen (the "City"), to be disposed of through the County

System of Solid Waste Handling and it is necessary to authorize the County to designate disposal sites for the disposal of all Solid Waste generated within the City.

1.4 RCW 70A.205 authorizes the County to prepare a solid waste management plan for city and town solid waste management for inclusion in the County Solid Waste Management Plan.

1.5 RCW 70A.205 states, in part, that environmental and economic considerations in solving the state's solid waste management problems require strong consideration by local governments of regional solutions and intergovernmental cooperation.

1.6 It is the intent of this Agreement to designate the county as responsible for Solid Waste management planning, including the selection of a method for the safe handling and disposal of solid waste, reserving to the City full authority over collection, including collection of recyclable materials, transfer facilities, and transportation of City solid waste.

NOW, THEREFORE, Klickitat County and the City of Bingen understand and agree as follows:

SECTION 2. DEFINITIONS. For purposes of this Agreement, the following definitions shall apply.

2.1 "City" means the City of Bingen, Washington.

2.2 "Comprehensive Solid Waste Management Plan" means the Klickitat County Comprehensive Solid Waste Management Plan, as it may be amended from time to time.

2.3 "County" means Klickitat County, Washington.

2.4 "Recyclable materials" means recyclable materials as defined by RCW 70A.205, and the Comprehensive Solid Waste Management Plan.

2.5 "Solid Waste" means solid waste as defined by RCW 70A.205.

2.6 "Solid Waste Handling" means solid waste handling as defined by RCW 70A.205.

2.7 "Solid Waste Management" means solid waste management as defined by WAC 173-304-100(75).

2.8 "System" means all facilities for Solid Waste Handling owned, operated or provided for by the county, either directly or by contract with a Vendor, and all administrative activities related thereto. The term "System" includes all facilities or sites designated by the County for the disposal of Solid Waste.

2.9 "Vendor" means one or more private vendors with whom the County contracts or otherwise permits for the design, construction, ownership or operation of all or a part of the System.

SECTION 3. RESPONSIBILITY FOR SOLID WASTE DISPOSAL. For a period set forth in section 10 of this Agreement, the County shall be responsible for planning and providing for a System of Solid Waste Handling of all Solid Waste generated within unincorporated areas of the County and within the City to the extent provided in the Comprehensive Solid Waste Management

Plan. The County shall not be responsible for disposal of nor claim that this Agreement extends to Solid Waste generated within the City that has been eliminated through waste reduction or waste recycling activities of the City.

SECTION 4. COMPREHENSIVE PLAN

4.1 For the duration of this Agreement, the City shall participate by its representation on the County Solid Waste Advisory Committee in the Comprehensive Solid Waste Management Plan prepared and periodically reviewed and revised by the County pursuant to chapter 70A.205 RCW. The City shall be responsible for the cost (based on total population within the County) of Comprehensive Solid Waste Management Plan preparation and revision; provided, however, that the City shall not be responsible for payment to the county of expenses in excess of that amount credited to the City in Section 4.2, for preparation of the comprehensive Solid Waste Management Plan. For the duration of this Agreement, the City authorizes the County to include in the Comprehensive Solid Waste Management Plan provisions for the management of Solid Waste generated in the City and by this Agreement ratifies prior and current planning efforts.

4.2 The County has received $15,000, to be made available to cities within the County for the participation in and evaluation of the Comprehensive Solid Waste Management Plan. The City's pro rata share (based on population of all cities within the County) of the $15,000 is $1,570. The County shall give credit to the City in the amount of $1,570 against the City's obligations for participation in the preparation of the Comprehensive Solid Waste Management Plan.

4.3 The County shall credit all grant funds received by the County for current or future solid waste planning, and thereby reduce obligations of the County and City.

SECTION 5. CITY DESIGNATION OF COUNTY SYSTEM FOR SOLID WASTE DISPOSAL. In a resolution substantially in the form of Attachment A, authorizing and approving this Agreement, or as otherwise provided in the City ordinances, the City shall designate the County's system for the disposal of all Solid Waste generated within the corporate limits of the City, and shall authorize the County to designate a disposal site or sites for the disposal of all Solid Waste generated within the corporate limits of the City except for Solid Waste that is eliminated through waste reduction or waste recycling activities of the City; provided, however, that this Agreement shall not impair the rights of the City to permit or approve disposal sites or sites within the corporate limits of the City. This designation of the County System shall continue in full force and effect for the duration of this Agreement. The designation of the County in this section shall not reduce or otherwise affect the City's control over Solid Waste collection as permitted by applicable state law.

SECTION 6. ENFORCEMENT. The County shall be the entity primarily responsible for enforcement of laws and regulations requiring persons to dispose of Solid Waste at sites designated by the County. The City shall cooperate with the county to aid the county in its enforcement efforts. Provided, however, the City shall have the absolute discretion regarding enforcement of laws and regulations within the City. For the duration of this Agreement, the City shall maintain in effect an ordinance providing that any person that disposes of Solid Waste generated within the City at a location other than a

site designated by the County will be subject to civil penalties, and also that any person who knowingly disposes of such Solid Waste other than at a County-designated site will be guilty of a misdemeanor. To the extent legally possible, the County shall be responsible for bringing civil or criminal actions against persons violating state statutes, County or City ordinances, or administrative regulations of the State of Washington, County or a City relating to the disposal of Solid Waste at sites designated by the County. However, in instances in which the County lacks legal authority to bring a civil or criminal action for the enforcement of applicable laws or regulations, and the City possesses that authority, the City shall bring such civil or criminal action as requested in writing by the County. The County shall pay for all costs incurred by the City in bringing a civil or criminal action at the County's request for the enforcement of laws or regulations relating to the disposal of Solid Waste. Upon the request of the County, the City also shall take steps in accordance with applicable procedures to revoke licenses or franchises previously granted by the City to persons the County and the City determine to be violating laws relating to the disposal of Solid Waste, and the County shall indemnify the City in taking such action in accordance with Section 9 of this Agreement. However, incidental disposal of Solid Waste by individuals shall not constitute a civil or criminal violation under this agreement.

SECTION 7. WASTE REDUCTION AND RECYCLING. The City and the County agree to cooperate to achieve the priorities for Solid Waste Management set forth in the comprehensive Solid Waste Management Plan. In the event that the City elects to participate in the county's waste reduction and recycling program, the terms of the City's participation shall be subject to another or supplemental agreement.

SECTION 8. CONTRACTS WITH VENDORS; NO CITY OBLIGATION TO REGIONAL LANDFILL OWNERS; FAVORED NATION.

8.1 The County may at its discretion enter into a contract or contracts with a Vendor or Vendors, including but not limited to the owner or operator of a regional landfill facility, which contract or contracts may provide for the payment by the County, or by persons disposing Solid Waste, of minimum periodic fees or a scale of fees in accordance with applicable law and contract. The City acknowledges that in entering into such an agreement or agreements with the Vendors, the County will rely on the Cities' designation of the County as the entity with responsibility for preparing and revising the Comprehensive Solid Waste Management Plan and for designating Solid Waste disposal sites under the terms of the Comprehensive Solid Waste Management Plan and this Agreement.

8.2 The City shall not be obligated, directly or indirectly, for the collection or delivery of any specified quantity of Solid Waste to a facility designated as a Solid Waste disposal site by the County. No contract between the County and a Vendor shall purport to or be deemed to create any general obligation or special fund or utility obligation of the City.

8.3 In contracting with a Vendor concerning solid waste handling systems, the County shall provide that the City shall not be charged (a) rates for transport of Solid Waste to a disposal site in excess of rates charged other cities or towns in the County; and (b) in the event of fees for Solid Waste disposal, fees in excess of fees provided for disposal of Solid Waste from the County or other cities or towns in the County.

SECTION 9. INDEMNIFICATIONS.

9.1 Except as provided below, the County shall indemnify and hold harmless, and shall have the right and duty to defend, the City, through the County's attorneys, against any and all claims arising out of the County's operations of the System, and the right to settle those claims, recognizing that all costs incurred by the County thereby are System costs that must be satisfied from disposal rates. In providing a defense for the City, the County shall exercise good faith in that defense or settlement so as to protect the City's interests. For purposes of this paragraph, "claims arising out of the County's operations" shall include claims arising out of the ownership, control or maintenance of the system, but shall not include the claims arising out of the City's Solid Waste Handling, or other activities under the control of the City.

9.2 In the event that the County acts to defend the City against a claim, the City shall cooperate with the County.

9.3 For purposes of this section, reference to the City and to the County shall be deemed to include the officers and employees of any party, acting within the scope of their authority.

SECTION 10. DURATION. This Agreement shall continue to be in full force and effect for eight (8) years from the date of this Agreement, (the "initial period"), unless terminated as described in the following paragraph. Following the initial period, the Agreement shall continue from year-to-year unless twelve (12) months written notice of termination is given by the party seeking to terminate the Agreement.

SECTION 11. AMENDMENT, SUPPLEMENTATION OR TERMINATION. This Agreement may be amended, supplemented or terminated upon the agreement of the County and the City. Any amendment, supplement or termination shall be in writing, signed by the chief executives of the County and the City, and authorized by official action of the County and City. No amendment, supplementation or termination shall be adopted or put into effect if it impairs any obligation of the County to a Vendor or any obligation to owners of bonds issued to finance the County system.

SECTION 12. MISCELLANEOUS.

12.1 No waiver by any party of any term or condition of this Agreement shall be deemed or construed to constitute a waiver of any other term or condition or of any subsequent breach whether of the same or of a different provision of this Agreement.

12.2 The parties to this Agreement find and declare that this Agreement, and the ordinances passed pursuant hereto, are to provide for the public health and safety and for the safe and efficient disposal of Solid Waste generated in the City and in unincorporated areas of the County. This Agreement is not entered into with the intent that it shall benefit any other entity or person, and no other such person or entity shall be entitled to be treated as a third party beneficiary of this Agreement.

SECTION 13 TRANSFER STATIONS.

13.1 In the event of an agreement between County and a Vendor for vendor-owned transfer stations, County shall provide in such agreement for a transfer station for the disposal of solid waste within twenty-five 25 miles of the City.

13.2 The City shall have access to the transfer station twenty- four (24) hours a day, seven (7) days a week.

This Agreement has been executed, on one or more originals, by the parties shown below and is dated as of

the 19th day of December, 1990.

Daryl C. Spalding
Daryl Spalding, Commissioner

By Charles B Long
Charles B. Long, Mayor

Delos Reno, Commissioner

Sverre Bakke
Sverre Bakke, Commissioner

AMENDMENT TO THE INTERGOVERNMENTAL AGREEMENT REGARDING SOLID WASTE DISPOSAL

THIS AMENDMENT is a written modification of the Intergovernmental Agreement Regarding Solid Waste Disposal, hereinafter called "the Agreement," of the same date and is in consideration of the mutual promises and obligations set forth in the Agreement and in this Amendment.

1. Recycling: The County shall, notwithstanding provisions to the contrary in the Agreement, provide recycling services to the city at the City's written request. Such service shall meet present and any future requirements for recycling services under state and local laws. Such service shall provide for 4 the collection, transportation and disposal of recyclable materials. Any provisions of the Agreement inconsistent with this section are hereby deleted from the Agreement.

2. Transfer Station: Section 13.1 of the Agreement is deleted in its entirety and the following shall be inserted in place of the original Section 13.1 language:

> The County shall require Vendor to provide a Vendor-owned transfer station for the disposal of solid waste. Such a station shall be within twenty-five (25) miles of the City. Said transfer station should have sufficient space and sufficient capacity to accommodate without delay the unencumbered delivery of residential and non-residential solid waste as well as construction/demolition debris by the city's hauler.

3. Duration: Section 10 of the Agreement is deleted in its entirety and the following shall be inserted in place of the original Section 10 language:

This Agreement shall continue to be in full force and effect for ten (10) years from the date of this Agreement (the "initial period"), unless terminated as described herein. Following the initial period, the Agreement shall continue from year-to-year unless twelve (12) months written notice of termination is given by the City to the County.

4. Revenue Sharing: The County shall make reasonable efforts to apply proceeds received by virtue of implementation of its solid waste plan and agreements with Vendor to reduce costs charged the City for the provision of general County services.

5. Enforcement: Section 6 of the Agreement is modified to provide that the city has the sole discretion in determining whether to bring civil or criminal actions to enforce laws and regulations relating to the disposal of solid waste and whether to take steps to revoke licenses or franchise for violations of the law regarding disposal of solid waste.

THIS AGREEMENT has been executed, on one or more originals, by the parties shown below and is dated this 19th day of December, 1990.

KLICKITAT COUNTY

Daryl Spaulding, Commissioner

Delos Reno, Commissioner

Sverre Bakke, Commissioner

CITY OF BINGEN

Charles B. Long, Mayor

C08112

INTERGOVERNMENTAL AGREEMENT

REGARDING SOLID WASTE DISPOSAL

This Intergovernmental Agreement ("Agreement") regarding solid waste disposal is entered by and between Klickitat County and the City of Goldendale, both municipal corporations of the State of Washington.

SECTION 1. RECITALS

1.1 The Klickitat County Comprehensive Solid Waste Management Plan (the "Comprehensive Solid waste Management Plan") designates Klickitat County (the "County") as responsible for the selection of a method for the safe handling and disposal of Solid Waste within the County.

1.2 The County has designated or will designate a Vendor or Vendors to provide certain Solid Waste handling services for the disposal of Solid Waste generated within certain cities and towns and within unincorporated areas of the County.

1.3 In order to develop successfully the System for Solid Waste handling consistent with the obligation of cities and counties to provide for the safe and efficient handling and disposal of Solid Waste, it *is* necessary for Solid waste generated in the County, including waste generated in.the City of Goldendale (the "City"), to be disposed of through the County system of Solid Waste Handling and it is necessary to authorize the County to designate disposal sites for the disposal of all Solid Waste generated within the City.

1.4 RCW 70A.205 authorizes the County *to* prepare a solid waste management plan for city and town solid waste management for inclusion in the County Solid Waste Management Plan.

1.5 RCW 70A.205 states, **in** part, that environmental and economic considerations in solving the state 's solid waste management problems require strong consideration by local governments of regional solutions and intergovernmental cooperation.

1.6 It is the intent of this Agreement to designate the County as responsible for the selection of a method for the safe handling and disposal of solid waste, reserving to the City full authority over collection, including collection of recyclable materials, transfer facilities, and transportation of City solid waste.

NOW, THEREFORE, Klickitat County and the City of Goldendale understand and agree as follows:

SECTION 2. DEFINITIONS. For purposes of this Agreement, the following definitions shall apply.

2.1 "City" means the City of Goldendale, Washington.

2.2 "Comprehensive Solid Waste Management Plan" means the Klickitat County Comprehensive Solid waste Management Plan adopted by Klickitat County by Resolution No. 06489, as it may be amended from time to time.

2.3 "County" means Klickitat County, Washington, by RCW 70A.205, and the Comprehensive Solid Waste Management Plan.

2.5 "Solid Waste" means solid waste as defined by RCW 70A.205.

2.6 "Solid Waste Handling" means solid waste handling as defined by RCW 70A.205.

2.7 "Solid Waste Management" means solid waste management as defined by WAC 173-304-100(75).

2.8 "System" means all facilities for Solid Waste Handling owned, operated or provided for by the county, either directly or by contract with a Vendor, and all administrative activities related thereto. The term "System" includes all facilities or sites designated by the County for the disposal of Solid Waste.

2.9 "Vendor" means one or more private vendors with whom the County contracts or otherwise permits for the design, construction, ownership or operation of all or a part of the System.

SECTION 3. RESPONSIBILITY FOR SOLID WASTE DISPOSAL. For a period of twenty (20) years after the date of this Agreement, the County shall be responsible for providing for a System of Solid Waste Handling of all Solid Waste generated within unincorporated areas of the County and within the City to the extent provided in the Comprehensive Solid Waste Management Plan. The County shall not be responsible for disposal of nor claim that this Agreement extends to Solid Waste generated within the City that has been eliminated through waste reduction or waste recycling activities in conformity with the comprehensive Solid Waste Management Plan.

SECTION 4. COMPREHENSIVE PLAN. For the duration of this Agreement, the City shall participate in the Comprehensive Solid Waste Management Plan prepared and periodically reviewed and revised by the County pursuant to chapter 70A.205 RCW. For the duration of this Agreement, the City authorizes the County to include in the Comprehensive Solid Waste Management Plan provisions for the management of Solid Waste generated in the City.

SECTION 5. CITY DESIGNATION OF COUNTY SYSTEM FOR SOLID WASTE DISPOSAL. In an ordinance authorizing and approving this Agreement, the City shall designate the County's system for the disposal of all Solid Waste generated within the corporate limits of the City, and shall authorize the County to designate a disposal site or sites for the disposal of all Solid Waste generated within the corporate limits of the City except for Solid Waste that is eliminated through waste reduction or waste recycling activities under the comprehensive Solid Waste Management Plan;

provided, however that this Agreement shall not impair the rights of the City to permit or approve disposal sites or sites within the corporate limits of the City. This designation of the County System shall continue in full force and effect for a period of twenty (20) years after the date of this Agreement. The designation of the County **in** this section shall not reduce or otherwise affect the City's control over Solid Waste collection as permitted by applicable state law.

SECTION 6. ENFORCEMENT. The County shall be the entity primarily responsible for enforcement of laws and regulations requiring persons to dispose of Solid Waste at sites designated by the County. The City shall cooperate with the County to aid the County in its enforcement efforts. For the duration of this Agreement, the City shall maintain in effect, an ordinance, providing that any person that disposes of Solid Waste generated within the City at a location other than a site designated by the County will be subject to civil penalties, and also that any person who knowingly disposes of such Solid Waste other than at a County designated site will be guilty of a misdemeanor. To the extent legally possible, the County shall be responsible for bringing civil or criminal actions against persons violating regulations of the State of Washington or the County relating to the disposal of Solid Waste at sites designated by the County.
However, in instances in which the County lacks legal authority to bring a civil or criminal action for the enforcement of applicable laws or regulations, and the City possesses that authority, the City shall bring such civil or criminal action as requested in writing by the County. The County shall pay for all costs incurred by the City in bringing a civil or criminal action at the County's request for the enforcement of laws or regulations relating to the disposal of Solid Waste. Upon the request of the County, the City also shall take steps in accordance with applicable procedures to revoke licenses or franchises previously granted by the City to persons the County and the City determine to be violating laws relating to the disposal of Solid Waste, and the County shall indemnify the City in taking such action in accordance with Section 9 of this Agreement.

SECTION 7. WASTE REDUCTION AND RECYCLING. The City and the County agree to cooperate to achieve the priorities for Solid Waste Management set forth in the Comprehensive Solid Waste Management Plan.
In the event that the City elects to participate in the County's waste reduction and recycling program, the terms of the City's participation shall **be** subject to another or supplemental agreement.

SECTION 8. CONTRACTS WITH VENDORS; NO CITY OBLIGATION TO REGIONAL LANDFILL OWNERS.

8.1 The County may at its discretion enter into a contract or contracts with a Vendor or Vendors, including but not limited to the owner or operator of a regional landfill facility, which contract or contracts may provide for the payment by the County or by persons disposing Solid Waste, of minimum periodic fees or a scale of fees in accordance with applicable law and contract. The City acknowledges that in entering into such an agreement or agreements with the Vendors, the County will rely on the City's designation of the county as the entity with responsibility for preparing and revising the Comprehensive Solid Waste Management Plan and

for designating Solid Waste disposal sites under the terms of the Comprehensive Solid Waste Management Plan and this Agreement.

8.2 The City shall not be obligated, directly or indirectly, for the collection or delivery of any specified quantity of Solid Waste to a facility designated as a Solid Waste disposal site by the County. No contract between the County and a Vendor shall purport to or be deemed to create any general obligation or special fund or utility obligation of the City.

SECTION 9. INDEMNIFICATIONS.

9.1 Except as provided below, the county shall indemnify and hold harmless, and shall have the right and duty to defend, the City, through the County's attorneys, against any and all claims arising out of the County's operations of the System, and the right to settle those claims, recognizing that all costs incurred by the County thereby are System costs that must be satisfied fr.om disposal rates. In providing a defense for the City, the County shall exercise good faith in that defense or settlement so as to protect the City's interests. For purposes of this paragraph, "claims arising out of the county's operations" shall include claims arising out of the ownership, control or maintenance of the system, but shall not include the claims arising out of the City's Solid Waste Handling, or other activities under the control of the City.

9.2 In the event that the County acts to defend the City against a claim, the City shall cooperate with the County.

9.3 For purposes of this section, reference to the City and to the County shall be deemed to include the officers and employees of any party, acting within the scope of their authority.

SECTION 10. DURATION. This Agreement shall continue to be in full force and effect for twenty (20) years from the date of this Agreement, unless terminated as described in the following paragraph.

SECTION 11. AMENDMENT, SUPPLEMENTATION OR TERMINATION. This Agreement may be amended, supplemented or terminated upon the agreement of the County and the City. Any amendment, supplement or termination shall be **in** writing, signed by the chief executives of the County and the City, and authorized by resolution or ordinance of the County and City. No amendment, supplementation or termination shall be adopted or put into effect if it impairs any obligation of the County to a Vendor or any obligation *to* owners of bonds issued *to* finance the County system.

SECTION 12. MISCELLANEOUS

12.1 No waiver by any party of any term or condition of this Agreement shall be deemed or construed *to* constitute a waiver of any other term or condition or of any subsequent breach whether of the same or of a different provision of this Agreement.

12.2

12.3 The parties to this Agreement find and declare that this Agreement, and the ordinances passed pursuant hereto, are to provide for the public health and safety and for the safe and efficient disposal of Solid Waste generated in the City and in unincorporated areas of the County. This Agreement is not entered into with the intent that it shall benefit any other entity or person, and no other such person or entity shall be entitled to be treated as a third party beneficiary of this Agreement.

DATED this _1_ day of April, 2012

Clinton Baze, Mayor
City of Goldendale

DATED this _1_ day of April, 2012.

BOARD OF COUNTY COMMISSIONERS
Klickitat County, Washington

Ray Thayer, Chairman

David M. Sauter, Commissioner

Rex F. Johnston, Commissioner

ATTEST:
Clerk of the Board
in and for the County of Klickitat,
State of Washington

Approved as to Form

Klickitat County Prosecuting Attorney

INTERGOVERNMENTAL AGREEMENT

REGARDING SOLID WASTE DISPOSAL

This Intergovernmental Agreement ("Agreement") regarding solid waste disposal is entered by and between Klickitat County and the City of White Salmon, both municipal corporations of the State of Washington.

SECTION 1. RECITALS

1.1 The Klickitat County Comprehensive Solid Waste Management Plan (the "Comprehensive Solid Waste Management Plan") designates Klickitat County (the "County") as responsible for the selection of a method for the safe handling and disposal of Solid Waste within the County.

1.2 The County has designated or will designate a Vendor or Vendors to provide certain Solid Waste handling services for the disposal of Solid Waste generated within certain cities and towns and within unincorporated areas of the County.

1.3 In order to develop successfully the System for Solid Waste handling consistent with the obligation of cities and counties to provide for the safe and efficient handling and disposal of Solid Waste, it is necessary for Solid Waste generated in the County, including waste generated in the City of White Salmon (the "City"), to be disposed of through the county System of Solid Waste Handling and it is necessary to authorize the County to designate disposal sites for the disposal of all Solid Waste generated within the City.

1.4 RCW 70A.205 authorizes the County to prepare a solid waste management plan for city and town solid waste management for inclusion in the County Solid Waste Management Plan.

1.5 RCW 70A.205 states, in part, that environmental and economic considerations in solving the state's solid waste management problems require strong consideration by local governments of regional solutions and intergovernmental cooperation.

1.6 It is the intent of this Agreement to designate the county as responsible for Solid Waste management planning, including the selection of a method for the safe handling and disposal of solid waste, reserving to the City full authority over collection, including collection of recyclable materials, transfer facilities, and transportation of City solid waste.

NOW, THEREFORE, Klickitat County and the City of White Salmon understand and agree as follows:

SECTION 2. DEFINITIONS. For purposes of this Agreement, the following definitions shall apply.

2.1 "City" means the City of White Salmon, Washington.

2.2 "Comprehensive Solid Waste Management Plan" means the Klickitat County Comprehensive Solid Waste Management Plan, as it may be amended from time to time.

2.3 "County" means Klickitat County, Washington.

2.4 "Recyclable materials" means recyclable materials as defined by RCW 70A.205, and the Comprehensive Solid Waste Management Plan.

2.5 "Solid Waste" means solid waste as defined by RCW 70A.205.

2.6 "Solid Waste Handling" means solid waste handling as defined by RCW 170A.205.

2.7 "Solid Waste Management" means solid waste management as defined by WAC 173-304-100(75).

2.8 "System" means all facilities for Solid Waste Handling owned, operated or provided for by the county, either directly or by contract with a Vendor, and all administrative activities related thereto. The term "System" includes all facilities or sites designated by the County for the disposal of Solid Waste.

2.9 "Vendor" means one or more private vendors with whom the County contracts or otherwise permits for the design, construction, ownership or operation of all or a part of the System.

SECTION 3. RESPONSIBILITY FOR SOLID WASTE DISPOSAL. For a period set forth in section 10 of this Agreement, the County shall be responsible for providing for a System of Solid Waste Handling of all Solid Waste generated within unincorporated areas of the County and within the City to the extent provided in the Comprehensive Solid Waste Management Plan. The County shall not be responsible for disposal of nor claim that this Agreement extends to Solid Waste generated within the City that has been eliminated through waste reduction or waste recycling activities of the City.

SECTION 4. COMPREHENSIVE PLAN

4.1 For the duration of this Agreement, the City shall participate by its representation on the County Solid Waste Advisory Committee in the Comprehensive Solid Waste Management Plan prepared and periodically reviewed and revised by the County pursuant to chapter 70A.205 RCW. The City shall be responsible for the cost (based on total population within the County) of Comprehensive Solid Waste Management Plan preparation and revision; provided, however, that the City shall not be responsible for payment to the county of expenses in excess of that amount credited to the City in Section 4.2, for preparation of the comprehensive Solid Waste Management Plan. For the duration of this Agreement, the City authorizes the County to include in the Comprehensive Solid Waste Management Plan provisions for the management of Solid Waste generated in the City and by this Agreement ratifies prior and current planning efforts.

4.2 The County has received $15,000, to be made available to cities within the County for the participation in and evaluation of the Comprehensive Solid Waste Management Plan. The City's pro rata share (based on population of all cities within the County) of the $15,000 is $4,595. The County shall give credit to the City in the amount of $4,595 against the City's obligations for participation in the preparation of the Comprehensive Solid Waste Management Plan.

4.3 The County shall credit all grant funds received by the County for current or future solid waste planning, and thereby reduce obligations of the County and City.

SECTION 5. CITY DESIGNATION OF COUNTY SYSTEM FOR SOLID WASTE DISPOSAL. In a resolution substantially in the form of Attachment A, authorizing and approving this Agreement, or as otherwise provided in City ordinances, the City shall designate the County's system for the disposal of all Solid Waste generated within the corporate limits of the City, and shall authorize the County to designate a disposal site or sites for the disposal of all Solid Waste generated within the corporate limits of the City except for Solid Waste that is eliminated through waste reduction or waste recycling activities of the City; provided, however, that this Agreement shall not impair the rights of the City to permit or approve disposal sites or sites within the corporate limits of the City. This designation of the County System shall continue in full force and effect for the duration of this Agreement. The designation of the County in this section shall not reduce or otherwise affect the City's control over Solid Waste collection as permitted by applicable state law.

SECTION 6. ENFORCEMENT. The County shall be the entity primarily responsible for enforcement of laws and regulations requiring persons to dispose of Solid Waste at sites designated by the County. The City shall cooperate with the county to aid the county in its enforcement efforts. Provided, however, the City shall have the absolute discretion regarding enforcement of laws and regulations within the City. For the duration of this Agreement, the City shall maintain in effect ordinances, providing that any person that disposes of Solid Waste generated within the City at a location other than a site designated by the County will be subject to civil penalties, and also that any person who knowingly disposes of such Solid Waste other than at a County-designated site will be guilty of

a misdemeanor. To the extent legally possible, the County shall be responsible for bringing civil or criminal actions against persons violating state statutes, County or City ordinances, or administrative regulations of the State of Washington, County or a City relating to the disposal of Solid Waste at sites designated by the County. However, in instances in which the County lacks legal authority to bring a civil or criminal action for the enforcement of applicable laws or regulations, and the City possesses that authority, the City shall bring such civil or criminal action as requested in writing by the County. The County shall pay for all costs incurred by the City in bringing a civil or criminal action at the County's request for the enforcement of laws or regulations relating to the disposal of Solid Waste. Upon the request of the County, the City also shall take steps in accordance with applicable procedures to revoke licenses or franchises previously granted by the City to persons the County and the City determine to be violating laws relating to the disposal of Solid Waste, and the County shall indemnify the City in taking such action in accordance with Section 9 of this Agreement. However, incidental disposal of Solid Waste by individuals shall not constitute a civil or criminal violation under this agreement.

SECTION 7. WASTE REDUCTION AND RECYCLING. The City and the County agree to cooperate to achieve the priorities for Solid Waste Management set forth in the comprehensive Solid Waste Management Plan. In the event that the City elects to participate in the county's waste reduction and recycling program, the terms of the City's participation shall be subject to another or supplemental agreement.

SECTION 8. CONTRACTS WITH VENDORS; NO CITY OBLIGATION TO REGIONAL LANDFILL OWNERS; FAVORED NATION.

8.1 The County may at its discretion enter into a contract or contracts with a Vendor or Vendors, including but not limited to the owner or operator of a regional landfill facility, which contract or contracts may provide for the payment by the County, or by persons disposing Solid Waste, of minimum periodic fees or a scale of fees in accordance with applicable law and contract. The City acknowledges that in entering into such an agreement or agreements with the Vendors, the County will rely on the Cities' designation of the County as the entity with responsibility for preparing and revising the Comprehensive Solid Waste Management Plan and for designating Solid Waste disposal sites under the terms of the Comprehensive Solid Waste Management Plan and this Agreement.

8.2 The City shall not be obligated, directly or indirectly, for the collection or delivery of any specified quantity of Solid Waste to a facility designated as a Solid Waste disposal site by the County. No contract between the County and a Vendor shall purport to or be deemed to create any general obligation or special fund or utility obligation of the City.

8.3 In contracting with a Vendor concerning solid waste handling systems, the County shall provide that the City shall not be charged (a) rates for transport of Solid Waste to a disposal site in excess of rates charged other cities or towns in the County; and (b) in the event of fees for Solid Waste disposal, fees in excess of fees provided for disposal of Solid Waste from the County or other cities or towns in the County.

SECTION 9. INDEMNIFICATIONS.

9.1 Except as provided below, the County shall indemnify and hold harmless, and shall have the right and duty to defend, the

City, through the County's attorneys, against any and all claims arising out of the County's operations of the System, and the right to settle those claims, recognizing that all costs incurred by the County thereby are System costs that must be satisfied from disposal rates. In providing a defense for the City, the County shall exercise good faith in that defense or settlement so as to protect the City's interests. For purposes of this paragraph, "claims arising out of the County's operations" shall include claims arising out of the ownership, control or maintenance of the system, but shall not include the claims arising out of the City's Solid Waste Handling, or other activities under the control of the City.

9.2 In the event that the County acts to defend the City against a claim, the City shall cooperate with the County.

9.3 For purposes of this section, reference to the City and to the County shall be deemed to include the officers and employees of any party, acting within the scope of their authority.

SECTION 10. DURATION. This Agreement shall continue to be in full force and effect for eight (8) years from the date of this Agreement, (the "initial period"), unless terminated as described in the following paragraph. Following the initial period, the Agreement shall continue from year-to-year unless twelve (12) months written notice of termination is given by the party seeking to terminate the Agreement.

SECTION 11. AMENDMENT, SUPPLEMENTATION OR TERMINATION. This Agreement may be amended, supplemented or terminated upon the agreement of the County and the City. Any amendment, supplement or termination shall be in writing, signed by the chief executives of the County and the City, and authorized by

official action of the County and City. No amendment, supplementation or termination shall be adopted or put into effect if it impairs any obligation of the County to a Vendor or any obligation to owners of bonds issued to finance the County system.

SECTION 12. MISCELLANEOUS.

12.1 No waiver by any party of any term or condition of this Agreement shall be deemed or construed to constitute a waiver of any other term or condition or of any subsequent breach whether of the same or of a different provision of this Agreement.

12.2 The parties to this Agreement find and declare that this Agreement, and the ordinances passed pursuant hereto, are to provide for the public health and safety and for the safe and efficient disposal of Solid Waste generated in the City and in unincorporated areas of the County. This Agreement is not entered into with the intent that it shall benefit any other entity or person, and no other such person or entity shall be entitled to be treated as a third party beneficiary of this Agreement.

SECTION 13 TRANSFER STATIONS.

13.1 In the event of an agreement between County and a Vendor for vendor-owned transfer stations, County shall provide in such agreement for a transfer station for the disposal of solid waste within twenty-five 25 miles of the City.

13.2 The City shall have access to the transfer station twenty- four (24) hours a day, seven (7) days a week.

This Agreement has been executed, on one or more originals, by the parties shown below and is dated as of

the 19th day of December, 1990.

KLICKITAT COUNTY

Daryl Spalding, Commissioner

Delos Reno, Commissioner

Sverre Bakke, Commissioner

CITY OF WHITE SALMON

By Francis H. Gaddis, Mayor
FRANCIS H. GADDIS, Mayor

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Appendix B. Resolutions of Adoption

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BEFORE THE BOARD OF COUNTY COMMISSIONERS

Klickitat County, Washington

IN THE MATTER OF ADOPTING THE 2020 COMPREHENSIVE SOLID WASTE MANAGEMENT PLAN FOR KLICKITAT COUNTY } RESOLUTION # **05321**

WHEREAS, the Board of County Commissioners, meeting in regular session, and having before it the need to consider amendments to the Klickitat County Comprehensive Solid Waste Management Plan; and

WHEREAS, R.C.W. 70.95.080 requires counties and cities to develop comprehensive solid waste management plans; and

WHEREAS, R.C.W. 70.95.110 requires that comprehensive solid waste management plans be reviewed at a maximum frequency of every five years; and

WHEREAS, it has been more than five years since the Klickitat County plan has been reviewed; and WHEREAS, the Board of Commissioners appointed a Solid Waste Advisory Committee by Resolution #05518 on May 1st, 2018; and

WHEREAS, the Solid Waste Advisory Committee met approximately monthly over the succeeding 19 months, and on March 17th, 2021, after a year off from the pandemic, unanimously adopted recommended changes to the Klickitat County Comprehensive Solid Waste Management Plan.

NOW, THEREFORE BE IT RESOLVED, that the Board of Commissioners hereby approves and adopts the changes to the Klickitat County Solid Waste Management plan as approved and adopted by the Klickitat County Solid Waste Advisory Committee.

DATED this 27th day of April, 2021,

BOARD OF COUNTY COMMISSIONERS
Klickitat County, Washington

David M. Sauter, Chairman

Dan Christopher, Commissioner

Jacob Anderson, Commissioner

ATTEST:
Clerk of the Board

_____
in and for the County of Klickitat, State of Washington

CITY OF GOLDENDALE
GOLDENDALE,
WASHINGTON

RESOLUTION NO.
718

A RESOLUTION OF THE CITY OF GOLDENDALE, WASHINGTON APPROVING THE 2020 KLICKITAT COUNTY COMPREHENSIVE SOLID WASTE MANAGEMENT PLAN, INCLUDING THE MODERATE RISK MANAGEMENT PLAN AND THE CONTAMINATION REDUCTION AND OUTREACH PLAN.

WHEREAS, the City of Goldendale is required by RCW 70.95.080 to adopt a coordinatedComprehensive Solid Waste Management Plan along with the County and other municipalities located in the County; and

WHEREAS, Klickitat County has submitted for adoption the 2020 Klick it at County Comprehensive Solid Waste Management Plan, including the Moderate Risk Hazardous Waste Management Plan, and the Contamination Reduction and Outreach Plan; and

WHEREAS, the City of Goldendale has participated in the formation of the Plan and has a representative on the County Solid Waste Advisory Committee; and

WHEREAS, the City and County have entered into an Interlocal Agreement to address issues of solid waste management and Plan implementation;

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF GOLDENDALE, WASHINGTON THE 2020 KLICKITAT COUNTY COMPREHENSIVE MANAGEMENT PLAN UPDATE INCLUDING THE MODERATE RISK HAZARDOUS WASTE MANAGEMENT PLAN AND THE CONTAMINATION REDUCTION PLAN IS HEREBY APPROVED

READ, APPROVED AND PASSED BY THE CITY COUNCIL OF THE CITY OF GOLDENDALE, this 3rd day of May, 2021.

Mayor

Connie Byers
Attest: Clerk – Treasurer

Approved as to Form: Attorney

Executive Summary

Introduction

This Solid Waste Management Plan (Plan) recommends strategies to manage solid waste generated in Klickitat County, Washington, including the cities and towns of Bingen, Goldendale, and White Salmon. Solid waste handling includes management, storage, collection, diversion, transportation, treatment, use, processing and final disposal. Recommendations are provided for municipal solid waste, special wastes, and moderate risk waste.

This Plan was prepared in accordance with Revised Code of Washington 70.95, Solid Waste Management – Reduction and Recycling under the guidance and direction of Klickitat County Solid Waste Department and the Klickitat County Solid Waste Advisory Committee, and supersedes previous Solid Waste Management Plans in Klickitat County.

An important motivation behind the development of this Plan is the need to establish a coordinated, regional approach to solid waste management within counties that enables decision makers to manage resources most effectively, while assuring adequate protection of the environment and public health.

Summary of Recommended Strategies and Additional Costs

A summary of recommended strategies and potential additional costs are presented in Table ES-1. Over the next six years, implementation of recommended strategies is estimated to cost approximately $73,500 in 2020 dollars. This cost estimate reflects only the new services or programs to be implemented by Klickitat County. It does not reflect costs associated with existing programs, nor does it reflect the significant costs incurred by private firms, public agencies, or residents who also have roles in managing solid waste in Klickitat County.

Table ES-1 Summary of Recommended Strategies and Costs:

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2020	2021	2022	2023	2024	2025
3. Waste Reduction, Recycling and Education						
WWR1) Adopt the updated list of designated materials (Table 3-2) and maintain it through periodic review and updates.	No Additional Costs					
WWR2) Update the Model Rural Recycling Program Plan.	No Additional Costs					
WWR3) Incorporate and expand the education and promotion program.	No Additional Costs					

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2020	2021	2022	2023	2024	2025
WWR4) Continue to provide support for recycling at public events.	No Additional Costs					
WWR5) Consider converting the curbside recycling collection program to a cart based system.	No Additional Costs					
4. Organics						
O1) Continue to develop and distribute educational materials related to organics management as programs are established and implemented.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
O2) Consider developing a pilot yard debris collection and composting program to assess public interest and participation.	-	-	$5,000	$5,000	$5,000	$5,000
O3) Monitor the pilot food waste collection program for participation and customer satisfaction and consider expanding the program as appropriate.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
O4) Consider developing a Christmas tree recycling pilot program to assess public interest and participation.	-	$3,000	-	-	-	-
5. Solid Waste Collection						
SWC1) Encourage the use of curbside collection services when possible and ensure collection services are available to all residents.	No Additional Costs					
SWC2) The County should continue to enforce solid waste regulations and laws to encourage the proper collection and disposal of solid waste.	No Additional Costs					
SWC3) Cities should continue to enforce compliance with their respective codes for solid waste collection and disposal.	No Additional Costs					
SWC4) Education efforts should be undertaken by both Klickitat County and the franchised haulers to provide information to customers that describe collection and recycling services availability.	No Additional Costs					
6. Transfer Facilities						
TF1) Monitor population growth and tonnage and consider transfer facility expansion as necessary.	No Additional Costs					

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2020	2021	2022	2023	2024	2025
TF2) Monitor waste importation tonnages and the current Agreement with Republic Services and consider intermodal facility expansion as needed.	No Additional Costs					
TF3) Annually review permits and the contract for compliance and potential transfer facility modifications or expansions.	No Additional Costs					
7. Waste Import/Export						
IE1) Importation of waste should continue in compliance with the Agreement.	No Additional Costs					
IE2) Continue to monitor compliance with the Agreement.	No Additional Costs					
IE3) Yakama Nation and Gorge Commission preferences regarding waste transportation through specific areas under their jurisdictions should be implemented through permit conditions and should be monitored for compliance.	No Additional Costs					
IE4) Exportation will not be considered during this planning period.	No Additional Costs					
8. Disposal						
D1) Waste should continue to be disposed per the Agreement.	No Additional Costs					
D2) Continue to maintain, monitor and update the Agreement.	No Additional Costs					
D3) Ensure continued compliance with permits by monitoring, including retention of an Inspector.	No Additional Costs					
9. Energy Recovery						
ER1) Monitor developments and progress in waste processing and conversion technologies utilized and support the continued use of landfill gas to energy operations.	No Additional Costs					
10. Moderate Risk Waste						
MRW1) Enhance the public education and outreach program for handling of MRW waste for households and businesses as a cooperative effort.	$2,500	$1,000	$1,000	$1,000	$1,000	$1,000
MRW2) Consider re-establishment of the used oil collection program at more transfer station and drop box sites.	No Additional Costs					

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2020	2021	2022	2023	2024	2025
MRW3) Continue to coordinate the schedule and process for updating the MRW Plan with the solid waste management plan (as is the current practice).	No Additional Costs					
MRW4) If grant funding is reduced or eliminated, consider implementing a fee based program to accept business waste and setting aside a fraction of the "host fee" from the Agreement for the MRW program.	No Additional Costs					
MRW5) Update the MRW implementation plan, as appropriate, for review and approval by Klickitat County.	No Additional Costs					
11. Special Wastes						
SW1) Continue to dispose special wastes through a cooperative effort with Klickitat County, Republic Services and Ecology.	No Additional Costs					
SW2) Monitor federal and state guidance regarding pharmaceutical waste and implement changes as needed to comply with statewide medicine take-back program.	No Additional Costs					
SW3) Promote proper reuse, recycling and disposal of C&D debris.	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
SW4) Partner with private organizations to promote recycling and reuse of C&D wastes and building materials.	No Additional Costs					
SW5) Develop an internal plan for handling disaster debris, in coordination with the Klickitat County Emergency Management Department.	-	-	$25,000	-	-	-
SW6) Consider adding an additional E-Waste collection site.	No Additional Cost					
12. Administration/Enforcement						
AE1) Consider pursuing some of the additional funding strategies listed in Table 12-2 that can be implemented by Klickitat County directly and independently from other alternatives.	No Additional Costs					
AE2) Provide adequate funding to maintain or increase staff at county levels, as needed.	No Additional Costs					
AE3) Include the SWAC in the review of new solid waste facility permit requests.	No Additional Costs					
TOTAL	**$5,500**	**$7,000**	**$34,000**	**$9,000**	**$9,000**	**$9,000**

Table ES-1. Six-Year Implementation Budget for Additional Costs

Recommendation	Additional Cost by Implementation Year[1]					
	2020	2021	2022	2023	2024	2025

Notes:
1. Monetary figures are approximate and subject to update.

RESOLUTION NO. 2021 002

A RESOLUTION OF THE CITY OF BINGEN APPROVING THE 2020 KLICKITAT COUNTY COMPREHENSIVE SOLID WASTE MANAGEMENT PLAN

WHEREAS, the City of Bingen is required by RCW 70.95.080 to adopt a coordinated Comprehensive Solid Waste Management Plan along with the County and other municipalities located in the County; and

WHEREAS, Klickitat County has submitted for adoption the 2020 Klickitat County Comprehensive Solid Waste Management Plan, including the Moderate Risk Hazardous Waste Management Plan, and the Contamination Reduction and Outreach Plan; and

WHEREAS, the City of Bingen has participated in the formation of the Plan and has a representative on the County Solid Waste Advisory Committee; and

WHEREAS, the City and County have entered into an Interlocal Agreement to address issues of solid waste management and Plan implementation; and

THE CITY COUNCIL OF THE CITY OF BINGEN, WASHINGTON DOES RESOLVE AS FOLLOWS:

Section 1. The 2020 Klickitat County Comprehensive Solid Waste Management Plan Update, including the Moderate Risk Hazardous Waste Management Plan, and the Contamination Reduction and Outreach Plan is hereby approved.

ADOPTED by the City Council of the City of Bingen, Washington, and APPROVED by its Mayor, at a regularly scheduled open public meeting thereof this 6th day of April, 2021.

Mayor

Attest:

City Clerk – Treasurer

Approved as to Form:

Attorney

RESOLUTION 2021-04-520

A RESOLUTION OF THE CITY OF WHITE SALMON, WASIDNGTON ADOPTING THE 2020 KLICKITAT COUNTY COMPREHENSIVE SOLID WASTE MANAGEMENT PLAN, INCLUDING THE MODERATE RISK MANAGEMENT PLAN AND THE CONTAMINATION REDUCTION AND OUTREACH PLAN

WHEREAS, the City of White Salmon is required by RCW 70.95.080 to adopt a coordinated Comprehensive Solid Waste Management Plan (SWMP) along with the County and other municipalities located in the County; and

WHEREAS, Klickitat County has submitted for adoption the 2020 Klickitat County Comprehensive Solid Waste Management Plan, including the Moderate Risk Hazardous Waste Management Plan, and the Contamination Reduction and Outreach Plan; and

WHEREAS, the City of White Salmon has participated in the formation of the Plan and has a representative on the County Solid Waste Advisory Committee; and

WHEREAS, the City has reviewed the draft SWMP and finds that it meets the statutory requirements and provides for safe and efficient disposal of residents' solid waste.

NOW, THEREFORE, BE IT RESOLVED that the governing body of the City of White Salmon hereby adopts the document attached hereto as "Exhibit 'A'" entitled 2020 Klickitat County Solid Waste Management Plan.

PASSED AND ADOPTED by the City Council of the City of White Salmon, Washington on this 21st day of April, 2021.

ATTEST:

Jan Brending, Clerk Treasurer

Marla Keethler, Mayor

APPROVED AS TO FORM:

Kenneth B. Woodrich, City Attorney

Resolution 2021-04-520
Adopting Klickitat County
Solid Waste Management Plan
Page 1

Appendix C. SWAC ByLaws

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KLICKITAT COUNTY
SOLID WASTE ADVISORY COMMITTEE
BYLAWS AND POLICY PROCEDURE

I. STATEMENT OF PURPOSE

The Klickitat County solid Waste Advisory Committee (SWAC) has been appointed by the Board of County Commissioners in accordance with Chapter 70A.205 R.C.W. The statute requires the SWAC to "assist in the development of solid waste handling programs and policies concerning solid waste handling and disposal, and review and comment on proposed rules, policies or ordinances prior to their adoption..." These bylaws will become a part of the county Solid Waste Plan by reference and will define the SWAC function and rules.

The committee has been appointed to review solid waste program issues and arrive at a cooperative point of consensus to recommend appropriate public policy to the legislative authority of the county in an advisory capacity.

II. CONDUCT OF MEETINGS

1. Roberts Rules of Order, Newly Revised. The parliamentary rules known as the current edition of Roberts Rules of Order, Newly Revised shall apply to and govern the procedures of all meetings of the committee.

2. Table Motions in Order to Precedence. The listing of motions entitled Table of Motions in Order of Precedence, which is excerpted from the most current edition of Roberts Rules of Order, Newly Revised shall be a guide to procedure at all meetings of the Committee, but in case of dispute, the current edition of Roberts Rules of Order, Newly Revised, shall prevail.

3. Speakers addressing the Chair. Any person wishing to address the Chair (e.g. a member of the committee, or the audience) shall first address the Chair and state name and representation, if any, and enter such information into the minutes.

4. Conflict of Interest and Appearance of Fairness. Any member of the Solid Waste Advisory Committee who in his/her opinion has a personal interest in any matter(s) before the committee that would tend to prejudice his/her recommendations to the Board of County Commissioners shall indicate such interest. In the event of a conflict, he/she shall remove himself/herself from the proceedings until a vote is taken or consensus reached on the item.

III. MEETINGS

1. Official Action. The Committee shall adopt no recommendation, except in a meeting open to the public and then only at a meeting, the date of which public notice has been given by notifying press and radio in the County, and by such other reasonable means as may now or hereafter be provided.

2. Regular Meeting.
   Regular meeting schedules shall be established by majority vote of the committee.

3. Special Meetings. The chairman, or in his/her absence the acting chairman, may call a Special Meeting for one of more specific purposes, provided that proper notice is given describing such purpose or purposes to the committee members and the media. The chairman, acting chairman, or staff secretary, shall notify each committee member and the media in the county at least twenty-four hours prior to the time scheduled for the Special Meeting.

4. Public Hearings. Public Hearings of the SWAC may be called by the Board of Commissioners for the purpose of public input on policy and planning decisions.

5. Public Access. All meetings shall be open to the public. Provision shall be made for public comment at each meeting. Approved meeting minutes shall be available to the public on request. Meeting minutes shall be approved by a majority vote of committee members present.

6. Quorum. A regular or special meeting, or a public hearing, shall be called to order only when 40% of the appointed committee members are in attendance by the announced time for such meeting. Should a quorum not be in attendance within a period of twenty minutes after the announced time for the meeting or public hearing, no meeting shall commence. The agenda published for the cancelled meeting shall be placed at the head of the agenda for the next regular meeting, special meeting or public hearing. If a meeting is opened with a quorum, action can be taken even if a quorum is lacking as a result of members excusing themselves under the Appearance of Fairness Doctrine. This allows action to be taken and prevents a minority vote group's control by excusing themselves so that a vote cannot be taken.

IV. CHAIRMAN AND ACTING CHAIRMAN

1. Chairman: Selection and Term of Office. The committee, by majority vote at the beginning of the first official meeting of each calendar year, shall select from its members one to act as chairman for the calendar year.

2. Chairman: Duties. The chairman, or in his/her absence the acting chairman, shall preside at all meetings. The chairman shall have the authority to call for special meetings and shall be considered the titular head of the committee. The chairman shall

represent, or select from the committee or staff a designee, to represent the committee at meetings of the County Commissioners and at other official or unofficial functions.

3. Acting Chairman: Selection and Term of Office. The committee, by majority vote following election of a chairman, shall at the first official meeting of each calendar year, select by majority vote an acting chairman who shall assume the duties of chairman in the elected chairman's absence. When both the chairman and acting chairman are absent, the committee shall elect by majority vote a temporary acting chairman who shall assume the duties of chairman until the return of the chairman or acting chairman.

4. Removal of Chairman or Acting Chairman. The chairman or acting chairman may be removed at any time by the vote of the majority members of the committee, provided that such a vote shall be held at an official meeting and that within ten days of such meeting, the committee shall present to the County Commissioners the minutes stating the cause or causes for such removal. The committee shall elect a replacement by the end of the official meeting following the official meeting at which the removal vote was held.

V. SECRETARY

1. Selection. The Solid Waste Director or his/her designee shall act as secretary to the committee.

2. Duties.

   A. The secretary shall be responsible for notice to the press and radio of all meetings and public hearings.
   B. The secretary will mail to each member an agenda and copies of materials pertinent to the agenda, and materials requested by the chairman at least two weeks prior to each regular meeting.
   C. The secretary shall furnish each member a copy of the minutes of the preceding meeting at least two days prior to each regular meeting.
   D. When requested by the chairman, the secretary shall notify specific interested parties of meetings and public hearing, whose notice is not required by ordinance, statute, or other requirement.
   E. The secretary, or his/her appointee, shall be responsible for recording and keeping the minutes of all official action of the committee.
   F. The secretary shall be the representative of the County Solid Waste Department staff and shall be the staff advisor to the committee.
   G. The secretary shall prepare or cause to be prepared special reports, information surveys, study projects, or similar reports requested by the chairman.

VI. MEMBERSHIP AND TERMS

1. Membership. The Solid Waste Advisory Committee shall consist of a minimum of nine (9) members appointed by the Board of County Commissioners. If possible, the mix of the members shall represent a balance of interest among the following groups:

   School District
   Goldendale
   White Salmon
   Bingen
   Bickleton/Roosevelt Area
   Dallesport/Murdock Area
   Environmental Group
   Waste Management Industry
   Business
   General Public
   At-Large

   Members shall provide on-going public input, coordination, and information exchange between groups.

2. SWAC Member Alternates. Within 60 days of appointment each SWAC Member may submit the name of an alternate in the case of his/her absence. In order to appoint an alternate, each regular SWAC member shall send a letter to the Solid Waste Director stating name, address, and home or work telephone number of the alternate. The alternate will get all mailings and notices that the member receives. The alternate may vote in the member's place on all issues when the member is absent. When a regular member cannot attend, it is his/her responsibility to notify the alternate and the secretary.

3. Ex-Officio Members. The Klickitat County Board of County Commissioners may appoint non-voting ex-officio members to the SWAC, who will serve at the Board's discretion.

4. Attendance. Members of the committee are needed to advise on matters of public policy formulation and their regular attendance is essential. Therefore, the Board of County Commissioners may replace a member if three (3) consecutive meetings are missed.

5. Terms of Members. Members of the committee shall serve a term of three (3) years or until their successor is appointed

6. Vacancies. Vacancies shall be filled for the remainder of the term of the vacant position in the manner described in the initial appointment.

7. Compensation. Members of the committee shall serve without compensation. Meals, mileage, and lodging will be paid for meetings, workshops and other related activities subject to County Guidelines.

VII. TOPICS OF REVIEW

1. County Solid Waste Plan. Formulation of the plan, including recommendations, amendments, and addenda to the Plan.

2. Moderate Risk Waste Plan. Formulation of the Plan, including recommendations, amendments, and addenda to the Plan.

3. Legislative Proposals. Regulations proposed for adoption by the Board of Health and by the Board of County Commissioners affecting solid waste management and related issues may be assigned to the committee for review and comment prior to their adoption.

4. Recycling. Issues regarding recycling, collection, and disposal recommendations.

5. Other Issues. Additional questions pertaining to Klickitat County's waste management program may be addressed to the committee by the Board of Commissioners as deemed appropriate.

VIII. WAIVER OF THE RULES

Any of the rules or procedures may be waived or modified by the majority vote of the committee provided further that the reason therefore be included in each motion for waiver or modification.

The motion for the procedure to be waived or modified must be proposed at one meeting and voted on at the next regular session. The waiver or modification is subject to the applicable laws, resolutions, ordinances, and the County Commissioners.

Ruby Irving <rubyi@klickitatcounty.org>

SWMP and CROP

11 messages

Ruby Irving <rubyi@klickitatcounty.org> Wed, Mar 3, 2021 at 1:06 PM
To: Michelle Mulrony <Michelleam@klickitatcounty.org>, David Kavanagh <davidk@klickitatcounty.org>, Gregery Bringle <gbringle@republicservices.com>, "James Rivard (ECY)" <JRIV461@ecy.wa.gov>, Joe Johnson <joej@klickitatcounty.org>, Joe O'Sullivan <josullivan@bingenwashington.org>, John Longfellow <jj.longfellow@icloud.com>, Kevin Barry <kevinb22002@embarqmail.com>, Pierce Louis <pierce@dirthugger.com>, Steve Randall <srandall@gsd404.org>, Averie Morgan <averiemm@klickitatcounty.org>, Joe Turkiewicz <joet@ci.white-salmon.wa.us>

I have attached the Plans to be looked over - Please pay special attention to the CROP. If you can send me comments By Friday March 12th I can get them sent up to Wendy to incorporate into the response section. Emailed comments are easy to submit to Ecology so please email me your responses. If everyone is on board with having a meeting via zoom I am happy to get it on the calendar for noon on March 24th or 25th if that works - if not let me know if there is a better day. Hope all is well - hope to see you soon (:

Ruby Irving
Klickitat County Solid Waste Director
Office: 509.773.4295

10202020 Draft Klickitat County SWMP.pdf
5148K

Kevin Barry <kevinb22002@embarqmail.com> Wed, Mar 3, 2021 at 1:40 PM
To: Ruby Irving <rubyi@klickitatcounty.org>

I have no interest in a zoom meeting, so omit me please.

[Quoted text hidden]
[Quoted text hidden]
<10202020 Draft Klickitat County SWMP.pdf>

Michelle Mulrony <michelleam@klickitatcounty.org> Thu, Mar 4, 2021 at 8:38 AM
To: Ruby Irving <rubyi@klickitatcounty.org>

Ruby,

Page 213, has statistics for population in our county and they do not match the Census Data which is located here: https://www.census.gov/quickfacts/fact/table/klickitatcountywashington,WA/PST045219. The chart on our document is showing a consistent decline in population every year, is that what we are actually expecting?? That does not seem accurate.

CROP
Page 231, K2.2 does not include any items such as scrap metal, electronics appliances, HHW. Do they need to be?
Page 236, Table K2 Updating the recycling signs only has 2021 listed. It seems like that may need to be more ongoing as the market chages and the weather destroys signs. Thoughts?

Michelle A. Mulrony
Recycling Coordinator
(509) 773-4448 or (509) 773-5364
Cell (509) 314-9214
127 West Court Street
Goldendale, WA 98620
michelleam@klickitatcounty.org

[Quoted text hidden]

Ruby Irving <rubyi@klickitatcounty.org> Thu, Mar 4, 2021 at 8:54 AM
To: Michelle Mulrony <michelleam@klickitatcounty.org>

Ya - the statistics are completely off and came from the office of financial management - it's weird and I have had discussions about it but I don't know how much it's going to matter. If it made an impact on the funding we get that would be a different story. I will look at the rest of it and get back to you (:

Ruby Irving
Klickitat County Solid Waste Director
Office: 509.773.4295

[Quoted text hidden]

Michelle Mulrony <michelleam@klickitatcounty.org> Thu, Mar 4, 2021 at 9:12 AM
To: Ruby Irving <rubyi@klickitatcounty.org>

Well the population decrease then shows a decrease in the amount of trash and recycling expected as well so I think if we can we need to update that information.

Michelle A. Mulrony
Recycling Coordinator
(509) 773-4448 or (509) 773-5364
Cell (509) 314-9214
127 West Court Street
Goldendale, WA 98620
michelleam@klickitatcounty.org

[Quoted text hidden]

Ruby Irving <rubyi@klickitatcounty.org> Thu, Mar 4, 2021 at 9:16 AM
To: Michelle Mulrony <michelleam@klickitatcounty.org>

I will have to look back at the comments during SWAC review to see what the resolution to the numbers were

Ruby Irving
Klickitat County Solid Waste Director
Office: 509.773.4295

[Quoted text hidden]

Ruby Irving <rubyi@klickitatcounty.org> Wed, Mar 17, 2021 at 8:58 AM
To: Michelle Mulrony <Michelleam@klickitatcounty.org>, David Kavanagh <davidk@klickitatcounty.org>, Gregery Bringle <gbringle@republicservices.com>, "James Rivard (ECY)" <JRIV461@ecy.wa.gov>, Joe Johnson <joej@klickitatcounty.org>, Joe O'Sullivan <josullivan@bingenwashington.org>, John Longfellow <jj.longfellow@icloud.com>, Kevin Barry <kevinb22002@embarqmail.com>, Pierce Louis <pierce@dirthugger.com>, Steve Randall <srandall@gsd404.org>, Averie Morgan <averiemm@klickitatcounty.org>, Joe Turkiewicz <joet@ci.white-salmon.wa.us>

I only received comments from 2 people. Please send me a Yea or a Nay on the Plan if you have no comments please. If you have comments...please share them (:

Ruby Irving
Klickitat County Solid Waste Director
Office: 509.773.4295

On Wed, Mar 3, 2021 at 1:06 PM Ruby Irving <rubyi@klickitatcounty.org> wrote:
[Quoted text hidden]

Steven Randall <srandall@gsd404.org> Wed, Mar 17, 2021 at 9:50 AM
To: Ruby Irving <rubyi@klickitatcounty.org>

Ruby
Sorry I did look through it when you sent it out. I am up for whatever the group decides for a meeting. The document looks good to me.
[Quoted text hidden]
--

Steven Randall
Maintenance/Grounds Director
Goldendale School District #404
604 E. Brooks St.
(509) 773-4903 (Desk)
(509) 250-0280 (Cell)
srandall@gsd404.org
www.goldendaleschools.org
Maintenance Request

Students and Staff Improving Every Day

Kevin Barry <kevinb22002@embarqmail.com> Wed, Mar 17, 2021 at 10:23 AM
To: Ruby Irving <rubyi@klickitatcounty.org>

Yea
[Quoted text hidden]

Pierce Louis <pierce@dirthugger.com> Wed, Mar 17, 2021 at 10:28 AM
To: Ruby Irving <rubyi@klickitatcounty.org>
Cc: Michelle Mulrony <Michelleam@klickitatcounty.org>, David Kavanagh <davidk@klickitatcounty.org>, Gregery Bringle <gbringle@republicservices.com>, "James Rivard (ECY)" <JRIV461@ecy.wa.gov>, Joe Johnson <joej@klickitatcounty.org>, Joe O'Sullivan <josullivan@bingenwashington.org>, John Longfellow <jj.longfellow@icloud.com>, Kevin Barry <kevinb22002@embarqmail.com>, Steve Randall <srandall@gsd404.org>, Averie Morgan <averiemm@klickitatcounty.org>, Joe Turkiewicz <joet@ci.white-salmon.wa.us>

The plan looks good to me. Nice work Ruby.



Pierce Louis
541.380.1506
dirthugger.com

[Quoted text hidden]

Joseph O'Sullivan <josullivan@bingenwashington.org> Wed, Mar 17, 2021 at 1:22 PM
To: Ruby Irving <rubyi@klickitatcounty.org>
Cc: Michelle Mulrony <Michelleam@klickitatcounty.org>, David Kavanagh <davidk@klickitatcounty.org>, Gregery Bringle <gbringle@republicservices.com>, "James Rivard (ECY)" <JRIV461@ecy.wa.gov>, Joe Johnson <joej@klickitatcounty.org>, John Longfellow <jj.longfellow@icloud.com>, Kevin Barry <kevinb22002@embarqmail.com>, Pierce Louis <pierce@dirthugger.com>, Steve Randall <srandall@gsd404.org>, Averie Morgan <averiemm@klickitatcounty.org>, Joe Turkiewicz <joet@ci.white-salmon.wa.us>

This looks good to me Ruby. It's a yea.

-joe

Sent from my iPad

On Mar 17, 2021, at 8:59 AM, Ruby Irving <rubyi@klickitatcounty.org> wrote:

Appendix D. Status of Recommendations

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Status of 2013 Solid Waste Management Plan Recommendations

Recommendations	Status
Waste Reduction	
Education and Public Awareness	
The primary efforts of the County will be to promote existing programs, facilities and other opportunities for waste reduction, including programs that reduce the volume and/or toxicity of hazardous wastes.	Ongoing
The cities, towns and Republic Services will assist the County by, at a minimum, including waste reduction messages in information provided to their residents or customers at least annually.	Ongoing
Distribution of waste reduction brochures will be conducted contingent on the availability of funds and other resources.	Ongoing
An office waste minimization program will be implemented, or existing efforts by government and private entities will be promoted, contingent on the availability of funds and other resources.	Ongoing
Businesses will be encouraged, through brochures or waste consultations (conducted by Republic Services upon request from the business), to consider evaluating their processes and policies that affect waste generation.	Ongoing
Wherever possible, waste reduction education efforts will be combined with education and public awareness efforts for recycling.	Ongoing
The Model Recycling Plan should be fully implemented, including speakers, brochures, and radio ads.	Ongoing
Grants and state-sponsored education programs should also be pursued.	Ongoing
The County recycling coordinator will work with the designated staff of the landfill contractor to develop and implement complementary waste reduction education and public awareness activities of the county and the landfill contractor.	Ongoing
Backyard Composting	
County staff will conduct workshops on yard debris and food waste composting. Backyard composting of yard debris and food scraps will be promoted by the County, with assistance from the cities, towns, and Republic Services as appropriate.	Ongoing
The County recycling coordinator will work with the designated staff of the landfill contractor to develop and implement complementary composting education and public awareness activities of the County and the landfill contractor.	Ongoing
Government Programs	
Government waste reduction activities will be encouraged and promoted.	Ongoing
Incentive/Disincentive Based Programs	
Klickitat County will support state policies and legislation that provide incentives through tax credits, variable collection rates, and product labeling.	Ongoing
Disincentives and mandatory measures (such as disposal bans) will be used as a last resort effort to increase waste reduction.	Ongoing
Waste Exchanges	
Waste exchange information will be made available to businesses.	Ongoing
Re-use organizations and programs will be promoted.	Ongoing

Status of 2013 Solid Waste Management Plan Recommendations

Recommendations	Status
Program Evaluation	
The effectiveness of waste reduction programs and activities will be reviewed annually.	Ongoing
Waste reduction efforts will be modified as necessary on an ongoing basis.	Ongoing
Recycling	
Residential Recyclable Materials	
Continue the curbside recycling program.	Ongoing
Maintain a list of materials to be targeted for curbside recycling.	Ongoing
Collect metals, glass, white goods, and other specified materials separately at the transfer stations.	Ongoing
Maintain commingled status for other targeted recyclables.	Ongoing
Increase participation in the curbside recycling program.	Ongoing
Buy-Back Centers	
Continue to encourage community groups to collect recyclables as a fundraising activity (see also Community Group Recycling, below).	Ongoing
Drop-Off Centers	
Increase drop-off locations.	Not Implemented
Investigate possible community group involvement for selected drop-off sites.	Ongoing
Community Group Recycling	
Encourage cooperation with buy-back centers.	Ongoing
Continue and expand support for community cleanup events.	Ongoing
Small Recycling Collectors	
Encourage environmentally and neighborhood friendly recycling.	Ongoing
Consider impacts on recycling before passage of nuisance ordinances.	Ongoing
Business and Government Facility Recycling	
Include business and government facilities in the Model Rural Recycling Program Plan.	Ongoing
Establish list of targeted materials.	Implemented
Provide collection of targeted materials.	Implemented
Education and Awareness	
Continue and improve present programs.	Ongoing
Continue print and radio ads to promote participation in recycling.	Ongoing
Enhance speaking by county staff.	Implemented
Require Republic Services to furnish a person for support of education and awareness as agreed in the Model Recycling Plan (October 30, 1999).	Ongoing

Status of 2013 Solid Waste Management Plan Recommendations

Recommendations	Status
Cities should provide more outreach and other assistance in promoting recycling and related programs.	Ongoing
Develop uniform program for speakers.	Not Implemented
Install better signage on and near recycling drop boxes.	Ongoing
Recycling Program Evaluation	
Develop baseline data for existing tonnage and composition of recyclables collected through curbside and drop-off programs, and determine cost per ton for each program.	Not Implemented
Modify program as necessary.	Not Implemented
Solid Waste Collection	
The County should encourage the use of collection services when possible.	Ongoing
The County should not implement mandatory collection.	Ongoing
The County should develop and implement education efforts toward collection of solid waste.	Ongoing
Service-providers should provide information to new customers, and to existing customers at least annually, that describes the available waste collection and recycling services as well as other information as required by Chapter 480-70- 361 WAC.	Implemented
The County should maintain and make available a list of residential and commercial service-providers.	Implemented
The Klickitat County Health Department should continue to enforce solid waste regulations and laws to encourage the collection and proper disposal of solid waste in the County.	Implemented
All cities should continue to enforce compliance of city codes for garbage collection and disposal.	Implemented
The County should maintain the concepts and arrangements in the Agreement between Republic Services and Klickitat County to maintain free disposal of solid waste.	Implemented
Transfer Facilities	
Transfer Stations	
Monitor growth of geographic areas and scope of activity performed at transfer stations to allow time for construction of new transfer stations or expansion of existing facilities as warranted.	Ongoing
Rail Intermodal Facility	
Continue to monitor the existing operation for compliance with the Agreement between Klickitat County and Republic Services.	Ongoing
Monitor growth and consider additions to intermodal facilities to facilitate growth in imported waste quantities.	Ongoing
Barge Intermodal Facility	
Continue to monitor the potential need for a barge intermodal facility.	Ongoing
Waste Import and Export	
Continue importing waste.	Ongoing
Monitor compliance with the Agreement between the County and Republic Services.	Ongoing

Status of 2013 Solid Waste Management Plan Recommendations

Recommendations	Status
Agreements with exporters to a regional landfill in Klickitat County must include provisions that the exporters must have approved solid waste management plans that address exporting and include recycling and waste reduction prior to export. County and Ecology approved moderate risk waste management plans must also be included.	Ongoing
The Yakama Nation's and the Gorge Commission's preferences regarding trucking of wastes should be honored where the location of the exporting jurisdiction allows reasonable alternatives. These preferences should be implemented through conditions on permits issued with regard to this Plan.	Ongoing
Continue exportation of specific waste streams when no local disposal facilities exist.	Ongoing
Disposal	
Horsethief Landfill	
Maintain post-closure monitoring in conformance with rules and regulations.	Ongoing
Maintain a dedicated fund for post-closure financing of required monitoring and site maintenance.	Ongoing
Maintain the security fence to ensure structural integrity of the closure cap.	Ongoing
Reduce monitoring when test results indicate stability has increased sufficiently.	Implemented
Landfilling of In-County Waste	
Continue to dispose of waste at Roosevelt Regional Landfill.	Ongoing
Monitor the solid waste industry trends that may require disposal at alternate sites.	Ongoing
Monitor annual in-County waste classifications and quantities.	Ongoing
Roosevelt Regional Landfill	
Continue to dispose of in-County waste at Roosevelt Regional Landfill.	Ongoing
Maintain a county inspector at the regional landfill.	Ongoing
Monitor the need for an additional county inspector.	Ongoing
Monitor compliance with the Agreement.	Ongoing
Encourage importation from other locations up to 5 million tons per year.	Ongoing
Mandate recycling at source locations.	Implemented
Continue to defer liability to the solid waste provider.	Ongoing
Minimize County risk.	Ongoing
Maximize County benefit.	Ongoing
Waste to Energy	
Allow energy recovery from incineration of used motor oil.	Ongoing
Continue the use of landfill gas to produce electricity.	Ongoing

Status of 2013 Solid Waste Management Plan Recommendations

Recommendations	Status
Organics	
Continue to promote and support onsite yard debris composting.	Ongoing
Encourage onsite composting of food wastes through vermiculture and backyard composting.	Ongoing
The cities, towns and Republic Services will assist the County in promoting backyard composting and, unless or until the wood waste chipping program is begun again, will also assist with promoting proper onsite handling of wood waste.	Ongoing
Centralized yard debris composting sites should be investigated.	Not Implemented
Municipal solid waste composting is not recommended.	Ongoing
Large-scale composting of yard and garden waste from in-County and imported sources should be considered as a possible addition to the Agreement between Klickitat County and Republic Services.	Ongoing
Other proposals or opportunities that may arise in the future for diverting organics, such as for curbside collection, should be considered based on their relative merits such as cost-effectiveness and other factors.	Ongoing
Placing containers for collecting yard debris and possibly other organics at locations where they can be monitored and a tipping fee can be collected, such as the transfer stations and possibly other locations, should be considered.	Not Implemented
Wood Waste Chipping	
Renew the drop-off chipping site program, when local economic conditions permit it.	Not Implemented
Improve existing sites.	Not Implemented
Improve marketing of the end-products.	Not Implemented
Administration and Enforcement	
Continue to administer the Agreement with Republic Services.	Ongoing
The County should retain the option to develop interlocal cooperative agreements with other jurisdictions for disposal of out-of-County solid waste.	Ongoing
SWAC be maintained as an ongoing committee that will meet at least quarterly continue and act in an advisory capacity to the Board of County Commissioners.	Implemented
Continued enforcement of health issues by the Klickitat County Health Department, land use issues by the Klickitat County Planning Department, and Agreement issues by the Klickitat County Solid Waste Department.	Implemented
The County should move toward the closure and cleanup of illegal dumps and should enact ordinances that provide a clearer method to prosecute those who persist in littering or illegal dumping.	Implemented
The County should continue under its contractual agreement with Republic Services. The Agreement includes an Administration Fee and a Quarterly Solid Waste Fee payable to the County. Specific fees are also assessed to support specified needs, including scholarships and County Tourism and Community Development.	Implemented

Status of 2013 Solid Waste Management Plan Recommendations

Recommendations	Status
The County's solid waste program is funded by grants (primarily the Coordinated Prevention Grant funds administered by Ecology) and by fees paid by Republic Services. Should grants be reduced or discontinued, then planned activities will also need to be reduced or discontinued. Should revenue produced through the Agreement with Republic Services be reduced or discontinued, then activities will also need to be curtailed.	Acknowledged

Appendix E. Model Rural Recycling Program Plan

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ALLIED WASTE INDUSTRIES

KLICKITAT COUNTY

MODEL RURAL RECYCLING PROGRAM PLAN

INTRODUCTION

Program Objectives

This Model Rural Recycling Program (MRRP) Plan describes the specific facilities, programs and support services that Allied Waste Industries (Allied) will provide within Klickitat County. The Plan also describes the how these facilities, programs, and support services will be coordinated with the waste reduction and recycling efforts sponsored by the County.

The objectives of the MRPP are to:

- Meet the requirements of Allied's June 29, 1998 agreement with Klickitat County that are related to waste reduction and recycling.
- Help make substantial progress toward achieving a 50% waste reduction and recycling rate within Klickitat County (when considered together with activities sponsored by the County, private businesses, and other organizations) by:
    - Improving the current programs offered by Allied;
    - Adding programs and expanding outreach efforts;
    - Integrating MRRP and County activities to reinforce outreach efforts and public messages.
- Collect, evaluate, and report information regarding the amount of material recycled and the level of participation in Allied's programs.
- Provide a framework for coordinating MRRP activities with the County, for testing and evaluating possible changes and enhancements to the MRRP, and for discussing any proposed contract changes related to the MRPP.

MRRP Plan Organization and Approach

This MRRP Plan is organized into the following sections, reflecting the major programs and activities that will be sponsored and supported by Allied:

- Residential Curbside Recycling
- Transfer Station/Drop Off Recycling
- Government and Business Waste Reduction and Recycling
- Agricultural Waste Reduction and Recycling

- Waste Reduction
- Moderate Risk Waste
- Special Events, Support for County Programs, and Public Outreach

Each section briefly describes current practices, identifies areas for improvement where applicable, and describes the programs and activities that will be implemented or supported by Allied.

This MRRP Plan includes a substantial commitment to public awareness and outreach in order to increase participation in the coordinated programs offered by Allied and by the County. This Plan also includes a program evaluation element so that Allied, together with the County, can work to improve waste reduction and recycling services.

Overall, this Plan covers activities that will be implemented and evaluated over the next three to four-years. The Plan calls for a major evaluation at the beginning of the fourth year, and a subsequent revision to the Plan based on the results of the evaluation and the success of the various pilot programs described herein. Appendix A to this Plan includes a detailed implementation schedule. In general, the following types of activities will be evaluated in each Plan Year.

- *Immediate Action.* Continue existing programs, develop tracking and information collection systems, initiate public outreach efforts, initiate signage and capital improvements at transfer stations, post curbside program sign-up information at transfer stations, and develop performance expectations/customer relations training for staff.
- *First Plan Year.* Continue existing programs, design and conduct baseline survey for curbside program, conduct survey of transfer station users, arrange for and initiate pilot programs for business recyclables collection and business waste reduction/recycling audits, arrange for drop-off pilots, rampup extensive public outreach efforts, and systematically collect and report information related to participation and the amount of recyclables collected.
- Second and Third Plan Year. Continue existing programs, implement all pilot programs, continue extensive public awareness and outreach efforts, continue systematic collection and reporting of information related to participation and the amount of recyclables collected, and conduct customer surveys.
- Beginning of Fourth Plan Year. Conduct independent evaluation of MRRP Plan programs, work with the County to make any major changes, and revise the MRRP Plan.

Allied will prepare an annual summary report to the County and the SWAC on the progress it has made in implementing the MRRP in the previous year. In addition to ongoing meetings and coordination, Allied will also hold an annual planning session with the County to plan joint activities for the following year.

RESIDENTIAL CURBSIDE RECYCLING PROGRAM

Current Practice

Allied currently provides curbside residential recycling collection to all County citizens and backhauls collected materials to the Rabanco Recycle Center in Seattle. Recyclables are currently collected using a bag-based system and a van-type collection vehicle that has been recently painted with information advertising the residential curbside program. Participants receive curbside collection service every two weeks. Although collection service is currently provided at no charge to County residents, under its contract with the County, Allied could charge up to $1.00 per household per month for the service.

Overall, the results of this program have been less than expected, as reflected by the total amount of recyclables sent to the Rabanco Recycle Center in Seattle. Lack of ongoing public outreach likely contributes to low levels of participation. Some of the current program results may also be because participants either do not regularly participate or do not recycle as much as they could.

The bag-based collection system may also contribute to the relatively low amount of material collected. Information is not currently available to systematically evaluate these issues. Based on the number of complaints received by the County, poor customer relations likely contributes to the problem. Allied recognizes that good customer relations will be important to this program's success in the future.

Proposed Activities

Allied will continue to pay the costs of implementing residential curbside recyclables collection service throughout the County. In addition, Allied will increase promotion of this program and encourage signups and participation by:

- Developing a simple postage-free postcard for signups that can be used at various locations and special events in the County (Immediate Action).
- Posting promotional information and having sign-up postcards available at all of the transfer/recycling stations in the County (Immediate Action).
- Working with the County, businesses, and other organizations to try to have promotional posters and sign-up cards available at the following locations and events:
    - County fair
    - Earth day
    - Composting demonstrations and other education efforts sponsored by the County
    - Special solid waste/recyclables collection events
    - County offices
    - Schools and school events
    - Church events
    - Grocery stores

- Developing billing inserts promoting sign/up and ongoing participation in the program. In the first Plan Year, Allied will have its collection contractor send these billing inserts out semi-annually to its customers. In the first Plan Year, Allied will also work to make arrangements with the other collection companies in the County to include these inserts in bills to their customers.
- Because many residents do not receive garbage collection service, Allied will also arrange for, at a minimum, an annual mailing to all County residents encouraging them to signup and/or continue participating in the program. This mailing may be included along with the annual "How are We Doing?"recycling report sent out by the County.
- Developing and sponsoring media outreach, including: 1) designing and placing ads in local newspapers; and 2) developing and placing radio ads. As discussed under *Public Awareness and Outreach,* below, the annual number of media outreach efforts focused on the residential curbside program will vary depending on input from the County. In the initial Plan years, media outreach efforts will likely occur at least semi-annually. The content of the messages for these ads will also be developed in coordination with the County, but will likely:
    - Encourage signing up for the program
    - Include tips to improve participation such as information on which materials to recycle, why it is important to avoid contamination; and where to call for advice or customer service
- Modifying the curbside collection program, as warranted, in response to the baseline survey.
- Conducting a baseline survey of participants and non-participants to determine, among other things, how well the bag-based collection system is working. (See Customer Surveys and Evaluation, for the curbside program, below.)
- Conducting a survey of transfer station users to determine their level of participation in the curbside program. (See Customer Surveys and Evaluation, below.)
- Establishing performance expectations regarding customer relations for all personnel or subcontractors who will have contact with customers while implementing the program, and developing systems to track customer complaints. Allied management will monitor the results, consult with the County on any complaints received by the County, and take corrective action as needed. Allied will also take other action to improve customer service, such as providing a second person in the collection van to handle direct customer issues and complaints. (Immediate Action).

Program Evaluation

Allied will evaluate the Residential Curbside Collection Program on an ongoing basis in order to determine improvements that could be made to the program, including whether or not better results could potentially be achieved by replacing curbside collection in some areas with a system of recyclables drop-off stations. Allied recognizes that such a change would require a contract amendment with the County. Allied also recognizes such a change should only be considered after:

1) extensive efforts have been made to encourage and support curbside program participation; 2) the curbside program's effectiveness is then independently evaluated; and 3) other recycling options have been tested to determine their effectiveness.

Program evaluation activities will include:

- Collecting information on the level of participation in the program;
- Collecting information on the amount of material recycled through the program;
- Developing and implementing customer surveys;
- Evaluating the program's effectiveness;
- Making adjustments to the program to improve its effectiveness, recognizing that any major program changes will require approval by the County.

Data Collection and Tracking. Allied will direct its collection subcontractor to develop and implement systems to track participation in the residential curbside program. At a minimum, this information will include:

- Documenting information on current participants including their address, phone numbers, and whether or not they also receive garbage collection service (Immediate Action);
- Collecting this information from new customers when they sign up for recycling service (Immediate Action);
- Annually mapping this information, in a manner that is compatible with the County's mapping system, to help determine the level of participation in various geographic areas of the County; and
- Providing mailing and/or phone lists of program participants to those conducting surveys related to MRRP programs.

Allied will also develop estimates of the total amount of material (by weight) collected through the curbside program. This information will be developed by adjusting totals delivered to the Rabanco Recycling Center in Seattle as described in Appendix B. Allied will also conduct spot checks to help assess the relative proportions of the various materials that are being collected through the program. Information will be provided to the County on an annual basis.

Customer Surveys and Program Evaluation. Allied will arrange for customer surveys to support evaluation of the program. Survey questions will be developed in coordination with the County and with Allied. Surveys will include:

- In the first Plan Year, surveys of transfer/recycling station customers to, at a minimum, determine: 1) the extent to which transfer stations customers also bring in recyclables; 2) the extent to which transfer station customers participate in the curbside programs; 3) their interest in participating in the curbside program; and 4) their interest in use of drop-box facilities. Surveys will be conducted at the transfer stations and may be conducted by interview or by filling out a simple survey form.
- Early in the first Plan Year, a baseline survey of program participants and non-participants to, at a minimum, determine: 1) awareness of the program; 2) barriers to participation, including collection method; 3) frequency of recycling by program

participants; 4) types of materials that they most frequently recycle; 5) issues that are keeping them from participating more regularly; 6) suggestions for improvements. The survey will be conducted by an independent third party, selected in consultation with the County. Surveys will be conducted by mail or phone.

- Follow-up surveys in the second and third Plan years. If the number of households that have signed up by the third plan year is relatively high, the second follow-up survey may only focus on participants.

Survey results will be provided in a report to the County. Individual customer responses will be kept confidential.

At the end of the third Plan year of the program, as described in this MRRP Plan, Allied will arrange for an independent evaluation of its overall effectiveness. The scope of work for this evaluation and selection of the independent contractor will be developed in coordination with the County. The evaluation will consider:

- Information obtained through the surveys described above;
- Information on the number and location of participants;
- The amount of recyclables collected and any trends;
- The results of pilot programs (see below); and

Information from similar programs conducted in other areas. At a minimum, the evaluation will identify:

- The overall effectiveness of the program in various areas of the County and for various types of participants (Le. in remote areas of the County, for participants that do and do not have garbage collection service etc.);
- Ways to support ongoing customer participation;
- Customer service issues and recommendations to address them; and
- Modifications, such as adding to or changing the types of materials collected that may help the County better achieve its recycling goals.

TRANSFER STATION/DROP OFF RECYCLING

Current Practice

Allied currently provides facilities for the collection of recyclables at transfer/recycling stations in Goldendale, BZ corners, Dallesport, and at the Roosevelt Regional Landfill. The stations collect all materials collected through the curbside program. In addition, they collect glass, used oil, white goods, scrap metal, and household hazardous waste. The quality and convenience of recycling facilities varies among the stations. Allied does not currently provide for drop-off recycling at any locations besides the transfer stations.

Proposed Activities

Transfer/Recycling Stations. Allied will continue its existing programs at the transfer/recycling stations and will make the following improvements:

- Posting promotional materials and providing sign-up cards for the residential curbside program (Immediate Action);
- Improving current signage, especially at the BZ corners station, and
- modifying all signs to include the correct current County phone numbers (Immediate Action);
- Installing displays at each station showing the types of materials that are appropriate for the various recycling containers (such as the current display at Dallesport);
- Implementing other improvements at the BZ corners station, including: securing the white goods collection area, and consolidating recycling containers, and providing improved bins and signs.

Drop-Off Centers Pilot Program. In addition, Allied will test the effectiveness of drop off locations for recyclables. Materials that will be collected at the drop off sites will likely include one or more of the following materials: aluminum, tin, newspaper, cardboard, and glass.

Pilot tests will be likely conducted in the Bickleton/Cleveland area, in the Maryhill area, and at a grocery store or other convenient location in the White Salmon area. Allied will also investigate the possibility of developing a drop off facility in the Mercer Farms area if they proceed with developing a housing area. Prior to implementing the pilot tests, Allied will take the following actions:

- Identify potential locations, and make arrangements with property owners;
- Hold public meetings to increase awareness of the drop-off pilot test and to inform the public on those factors that will be considered in evaluating the effectiveness of the test (Le. amount of material collected by type, number of users and frequency of use, contamination, problems with vandalism);
- Select and install bins and signage. Signage will identify that the drop-off station is part of a pilot test and will provide numbers to call in the event containers are full or in the event of vandalism.

Allied will make all arrangements for picking up recyclables at no charge, and monitoring and reporting any problems with vandalism. During the initial months of operation, Allied will regularly monitor the drop-off collection bins in order to determine the appropriate frequency for pickups. Pilot tests will be conducted in the second and third Plan years and will last a minimum of one year before they are evaluated.

Program Evaluation

During the pilot tests, Allied will periodically collect information about the number of users and frequency of use. The methods used to collect this information will vary depending on the location of the drop-off station. At more heavily frequented locations (Le. Maryhill and White Salmon) observers may count the number of users in a given day. At less frequently used locations (Le. Bickleton), users of the drop-off station may be asked to fill out a card (asking how frequently they use the drop off and the types of materials they bring) and to leave it in a box provided at the drop off site.

At the end of the pilot test period, Allied will prepare a report to the County that, at a minimum, addresses:

- The amount (by weight) of materials collected;
- An approximation of the relative amounts of the various materials collected;
- Frequency of collection required; and
- Contamination, vandalism, and other problems;
- Customer feedback; and
- Interest in adding drop-off centers in other County locations.

The results of this report will be considered in the overall program evaluation described under *Residential Curbside Collection,* above.

GOVERNMENT AND BUSINESS WASTE REDUCTION AND RECYCLING

Current Practice

Allied currently collects the same recyclables from schools that it collects under its residential curbside program. Allied pays the cost of this service. Allied does not now provide any other recycling service to government institutions or businesses.

Proposed Activities

Allied will continue to offer recycling service to schools and will expand its government and business recycling efforts by:

- Improving collection services to schools by providing collection bins and posters to encourage recycling and, depending on input from individual schools, by collecting a wider range of materials and/or collecting them more frequently.
- Offering similar recycling services to County and Goldendale City offices and making the necessary arrangements to implement such a program, including providing collection bins and arranging for the frequency of collection. Materials that will be collected include cardboard, white paper, and aluminum.
- Providing model procurement ordinances and procedures to the County regarding purchase of recycled materials.
- Testing the effectiveness of business recycling by offering a pilot program in Goldendale, White Salmon, and Bingen. Allied will recruit and arrange for participation in the pilot program. Recruitment efforts will likely include media ads and phone interviews or meetings with local business owners. Recruitment efforts will also address the frequency of collection. It is expected that the materials collected will include white paper, and possibly cardboard and aluminum. Allied will offer this pilot program at a rate that offers a clear incentive to business owners to recycle, taking their costs for garbage collection into account. The rate may be adjusted depending on the level of interest in participating. Allied expects the pilot program to be implemented over a minimum two-year period, beginning in the second half of the first Plan year.

- Providing for business and government waste reduction and recycling audits. Audits will be offered two times each year and will include initial audits and follow-up visits to interested businesses. Allied will recruit participants using a variety of methods including media outreach, coordination with local business organizations, and phone interviews. Allied will arrange for, schedule visits by, and pay for the expenses of qualified auditors. Audits will be offered beginning in the second half of the first Plan Year.

Program Evaluation

In the fourth Plan Year, Allied will prepare a report to the County evaluating the effectiveness of the business recycling and audit programs. Information that will be provided will, at a minimum, include:

- Number and types of businesses participating;
- Amount of material collected;
- Results of customer interviews regarding the programs. Interviews will be conducted by an independent third party selected in consultation with the County. Interview questions will be developed in coordination with the County.

AGRICULTURAL WASTE REDUCTION AND RECYCLING

Current Practice

Allied does not now offer services directly focused on the agricultural sector.

Proposed Activities

Allied will:

- Provide speakers at grange meetings and other events who can address waste reduction and recycling in the agricultural sector, including techniques for reducing the toxicity of waste such as proper rinsing and disposal of pesticide containers, and the proper disposal of unused pesticides.
- Develop technical information, in coordination with the County extension agent, on subjects such as on-site composting of livestock and plant wastes.
- Work with the County to investigate the feasibility of supporting the development of/and or participation in regional programs aimed at agricultural users. (For example, EPA and the Agricultural Container Research Council are working at plastic pesticide, herbicide, and rodenticide containers. Other states are using recycled phone books for animal bedding).

MODERATE RISK WASTE

Current Practice

Allied currently supports County MRW efforts by providing for the collection of household used oil and household hazardous waste at transfer stations and providing for its collection and transport

by an appropriately licensed company. (Used oil is also collected at the regional landfill and by Bingen Garbage Service in White Salmon.) The County pays the actual costs of disposal. Allied also implements a waste acceptance and control program at the transfer stations and at the regional landfill.

Proposed Activities

Allied will expand its current efforts by:

- Developing information in coordination with the County and placing media ac to increase household awareness of proper HHW disposal.
- Developing and targeting informational materials to Small Quantity Generators (especially vehicle maintenance, construction, and logging) to increase their awareness of the importance of the appropriate disposal of this waste and to announce days when collection at reduced rates is available.
- Including methods for reducing or removing hazardous materials from the waste stream in business waste audits.

WASTE REDUCTION

Current Practice

Allied currently provides limited support to County waste reduction efforts by providing for MRW collection at transfer stations and by funding certain information mailings by the County.

Proposed Activities

Allied will expand its current efforts by:

- Providing support for radio spots to encourage participation in the County's on-site composting program and to provide other waste reduction "hints".
- Including waste reduction techniques in business audits.
- As requested, assisting the County's recycling coordinator with arranging for backyard composting demonstrations and distributing bins.
- Writing and printing "how to" informational brochures and posters on waste reduction techniques to be included in the County's annual mailing and distributed at County events to residents and businesses.
- Including speakers with expertise in waste reduction in the speakers list and speakers program described under *Special Events,* below.
- Providing for swap events as described under *Special Events,* below.
- Providing information on waste reduction to the Agricultural Sector, as described under *Agricultural Programs,* above.

SPECIAL EVENTS, SUPPORT FOR COUNTY PROGRAMS, AND PUBLIC OUTREACH

Current Practice

Allied currently provides support for County Programs by funding certain County mailings and attending certain special events with the County. The County currently takes the lead on programs with schools, on-site composting demonstrations, and the brush/wood chipping program.

Proposed Activities

Allied will expand its current efforts to support County programs and public outreach efforts by:

- Arranging for and staffing booths at Earth Day and the County Fair jointly with the County;
- Assisting the County with waste reduction and recycling awards programs for civic organizations, schools, and businesses, by arranging to have plaques or other awards made, providing financial assistance for awards as agreed to in the annual planning meeting with the County, and attending awards ceremonies.
- Providing a list of potential speakers for special presentations to schools and civic organizations and, at the request of the County, arranging for those speakers to make presentations, and paying for their expenses;
- Assisting the County with special collection events (ie. cleanup events) by providing recyclables bins and collection and staffing support including, if applicable, staffing for a "swap" (active salvage) area at these events.
- Planning for annual media outreach in coordination with the County. These outreach efforts will occur three to four times per year and will likely focus on: 1) the residential curbside program; 2) waste reduction, especially backyard composting; and 3) other topics to be developed with the County. Outreach activities will include radio and newspaper ads, press releases, and articles submitted to newspapers. All content will be reviewed and approved by or submitted directly by the County.
- Developing an information web site (non-interactive) that will be updated and managed on an ongoing basis by the County.
- Holding an annual planning session with the County to identify priorities for the upcoming year, develop the focus of annual media outreach, and discuss possible improvements to the overall program. To the extent that Allied, Rabanco, or Tri-County plans new vehicle or equipment purchases, Allied will discuss these purchases with the County in light of their possible implications for the recycling programs described in this MRRP Plan.
- Holding other meetings with the County on an ongoing basis to coordinate activities and discuss progress.

ADMINISTRATION

Reporting

In addition to the evaluation reports described above, Allied will provide semiannual reports to the County on the types and amount (by weight) of recyclables collected in Klickitat County. Reports will be based on the weights of materials received at the Rabanco Recycle Center in Seattle, plus an estimate of material collected at transfer stations that is not sent on to the Recycle Center (see Appendix B).

Staffing-Allied Recycling Coordinator

Allied will assign a recycling coordinator who will be responsible for planning and scheduling programs and events, ensuring that scheduled activities are being initiated and completed, and coordinating with the County's solid waste coordinator.

Schedule

Appendix A is a schedule of the activities identified in this Plan.

	2000					2001					2002				
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
ACTIVITY															
Curbside Collection Program															
Collect recyclables from curbside participants	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Outreach Activities:															
Develop postage free signup card and promotional posters	■														
Post promotional information at transfer stations	■														
Develop lists of organizations and schedules for posting promo materials	■	■													
Post promotional materials and signup cards at other locations			■	■			■	■			■	■			
Develop and mail billing inserts to Tri-County customers		■	■		■		■		■		■		■		
Contact other haulers re arranging for billing inserts			■	■											
Billing mailed by other haulers					■		■		■		■		■		
Mail promotional material with Annual Report		■				■				■					■
Design radio and print ads for curbside program		■	■			■				■					■
Place radio and print ads			■	■			■	■			■	■			
Baseline Surveys and Data Collection:															
Design database for tracking participation	■														
Confirm and enter information on current participants	■	■													
Enter information on new sign-ups	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Prepare maps of participant locations		■				■				■					■
Design baseline survey questionnaire		■													
Develop baseline survey mailing/phone lists		■													
Field baseline survey		■													
Conduct transfer station surveys			■		■										
Report results on baseline survey/recommend program changes			■												
Implement program changes, as warranted				■	■	■									
Modify baseline survey questionnaire for follow-up surveys					■	■					■				

	2000					2001				2002				
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
ACTIVITY														
Curbside Collection Program (cont.)														
Baseline surveys and Data Collection (cont.)														
Develop updated mailing/phone lists					■	■					■			
Field follow-up surveys							■					■		
Follow-up survey reports								■					■	
Customer Relations:														
Develop performance expectations re customer service	■													
Identify customer relations training programs	■	■				■				■				
Develop customer complaint tracking forms	■	■												
Review customer complaints					■				■				■	
Modify staff assignments as warranted			■	■	■	■	■	■	■	■	■	■	■	■
Overall curbside program evaluation													■	■
Transfer Station/Drop-off Recycling														
Continue collection of curbside recyclables, glass, HHW, used household oil, white goods, and scrap metal at transfer stations *Transfer Station*	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Post curbside promotional material and sign up cards	■													
Improve signage	■	■												
Install displays	■	■												
Install other improvements at BZ corners station		■	■	■										
Drop-off Center Pilot Project:														
Develop information on pilot program for site owner/managers		■												
Interview owners/managers of potential sites in White Salmon Area		■	■											
Identify potential sites in Bickleton area		■	■											
Hold meetings with Maryhill museum to identify potential sites, bin requirements, etc.		■	■											
Confirm sites and make arrangements with property owners				■	■	■								
Order bins and signs				■	■									
Develop forms for tracking/estimating quantity and types of material					■									

	2000					2001				2002				
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
ACTIVITY														
Transfer Station/Drop-off Recycling (cont.)														
Drop-off Pilot Tests (cont.):														
Conduct public meetings along with County						■	■							
Install bins and signs, and monitor use to set collection frequency							■							
Conduct pilot test							■	■	■	■	■	■	■	
Collect information on # of users, frequency of use								■			■		■	
Interview site owner/managers and users													■	
Prepare Pilot Report													■	
Government and Business Waste Reduction and Recycling														
Continue collection of recyclables from schools	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Improvements to Government Programs:														
Conduct interviews with schools re recyclables collection service		■	■											
Modify programs to schools as warranted				■										
Develop information sheet to discuss government recycling with County and Goldendale City agencies				■	■									
Implement City/County Collection of recyclables						■	■	■	■	■	■	■	■	■
Provide speakers list to schools (see outreach, below) and arrange for speakers for following year						■				■				■
Business Programs:														
Recruit participants for recyclables collection		■	■											
Order bins/reschedule collection routes/add equipment, as required		■	■	■										
Develop forms for recording information on participants, amount collected			■											
Collect cardboard, white paper, and aluminum from businesses				■	■	■	■	■	■	■	■	■	■	■
Identify WRR and MRW auditors and develop contracts	■	■												
Recruit participants in audit program		■	■		■		■		■		■		■	
Conduct audits				■		■		■		■		■		■
Conduct business interviews re: business collection and audit programs							■	■			■	■		
Report on Business pilot programs												■	■	

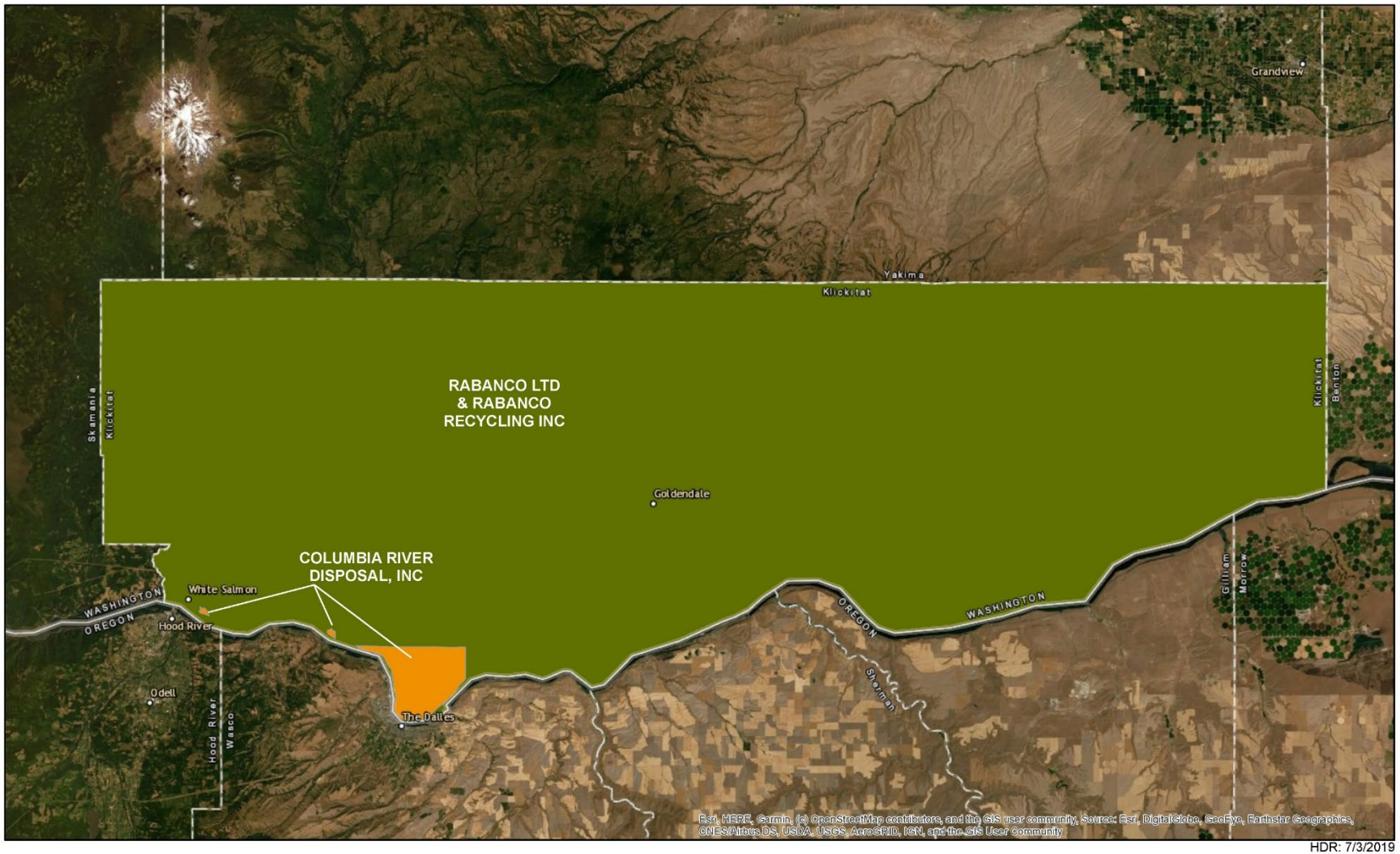
	2000					2001					2002				
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
ACTIVITY															
Agricultural Programs															
Develop technical pamphlets regarding on-site composting of livestock and plant waste, proper handling of pesticides and containers etc.				■	■	■	■	■	■						
Provide speakers list to local granges and other organizations (see Outreach, below), schedule and arrange for speakers as requested					■	■			■	■			■	■	
Investigate feasibility of regional agricultural programs				■	■	■	■								
Support implementation of regional programs, as warranted								■	■	■	■	■	■	■	
Moderate Risk Waste															
Continue existing collection of HHW and used oil	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Outreach Efforts:															
Develop/Collect HHW Information Brochures		■	■	■	■	■	■	■	■						
Develop radio/newspaper ads on HHW collection and reduction (1)		■				■				■				■	
Place media ads (1)					■				■				■		
Develop outreach materials for SQGs						■	■	■	■	■	■	■	■	■	
Arrange for HW reduction techniques to be identified in business waste		■	■												
Include speakers with MRW management and reduction expertise in		■	■	■											
Waste Reduction															
Develop media spots for on-site composting and other waste reduction		■				■				■				■	
Place ads (1)		■	■			■	■			■	■			■	
Assist with distribution of compost bins, as requested		■	■	■	■	■	■	■	■	■	■	■	■	■	
Identify topics and develop brochures on waste reduction topics				■	■	■	■	■	■	■	■				
Arrange for waste reduction techniques to be identified in business audits		■	■												
Include speakers with waste reduction expertise in speakers list		■	■	■											
Swap events (2)			■	■			■	■			■	■			
1)Included within 4 outreach campaigns per year															
2)As part of Special Collection Events															

	2000					2001				2002				
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
ACTIVITY														
Special Events and Outreach														
Plan for and staff Earth Day and County Fair booths along with County			■	■			■	■			■	■		
Assist with County awards program		■	■	■	■	■	■	■	■	■	■	■	■	■
Develop speakers list		■	■	■										
Assist with special collection events			■	■			■	■			■	■		
Plan annual media outreach		■				■				■				■
Develop web site						■	■	■	■					
Administration and Reporting														
Assign Allied recycling coordinator	■	■												
Review, check, and interpret data on recyclables collected		■				■				■				■
Prepare annual reports to County and SWAC on amounts collected and progress in implementing MRRP Plan		■				■				■				■
Annual planning sessions		■				■				■				■
Periodic meetings with County	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Overall Program Evaluation Report														■

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Appendix F. WUTC Map

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RABANCO LTD
& RABANCO
RECYCLING INC
COLUMBIA RIVER
DISPOSAL, INC
Grandview
Yakima
Klickitat
Skamania
Klickitat
Klickitat
Benton
Goldendale
White Salmon
WASHINGTON
OREGON
Hood River
Odell
Hood River
Wasco
The Dalles
OREGON
WASHINGTON
Sherman
Gilliam
Morrow
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community, Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

HDR: 7/3/2019

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Appendix G. SEPA Checklist

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SEPA 2020-01

SEPA ENVIRONMENTAL CHECKLIST

Purpose of checklist:

Governmental agencies use this checklist to help determine whether the environmental impacts of your proposal are significant. This information is also helpful to determine if available avoidance, minimization or compensatory mitigation measures will address the probable significant impacts or if an environmental impact statement will be prepared to further analyze the proposal.

Instructions for applicants:

This environmental checklist asks you to describe some basic information about your proposal. Please answer each question accurately and carefully, to the best of your knowledge. You may need to consult with an agency specialist or private consultant for some questions. You may use "not applicable" or "does not apply" only when you can explain why it does not apply and not when the answer is unknown. You may also attach or incorporate by reference additional studies reports. Complete and accurate answers to these questions often avoid delays with the SEPA process as well as later in the decision- making process.

The checklist questions apply to all parts of your proposal, even if you plan to do them over a period of time or on different parcels of land. Attach any additional information that will help describe your proposal or its environmental effects. The agency to which you submit this checklist may ask you to explain your answers or provide additional information reasonably related to determining if there may be significant adverse impact.

Instructions for Lead Agencies:

Please adjust the format of this template as needed. Additional information may be necessary to evaluate the existing environment, all interrelated aspects of the proposal and an analysis of adverse impacts. The checklist is considered the first but not necessarily the only source of information needed to make an adequate threshold determination. Once a threshold determination is made, the lead agency is responsible for the completeness and accuracy of the checklist and other supporting documents.

Use of checklist for nonproject proposals:

For nonproject proposals (such as ordinances, regulations, plans and programs), complete the applicable parts of sections A and B plus the SUPPLEMENTAL SHEET FOR NONPROJECT ACTIONS (part D). Please completely answer all questions that apply and note that the words "project," "applicant," and "property or site" should be read as "proposal," "proponent," and "affected geographic area," respectively. The lead agency may exclude (for non-projects) questions in Part B - Environmental Elements -that do not contribute meaningfully to the analysis of the proposal.

A. *Background* [HELP]

1. Name of proposed project, if applicable:

   Klickitat County Solid Waste Management Plan Update 2020

2. Name of applicant:

   Klickitat County Solid Waste Department

3. Address and phone number of applicant and contact person:

   Ruby Irving, Klickitat County Solid Waste Department
   127 West Court St.
   Goldendale, Wa. 98620
   509-773-4295

4. Date checklist prepared:

   September 30, 2019

5. Agency requesting checklist:

   Klickitat County Solid Waste Department

6. Proposed timing or schedule (including phasing, if applicable):

   This is for a non-project proposal to update the long-range plans for Solid Waste in Klickitat County. The proposed 2020 plan update is required to undergo public review and comment which is anticipated to begin in late 2019 to early 2020. The Solid Waste Management Plan is expected to be finalized in early 2020.

7. Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain.

   The Solid Waste Management Plan is required to be reviewed every five years and updated as necessary.

8. List any environmental information you know about that has been prepared, or will be prepared, directly related to this proposal.

   NA. The previous Klickitat County Solid Waste plan went through a SEPA review. No other environmental information has been or will be prepared which is directly related to this action.

9. Do you know whether applications are pending for governmental approvals of other proposals directly affecting the property covered by your proposal? If yes, explain.

   NA. There are no applications pending which would affect adoption of the Klickitat County Solid Waste Management Plan.

10. List any government approvals or permits that will be needed for your proposal, if known.

Washington State Law (RCW 70.95.094 changed to 70A.205.055) and guidelines issued by the Department of Ecology (Guidelines for the Development of Local Solid Waste Management Plans and Plan Revisions, February 2010) require cities to adopt this plan (or they must develop their own plans), require a public review period (for a minimum of 30 days), require that the plan and a Cost Assessment Questionnaire be reviewed and approved by the Washington Utilities and Transportation Commission, and require Ecology to examine and approve of the preliminary draft and final plan. The Board of County Commissioners must also adopt the final draft of the plan, at about the same time that the cities adopt it.

11. Give brief, complete description of your proposal, including the proposed uses and the size of the project and site. There are several questions later in this checklist that ask you to describe certain aspects of your proposal. You do not need to repeat those answers on this page. (Lead agencies may modify this form to include additional specific information on project description.)

Klickitat County is required by state law to maintain a "coordinated, comprehensive solid waste management plan" in a "current and applicable condition." The existing plan, adopted in 2013, needs to be updated. The proposed new plan addresses changes that have occurred since the previous update. In addition to updating the discussion of current facilities and programs, the proposed 2020 Plan Update contains a number of recommendations. Most of these recommendations represent refinements to existing policies and programs, based on the goal of decreasing reliance on landfills (by increasing waste reduction, recycling and composting) and reducing environmental impacts caused by existing activities. The recommendations proposed in the solid waste management plan can be viewed in the plan (see the Executive Summary or the implementation plan in Chapter 13 for a concise listing).

12. Location of the proposal. Give sufficient information for a person to understand the precise location of your proposed project, including a street address, if any, and section, township, and range, if known. If a proposal would occur over a range of area, provide the range or boundaries of the site(s). Provide a legal description, site plan, vicinity map, and topographic map, if reasonably available. While you should submit any plans required by the agency, you are not required to duplicate maps or detailed plans submitted with any permit applications related to this checklist.

The Solid Waste Management Plan addresses activities and programs that occur throughout Klickitat County. A few facilities or activities outside of the county are also involved (such as recycling markets in other areas).

B. Environmental Elements [HELP]

1. *Earth* [help]

The SWMP is a non-project action and does not involve anything listed below.

a. General description of the site:

(circle one): Flat, rolling, hilly, steep slopes, mountainous, other_____

NA. The SWMP is a non-project action and is not site specific.

b. What is the steepest slope on the site (approximate percent slope)?

NA. The SWMP is a non-project action and is not site specific.

c. What general types of soils are found on the site (for example, clay, sand, gravel, peat, muck)? If you know the classification of agricultural soils, specify them and note any agricultural land of long-term commercial significance and whether the proposal results in removing any of these soils.

NA. The SWMP is a non-project action and is not site specific.

d. Are there surface indications or history of unstable soils in the immediate vicinity? If so, describe.

NA. This is an update to the SWMP and is a non-project action.

e. Describe the purpose, type, total area, and approximate quantities and total affected area of any filling, excavation, and grading proposed. Indicate source of fill.

NA. This is an update to the SWMP and is a non-project action.

f. Could erosion occur as a result of clearing, construction, or use? If so, generally describe.

NA. This is an update to the SWMP and is a non-project action.

g. About what percent of the site will be covered with impervious surfaces after project construction (for example, asphalt or buildings)?

NA. This is an update to the SWMP and is a non-project action.

h. Proposed measures to reduce or control erosion, or other impacts to the earth, if any:

NA. This is an update to the SWMP and is a non-project action.

2. Air [help]

The SWMP is a non-project action and does not involve anything listed below.

a. What types of emissions to the air would result from the proposal during construction, operation, and maintenance when the project is completed? If any, generally describe and give approximate quantities if known.

NA. This is an update to the SWMP and is a non-project action.

b. Are there any off-site sources of emissions or odor that may affect your proposal? If so, generally describe.

NA. This is an update to the SWMP and is a non-project action.

c. Proposed measures to reduce or control emissions or other impacts to air, if any:

NA. This is an update to the SWMP and is a non-project action.

3. Water [help]

The SWMP is a non-project action and does not involve anything listed below.

a. Surface Water: [help]

1) Is there any surface water body on or in the immediate vicinity of the site (including year-round and seasonal streams, saltwater, lakes, ponds, wetlands)? If yes, describe type and provide names. If appropriate, state what stream or river it flows into.

   No. This is an update to the SWMP and is a non-project action.

2) Will the project require any work over, in, or adjacent to (within 200 feet) the described waters? If yes, please describe and attach available plans.

   No. This is an update to the SWMP and is a non-project action.

3) Estimate the amount of fill and dredge material that would be placed in or removed from surface water or wetlands and indicate the area of the site that would be affected. Indicate the source of fill material.

   NA- No fill or dredge material will be placed in or removed from surface water or wetlands as a result of this proposal.

4) Will the proposal require surface water withdrawals or diversions? Give general description, purpose, and approximate quantities if known.

   No. This is an update to the SWMP and is a non-project action.

5) Does the proposal lie within a 100-year floodplain? If so, note location on the site plan.

   NA- While 100-year floodplains do lie within the planning boundaries of the county, the SWMP is a non-project action.

6) Does the proposal involve any discharges of waste materials to surface waters? If so, describe the type of waste and anticipated volume of discharge.

   No. This is an update to the SWMP and is a non-project action.

b. Ground Water:

1) Will groundwater be withdrawn from a well for drinking water or other purposes? If so, give a general description of the well, proposed uses and approximate quantities withdrawn from the well. Will water be discharged to groundwater? Give general description, purpose, and approximate quantities if known.

   No. This is an update to the SWMP and is a non-project action.

2) Describe waste material that will be discharged into the ground from septic tanks or other sources, if any (for example: Domestic sewage; industrial, containing the following chemicals…; agricultural; etc.). Describe the general size of the system, the number of such systems, the number of houses to be served (if applicable), or the number of animals or humans the system(s) are expected to serve.

   NA. This is an update to the SWMP and is a non-project action.

c. Water runoff (including stormwater):

1) Describe the source of runoff (including storm water) and method of collection and disposal, if any (include quantities, if known). Where will this water flow? Will this water flow into other waters? If so, describe.

   NA. This is an update to the SWMP and is a non-project action.

2) Could waste materials enter ground or surface waters? If so, generally describe.

   NA. This is an update to the SWMP and is a non-project action.

3) Does the proposal alter or otherwise affect drainage patterns in the vicinity of the site? If so, describe.

NA. This is an update to the SWMP and is a non-project action.

d. Proposed measures to reduce or control surface, ground, and runoff water, and drainage pattern impacts, if any:

NA. This is an update to the SWMP and is a non-project action.

***4. Plants* [help]**

a. Check the types of vegetation found on the site:

_X_deciduous tree: alder, maple, aspen, other

_X_shrubs

_X_grass

_X_pasture

_X_crop or grain

_X_Orchards, vineyards or other permanent crops.

_X_wet soil plants: cattail, buttercup, bullrush, skunk cabbage, other

_X_water plants: water lily, eelgrass, milfoil, other

_X_other types of vegetation

b. What kind and amount of vegetation will be removed or altered?

NA. This is an update to the SWMP and is a non-project action.

c. List threatened and endangered species known to be on or near the site.

NA. This is an update to the SWMP and is a non-project action.

d. Proposed landscaping, use of native plants, or other measures to preserve or enhance vegetation on the site, if any:

NA. This is an update to the SWMP and is a non-project action.

e. List all noxious weeds and invasive species known to be on or near the site.

NA. This is an update to the SWMP and is a non-project action.

5. *Animals* [help]

a. List any birds and other animals which have been observed on or near the site or are known to be on or near the site.

All animals listed below have been seen within the boundaries of the SWMP area but because this is a non-project action, has no bearing on this update and is therefore not applicable.

Examples include:

birds: hawk, heron, eagle, songbirds, other:

mammals: deer, bear, elk, beaver, other:

fish: bass, salmon, trout, herring, shellfish, other:

b. List any threatened and endangered species known to be on or near the site.

NA. This is an update to the SWMP and is a non-project action.

c. Is the site part of a migration route? If so, explain.

NA. This is an update to the SWMP and is a non-project action. Therefore, there will be no migration routes affected.

d. Proposed measures to preserve or enhance wildlife, if any:

NA. This is an update to the SWMP and is a non-project action.

e. List any invasive animal species known to be on or near the site.

NA. This is an update to the SWMP and is a non-project action.

6. *Energy and Natural Resources* [help]

a. What kinds of energy (electric, natural gas, oil, wood stove, solar) will be used to meet the completed project's energy needs? Describe whether it will be used for heating, manufacturing, etc.

NA. No new energy will be needed. The SWMP is a non-project action.

b. Would your project affect the potential use of solar energy by adjacent properties? If so, generally describe.

NA. This is an update to the SWMP and is a non-project action.

c. What kinds of energy conservation features are included in the plans of this proposal? List other proposed measures to reduce or control energy impacts, if any:

NA. This is an update to the SWMP and is a non-project action.

***7. Environmental Health* [help]**

a. Are there any environmental health hazards, including exposure to toxic chemicals, risk of fire and explosion, spill, or hazardous waste, that could occur as a result of this proposal? If so, describe.

The SWMP is a non-project action and does not involve anything listed below.

1) Describe any known or possible contamination at the site from present or past uses.

NA. This is an update to the SWMP and is a non-project action.

2) Describe existing hazardous chemicals/conditions that might affect project development and design. This includes underground hazardous liquid and gas transmission pipelines located within the project area and in the vicinity.

NA. This is an update to the SWMP and is a non-project action.

3) Describe any toxic or hazardous chemicals that might be stored, used, or produced during the project's development or construction, or at any time during the operating life of the project.

NA. This is an update to the SWMP and is a non-project action.

4) Describe special emergency services that might be required.

NA. This is an update to the SWMP and is a non-project action.

5) Proposed measures to reduce or control environmental health hazards, if any:

NA. This is an update to the SWMP and is a non-project action.

b. Noise

NA. Noise will not be generated nor will the non-project action be affected by existing noise.

1) What types of noise exist in the area which may affect your project (for example: traffic, equipment, operation, other)?

   NA. This is an update to the SWMP and is a non-project action.

2) What types and levels of noise would be created by or associated with the project on a short-term or a long-term basis (for example: traffic, construction, operation, other)? Indicate what hours noise would come from the site.

   NA. This is an update to the SWMP and is a non-project action.

3) Proposed measures to reduce or control noise impacts, if any:

   NA. This is an update to the SWMP and is a non-project action.

8. *Land and Shoreline Use* [help]

The SWMP is a non-project action and does not involve anything listed below.

a. What is the current use of the site and adjacent properties? Will the proposal affect current land uses on nearby or adjacent properties? If so, describe.

   NA. This is an update to the SWMP and is a non-project action.

b. Has the project site been used as working farmlands or working forest lands? If so, describe. How much agricultural or forest land of long-term commercial significance will be converted to other uses as a result of the proposal, if any? If resource lands have not been designated, how many acres in farmland or forest land tax status will be converted to nonfarm or nonforest use?

   NA. This is an update to the SWMP and is a non-project action.

   1) Will the proposal affect or be affected by surrounding working farm or forest land normal business operations, such as oversize equipment access, the application of pesticides, tilling, and harvesting? If so, how:

      NA. This is an update to the SWMP and is a non-project action.

c. Describe any structures on the site.

   NA. This is an update to the SWMP and is a non-project action.

d. Will any structures be demolished? If so, what?

   NA. This is an update to the SWMP and is a non-project action.

e. What is the current zoning classification of the site?

   NA. This is an update to the SWMP and is a non-project action.

f. What is the current comprehensive plan designation of the site?

   NA. This is an update to the SWMP and is a non-project action.

g. If applicable, what is the current shoreline master program designation of the site?

   NA. This is an update to the SWMP and is a non-project action.

h. Has any part of the site been classified as a critical area by the city or county? If so, specify.

   NA. This is an update to the SWMP and is a non-project action.

i. Approximately how many people would reside or work in the completed project?

NA. This is an update to the SWMP and is a non-project action.

j. Approximately how many people would the completed project displace?

NA. This is an update to the SWMP and is a non-project action.

k. Proposed measures to avoid or reduce displacement impacts, if any:

NA. This is an update to the SWMP and is a non-project action.

l. Proposed measures to ensure the proposal is compatible with existing and projected land uses and plans, if any:

NA. This is an update to the SWMP and is a non-project action.

m. Proposed measures to reduce or control impacts to agricultural and forest lands of long-term commercial significance, if any:

NA. This is an update to the SWMP and is a non-project action.

9. Housing [help]

The SWMP is a non-project action and does not involve anything listed below.

a. Approximately how many units would be provided, if any? Indicate whether high, middle, or low-income housing.

NA. This is an update to the SWMP and is a non-project action.

b. Approximately how many units, if any, would be eliminated? Indicate whether high, middle, or low-income housing.

NA. This is an update to the SWMP and is a non-project action.

c. Proposed measures to reduce or control housing impacts, if any:

NA. This is an update to the SWMP and is a non-project action.

10. *Aesthetics* [help]

a. What is the tallest height of any proposed structure(s), not including antennas; what is the principal exterior building material(s) proposed?

NA. This is an update to the SWMP and is a non-project action.

b. What views in the immediate vicinity would be altered or obstructed?

NA. This is an update to the SWMP and is a non-project action.

c. Proposed measures to reduce or control aesthetic impacts, if any:

NA. This is an update to the SWMP and is a non-project action.

11. Light and Glare [help]

a. What type of light or glare will the proposal produce? What time of day would it mainly occur?

NA. This is an update to the SWMP and is a non-project action.

b. Could light or glare from the finished project be a safety hazard or interfere with views?

NA. This is an update to the SWMP and is a non-project action.

c. What existing off-site sources of light or glare may affect your proposal?

NA. This is an update to the SWMP and is a non-project action.

d. Proposed measures to reduce or control light and glare impacts, if any:

NA. This is an update to the SWMP and is a non-project action.

12. Recreation [help]

a. What designated and informal recreational opportunities are in the immediate vicinity?

NA. This is an update to the SWMP and is a non-project action.

b. Would the proposed project displace any existing recreational uses? If so, describe.

NA. This is an update to the SWMP and is a non-project action.

c. Proposed measures to reduce or control impacts on recreation, including recreation opportunities to be provided by the project or applicant, if any:

NA. The SWMP Update is a non-project action and will not result in the loss of any recreational opportunities.

13. Historic and cultural preservation [help]

The SWMP is a non-project action and does not involve anything listed below.

a. Are there any buildings, structures, or sites, located on or near the site that are over 45 years old listed in or eligible for listing in national, state, or local preservation registers ? If so, specifically describe.

NA. This is an update to the SWMP and is a non-project action.

b. Are there any landmarks, features, or other evidence of Indian or historic use or occupation? This may include human burials or old cemeteries. Are there any material evidence, artifacts, or areas of cultural importance on or near the site? Please list any professional studies conducted at the site to identify such resources.

NA. This is an update to the SWMP and is a non-project action.

c. Describe the methods used to assess the potential impacts to cultural and historic resources on or near the project site. Examples include consultation with tribes and the department of archeology and historic preservation, archaeological surveys, historic maps, GIS data, etc.

NA. This is an update to the SWMP and is a non-project action.

d. Proposed measures to avoid, minimize, or compensate for loss, changes to, and disturbance to resources. Please include plans for the above and any permits that may be required.

NA. This is an update to the SWMP and is a non-project action.

14. *Transportation* [help]

The SWMP is a non-project action and does not involve anything listed below.

a. Identify public streets and highways serving the site or affected geographic area and describe proposed access to the existing street system. Show on site plans, if any.

NA. This is an update to the SWMP and is a non-project action.

b. Is the site or affected geographic area currently served by public transit? If so, generally describe. If not, what is the approximate distance to the nearest transit stop?

NA. This is an update to the SWMP and is a non-project action.

c. How many additional parking spaces would the completed project or non-project proposal have? How many would the project or proposal eliminate?

NA. This is an update to the SWMP and is a non-project action.

d. Will the proposal require any new or improvements to existing roads, streets, pedestrian, bicycle or state transportation facilities, not including driveways? If so, generally describe (indicate whether public or private).

NA. This is an update to the SWMP and is a non-project action.

e. Will the project or proposal use (or occur in the immediate vicinity of) water, rail, or air transportation? If so, generally describe.

NA. This is an update to the SWMP and is a non-project action.

f. How many vehicular trips per day would be generated by the completed project or proposal? If known, indicate when peak volumes would occur and what percentage of the volume would be trucks (such as commercial and nonpassenger vehicles). What data or transportation models were used to make these estimates?

NA. This is an update to the SWMP and is a non-project action.

g. Will the proposal interfere with, affect or be affected by the movement of agricultural and forest products on roads or streets in the area? If so, generally describe.

NA. This is an update to the SWMP and is a non-project action.

h. Proposed measures to reduce or control transportation impacts, if any:

NA. This is an update to the SWMP and is a non-project action.

15. *Public Services* [help]

The SWMP is a non-project action and does not involve anything listed below.

a. Would the project result in an increased need for public services (for example: fire protection, police protection, public transit, health care, schools, other)? If so, generally describe.

NA. This is an update to the SWMP and is a non-project action.

b. Proposed measures to reduce or control direct impacts on public services, if any.

NA. The SWMP Update is a non-project action, and will not result in the need for increased public services.

16. *Utilities* [help]

The SWMP is a non-project action and does not involve anything listed below.

a. Circle utilities currently available at the site:

electricity, natural gas, water, refuse service, telephone, sanitary sewer, septic system, other

NA. This is an update to the SWMP and is a non-project action.

b. Describe the utilities that are proposed for the project, the utility providing the service, and the general construction activities on the site or in the immediate vicinity which might be needed.

NA. This is an update to the SWMP and is a non-project action.

C. Signature [HELP]

The above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Signature: _____

Name of signee RUBY IRVING

Position and Agency/Organization DIRECTOR OF SOLIDWASTE KLICKITAT COUNTY

Date Submitted: 16 JAN 2020

D. Supplemental sheet for nonproject actions [HELP]

(**IT IS NOT NECESSARY** to use this sheet for project actions)

Because these questions are very general, it may be helpful to read them in conjunction with the list of the elements of the environment.

When answering these questions, be aware of the extent the proposal, or the types of activities likely to result from the proposal, would affect the item at a greater intensity or at a faster rate than if the proposal were not implemented. Respond briefly and in general terms.

1. How would the proposal be likely to increase discharge to water; emissions to air; production, storage, or release of toxic or hazardous substances; or production of noise?

Implementation of the proposed recommendations should help reduce the amount of water and air discharges, while increasing the proper handling of any solid or toxic wastes that are generated in the county. There should not be a significant increase or reduction in noise as a result of the recommendations

Proposed measures to avoid or reduce such increases are:

Not applicable.

2. How would the proposal be likely to affect plants, animals, fish, or marine life?

   Any impacts to plants, animals, fish and marine life will only be incidental and should be beneficial. Activities such as reducing illegal dumping should help reduce impacts to plant and animal life. Encouraging composting of yard wastes should also be beneficial to plant life (assuming proper application of the compost).

   Proposed measures to protect or conserve plants, animals, fish, or marine life are:

   Not applicable.

3. How would the proposal be likely to deplete energy or natural resources?

   The proposed recommendations should help reduce energy demands and help to conserve natural resources, by increasing waste reduction and other activities.

   Increased recycling not only leads to conservation of natural resources but also reduces energy demands. In general, using recycled materials in place of virgin materials requires significantly Jess energy in the manufacturing process.

   Proposed measures to protect or conserve energy and natural resources are:

   Not applicable.

4. How would the proposal be likely to use or affect environmentally sensitive areas or areas designated (or eligible or under study) for governmental protection; such as parks, wilderness, wild and scenic rivers, threatened or endangered species habitat, historic or cultural sites, wetlands, floodplains, or prime farmlands?

   These areas should be unaffected by the recommendations in the solid waste management plan.

   Proposed measures to protect such resources or to avoid or reduce impacts are:

   Not applicable.

5. How would the proposal be likely to affect land and shoreline use, including whether it would allow or encourage land or shoreline uses incompatible with existing plans?

   No direct impacts to land use or shoreline use are anticipated to result from the proposed recommendations.

   Proposed measures to avoid or reduce shoreline and land use impacts are:

   Not applicable.

6. How would the proposal be likely to increase demands on transportation or public services and utilities?

   The proposed recommendations should not have significant effects on transportation requirements, but public services will potentially be increased through new recycling and composting programs.

   Proposed measures to reduce or respond to such demand(s) are:

   Not applicable.

7. Identify, if possible, whether the proposal may conflict with local, state, or federal laws or requirements for the protection of the environment.

No such conflicts are likely. The intent of updating the solid waste management plan is to comply with various laws and requirements (especially on the state level) regarding environmental protection and other factors.

Appendix H. WUTC Cost Assessment Questionnaire

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APPENDIX H - WUTC COST ASSESSMENT QUESTIONNAIRE

INTRODUCTION

By state law (RCW 70A.205), solid waste management plans are required to include:

> "…an assessment of the plan's impact on the costs of solid waste collection. The assessment shall be prepared in conformance with guidelines established by the Utilities and Transportation Commission (WUTC or Commission). The Commission shall cooperate with the Washington state association of counties and the association of Washington cities in establishing such guidelines."

The following cost assessment has been prepared in accordance with the guidelines prepared by the WUTC (WUTC 1997). The purpose of this cost assessment is not only to allow an assessment of the impact of proposed activities on current garbage collection and disposal rates, but to allow projections of future rate impacts as well. The WUTC needs this information to review the plan's impacts to the waste haulers that it regulates. For these haulers, WUTC is responsible for setting collection rates and approving proposed rate changes. Hence, WUTC will review the following cost assessment to determine if it provides adequate information for rate-setting purposes, and will advise Klickitat County as to the probable collection rate impacts of proposed programs. Consistent with this purpose, the cost assessment focuses primarily on those programs (implemented or recommended) with potential rate impacts.

KLICKITAT COUNTY COST ASSESSMENT QUESTIONNAIRE

PREPARED BY Josiah Close, HDR

TELEPHONE: (425) 450-6245

DATE: September 13, 2019

Definitions: The Solid Waste and Moderate Risk Waste Management Plan (Plan) is a long-term strategy covering a twenty year span starting with 2019 as Year 1 and Year 6 is 2024. Klickitat County's fiscal year is the same as the calendar year (CY) - that is - January through December. Klickitat County worked in conjunction with local governments as well as HDR to develop a county wide comprehensive plan. No other jurisdictions have developed a plan exclusive of Klickitat County.

Demographics

The data source for population projections used in the development of the plan is the Washington State Office of Financial Management (OFM). In order to maintain a conservative yet accurate approach, the projections utilize the "medium" case figures. The base year and the associated populations are detailed in the table below as well as the

assumed percentage increases from the plan years one, three, and six. The 2018 population of 21,980 was taken from Table 2-1 of the Plan and is utilized as the starting point. This figure was then projected for 2019 through 2024 by extrapolating the projected population growth with the help of addition projection data from OFM for 2025.

Year	Plan Year	Klickitat County Population	Percent Change
2019	1	21,966	-0.1[1]
2020	2	21,952	-0.1
2021	3	21,938	-0.1
2022	4	21,924	-0.1
2023	5	21,910	-0.1
2024	6	21,896	-0.1

Note 1: based on the population change from 2018

Waste Stream Generation

The following table details the estimated waste generation and recycling tonnage for Klickitat County. Waste generation is estimated at 7.87 pounds per person per day, based on Table 2-2 in the Plan.

Year	Plan Year	Waste Generation (Tons)	MSW Disposed (Tons)	Recycled & Diverted (Tons)	Other Waste (Tons)
2019	1	31,549	24,293	4,417	2,839
2020	2	31,529	24,278	4,414	2,837
2021	3	31,509	24,262	4,411	2,835
2022	4	31,489	24,247	4,408	2,834
2023	5	31,469	24,231	4,406	2,832
2024	6	31,449	24,216	4,403	2,830

Waste Generation Assumptions:

- Figures, except the year, are shown as tons per year (TPY). Projected waste generation figures for 2019 through 2024 are based on the waste generation rate for 2016 (7.87 pounds per person per day) which is based on Ecology tonnage records together with the population forecasts from the Washington State Office of Financial Management.

- The projected amounts of recycling and diversion, disposed municipal solid waste (MSW), and other wastes assume the same percentage of the total waste generated as in 2016.
- MSW Disposed per person per day is 6.06 pounds or 2,212 pounds per year.
- Other wastes include construction, demolition, and land clearing wastes disposed at limited purpose landfills and miscellaneous wastes.

System Program Component Costs

System costs reported in this questionnaire are funded by County revenues and through CPG grants.

Waste Reduction Programs

Existing education and outreach waste reduction programs implemented by Klickitat County and detailed in Plan Section 3.2:

“Pay-as-you-throw” rates

Public education and outreach

Curbside residential recycling services (free)

Drop box sites

Public event recycling

The costs of providing the waste reduction programs are included within Klickitat County’s overall Solid Waste Division budget and are funded through County revenues.

Recycling Programs

Currently, curbside residential recycling collection service is available through the established “blue bag” program, free of charge. The “blue bag” recycling program is provided through the Agreement with RS which requires recycling and countywide curbside collection at no cost to participants. Blue plastic bags are provided by RS for the program with participants placing commingled recyclables in the bags and setting the bags curbside for collection on specified collection days. Commercial-sector recycling is available, for a fee, through the private haulers in Klickitat County. Additionally, Klickitat County is currently offering fourteen (14) portable recycling containers specifically designed to collected beverage containers at public events which can be reserved through the Solid Waste Division. This program is a low-cost public service with high visibility that provides a positive benefit for those involved.

Solid Waste Collection Programs

The following table details information about the WUTC-regulated collection in Klickitat County that operate within the municipalities. Shown below is a summary of the waste collection by entity and includes the entity responsible for collection. There are currently

two contracted collection providers Columbia River Disposal (CRD) and Republic Services, Inc. (RS).

MSW Collections within Klickitat County								
	Collection Entity		2019	2020	2021	2022	2023	2024
Bingen	CRD, RS	Pop	735	734	734	733	733	732
		Tons	812	812	811	811	810	810
Goldendale	RS	Pop	3,528	3,526	3,523	3,521	3,519	3,517
		Tons	3,902	3,899	3,897	3,894	3,892	3,889
White Salmon	RS	Pop	2,503	2,502	2,500	2,499	2,497	2,495
		Tons	2,769	2,767	2,765	2,763	2,762	2,760
Unincorp.	CRD, RS	Pop	15,200	15,191	15,181	15,171	15,162	15,152
		Tons	16,811	16,800	16,789	16,779	16,768	16,757
		Total Population	**21,966**	**21,952**	**21,938**	**21,924**	**21,910**	**21,896**
		Total Tons	**24,293**	**24,278**	**24,262**	**24,247**	**24,231**	**24,216**

** Projected 2019 through 2024 data based on assumed waste generation rates and population growth rates applied to 2018 population and 2016 tonnage data*

Energy Recovery & Incineration Programs

Solid waste from Klickitat County is disposed at RRL located in Klickitat County.

The RRL recovers energy through direct combustion of collected landfill gas to electric and through conversion of landfill gas to pipeline quality compressed natural gas. Additional information on these conversion technologies can be found in the Plan in Chapter 8.

Land Disposal Program

Klickitat County owns but does not currently operate the Horsethief Landfill, it was closed in 1994 and is under post-closure monitoring. All solid waste collected in Klickitat County's service area is disposed at the Roosevelt Regional Landfill (RRL) operated by RS. The following tables detail the total projected amount of MSW tons.

Total Solid Waste Collection						
	2019	2020	2021	2022	2023	2024
Total MSW Tons	24,293	24,278	24,262	24,247	24,231	24,216

Expenses

The project expenses (2020 – 2024) for Klickitat County are shown below are based on cost figures escalated from the 2019 budget by assumed inflationary factors.

	2019	2020	2021	2022	2023	2024
Total Expenses ($000s)	$389	$401	$414	$428	$442	$456
MSW Tons	24,293	24,278	24,262	24,247	24,231	24,216
Cost per MSW Ton	$15.99	$16.53	$17.07	$17.64	$18.23	$18.84

Funding Mechanisms

System costs reported in this questionnaire are funded by fees collected from the agreement with RS. Klickitat County also receives grant monies from Ecology for solid waste management planning activities, litter clean up, MRW disposal, and pilot projects. Provided in the table below is a summary of the revenues received by Klickitat County based on the recently completed draft rate study.

System Funding Source	2019 Budget	Funding Percentage
Administrative Fees	$251,652	63.1
WA DOE – CPG Grant	103,000	25.8
WA DOE – Community Litter Cleanup	34,000	8.5
Other – Reimburse Contracts	10,000	2.5
Total Funding Sources	**$398,652**	**100.0**

Klickitat County currently does not directly charge customers for services. Rather, RS charges for disposal services at RRL and pays Klickitat County per the agreement. This revenue is shown in the table above under the first line item. The remaining funding is mostly sourced from State grants. Due to the fact that a majority of revenues are not derived from the number of County population (which is anticipated to decline slightly) that is served, the financial review did not anticipate of growth over the review period.

The following assumptions were used to project revenues and expenses:

- Revenues – 0.0%
- Expenses – 3.0% - 4.0%

Klickitat County Projected Budget 2019 to 2024 ($000s)						
Costs	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Revenues						
Service Revenue	$252	$252	$252	$252	$252	$252
Revenue from Rate Adj.	0	0	0	0	0	0
Other Misc. Revenue	147	148	150	151	153	154
Total Revenue	**$399**	**$400**	**$402**	**$403**	**$405**	**$406**
Expenses						
Expenses	$389	$401	$414	$428	$442	$456
Reserves & Taxes	0	0	0	0	0	0
Closure / Post Closure	0	0	0	0	0	0
Capital	0	0	0	0	0	0
Total Expenses	**$389**	**$401**	**$414**	**$428**	**$442**	**$456**
Bal. / (Def.) of Funds	$10	($1)	($13)	($25)	($37)	($50)

The table above utilizes Klickitat County's 2019 budgeted revenues and expenses. Those are then inflated by the escalation factors shown previously. As can be seen, Klickitat County is currently fully funding the solid waste utility. However, over time, as expenses increase, the revenues are not sufficient to fund the utility. It is important to note that for

Klickitat County, there is no owned and operational landfill. Therefore, closure and post-closure costs do not need to be accounted for and so there is no future or additional liability with regards to those costs. Given the deficiency of funds in 2020 through 2024, Klickitat County should address this by either a future revenue adjustment or expense reduction. Additionally, while it is projected that local population – and therefore solid waste tonnage – will decrease in the next five years, Klickitat County relies on funding for programs from the regional landfill located in Klickitat County. Overall disposal at the regional landfill is not anticipated to decrease. Republic Services and Klickitat County will strategize through contractual obligations as to how this transition should happen as some costs may not decrease proportionally with the service population.

Appendix I. SEPA Determination

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KLICKITAT COUNTY PLANNING DEPARTMENT
228 W. Main, MS: CH-17
Goldendale, WA 98620
509 773-5703
FAX 509 773-6206

MEMORANDUM

DATE: January 16, 2020

TO: Klickitat County Board of Commissioners, Assessor, Building, Engineer, Sanitarian, Weed Control, and Prosecuting Attorney; WA State Department of Ecology (Yakima Office and SEPA Register); WA State Departments of Fish and Wildlife, Natural Resources, Archaeology & Historic Preservation, Transportation

(Vancouver and Goldendale), Office of Drinking Water; Yakama Indian Nation, (Office of Legal Council, Dept. of Natural Resources and Tribal Council); Bureau of Indian Affairs; Public Utility District (Waste/Water & Engineering); Rural Fire Districts; Community Councils; FT Vancouver Regional Library: Goldendale and White Salmon branches; Cities of Goldendale, Bingen and White Salmon; NRCS; USFS; The Goldendale Sentinel; The Enterprise

FROM: Klickitat County Planning Department

RE: SEPA Threshold Determination No. SEP2020-01
Applicant: Klickitat County Solid Waste

Enclosed is a **Determination of Non-significance** (DNS) for the proposed update to the Klickitat County Solid Waste Management Plan. For a copy of the draft plan, please contact the Klickitat County Solid Waste Department at (509) 773-4448 or rubyi@klickitatcounty.org

Written comments, relating to the **DNS,** may be submitted to the Klickitat County Planning Department. Deadline for comment is February 7, 2020. Per the Klickitat County Environmental Ordinance #121084, as amended, any agency or person may appeal this DNS to the Board of County Commissioners, who would then hold a hearing. Appeals shall state with specificity the basis for the appeal and the errors to be asserted to the Board. Appeals shall not be deemed complete without payment of the appeal fees applicable to Class C projects, payable to Klickitat County Planning Department. Appeals must be filed with the Board of County Commissioners and the Klickitat County Auditor by 5:00 p.m., February 7, 2020.

Thank you for your attention to this matter. If questions arise, please contact this office.

Attachments.

REQUEST FOR APPEAL OF RESPONSIBLE OFFICIAL'S ACTION

DATE:

TO: Klickitat County Board of Commissioners

RE: S.E.P.A. Threshold Determination No. SEP2020-01

I hereby appeal the above decision by the Klickitat County Responsible Official for the following environmental reasons:

Signature **Date**

DETERMINATION OF NON-SIGNIFICANCE

ENVIRONMENTAL CHECKLIST NO: SEPA2020-01

DESCRIPTION OF PROPOSAL: Proposed update to the Klickitat County Solid Waste Management Plan. For a copy of the draft plan, please contact the Klickitat County Solid Waste Department at (509) 773-4448 or rubyi@klickitatcounty.org

PROPONENT:
Ruby Irving, Director
Klickitat County Solid Waste
127 West Court St
Goldendale, WA 98620

LEAD AGENCY:
Klickitat County Planning Department
228 West Main, MS: CH-17
Goldendale, WA 98620

The lead agency for this proposal has determined that this proposal does not have probable significant impact on the environment. An environmental impact statement (EIS) is not required under RCW 43.21C.030(2)(c). This decision was made after review of a completed environmental checklist and other information on file with the lead agency. This information is available to the public upon request.

COMMENT PERIOD: Comments received until February 7, 2020

APPEAL PERIOD ENDS: February 7, 2020 at 5pm

RESPONSIBLE OFFICIAL:
Mo-chi Lindblad
Klickitat County Planning Director
228 West Main, MS: CH-17
Goldendale, WA 98620

Telephone: 509-773-5703
FAX: 509-773-6206

SIGNED this 16th day of January, 2020



M o-chi Lindblad
Planning Director and
SEPA Responsible Official

Klickitat County Determination of Non-Significance

Notice is hereby given that Klickitat County issued a Determination of Non-significance (DNS) on January 16, 2020 under SEPA Rules (Chapter 197-11 WAC) and the Klickitat County Environmental Ordinance Number 121084, as amended, for the following proposal:

SEPA2020-01. Project: Proposed update to the Klickitat County Solid Waste Management Plan. For a copy of the draft plan, please contact the Klickitat County Solid Waste Department at (509) 773-4448 or rubyi@klickitatcounty.org

After review of the completed environmental checklists and other information on file the Klickitat County Responsible Official has determined that this proposal will not have probable significant adverse impacts on the environment. Copies of the DNS are available at the Klickitat County Planning Department during normal business hours. Comments or appeals on the above environmental reviews will be accepted until 5:00 pm February 7, 2020. Appeals must be filed with the Klickitat County Auditor's office. Appeals shall not be deemed complete without payment of the applicable appeal fees, payable to Klickitat County Planning Department.

Attention Newspapers of Publication:

Please publish one time during the week of January 20, 2020

Please send affidavit of publication and an invoice to:

Klickitat County Solid Waste Dept
127 West Court Street
Goldendale, WA 98620

Appendix J. Comments and Responses

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Comment Number	Comment Received	Klickitat County Response
Washington Utilities and Transportation Commission		
1	"Staff finds no financial rate impact to ratepayers served by regulated solid waste collection companies in Klickitat County and has no further comments on the Plan."	Concur with comment. No additional Plan revision is required.
Washington State Department of Agriculture		
2	"After reviewing the Klickitat County Solid Waste Management Plan, WSDA found an area of concern regarding non-compliance with the apple maggot quarantine. The concern relates to the importation of waste from Lincoln County and the state of Idaho, as listed under Table 7-1 title Waste Imported into Roosevelt Regional Landfill. WAC 16-470-105(e) declares an apple maggot quarantine area for designated portions of Lincoln County. WAC 16-470-105(3) declares an apple maggot quarantine for all states where apple maggot is established, including the State of Idaho. Therefore, a special permit is required to transport municipal solid waste (MSW) from an apple maggot quarantine area, through a pest-free area, to be deposited at the Roosevelt Regional Landfill located in the quarantine area (WAC 16-470-115(3)). Regional Disposal Company currently holds a special permit which allows for the transport of MSW originating from Spokane County, through the pest-free area, to the Roosevelt Regional Landfill. However, this permit does not include waste originating from Lincoln County or the State of Idaho. In order to comply with the apple maggot quarantine, WSDA recommends an amendment is made to Regional Disposal Company's special permit which incorporates the importation of waste from quarantined portions of Lincoln County and the State of Idaho. WSDA has communicated the aforementioned concerns to Klickitat County and representatives of Regional Disposal Company. Thank you for providing WSDA with the opportunity to comment on the Klickitat County Solid Waste Management Plan. RCW 70.95.095 requires WSDA to review the preliminary draft solid waste management plans for any increased risk of introducing a quarantine plant pest or disease into a pest free area."	Concur with comment. Information forwarded to Regional Disposal Company. No additional Plan revision is required.
Department of Ecology – Revisions Required for Plan Approval		
3	**Address the concerns identified by WSDA in their review letter** In your Plan include a description of the specific steps the County intends to take to address the concerns identified in the WSDA review letter regarding non-compliance with the apple maggot quarantine. After you make these revisions, we strongly recommend you send them to the WSDA to ensure their concerns have been adequately addressed. The WSDA review letter, dated January 13, 2021, is included as a separate attachment. Related to this issue, in Section 1.9.8 (Quarantine – Agriculture Pests) on page 1-8, it states: "Refer to Chapter 11 Special Wastes for additional information regarding how pest quarantine rules affect solid waste in Klickitat County." However, in Chapter 11 we could not find this additional information. We also recommend you change the title of Chapter 11 to Miscellaneous Wastes. More details are in Section B #4 below.	Concur with comment. See response to WSDA comment above. Concur with comment. Section 1.9.8 Page 1-8 corrected.

Comment Number	Comment Received	Klickitat County Response
4	**Add a more detailed Hazardous Waste Inventory** Section 10.2.1 (page 10-5) includes a summary of the dangerous waste generators, remedial action sites, and hazardous waste services in Klickitat County. This section addresses the requirement in RCW 70A.300.350(1)(a)and(c) and described in Ecology's Guidelines for Developing and Updating Local Hazardous Plans (Chapter 4, page 24) that local hazardous waste plans include a hazardous waste inventory with data provided by Ecology. However, providing the number of dangerous waste generators and links to the other data does not fully meet this requirement. Finding remedial action sites in the Ecology database can be difficult, and the link to the list of hazardous waste service companies in your draft Plan does not work. We have attached the data you need to include in your Plan to meet this requirement in an Excel workbook. This data could be added to Section 10.2.1 or included in an Appendix.	Concur with comment. Plan updated.
5	**Update RCW references** • Page ES 1 – update the reference to RCW 70.95 in second paragraph to 70A.205. • Section 11.9.1 (page 11-7) - Update the reference to RCW 70.93.050 in third sentence to 70A.200.060. • Appendix G – SEPA Checklist – Update the reference to the RCW at the top of page 3 from 70.95.094 to 70A.205.055.	Concur with comment. Plan updated.
6	**Clarify Roosevelt Regional Landfill tonnage tables** Tables 7.1 and Table 8.1 showing Roosevelt Regional Landfill tonnages are identical, but have different headers. In Section 7.1 (page 7.1), it states that the data in Table 7.1 is for years 2016, 2017, 2018. However, it appears based on the header for Table 8.1, that the data in Table 7.1 is for 2018. Is there a different table that you intended to include in Chapter 7? Please clarify what the data in Table 7.1 represents and if possible remove duplicative tables.	Concur with comment. Section 7.1 Background is updated to remove reference to 2016 and 2017.
7	**Include a summary of your responses to these comments and to the public comments you receive in your final draft Plan.** These could be included in what you have identified in your current draft as Appendix J.	Concur with comment. To be included in Appendix J.
8	**Include resolutions of adoption from all participating jurisdictions** You have already noted these will be included in Appendix B.	Concur with comment. Resolutions of Adoption to be included in Appendix B.
9	**Provide evidence your SWAC reviewed the Waste Reduction and Recycling (WRR) element of your final draft Plan before it was submitted for review and approval by Ecology** RCW 70A.205.115(3) requires that after the WRR element of the Plan is approved by the local legislative authority, but before it is submitted to Ecology for approval, the SWAC must hold another meeting to review this element. This requirement can be met by sending an email to your SWAC members to ask them to review the WRR element and including a copy of that email in the Plan.	Concur with comment. SWAC minutes of approval to be included in Appendix C in Final Plan for Ecology review.

Comment Number	Comment Received	Klickitat County Response
Department of Ecology – Recommended Revisions		
10	**Change the Plan Title** To make it clear that the Plan is a combined Solid and Hazardous Waste Management Plan and to make it clear what time period the Plan covers, we strongly recommend you change the title of the Plan to something like this: Klickitat County Solid and Hazardous Waste Management Plan for Years 2021 to 2026.	Concur with comment. Plan revised.
11	**Update the interlocal agreements with the cities of Bingen and White Salmon** The interlocal agreements between the County and the cities of Bingen and White Salmon included in Appendix A were signed in 1990 and their initial terms expired in 1998. We were pleased to see the references to the RCW have been updated in the agreements. However, the agreements were originally drafted 30 years ago. And, although they are still currently in force because they have been extended on a year-to-year basis, they may not adequately reflect current conditions and needs. We strongly recommend the County and the cities review these agreements to ensure they are current and consider entering into new agreements and address the needs and opportunities identified in the updated Plan.	Concur with comment. Updated Interlocal Agreements to be included in Appendix A in Final Plan for Ecology review.
12	**Revise the Contamination Reduction Outreach Plan (CROP)** If current trends continue, it is likely the County's population will exceed 25,000 during the 5-year period covered by the Plan. We are pleased that you included a CROP in your Plan in anticipation of this shift, even though you are not required to prepare a CROP at this time. To ensure no revisions need to be made to your CROP when the County reaches 25,000 in population, we strongly recommend you make the changes identified in the attached comments prepared by Peter Guttchen, Ecology's Lead Local Planner, before submitting your Plan for final review to Ecology.	Concur with comment. See response to CROP comments below.
13	**Explore opportunities to prevent and recover wasted food** In Chapter 4 – Organics and/or in Section 3.2.1 (Waste Reduction and Reuse), we recommend you include some discussion of wasted food recovery and food waste prevention challenges and opportunities. This is especially important given the need to more responsibly manage food waste to address climate change and reduce hunger. RCW 70A.205.045(7)(a) states that the waste reduction and recycling element of a solid waste management plan shall include "waste reduction strategies, which may include strategies to reduce wasted food and food waste that are designed to achieve the goals established in RCW 70A.205.715(1)" - the 2019 Food Waste Reduction Act of 2019 – "and that are consistent with the plan developed in RCW 70A.205.715(3)." This plan, called the Use Food Well Washington Plan is now being drafted.	Concur with comment. Added language for education and outreach component.
14	**Provide additional evidence of SWAC participation** Evidence of SWAC participation in the Plan update process is required. You have done an excellent job of describing the Plan development process and the role of the SWAC, and have included the roster of SWAC members and the SWAC by-laws in the Plan. What is missing is documentation that the SWAC approved the preliminary draft to be submitted to Ecology for review. We recommend you add the minutes from the meeting at which the SWAC this action took place to fully address this requirement to your Plan.	Concur with comment. Additional information on SWAC participation will be included in Appendix C.
15	**Change the title of Chapter 11 "Special Wastes" to "Miscellaneous Wastes"** The term "special waste" is found in Washington Administrative Code 173-303-040 and means "any state-only dangerous waste that is solid only (nonliquid, nonaqueous, nongaseous), that is: Corrosive waste (WAC 173-303-090	Concur with comment. Chapter 11 title revised to Miscellaneous Wastes.

Comment Number	Comment Received	Klickitat County Response
	(6)(b)(ii)), toxic waste that has Category D toxicity (WAC 173-303-100(5)), PCB waste (WAC 173-303-9904 under State Sources), or persistent waste that is not EHW (WAC 173-303-100(6)). Any solid waste that is regulated by the United States EPA as hazardous waste cannot be a special waste." The waste addressed in Chapter 11 includes wastes that are not defined as special wastes in the WAC.	
16	**Minor edits:** **Section 1.19.13: Reducing Pollution from Plastic Bags (page 1-9)** • Not all items in the bulleted list make sense under the introductory sentence that reads "In 2020, ESHB 5323 was authorized which prohibits a retail establishment from the following;" For example, one bullet starts "requires a retail establishment to collect..." **Section 8.1: Background (page 8.1)** • First sentence ends with a comma and should end in a period. **Section 11.2.2 (page 11.2)** • Recommend revising second paragraph to add a reference to the Dirt Hugger facility. "Unusable produce from a food processor, such as a load of rotten potatoes, is handled as MSW and may be disposed of at RRL or may be composted in Dirt Hugger Compost Facility." • Recommend deleting the third paragraph. "Note that empty pesticide and herbicide containers may be disposed of as refuse following triple rinsing" This is because empty pesticide and herbicide containers are not agricultural wastes as defined under WAC 173-350. **Section 11.3.1 (page 11.2)** • Recommend revising the first bullet to reference composting. "Animals that dies of natural causes (but not an infectious disease) can be buried or composted on site…" **Section 12.2.4: (page 12.4)** • Last paragraph addressing the approval process for new solid waste permits references the entire RCW 70A.205 chapter which covers many other un-related issues. We recommend you reference RCW 70A.205.125, the specific section in 70A.205 describing the solid waste permitting and approval process.	Comment considered and revised as appropriate.

Klickitat County Recycling Contamination Reduction and Outreach Plan (CROP) *Ecology review*			
Required element	**Met or Not Met**	**Comments**	**Klickitat County Response**
Required Element #1 List of Action Steps to Reduce Contamination	Fully met	A comprehensive and detailed list of action steps is included. All of the key elements needed to successfully reduce contamination including data gathering and analysis, outreach and education, and working together with regional partners to implement the CROP are addressed.	CROP requirement fully met. No additional Plan revision required.
Required Element #2 List of Key Contaminants	Fully met	A list of key contaminants is included based on the results of a comprehensive recycling characterization study conducted in August 2020 of the materials collected for recycling from residential curbside and drop box programs in the County. The CROP includes data –such as a detailed breakdown of contaminants by source, type, weight and percentage - that is needed to develop targeted contamination reduction programs and to measure their effectiveness over time.	CROP requirement fully met. No additional Plan revision required.
Required Element #3 Discussion of problem contaminants & impacts on the collection system	Not fully met	• The Data Measurement section (K.3.1) includes a description of how the County has measured and will measure recycling contamination in the County. To fully meet this requirement, however, the CROP needs to include at least some general discussion of these contaminants and their impacts. • The following excerpted from Step 7 in the Local CROP Template – or information like this that more specifically reflects local programs and conditions - will meet this requirement • Recycling contamination can cause the following impacts: • Slow down the sorting and processing of materials. • Reduce the quality and value of secondary material feedstocks. • Result in costly shutdowns. • Damage collection, processing, and remanufacturing equipment. • Cause serious injuries to collection and processing facility staff.	CROP revised to include additional recommended language as outlined.

Klickitat County Recycling Contamination Reduction and Outreach Plan (CROP) *Ecology review*			
Required element	**Met or Not Met**	**Comments**	**Klickitat County Response**
Required Element #4 Analysis of costs and other impacts on the recycling system	Not fully met	The Data Measurement section (K.3.1) includes a description of how the County has measured and will measure contamination in the County. In addition, the Costs section (K.4) describes how the costs for managing contamination are currently covered. To fully meet this requirement, however, the CROP needs to include at least some general discussion of these costs and impacts. The following excerpted from Step 7 in the Local CROP Template – or information like this that more specifically reflects local programs and conditions - will meet this requirement. According to The Recycling Partnership, the greatest costs associated with managing a contaminated recycling stream at MRFs nationally come from the following and represent 80% of total contamination-related costs: • 40% for disposal of residuals • 26% in value lost from contaminated recyclables • 14% in labor to remove contamination from sorting equipment, etc.	CROP revised to include additional recommended language as outlined.
Required Element #5 (a) Details on conducting outreach	Fully met	The CROP includes a detailed list of outreach strategies. The strategies together represent a coordinated and multi-faceted campaign that includes updated signage, the use of social media and websites, and utilizing resources from Ecology and others to implement the campaign.	CROP requirement fully met. No additional Plan revision required.
Required Element #5 (b) An implementation schedule	Fully met	A detailed implementation schedule noting who is responsible for each implementation item is included.	CROP requirement fully met. No additional Plan revision required.

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
P.O. Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

February 17, 2021

14 Ruby Irving
Solid Waste Director
127 W. Court Street
Goldendale, WA 98620

15 RE: Klickitat County Solid Waste Management Plan Update

Dear Ruby,

The Department of Ecology has completed its review of the October 2020 preliminary draft of Klickitat County's Solid Management Plan (SWMP) and the preliminary draft Contamination Reduction Outreach Plan (CROP). The results of this review are included in the enclosed attachments.

We were impressed with the thoughtful and thorough approach you and your SWAC took to updating your Plan. As you know, the SWMP has gone through a number of revisions over the last few years. Ecology has provided comments on these previous versions and has taken those into account during this latest review. The comments are categorized into 3 parts. One lists the revisions required for Plan approval, one includes recommended revisions, and one includes comments on the CROP.
The next step is for you to review and address our comments and then assemble your final submittal packet and to send it to us for review and approval. There is no deadline for you to submit the final SWMP. However, to ensure the SWMP remains current, we encourage you to assemble your final packet and submit it as soon as is feasible for you. Once we receive your packet, we will send you formal notification of receipt of the SWMP and will take action to approve or disapprove it within 45 days. If we do not notify you of our decision within 45 days, your SWMP will be considered approved as submitted.

Below is a list of what you should include in your final submittal packet:

- **A transmittal letter formally requesting final Plan review.**

- **An electronic version of your Plan. Please assemble all required documents into one PDF.**

These documents should include:

- ✓ **Your UTC cost assessment** – *already submitted with your preliminary draft.*

- ✓ **All SEPA documentation** – *already submitted with your preliminary draft.*

- ✓ **Copies of all interlocal agreements** – *already included with your preliminary draft.*

- ✓ **Resolutions of adoption from all participating jurisdictions**–*New resolutions need to be adopted by each jurisdiction and included with your final draft SWMP.*
- ✓ **A response summary indicating how you addressed Ecology's preliminary draft Plan comments** – *The simplest way to do this is to note in the attached comments how and where each of the comments was addressed in the SWMP.*
- ✓ **Copies of your WSDA and UTC review letters –** *The WSDA & UTC has already provided you with their review letter and we have included it along with our comments as a separate attachment along with our comments. Please include them with your final submittal packet.*
- ✓ **Evidence your SWAC reviewed the Waste Reduction and Recycling (WRR) element of your final draft SWMP before it was submitted for review and approval by Ecology.** *RCW 70A.205.115(3) requires that after the waste reduction and recycling element of the Plan is approved by the local legislative authority, but before it is submitted to Ecology for approval, the SWAC must hold another meeting to review this element. This requirement can be met by sending an email to your SWAC members to ask them to review the WRR element and including a copy of that email in the SWMP. We also have noted this requirement in our comments and suggest that the email be included.*

Ecology appreciates the County's partnership in the SWMP development and review process.

Please contact me if you have any questions. We look forward to receiving your final submittal packet.

Sincerely,

James Rivard

16 James Rivard
Regional Manager
Solid Waste Management Program
Central Regional Office Department
of Ecology

cc: Peter Guttchen, Department of Ecology
Canming Xiao, Department of Ecology
Monica Martinez, Department of Ecology
Wendy Mifflin, HDR

2021-2026 KLICKITAT COUNTY SOLID WASTE and HAZARDOUS WASTE MANAGEMENT PLAN

February 17, 2021 - Preliminary review of 10-29-2020 Draft

James Rivard/Canming Xiao/Monica Martinez – Ecology CRO Acting Planners – 509-457-7123
jriv461@ecy.wa.gov

Section A - Required revisions or additions

1. Address the concerns identified by WSDA in their review letter

In your Plan include a description of the specific steps the County intends to take to address the concerns identified in the WSDA review letter regarding non-compliance with the apple maggot quarantine. After you make these revisions, we strongly recommend you send them to the WSDA to ensure their concerns have been adequately addressed. *The WSDA review letter, dated January 13, 2021, is included as a separate attachment.*

Related to this issue, in Section 1.9.8 (Quarantine – Agriculture Pests) on page 1-8, it states: "Refer to Chapter 11 Special Wastes for additional information regarding how pest quarantine rules affect solid waste in Klickitat County." However, in Chapter 11 we could not find this additional information. *We also recommend you change the title of Chapter 11 to Miscellaneous Wastes. More details are in Section B #4 below.*

2. Add a more detailed Hazardous Waste Inventory

Section 10.2.1 (page 10-5) includes a summary of the dangerous waste generators, remedial action sites, and hazardous waste services in Klickitat County. This section addresses the requirement in RCW 70A.300.350(1)(a)and(c) and described in Ecology's Guidelines for Developing and Updating Local Hazardous Plans (Chapter 4, page 24) that local hazardous waste plans include a hazardous waste inventory with data provided by Ecology. However, providing the number of dangerous waste generators and links to the other data does not fully meet this requirement. Finding remedial action sites in the Ecology database can be difficult, and the link to the list of hazardous waste service companies in your draft Plan does not work. We have attached the data you need to include in your Plan to meet this requirement in an Excel workbook. This data could be added to Section 10.2.1 or included in an Appendix.

3. Update RCW references

- ***Page ES 1 –*** update the reference to RCW 70.95 in second paragraph to 70A.205.
- **Section 11.9.1** *(page 11-7)* - Update the reference to RCW 70.93.050 in third sentence to 70A.200.060.
- ***Appendix G – SEPA Checklist*** – Update the reference to the RCW at the top of page 3 from 70.95.094 to 70A.205.055.

4. Clarify Roosevelt Regional Landfill tonnage tables

Tables 7.1 and Table 8.1 showing Roosevelt Regional Landfill tonnages are identical, but have different headers. In Section 7.1 (page 7.1), it states that the data in Table 7.1 is for years 2016, 2017, 2018. However, it appears based on the header for Table 8.1, that the data in Table 7.1 is for 2018. Is there a different table that you intended to include in Chapter 7? Please clarify what the data in Table 7.1 represents and if possible remove duplicative tables.

5. **Include a summary of your responses to these comments and to the public comments you receive in your final draft Plan**. These could be included in what you have identified in your current draft as Appendix J.

6. **Include resolutions of adoption from all participating jurisdictions** – You have already noted these will be included in Appendix B.

7. **Provide evidence your SWAC reviewed the Waste Reduction and Recycling (WRR) element of your final draft Plan before it was submitted for review and approval by Ecology** - RCW 70A.205.115(3) requires that after the WRR element of the Plan is approved by the local legislative authority, but before it is submitted to Ecology for approval, the SWAC must hold another meeting to review this element. This requirement can be met by sending an email to your SWAC members to ask them to review the WRR element and including a copy of that email in the Plan.

Part B – Recommended revisions

1. **Change the Plan Title**
   To make it clear that the Plan is a combined Solid and Hazardous Waste Management Plan and to make it clear what time period the Plan covers, we strongly recommend you change the title of the Plan to something like this: **Klickitat County Solid and Hazardous Waste Management Plan for Years 2021 to 2026.**

2. **Update the interlocal agreements with the cities of Bingen and White Salmon**
   The interlocal agreements between the County and the cities of Bingen and White Salmon included in Appendix A were signed in 1990 and their initial terms expired in 1998. We were pleased to see the references to the RCW have been updated in the agreements. However, the agreements were originally drafted 30 years ago. And, although they are still currently in force because they have been extended on a year-to-year basis, they may not adequately reflect current conditions and needs. We strongly recommend the County and the cities review these agreements to ensure they are current and consider entering into new agreements and address the needs and opportunities identified in the updated Plan.

3. **Revise the Contamination Reduction Outreach Plan (CROP)**
   If current trends continue, it is likely the County's population will exceed 25,000 during the 5-year period covered by the Plan. We are pleased that you included a CROP in your Plan in anticipation of this shift, even though you are not required to prepare a CROP at this time. To ensure no revisions need to be made to your CROP when the County reaches 25,000 in population, we strongly recommend you make the changes identified in the attached comments prepared by Peter Guttchen, Ecology's Lead Local Planner, before submitting your Plan for final review to Ecology.

4. Explore opportunities to prevent and recover wasted food

In Chapter 4 – Organics and/or in Section 3.2.1 (Waste Reduction and Reuse), we recommend you include some discussion of wasted food recovery and food waste prevention challenges and opportunities. This is especially important given the need to more responsibly manage food waste toaddress climate change and reduce hunger. RCW 70A.205.045(7)(a) states that the waste reduction and recycling element of a solid waste management plan shall include "waste reduction strategies, which may include strategies to reduce wasted food and food waste that are designed to achieve thegoals established in RCW 70A.205.715(1)**"** - the 2019 Food Waste Reduction Act of 2019 – "and that are consistent with the plan developed in RCW 70A.205.715(3)." This plan, called the Use Food Well Washington Plan is now being drafted.

5. Provide additional evidence of SWAC participation

Evidence of SWAC participation in the Plan update process is required. You have done an excellent job of describing the Plan development process and the role of the SWAC, and have included the roster of SWAC members and the SWAC by-laws in the Plan. What is missing is documentation that the SWAC approved the preliminary draft to be submitted to Ecology for review. We recommend you add the minutes from the meeting at which the SWAC this action took place to fully address thisrequirement to your Plan.

6. Change the title of Chapter 11 "Special Wastes" to "Miscellaneous Wastes"

The term "special waste" is found in Washington Administrative Code 173-303-040 and means "any state-only dangerous waste that is solid only (nonliquid, nonaqueous, nongaseous), that is: Corrosive waste (WAC 173-303-090 (6)(b)(ii)), toxic waste that has Category D toxicity (WAC 173-303-100(5)), PCB waste (WAC 173-303-9904 under State Sources), or persistent waste that is not EHW (WAC 173- 303-100(6)). Any solid waste that is regulated by the United States EPA as hazardous waste cannot bea special waste." The waste addressed in Chapter 11 includes wastes that are not defined as special wastes in the WAC.

Minor edits:

- **Section 1.19.13: Reducing Pollution from Plastic Bags** *(page 1-9)*
  Not all items in the bulleted list make sense under the introductory sentence that reads "In 2020, ESHB 5323 was authorized which prohibits a retail establishment from the following;" For example,one bullet starts "requires a retail establishment to collect..."

- **Section 8.1: Background** *(page 8.1)*
  First sentence ends with a comma and should end in a period.

- **Section 11.2.2** *(page 11.2)*
  Recommend revising second paragraph to add a reference to the Dirt Hugger facility. "Unusable produce from a food processor, such as a load of rotten potatoes, is handled as MSW and may bedisposed of at RRL *or may be composted in Dirt Hugger Compost Facility."*

  Recommend deleting the third paragraph. "Note that empty pesticide and herbicide containers may be disposed of as refuse following triple rinsing" This is because empty pesticide and herbicide containers are not agricultural wastes as defined under WAC 173-350.

- **Section 11.3.1** *(page 11.2)*
  Recommend revising the first bullet to reference composting. "Animals that dies of natural

causes(but not an infectious disease) can be buried *or composted* on site…"

- **Section 12.2.4**: *(page 12.4)*
  Last paragraph addressing the approval process for new solid waste permits references the entireRCW 70A.205 chapter which covers many other un-related issues. We recommend you referenceRCW 70A.205.125, the specific section in 70A.205 describing the solid waste permitting and approval process.

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
PO Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300
711 for Washington Relay Service • Persons with a speech disability can call (877) 833-8641

January 26, 2021

Dear Ruby,

I hope this note finds you well. I am writing to inform you that we have completed the review of the CROP you submitted to Ecology on November 17, 2020. Overall, we were impressed with the quality of your CROP. It is well-researched and comprehensive and includes all the core elements required to successfully reduce recycling contamination.

And, there are few items that will need to be addressed to fully meet all of the elements listed below that are required under RCW 70A.205.045(10).

1. A list of actions to reduce contamination in existing recycling programs for single-family and multi-family residences, commercial locations, and drop boxes.
2. A list of key contaminants identified by the jurisdiction or Ecology.
3. A discussion of problem contaminants and their impact on the collection system.
4. An analysis of the costs and other impacts on the recycling system from contamination.
5. An implementation schedule and details on conducting outreach. Contamination reduction outreach may include sharing community-wide messaging through newsletters, articles, mailers, social media, websites, community events, educating drop box customers about contamination, and improving signage.

The results of the review are in the table below. For the required elements that are not fully addressed in your CROP, content excerpted from Ecology's local CROP template is provided. Adding this content directly to your CROP, or modifying it to reflect local program conditions and needs, will ensure these requirements are met. Some suggested revisions may also be included in the comments. These are ideas for enhancing your CROP now or in the future.

After you have revised your CROP, please share it with me before you resubmit it for a formal review. This will help avoid unnecessary delays.

We look forward to partnering with you in this important work going forward.

Sincerely,
Peter Guttchen

Klickitat County Recycling Contamination Reduction Plan *Ecology review – January 26, 2021*		
Required element	Met or not met	Comments
Required Element #1 List of Action Steps to Reduce Contamination	Fully met	A comprehensive and detailed list of action steps is included. All of the key elements needed to successfully reduce contamination including data gathering and analysis, outreach and education, and working together with regional partners to implement the CROP are addressed.
Required Element #2 List of Key Contaminants	Fully met	A list of key contaminants is included based on the results of a comprehensive recycling characterization study conducted in August 2020 of the materials collected for recycling from residential curbside and drop box programs in the County. The CROP includes data –such as a detailed breakdown of contaminants by source, type, weight and percentage - that is needed to develop targeted contamination reduction programs and to measure their effectiveness over time.
Required Element #3 Discussion of problem contaminants & impacts on the collection system	Not fully met	The Data Measurement section (K.3.1) includes a description of how the County has measured and will measure recycling contamination in the County. To fully meet this requirement, however, the CROP needs to include at least some general discussion of these contaminants and their impacts. *The following excerpted from Step 7 in the Local CROP Template – or information like this that more specifically reflects local programs and conditions - will meet this requirement* Recycling contamination can cause the following impacts: • Slow down the sorting and processing of materials. • Reduce the quality and value of secondary material feedstocks. • Result in costly shutdowns.

Klickitat County Recycling Contamination Reduction Plan *Ecology review – January 26, 2021*		
Required element	Met or not met	Comments
		• Damage collection, processing, and remanufacturing equipment. • Cause serious injuries to collection and processing facility staff.
Required Element #4 Analysis of costs and other impacts on the recycling system	Not fully met	The Data Measurement section (K.3.1) includes a description of how the County has measured and will measure contamination in the County. In addition, the Costs section (K.4) describes how the costs for managing contamination are currently covered. To fully meet this requirement, however, the CROP needs to include at least some general discussion of these costs and impacts. *The following excerpted from Step 7 in the Local CROP Template – or information like this that more specifically reflects local programs and conditions - will meet this requirement.* According to The Recycling Partnership, the greatest costs associated with managing a contaminated recycling stream at MRFs nationally come from the following and represent 80% of total contamination-related costs: • 40% for disposal of residuals • 26% in value lost from contaminated recyclables • 14% in labor to remove contamination from sorting equipment, etc.
Required Element #5 (a) Details on conducting outreach	Fully met	The CROP includes a detailed list of outreach strategies. The strategies together represent a coordinated and multi-faceted campaign that includes updated signage, the use of social media and websites, and utilizing resources from Ecology and others to implement the campaign.

Klickitat County Recycling Contamination Reduction Plan *Ecology review – January 26, 2021*		
Required element	Met or not met	Comments
Required Element #5 (b) An implementation schedule	Fully met	A detailed implementation schedule noting who is responsible for each implementation item is included.

Service Date: January 28, 2021

STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION COMMISSION
621 Woodland Square Loop S.E. ● Lacey, Washington 98503
P.O. Box 47250 ● Olympia, Washington 98504-7250
(360) 664-1160 ● TTY 1-800-833-6384 or 711

January 28, 2021

Ruby Irving
Klickitat County Solid Waste Director
127 W Court St.
Goldendale, WA 98620

RE: Klickitat County Solid Waste Management Plan, Preliminary Draft November 2016, Docket TG-201006

Dear Ruby:

The Washington Utilities and Transportation Commission (Commission) has completed its review of the preliminary draft of the Klickitat County Solid Waste Management Plan (Plan).

The Plan does not propose to increase tip fees between 2021 and 2025. Additionally, recycling services are provided free of charge to residents through the contract to operate the county transfer stations. The Plan discusses expanding the recycling program by increasing community education and changing recycling service from using blue recycling bags to using recycling carts. However, the effects of China's "National Sword" campaign are negatively impacting the county's ability to find markets to sell recycling materials.

Regarding diversion of organic waste from the solid waste stream, the Plan states that yard waste service is not currently offered and food collection service is currently offered in a free-to-residents pilot program in Goldendale, with discussions to expand the program countywide as a free service. The county also offers advice on home composting through the county website and composting bins for a fee.

Staff finds no financial rate impact to ratepayers served by regulated solid waste collection companies in Klickitat County and has no further comments on the Plan.

Please direct questions or comments about the Commission's Plan review process to Benjamin Sharbono at (360) 664-1242 or benjamin.sharbnono@utc.wa.gov.

Sincerely,

Mark L. Johnson
Executive Director and Secretary

cc: Canming Xiao
Department of Ecology
Solid Waste Management Program
1250 W. Alder Street
Union Gap, WA 98903

STATE OF WASHINGTON

DEPARTMENT OF AGRICULTURE

Division of Plant Protection

P.O. Box 42560 • Olympia, Washington 98504-2560 • (360) 902-1800

January 13, 2021

Ruby Irving
Klickitat County Solid Waste Director127 West Court St
Goldendale, WA 98620

Canming Xiao
Solid Waste Management Program Washington State Department of Ecology1250 W. Alder Street
Union Gap, WA 98903

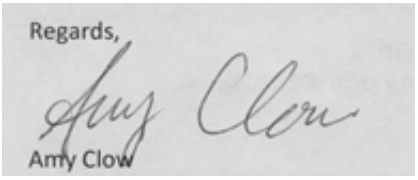
Dear Ms. Irving and Mr. Xiao,

After reviewing the Klickitat County Solid Waste Management Plan, WSDA found an area of concern regarding non-compliance with the apple maggot quarantine. The concern relates to the importation of waste from Lincoln County and the state of Idaho, as listed in the plan under Table 7-1 titled Waste Imported into Roosevelt Regional Landfill.

WAC 16-470-105(e) declares an apple maggot quarantine area for designated portions of Lincoln County. WAC 16-470-105(3) declares an apple maggot quarantine for all states where apple maggot is established, including the state of Idaho. Therefore, a special permit is required to transport municipal solid waste (MSW) from an apple maggot quarantine area, through a pest-free area, to be deposited at the Roosevelt Regional Landfill located in the quarantine area (WAC 16-470-115(3)). Regional Disposal Company currently holds a special permit which allows for the transport of MSW originating from Spokane County, through the pest-free area, to the Roosevelt Regional Landfill. However, this permit does not include waste originating from Lincoln County or the state of Idaho.

In order to comply with the apple maggot quarantine, WSDA recommends an amendment is made to Regional Disposal Company's special permit which incorporates the importation of waste from quarantined portions of Lincoln County and the state of Idaho. WSDA has communicated the aforementioned concerns to Klickitat County and representatives of Regional Disposal Company.

Thank you for providing WSDA with the opportunity to comment on the Klickitat County Solid Waste Management Plan. RCW 70.95.095 requires WSDA to review preliminary draft solid waste management plans for any increased risk of introducing a quarantine plant pest or disease into a pest free area.



Quarantine and Rules Coordinator
WSDA Plant Protection Division

Cc:
Greg Haubrich, WSDA Pest Program Manager
Matthew Pederson, Republic Services (representing Regional Disposal Company)

Appendix K. Contamination Reduction and Outreach Program

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Appendix K: Recycling Contamination Reduction and Outreach Plan (CROP)

K.1 Introduction

This document addresses reducing contamination in recycling programs for single-family and multi-family residences, commercial locations, and recycling collection sites in Klickitat County (County).

K.2 Background

This section presents information on rules and regulations and programs related to contamination reduction and outreach.

K.2.1 Rules and Regulations

House Bill 1543, Sustainable Recycling, was signed on April 29, 2019, and took effect July 1, 2019. The act required the Washington State Department of Ecology (Ecology) to create a state recycling CROP by July 1, 2020, with local jurisdictions required to either create their own CROP or adopt the state CROP by July 1, 2021. The County has chosen to create their own CROP.

Revised Code of Washington 70A.205 stipulates the requirements to be included in a CROP as follows:

- A list of actions for reduction of contamination in recycling programs for single-family and multi-family residences, commercial locations, and drop boxes.
- A list of key contaminants identified by the jurisdiction or Ecology.
- A discussion of problem contaminants and the contaminants' impact on the collection system.
- An analysis of the costs and other impacts associated with contaminants to the recycling system.
- An implementation schedule and details of how outreach is to be conducted, which may include sharing community-wide messaging through newsletters, articles, mailers, social media, websites, or community events; informing recycling drop box customers about contamination; and improving signage.

In 1989, the County signed Resolution No. 07489, which authorized an agreement with Republic Services (RS) concerning solid waste handling. The agreement obligated RS to develop, implement, and maintain a County-wide Model Rural Recycling Program Plan for implementation. The Model Rural Recycling Program was implemented in 1999 and identifies specific facilities, programs, and support services RS will provide within the County and how these facilities, programs, and support services will be coordinated with the waste reduction and recycling efforts sponsored by the County to help make substantial progress towards achieving an overall 50 percent waste reduction and recycling rate. Additional information on the agreement between the County and RS can

be found in Chapter 8 – Disposal. Appendix E contains the Model Rural Recycling Program Plan.

K.2.2 Recycling Collection Programs

Curbside residential recycling is currently available County-wide through the agreement with RS, which requires the service be provided at no cost to residents. Materials currently collected through the residential curbside recycling program include tin and aluminum cans, mixed paper and cardboard, and plastics #1 and #2. Recycling for self-haulers is also available at the three transfer stations and the landfill located within the County, with drop-off recycling items including tin and aluminum cans, mixed paper and cardboard, plastics #1 and #2, and glass. Commercial sector recycling is available for a fee through the private haulers in the County.

K.2.3 Processing Facilities

Recycling collected in the County is currently taken to the Republic Recycling Transfer Station (RRTS) for processing, located at 2733 3rd Avenue South, Seattle, WA 98134. RRTS currently accepts recyclable materials from King, Snohomish, and Whitman counties in addition to Klickitat County. While they have not been collecting contamination information specific to the County, their 2019 estimated average contamination rate was 19 percent, and they currently estimate that through August 2020 the contamination rate is 29 percent. The RRTS does not currently consider any recycling material stream from their traditional sources as problematic.

Glass collected in the County is currently taken to the Glass to Glass Recycling Facility located at 866 North Columbia Boulevard, Portland, OR 97217.

K.2.4 Recycling Characterization Study

A recycling characterization study was commissioned in August 2020 to analyze recyclables collected. The study examined recyclable materials collected by the waste haulers and targeted two recycling sectors in the County that included:

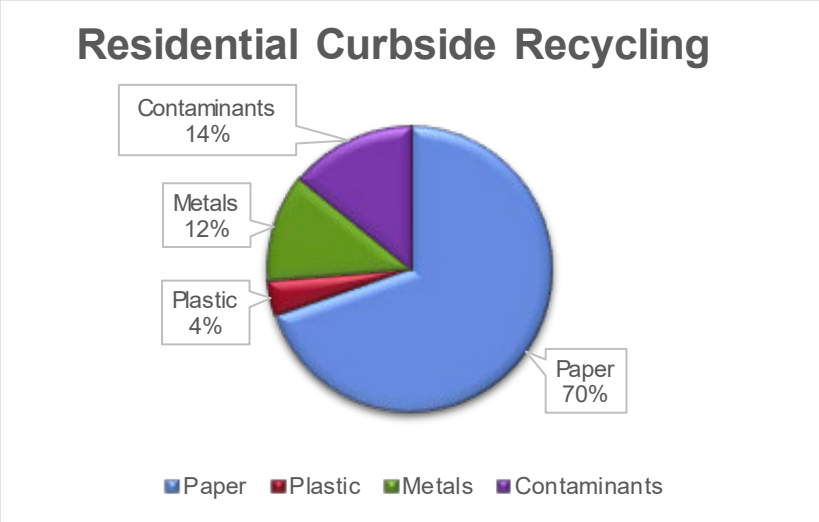
- **Residential:** Curbside recycling from the west side of the County, including White Salmon, Bingen and surrounding communities, collected by recycling haulers and municipalities, primarily from single-family homes. This also includes recycling from small multi-family homes, such as duplexes, triplexes, and quadplexes, when collected curbside along residential hauling routes.
- **Self-haul:** Recycling that is brought by residents to the recycling drop box site at the Goldendale Transfer Station.

Results of the study are summarized in Table K-1.

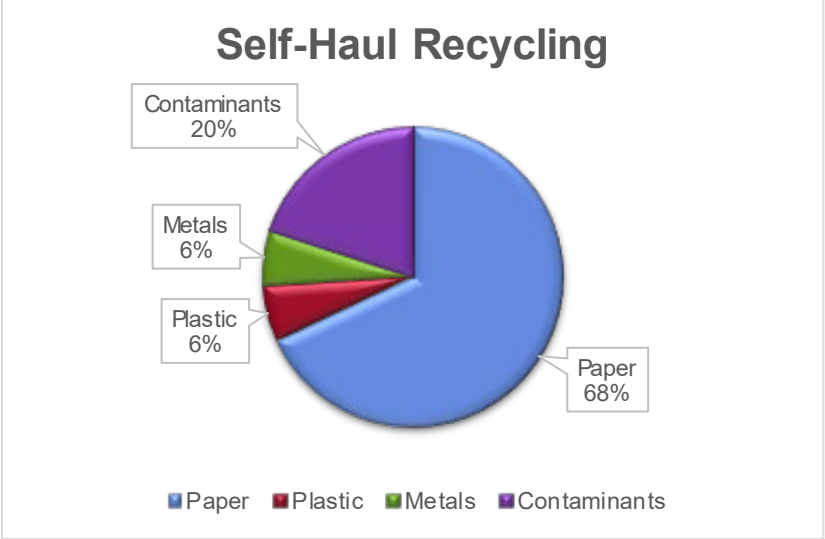
Table K-1. Klickitat County Recycling Characterization (in Pounds)				
Material Type	Location		Totals	
	Goldendale Self-Haul	White Salmon Curbside	Pounds	Percent
Paper				
Cardboard	130.0	32.2	162.2	33.2%
Mixed Paper	103.4	66.8	170.2	35.0%
Total Paper	233.4	99.0	332.4	68.2%
Plastics				
Plastics #1 and #2	19.9	6.4	26.3	5.4%
Total Plastics	19.9	6.4	26.3	5.4%
Metals				
Aluminum Cans	10.2	8.4	18.6	3.8%
Tin Cans	11.2	8.5	19.7	4.0%
Total Metals	21.4	16.9	38.3	7.8%
Contaminants				
Plastic Bags and Film	2.3	2.8	5.1	1.0%
Hose, Wire, and Rope	6.6	.3	6.9	1.4%
Non-Program Plastics (Clamshells)	3.0	1.4	4.4	0.9%
CD Cases	3.2	10.9	14.1	2.9%
Garbage/Other	54.9	3.5	58.4	12.1%
Glass	0.0	1.7	1.7	0.3%
Total Contaminants	70.0	20.6	90.6	18.6%
Total Materials Sorted	344.7	142.9	487.6	100%

Noteworthy results by sector are described below:

Residential Curbside: The residential curbside recycling material was collected in the White Salmon/Bingen area, with 142.9 pounds categorized. The largest category of recyclable material was paper, which accounted for 70 percent and included mixed paper and cardboard. Contaminants accounted for 14 percent of the materials and included broken glass, plastic bags and film, CD cases, tanglers, clam shells, and household trash. The bags utilized to collect the recyclables are contaminants and are included, by weight, in the 14 percent material contaminant rate.



Self-haul: The largest category of recyclable materials in this stream was paper at 68 percent, which included both cardboard and mixed paper. Contaminants accounted for 20 percent of the materials and included materials such as plastic bags and film, CD cases, clam shells, tanglers, razorblades, and dead frogs. Material was collected from self-haulers at the Goldendale Transfer Station, with 344.7 pounds categorized. The bags utilized to collect the recyclables are contaminants and included, by weight, in the 20 percent material contaminant rate.



K.3 CROP

The goal of the CROP is to reduce contamination in recyclables collected in the County through implementation of data measurement tools, addressing contamination reduction, and establishment of County-wide outreach messaging.

K.3.1 Data Measurement

In 2020, the County standardized metrics for measuring contamination in recyclables through the implementation of a Recycling Characterization Study. This Study provides

standardized metrics that can be utilized to measure key contaminants segregated by single-family residences, multi-family residences, commercial locations, and the drop box sites. This baseline metric also provides contamination benchmarks by participant type, area, and customer type.

Standardized recyclable materials tonnage will be maintained by the County to establish the recycling database. Recycling tonnage reported will be segregated by customer type (i.e., single-family, multi-family, commercial, drop box, glass).

K.3.2 Initial Key Contaminants

The following is the initial list of key contaminants to be addressed:

- Plastic bags, film and clamshells
- Non-program plastics
- Food and liquids
- Hose, wire, and rope
- Textiles and toys

Additional contaminants, while not currently found in the Recycling Characterization Study, to be addressed include:

- Hazardous materials
- Hypodermic needles

Key contaminants may be added to the list upon completion of additional recycling characterization studies.

K.3.3 Impacts of Contamination

The impacts of contamination at Material Recovery Facilities include:

- Slowing down the sorting and processing of materials
- Reducing the quality and value of secondary material feedstocks
- Resulting in costly shutdowns
- Damage of collection, processing, and remanufacturing equipment
- Causing serious injuries to collection and processing facility staff

K.3.4 Addressing Contamination

Contamination is best addressed through a variety of means and actions, to include:

- Visual inspections of self-haul loads of recyclables delivered to the Goldendale Transfer Station, BZ Corners Drop Box Site, and Roosevelt Drop Box Site will be conducted and customers advised as to proper segregation techniques.

- Visual inspections of curbside recyclables collected will be conducted and customers advised as to proper segregation techniques.
- Recycling Characterization sampling will be conducted twice yearly to measure benchmarks for contamination and success of programs and messaging campaigns.
- Signage at the Goldendale Transfer Station, Dallesport Transfer Station, BZ Corners Drop Box Site, and Roosevelt Drop Box Site will be updated to advise system users on contamination in commodities and acceptable recycling materials.
- The County and RS will work cooperatively to implement a coordinated County-wide messaging campaign.

K.3.5 County-wide Outreach Messaging

Providing a coordinated County-wide outreach messaging campaign around reducing contaminants in recycling is first and foremost in educating the citizens and businesses in the County. The current messaging campaign (implemented through Ecology) will be incorporated into the County-wide outreach messaging. In addition, the County campaign will incorporate outreach programs to educate about various waste reduction methods, communicate what can and cannot be accepted, and target reducing specific contaminants based on the Recycling Characterization Study.

The County and RS will collaborate and coordinate on messaging that is appropriate to single-family residences, multi-family residences, commercial locations, and the transfer station and drop box sites using the following:

- The County and RS will coordinate social media releases including websites, Facebook, Twitter, YouTube, etc. based on the target audience.
- The County will maintain a website to which residents can be directed for information.
- The County and RS will participate in regional and State programs for coordination of recycling market development and educational efforts.
- The County and RS will develop educational resources and provide technical assistance for single-family and multi-family residences regarding waste reduction and contamination reduction methods.
- The County and RS will develop business technical assistance to assist commercial customers with recognition of contamination in recyclables and methods to reduce it.
- RS will update signage at the Goldendale Transfer Station, Dallesport Transfer Station, BZ Corners Drop Box Site, and Roosevelt Drop Box Site to coordinate the messaging from the CROP.
- The County and RS will work with regional partners for planning and alignment of services.

K.4 Costs

Costs for contaminants in the recycling system are currently covered through the agreement between the County and RS. However, it is important to note that the

greatest costs associated with managing a contaminatedrecycling stream at Material Recovery Facilities (MRFs) nationally come from the following and represent 80% of total contamination-related costs:

- 40% for disposal of residuals
- 26% in value lost from contaminated recyclables
- 14% in labor to remove contamination from sorting equipment, etc.

K.5 Implementation Schedule

Table K-2 provides the CROP Implementation Schedule.

Table K-2. Recycling CROP Six-Year Implementation Schedule

Implementation Item	Implementation Responsibility	Implementation Year					
		2021	*2022*	*2023*	*2024*	*2025*	*2026*
Continue Recycling Characterization sampling events on a twice-yearly basis.	Klickitat County	X	X	X	X	X	X
Standardize metrics for measurement of contamination and economic modeling.	Klickitat County, Republic Services	Ongoing					
Update recycling signage at the transfer station and drop box sites.	Republic Services	X	-	-	-	-	-
Coordinate a County-wide messaging campaign.	Klickitat County, Republic Services	Ongoing					
Work together in the County and with regional partners to implement the CROP.	Klickitat County, Republic Services	Ongoing					

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Appendix L. Detailed Hazardous Waste Inventory

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Remedial Action Sites - Klickitat County				
Cleanup Site Name	FS ID	Site Cleanup Status	Rank	City
Town Pump Gas Station	403	Cleanup Started	1 - Highest Assessed Risk	White Salmon
Klickitat Valley Sawmills Inc	32313865	Cleanup Started	2 - Moderate-High Risk	Klickitat
Columbia Gorge Aluminum	95415874	Cleanup Started	2 - Moderate-High Risk	Goldendale
BNSF Track Switching Facility	1625461	Cleanup Started	3 - Moderate Risk	Wishram
Layman Property	5307756	Cleanup Started	3 - Moderate Risk	Goldendale
Klickitat County Road Dept Goldendale Shop Wash Pad	35691825	Cleanup Started	3 - Moderate Risk	Goldendale
Unocal Bulk Plant 0046	61834259	Cleanup Started	3 - Moderate Risk	Bingen
JD Hattenhauer Distributing	14585311	Awaiting Cleanup	5 - Lowest Assessed Risk	Goldendale
Goldendale Glass	25272858	Awaiting Cleanup	5 - Lowest Assessed Risk	Goldendale
HUNSAKER OIL COMPANY INC BINGEN	28537434	Cleanup Started	5 - Lowest Assessed Risk	Bingen
COLUMBUS SQUARE	81593498	Cleanup Started	5 - Lowest Assessed Risk	Goldendale
Hardies Car Wash and Detail Shop	8187	Awaiting Cleanup		Goldendale
John Day Dam North Storage Yard	8363	Cleanup Started		Goldendale
Hattenhauer Spill	11784	Cleanup Started		Roosevelt
John Day Dam Access Roads	12751	Awaiting Cleanup		Goldendale
Miller Island ATON Battery Dump	12949	Cleanup Started		update
John Day Dam Burn Pile	16820	Cleanup Started		Goldendale
US Jet Trans Truck Accident Spill	76468	Awaiting Cleanup		Roosevelt
Goodnoe Hills Treaty Fishing Access Site	4459197	Cleanup Started		Goodnoe Hills
The Dalles Transformer Spill	5318549	Cleanup Started		Lyle
Wison Oil II	13233349	Cleanup Started		Bingen
Jackpot 104	18239715	Cleanup Started		Goldendale
WA DOT Goldendale Headquarters	18547726	Awaiting Cleanup		Goldendale
Huntingtons Market	20833298	Awaiting Cleanup		Klickitat
Bingen Quarry	62892321	Cleanup Started		Bingen
Klickitat County Shop White Salmon	76225533	Cleanup Started		White Salmon
Stage Stop	82836167	Cleanup Started		Goldendale
Jacks Grocery	89542539	Cleanup Started		Goldendale
Boise Cascade Corp Goldendale	92591325	Cleanup Started		Goldendale
Temple Distributing Carson Oil	95474961	Cleanup Started		Goldendale

Klickitat County Hazardous Waste Transportation, Storage, Disposal and Recycling Companies (TSDR)	
TSDR ID	**TSDR Name**
WAD988515771	Regional Disposal Co Roosevelt Landfill
ORD089452353	CHEMICAL WASTE MANAGEMENT OF THE NW

Dangerous Waste Generators - Klickitat County			
Name	**Last Report**	**Last Gen Status**	**City**
Northwest Pipeline Roosevelt CompressorS	2018	XQG	BICKLETON
SDS Lumber Co Bingen Plywood Corp	2018	MQG	BINGEN
Dallesport Transfer Station	2018	XQG	DALLESPORT
Impact Alloys Foundry	2018	XQG	DALLESPORT
WA DOT Biggs Rapid Bridge	2016	SQG	GOLDENDALE
PSE Goldendale	2018	SQG	GOLDENDALE
Goldendale School Dist 404	2018	SQG	GOLDENDALE
WA AGR Klickitat 2	2018	XQG	GOLDENDALE
Columbia Gorge Aluminum	2018	XQG	GOLDENDALE
Goldendale Transfer Station	2018	XQG	GOLDENDALE
TEMPLE DIST INC	2018	XQG	GOLDENDALE
Regional Disposal Co Roosevelt Landfill	2018	XQG	ROOSEVELT
US DA FS GPNF Mt Adams Ranger Station	2017	XQG	TROUT LAKE
White Salmon Valley Schools	2017	LQG	WHITE SALMON
BNSF Railway Company	2018	MQG	WISHRAM
US CG Wishram	2018	XQG	WISHRAM

LQG = Large Quantity Generator
MQG = Middle Quantity Generator
SQG = Small Quanity Generator
XQG = Generated Haz Waste in the past - but not in most recent reporting period

Klickitat County Department of Emergency Management

NIMS/NQS Program and Training Plan

October 2024

The Klickitat County Department of Emergency Management (KCDEM) will utilize the National Incident Management System as the guiding principle for establishing our agency's training program. KCDEM will, at a minimum, following the guidelines established in the NIMS Training Program. KCDEM reserves the right to change and/or enhance our training program to meet our specific needs for our county. This training plan is specifically for the Klickitat County Emergency Operations/Coordination Center and Joint Information System personnel only. References to Incident Command/tactical activities are for situational awareness and clarity purposes only.

NIMS training develops incident personnel capable of performing necessary functions in their Authority Having Jurisdiction (AHJ) and assisting when mutual aid is necessary. Because incident personnel have diverse responsibilities and different knowledge and skill requirements, the NIMS Training Program provides customized training progressions for personnel in each of the four NIMS Command and Coordination systems:

1. Incident Command System (ICS) – responsible for tactical activities on-scene
2. Emergency Operations/Coordination Center (EOC/ECC)– responsible for operational and strategic coordination, resource acquisition, and information gathering, analysis, and sharing
3. Public Information Officers (PIO) operating within the Joint Information System (JIS) – responsible for outreach and communication to the media and public:
    a. JIS ICS PIOs
    b. JIS EOC PIOs

4. Multi-Agency Coordination (MAC) Group – responsible for policy guidance and senior-level decision-making

*** <u>Individual Level of Incident Responsibility</u>**

NIMS Training Program training guidelines are based on an individual's level of incident responsibility rather than on agency, rank, or discipline. This is because of variations in position responsibilities across different organizations. An individual's level of incident responsibility includes both the position within the incident management structure and the incident's complexity.

Regardless of Focus Area, all NIMS training falls into three basic categories, which share many of the same foundational courses:

- **All Incident Personnel**: Associated courses provide the foundational knowledge to help nonsupervisory incident personnel understand where they fit in the overall incident structure. Many incident personnel never advance beyond these baseline courses.
- **Incident Personnel with Leadership Responsibilities**: Associated courses provide additional background on external incident management systems for mid-level incident personnel responsible for establishing the initial incident command or for those preparing for a future supervisory role.
- **Incident Personnel Designated as Leaders/Supervisors**: Courses provide enhanced knowledge and increased comfort in using NIMS structures and processes, for senior level incident personnel. Trainees are typically those designated as ICS or EOC leaders/supervisors for large or complex incidents that extend beyond a single operational period and generate an Incident Action Plan (IAP).

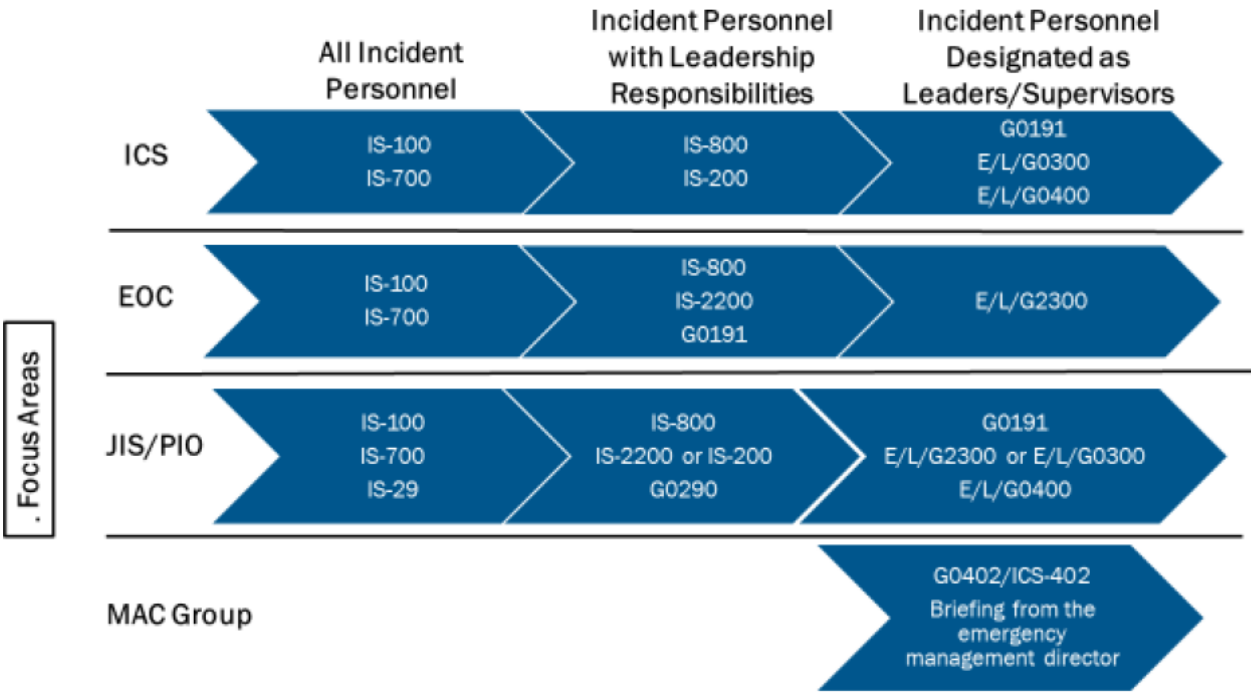


Figure 1

EOC Training Progression

Personnel who staff an EOC follow the EOC training progression. The KCDEM Director will determine how far individuals need to progress based on their role within the EOC and the size and complexity of incidents they will support. See Figure 2 for details.

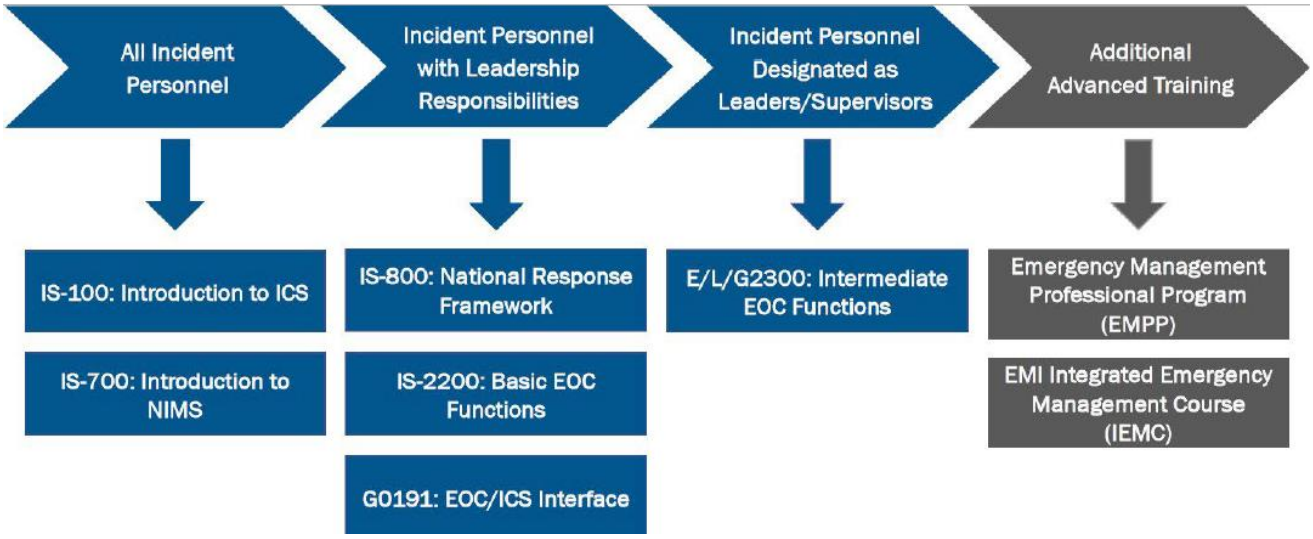


Figure 2

All EOC Personnel & Volunteers: All incident personnel working within the FC- EOC/ECC should complete the following courses for foundational knowledge of incident response:

- IS-100: Introduction to the Incident Command System, ICS 100 – This course introduces ICS and provides the foundation for higher-level ICS training.
- IS-700: National Incident Management System, An Introduction – This course introduces NIMS concepts and principles.

EOC Personnel with Leadership Responsibilities: In addition to the above training, Supervisory personnel working the FC- EOC/ECC should complete the following courses for additional background in incident management systems with leadership responsibilities:

- IS-800: National Response Framework, An Introduction – This course introduces participants to the concepts and principles of the NRF.
- IS-200 or 2200: Basic EOC Functions – This course prepares incident personnel working in an EOC to understand the role and functions of an EOC during incident response and the transition to recovery.
  - FEMA recommends that personnel with leadership responsibilities in an EOC complete IS-2200 instead of IS-200.
- G0191: Emergency Operations Center/Incident Command System Interface – This course provides an opportunity for emergency management and response personnel to begin developing an ICS/EOC interface for their communities.

EOC Personnel Designated as Leaders/Supervisors: The KCDEM Operations Coordinator, KCDEM EOC PIO and the Emergency Manager are all positions in this category. In addition to the above training, EOC leaders need enhanced knowledge. This course applies higher-level concepts, methods, and tools for larger, more complex incidents:

- E/L/G2300: Intermediate EOC Functions – This course describes the role, design, and function of EOCs as components of a Multiagency Coordination System (MACS).

EOC Advanced Training: This training is above and beyond what is necessary for FEMA preparedness grant eligibility. Students participating in these advanced courses will broaden their understanding of emergency management concepts:

- FEMA's Emergency Management Professional Program (EMPP) – This program includes three academies: Basic, Advanced, and Executive.
- Emergency Management Institute (EMI) Integrated Emergency Management Course (IEMC) –This is an exercise-based training series for EOC personnel.

Public Information Officers/Joint Information System Training: The JIS integrates incident information and public affairs into a cohesive organization to provide coordinated and complete information before, during, and after incidents. A JIS cuts across the three levels of incident management (on-scene/tactical, center/coordination, and policy/strategic) and helps ensure coordinated messaging among all incident personnel.

JIS/PIO personnel, whether assigned to work in an ICS or an EOC environment, should follow the JIS/PIO Training Progression. Each AHJ determines how far individuals need to progress based on their role within incident command, and the size and complexity of incidents they are preparing for. See Figure 3 for details.

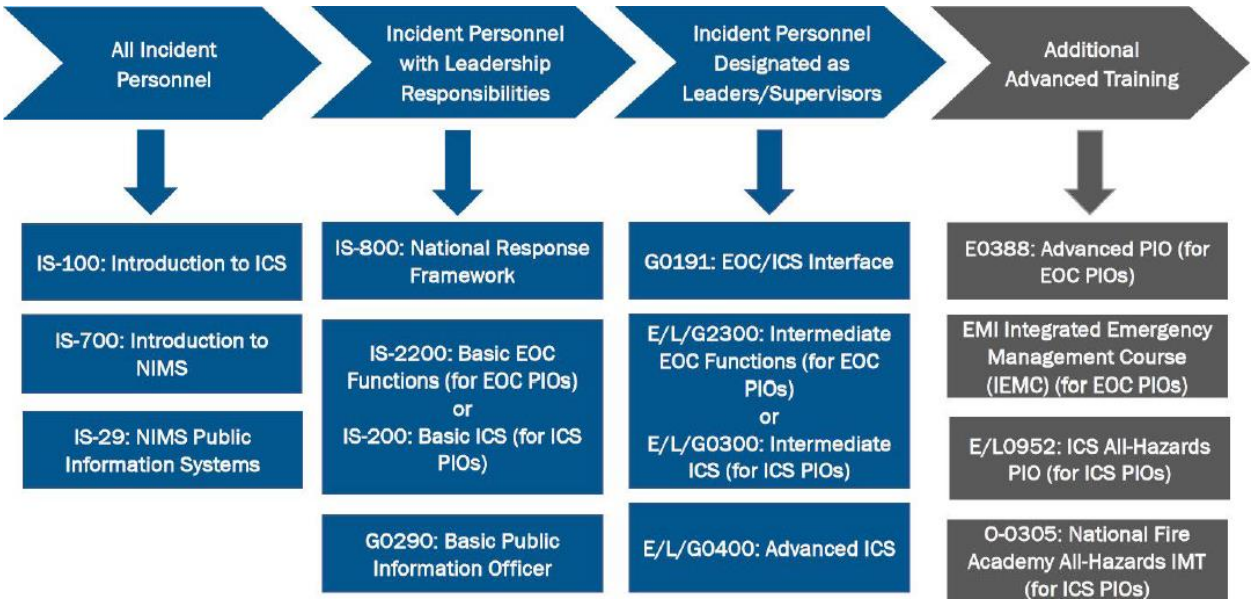


Figure 3

EOC Training FEMA SID and Certificates

All KCDEM EOC/ECC staff and volunteers are encouraged to keep their certificates current. Whether by actively participating in drills, exercises or training sessions, or by renewing their training certificates whenever FEMA releases a new version of a given course.

All KCDEM EOC/ECC staff and volunteers are required to establish a training account with FEMA by acquiring their own specific FEMA Student Identification number (SID). The FEMA SID system keeps training records for each individual student and allows students to expeditiously access their FEMA based training records. Affiliated FEMA/DHS programs/contractors (CTOS, NDCP, RDPC, NTED, CDP, TEEX, LSU, NMT, UH-NDPTC etc.) utilize this type system as well.

Additionally, when staff, EOC/ECC participants or volunteers receive training certificates, they can email or print copies and give them to KCDEM to put into their personal file. For volunteers, the certificates will be kept with their volunteer registration packet. Copies of training certificates will be entered into, and maintained in the FEMA OneResponder management tool.

Type	Number	Description	KCDEM Staff	LEAD PIO	BASIC PIO	MAC Group	Volunteer
Basic Core Requirement Courses							
IS	100	ICS 100 Intro to ICS	**X**	**X**	**X**	**X****	**X**
IS	200	ICS 200 Basic ICS for Initial Response	**X**	**X**	**X**		**X**
IS	700	National Incident Management System	**X**	**X**	**X**	**X****	**X**
IS	800	National Response Framework	**X**	**X**			**X**
IS	29	Public Information Officer Awareness	**X**	**X**	**X**		
Professional Development Series (PDS) Courses (*Either PDS or EMPP series)							
IS	120	Intro to Exercises	**X***				
IS	230	Fundamentals of Emergency Management	**X***				
IS	235	Emergency Planning	**X***				
IS	240	Leadership and Influence	**X***				
IS	241	Decision Making & Problem Solving	**X***				
IS	242	Effective Communications	**X***	**X**	**X**		
IS	244	Developing & Managing Volunteers	**X***				
Emergency Management Professionals Program (EMPP) Basic Academy (*Either PDS or EMPP series)							
IS	230	Fundamentals of Emergency Management	**X***				
E/L/G	0101	Foundations of Emergency Management	**X***				
E/L/G	0102	Science of Disaster	**X***				
E/L/G	0103	Planning Emergency Operations	**X***				
E/L/G	0105	Public Information Basics	**X***	**X**			
E/L/G	0146	Homeland Security Exercise & Evaluation Program	**X***				
EOC Staff Designated as Supervisors/Leaders							
IS	2200	Basic EOC Functions	**X**	**X**	**X**		
E/L/G	2300	Intermediate EOC Functions	**X**	**X**			
E/L/G	191	EOC/ICS Interface	**X**	**X**			
ICS	300	Intermediate ICS – Expanding Incidents	**X**	**X**			
ICS	400	Advanced ICS – Command/General Staff	**X**	**X**			
EOC Staff Designated as Supervisors/Leaders							
IS	2200	Basic EOC Functions	**X**	**X**			
E/L/G	2300	Intermediate EOC Functions	**X**	**X**			
E/L/G	191	EOC/ICS Interface	**X**	**X**			
ICS	300	Intermediate ICS – Expanding Incidents	**X**	**X**			
ICS	400	Advanced ICS – Command/General Staff	**X**	**X**			
G	402	Overview for Senior Officials (Executives, Elected & Appointed	**X****			**X**	

G	290	Basic Public Information Officer	**X****				
G	291	JIS/JIC Planning for PIOs	**X****	**X**			
E	388	Advanced PIO	**X****	**X**			
** Optional/Recommended Courses							

Emergency Management Institute (EMI) course type codes:

IS = independent study online
G = EMI-developed course delivered by state, local, tribal, and territorial instructors
E = EMI resident course delivered at EMI's campus
L = EMI resident course delivered offsite
K = EMI resident course delivered via Adobe Connect
V = EMI resident course delivered via video teleconference
NFA = National Fire Academy course

The EMPG program requires the following training to be completed by KCDEM utilizing EMPG funding. KCDEM policy is that all staff will take, at a minimum, the following courses satisfying this requirement:

IS-100, IS-200, IS-700, IS-800, AND complete either the Professional Development Series of courses or the Emergency Management Professionals Program series of courses:
(PDS): IS-120, IS-230, IS-235, IS-240, IS-241, IS-242, and IS-244
(EMPP): IS-230, E/L101, E/L 102, E/L103, E/L104 and E/L105

National Qualification System (NQS)

The NQS national doctrine promotes interoperability by establishing a common language for defining job titles and by enabling jurisdictions and organizations to plan for, request, and have confidence in the capabilities of personnel deployed for disasters and emergencies from other entities through mutual aid agreements and compacts.

Following the NQS concepts and processes will enhance national preparedness by expanding the network of qualified incident management and support personnel who can be deployed nationwide.

The NQS establishes standard minimum qualifications for specific incident-related positions to provide consistency across the Nation and support nationwide interoperability. Using the NQS approach to qualify, certify, and credential incident management and support personnel ensures personnel deploying through mutual aid agreements and compacts have the capabilities to perform the duties of their assigned roles.

Qualification Process

- Qualification Criteria – Establish minimum criteria that personnel must meet to be qualified in a specific position
- Position Prerequisites - Incident-related positions require personnel to complete prerequisites, such as training, education, and performance in subordinate positions.
- Position Task Books – Issued to track personnel ability to apply the knowledge, skills, and ability to perform the tasks required for the position through real world experience or exercises.
- Direct Entry - Small agencies may authorize direct entry qualification, which allows trainees who have not had that experience to qualify for some supervisory incident-related positions (i.e., officer, chief, director, supervisor, or leader).
- Portability of Qualifications – A process to transfer and accept an individual's qualifications to or from another jurisdiction or organization

Certification Process

- Documentation Review – Maintain a complete record of all the evaluations and documentation it needs to validate the certification.
- Historical Recognition – A process that enables KCDEM to recognize an individual's prior qualifications, education, training, and experience as a way of meeting some or all the criteria to qualify for a particular incident-related position.
- Training Equivalencies – Allows equivalent training based on course objectives for many of the required courses.
- Certification – KCDEM will maintain documents regarding the personnel's qualification and enters the pertinent information into the KCDEM resource/personnel management systems.
- Recertification - To prevent the degradation of the knowledge, capabilities, and competencies required to carry out the responsibilities of a position, a person must perform in that position frequently enough to maintain competency.
- Decertification - An individual may lose his or her qualification by voluntarily withdrawing, or for other reasons the KCDEM deems appropriate. Individual may appeal decertification through a documented appeals process.

Credentialing Process

- Credentialing is the essential final step in the process for qualifying, certifying, and credentialing personnel for incident-related positions.
- Credentialing, Recertification, and Decertification – KCDEM will maintain records associated with NQS program.

The Klickitat County Department of Emergency Management (KCDEM) will utilize the FEMA OneResponder management tool to:

1. Implement the NQS across the KCDEM organization.
2. Issue, track, and approve Individual Position Task Books.
3. Configure resources to local requirements.
4. Manage qualifications and training of KCDEM Staff and Volunteers.
5. Share personnel qualifications information across organizations.



References

- FEMA National Incident Management System Guideline for the National Qualification System – November 2017

Mass Casualty Incident Plan
Initial Response Guide

Oregon State Area Trauma Advisory Board # 6 (ATAB 6)

Hood River County,
Wasco County,
Sherman County,
Gilliam County,

Washington State Southwest Regional EMS

Klickitat County,
Skamania County.

September 2022

Introduction

The Region 6 Area Trauma Advisory Board (ATAB 6) recognizes the need for a standard approach to trauma incidents involving multiple patients that require coordination between more than one pre-hospital agency and more than one hospital. ATAB 6's goal is to ensure that the victims of mass casualty incidents are transported as quickly as possible, to hospitals that are prepared to provide definitive care.

This is considered a "Living Document" and is subject to review at any time by the ATAB-6 MCI Sub-Committee. As such the document can be amended when the interest of improving Patient care and Emergency Response is best served.

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Section 1

DEFINITIONS

ATAB 6 MASS CASUALTY INCIDENT PLAN

Definitions

AIR AMBULANCE LANDING ZONE (LZ): Area where air ambulances are loaded with patients from the treatment area. The Transport Group Supervisor and EMS Branch Director should work together on designating the location for the LZ. If possible, the LZ should be close enough to the treatment area to carry patients to awaiting aircraft. If not possible a ground ambulance may be necessary to shuttle patients from the treatment area to the LZ.

AMBULANCE LOADING ZONE: Area where patients are transferred from the Treatment Area into ambulances for transport. When possible, it should be arranged so ambulances can drive through, without backing up. The Staging Area Manager should direct incoming ambulances to the Ambulance Loading Zone and advise them to contact the Transportation Group Supervisor when they reach the zone.

ASSIGNED: Performing an active assignment.

AVAILABLE: Ready for assignment.

BRANCH: A grouping of divisions and/or groups to limit span of control in larger operations.

CASUALTY COLLECTION POINT: A facility or location of convenience where victims may be transported for initial evaluation and treatment.

COMMAND POST (CP): The physical location from which the Incident Commander exercises direction over the entire incident.

DIVISION: A division of an incident into geographical areas of operation.

EMS BRANCH DIRECTOR: The individual responsible for managing all the activities in the EMS Branch. The EMS Branch Director functions as a member of the Operations Section and may have three direct subordinates: Triage Group Supervisor, Treatment Group Supervisor, and Transport Group Supervisor. They should formulate a plan of action for the triage, treatment, and transport of all patients.

EXTRACTION: Removing patients from the scene to the Treatment Area by porter teams.

EXTRACTION GROUP SUPERVISOR: Individual responsible for managing all the activities in the Extraction Group. Functions as a member of the Rescue Branch. They should formulate a plan of action for the immobilization and removal of all patients from the scene to the Treatment Area.

EXTRICATION: Removing patients from entanglements that hinder their extraction.

EXTRICATION GROUP SUPERVISOR: Individual responsible for managing all the activities in the Extrication Group. Functions as a member of the Rescue Branch. They should formulate a plan of action to extricate all victims on the scene.

FATALITY MANAGER: The individual responsible for the morgue area until relieved by the medical examiner or designee. Reports to the EMS Branch Director.

FIRE SUPPRESSION GROUP: Group responsible for the suppression of fires and the mitigation of fire hazards on the scene. Reports to the Operations Section Chief.

GROSS DECONTAMINATION: The process of removing potential contaminants using water, a combination of soap and water, or other decontamination solutions.

HAINES (High Arm IN Endangered Spine) MODIFIED RECOVERY POSITION: A variant of the lateral recumbent position designed to minimize movement of the cervical spine. It is characterized by one arm being raised above the head (in full abduction) and used to support the patient's own head and neck.

IMMOBILIZATION: Securing patients to a backboard in the HAINES modified recovery position or using standard spinal immobilization precautions.

IMMOBILIZATION TEAM: Team of two rescuers that carry back boards to patients and immobilize them. Supervised by the Extraction Group Supervisor.

INCIDENT: An occurrence or event, either human-caused or natural phenomena, that requires action by emergency service personnel to prevent or minimize loss of life or damage to property and/or natural resources.

INCIDENT COMMANDER: The individual responsible for the overall management of all incident operations.

JUMPSTART TRIAGE: An objective system of triage which reduces both the over triage and under triage of pediatrics during an MCI. JumpSTART recognizes key differences between adult and pediatric physiology and uses appropriate pediatric physiologic parameters at decision points.

MASS CASUALTY INCIDENT (MCI): Any incident in which the emergency medical services personnel and equipment at that scene are overwhelmed by the number and severity of casualties at that incident.

MEDICAL SUPPLY CACHE: A storage location in the treatment area for medical supplies that are acquired from MCI vehicles, ambulances, disaster kits or deliveries from resource hospitals.

MEDICAL SUPPLY MANAGER: The individual responsible for acquiring and maintaining appropriate medical equipment and supplies in the Medical Supply Cache. Supervised by the Treatment Group Supervisor.

MASS CASUALTY INCIDENT PLAN (MCIP): A plan which coordinates the response of multiple agencies to assure the delivery of adequate care and orderly distribution of patients to appropriate hospitals. The MCI plan may be implemented for any incident in which the emergency medical services personnel and equipment at that scene are overwhelmed by the number and severity of casualties at that incident.

OPERATIONS SECTION: The section responsible for all tactical action and all resources on scene.

OPERATIONS SECTION CHIEF: Individual responsible for the Operations Section. Reports directly to the Incident Commander. Responsible for directing all tactical resources to accomplish the goals and objectives developed by the Incident Commander.

OUT-OF-SERVICE: Not ready or available for assigned status.

PORTER TEAM: Team of four rescuers that move immobilized patients from the scene to the Secondary Triage Corridor via stretcher. Supervised by the Extraction Group Supervisor.

PRIMARY TRIAGE: A rapid initial treatment and triage of patients where they are found. Using the Simple Triage and Rapid Treatment (START) or JumpSTART (for pediatrics) algorithms, first responders provide for the correction of simple airway and circulation problems, and the initial classification of the severity of patient injuries. During Primary Triage patients are tagged with surveyors flagging tape.

RECEIVING HOSPITAL: Any hospital that will be receiving patients from the incident.

RESCUE BRANCH: The branch responsible for the extrication, immobilization, and extraction of all patients from the scene to treatment area.

RESCUE BRANCH DIRECTOR: The individual responsible for managing all the activities in the Rescue Branch. The Rescue Group Supervisor functions as a member of the Operations Section and may have two direct subordinates: Extraction Group Supervisor and Extrication Group Supervisor. They should formulate a plan of action for the extrication, immobilization, and extraction of all patients from the scene to the treatment area.

SAFETY OFFICER: Individual responsible for assessing hazardous and unsafe situations and developing measures for assuring personnel safety.

SECONDARY TRIAGE: Performed in the Secondary Triage Corridor. Patients will be re-triaged using START or JumpSTART and given a numbered triage tag.

SECONDARY TRIAGE CORRIDOR: Corridor leading to treatment area. Secondary Triage is performed in the corridor prior to entering the treatment area. After secondary triage is performed, patients are then carried to the appropriate section of the treatment area, according to the triage priority they are assigned.

STAGING AREA MANAGER: The individual assigned the various tasks related to the arrival of emergency vehicles and personnel. Works directly with the Incident Commander or Operations Chief.

STRETCHER: Army style stretcher made of canvas stretched between two poles with handles. Designed for four rescuers to carry injured patients on.

TRANSFER CENTER: (MRH) Mid-Columbia Medical Center **(**541)-705-7927. The transfer center is the central contact point for the EMS Branch Director or Transport Group Supervisor. They are to be contacted via phone line to determine the receiving capabilities of area hospitals. The transfer center is also responsible for relaying patient information to receiving hospitals.

TRANSPORT GROUP SUPERVISOR: The individual responsible for the coordination of patient transportation and maintaining records related to patients, injuries, mode of transportation, and destination. Reports to the EMS Branch Director.

TRANSPORTATION RECORDER: The individual responsible for recording patients, injuries, mode of transportation and patient status. Coordinate patient information and movement.

TREATMENT GROUP SUPERVISOR: The individual responsible for proper secondary triage management, treatment, and coordination of all casualties in the Treatment Area. Reports to the EMS Branch Director.

TRIAGE GROUP SUPERVISOR: The individual responsible for supervising triage teams and ensuring patients are properly triaged and tagged. Reports to the EMS Branch Director.

TRIAGE TAGGING: ATAB 6 will use surveyor's flagging tape for identifying priorities of patients during primary triage. Upon secondary triage patients will receive a numbered triage tag. Patients will be prioritized based on START or JumpSTART during primary triage and ATAB 6 trauma criteria during secondary triage.

UNIFIED COMMAND: When there is an overlap of jurisdiction for the incident or there is more than one agency sharing the management responsibility, officials from EMS, Fire, Police, and other agencies may serve in a Unified Command. A Unified Command structure should consist of all the involved agency officials contributing to the command process, but there should be one key official that is recognized as the Incident Commander for communications purposes.

Section 2

GUIDELINES

ATAB 6 MASS CASUALTY INCIDENT PLAN

GENERAL GUIDELINES

The Mass Casualty Incident Plan should be implemented on any incident that cannot be normally handled by the first responding ambulance service. The following guidelines are designed to give responders and facilities an action plan for mitigating a Mass Casualty Incident. If there are 5 or more patients that require transport or the Incident Command or qualified personnel determines it will exceed the capability of the local resources, an MCI will be automatic.

MASS CASUALTY INCIDENT MANAGEMENT GOALS

1. Do the most amount of good for the most amount of people.
2. Make the best use of personnel, equipment, and facility resources.
3. Do not relocate the disaster.

This is a time where the responders need to fall back on their MCI training and know that the response may well be at the BLS level. If resources are present ALS interventions are acceptable if patient movement is not slowed or needed manpower resources are assigned at the expense of any patient care

FIRST ARRIVING UNIT

Upon arrival at a scene involving multiple patients the first unit on scene gives a visual size-up, establishes and announces command, confirms location, and performs:

1. **Safety Assessment.** Assess the scene for:
    - Traffic hazards
    - Electrical hazards
    - Flammable liquids
    - Hazardous materials
    - Other life-threatening situations
    - Be aware of potential secondary explosive devices.

2. **Size Up.** Survey the incident scene for:
    - Type and/or cause of incident
    - Approximate number of patients Severity level of injuries
    - Area involved, including problems with scene access.

3. **Send Information:**
    - Contact dispatch with your size-up information:
        - Establish Command
        - Declare an MCI.
        - Description of the incident including the number of patients.
        - Report any critical hazards of the scene.
        - Identify access and egress routes.
        - Identify main radio frequency and tactical frequencies.
        - Identify staging area.
    - Request additional resources as available:
        - Fire Department
        - MCI Trailers

- Haz-mat Team
- Law Enforcement
- Oregon Department of Transportation
- Search and Rescue
- Local Transportation
- Specific Needs

4. **Setup** the scene for management of the casualties:
    - Establish a command post.
    - Implement the MCI plan
    - Secure the scene with law enforcement.
    - Identify adequate work areas for Triage, Treatment, and Transport
    - Assign Triage and EMS Branch to the next arriving units.

RESPONDING UNITS

Upon arrival, the second and third arriving units should report to the Incident Commander for briefing and assignment. Assignments should include:

1. **Establish** Triage Group
    - Use START or JumpSTART
    - Begin where you are.
    - Ask anyone who can walk to move to a designated area.
    - Use surveyor's tape to mark patients.
    - Move quickly from patient to patient.
    - Maintain patient count.
    - Provide only minimal treatment.
    - Consult Field Guide for further responsibilities, worksheets, and checklist.

2. **Establish** EMS Branch / Transportation Manager
    - Contact the Medical Resource Hospital (**MRH**) Mid-Columbia Medical Center at (541-705-7927)
        - Obtain receiving capabilities for area hospitals.
        - Consider the activation of alternative care sites.
    - Consult Field Guide for further responsibilities, worksheets, and checklist.

3. **Establish** Treatment Group
    - Consult Field Guide for responsibilities and checklist.

4. **Establish** Transport Group (**<u>High Priority Position</u>**)
    - Obtain receiving capabilities for area hospitals from EMS Branch.
    - Consult Field Guide for further responsibilities, worksheets, and checklist.

5. **Establish** Staging Area
    - Assign Staging Area Manager
    - Consult Field Guide for further responsibilities, worksheets, and checklist.

MUTUAL AID RESPONDING UNITS

Mutual aid units responding to the scene should get general directions from their dispatch. Units responding should contact the Staging Area Manager for the location and/or directions to the staging area on V-Tach 11. Responding units should review the MCI Field Guide while responding.

INCIDENT SCENE

- Locate all victims.
- Direct ambulatory patients (Green) to a safe place
    - Assign an EMT to manage the Green Treatment Area
    - Self-treatment supplies should be distributed.
- Quickly triage patients using START or JumpSTART and apply triage ribbons.
- Start extricating trapped patients.
- Patients are decontaminated (as needed) prior to arrival in the treatment area.
- Start moving non-ambulatory patients by porter from scene to treatment area.
- Deceased victims are left where they lie unless movement is required to access live patients.

DECONTAMINATION

- Set up the decontamination corridor before the secondary triage corridor and before contaminated patients are moved.
- Contaminated patients must be decontaminated before entry into the treatment area.
- Gross decontamination with rapid clothing removal is the best option.
- Request Haz-mat team if further decontamination is necessary.

TREATMENT AREA

- Patients arriving from the scene are re-triaged at the entrance to the treatment area (secondary triage corridor) and tagged with a numbered triage tag.
- Separate areas should be created in the treatment area for Immediate (Red), Delayed (Yellow), and Minor (Green). A separate isolated area (Temporary Morgue) should be created for victims who die in the treatment area.
- Give stabilizing or definitive care based on triage priority (Red, then Yellow, then Green)
- Assign providers, equipment, and supplies to patients based on triage priority.
- Consider use of special procedures teams to perform common treatments (airway, IV, splinting, etc.)
- Continuously reevaluate (re-triage) patients and move to other treatment areas as necessary.
- Move patients who die to the temporary morgue.
- Establish a Medical Supply Cache and stock with supplies from MCI vehicles, ambulances, and supplies received from hospitals.
- Do not delay transport for treatment except for ABCs.
- Select patients to transport based on severity (Red, then Yellow)

TRANSPORT AREA

- Set up a one-way in / one-way out "round robin" ambulance loading zone at the exit of the Treatment area.
- EMS Branch Director and Transport Group Supervisor are the only personnel allowed to talk with the Resource Hospital.
    - All communications should be used in the following order:
        - Cell phone
        - HEAR frequency or other available radio frequency if cell reception is unavailable.
        - Designated relay platform (Aerial/Ham Radio)
- Notify the resource hospital as soon as possible.
    - Request receiving capabilities of all receiving hospitals.
    - Activate alternative care sites if necessary.
- Assign patients to ambulances and helicopters based on severity and most appropriate vehicles available.
- Move Minors (Greens) as soon as possible to vehicles such as buses.
- Have porter teams move patients from treatment to the ambulance loading zone.
- Load patients and direct ambulance to the appropriate hospital

TRANSPORTING AMBULANCES

- Ambulances will report to the Staging Area. Any unit arriving on scene prior to the establishment of a staging area must receive assignment from the IC or their designee.
- The driver of the vehicle MUST STAY WITH THE VEHICLE AT ALL TIMES. None of the crew should get involved in the Treatment Area during their patient loading.
- Ambulances may need to leave equipment at the scene for use in the treatment area.
- Transporting ambulances will receive patients from the transport area. The Transport Group Supervisor or designee will assign each ambulance to a receiving hospital.
- **AMBULANCES ARE NOT TO COMMUNICATE DIRECTLY WITH RECEIVING HOSPITAL UNLESS ABSOLUTELY NECESSARY**
- The patients Triage Tag is considered a sufficient prehospital care report form until a follow up report can be written.
- Ambulances may need to restock from hospital supplies as well as be shuttles for equipment from the hospital to the treatment area.
- After delivering the patient(s), the ambulance should return to the MCI staging area in serviceable condition until released from the scene by the IC or designee.

RECEIVING HOSPITALS

- Should quickly collect their receiving capability for Immediate (Red) and Delayed (Yellow) patients and report to the Resource hospital.
- Will receive the following information on ambulances en-route to their facility:
    - Unit #
    - Triage tag # and triage level
    - Estimated time of arrival.

TERMINATION

An MCI may not be terminated for several hours to days after all patients have been treated and transported. As the incident winds down all resources committed to the incident will no longer be needed. At the discretion of the Incident Commander in coordination with the Operations Section Chief, units should be demobilized based on the following considerations:

- Units which have been on scene longest
- Units traveling the furthest.

During the termination phase, also consider the following:

- At least one ambulance should remain on scene until all emergency operations have ceased.
- Notifying the resource hospital when the transportation of the last patient is complete.
- Attempt to return equipment to the agency it belongs to
- Consider the need for an immediate critical incident stress defusing followed by a debriefing a few days after the incident.

Section 3

Communications

ATAB 6 MASS CASUALTY INCIDENT PLAN

COMMUNICATIONS

GENERAL GUIDELINES

- The main operational frequency will be the assigned primary command channel unless Incident Command assigns a different frequency for the MCI.
- The primary command channel should be kept clear for operational radio traffic.
- Units responding should contact the Staging Area Manager on V-Tach 11, the primary command channel unless otherwise directed.
- Tactical Frequencies should be assigned to Branches and Groups as necessary to minimize radio traffic.

MCI DISPATCHING

- The primary responding agency's dispatch center will be the dispatch center having jurisdiction.
- The primary dispatch center will be responsible for notifying mutual aid agencies and other dispatch centers of the need for a mutual aid response.
- Structural Task Forces if available for activation to an MCI.
- These resources should be requested by the Incident Commander as needed through the primary command channel.
- Dispatch should attempt to activate the closest resources.
- Dispatch will relay the location of the incident, general directions to the scene if necessary, and the frequency which all units should contact the staging area manager.
- If an agency is unable to fulfill their task force obligation, dispatch should request additional resources from another agency to insure a complete task force response.
- Consult Dispatch Guide for further responsibilities and checklist.

RADIO CALL NAMES:

INCIDENT COMMANDER	Command
OPERATIONS CHIEF	Operations
STAGING AREA MANAGER	Staging
EMS BRANCH DIRECTOR	EMS
TRIAGE GROUP SUPERVISOR	Triage
TREATMENT GROUP SUPERVISOR	Treatment
TRANSPORT GROUP SUPERVISOR	Transport
RESCUE BRANCH DIRECTOR	Rescue
EXTRACTION GROUP SUPERVISOR	Extraction
EXTRICATION GROUP SUPERVISOR	Extrication
FIRE SUPPRESSION GROUP	Suppression
LANDING ZONE	LZ

Communication Frequencies / Phone Contacts

Primary Contact for incoming Ambulances in both Oregon and Washington is V-TAC 14

	FREQUENCY USE	Rx Freq.	Rx PL	Tx Freq.	Tx PL	Band
Primary Frequencies - COMMON TO ALL RESPONDING AGENCIES						
V-Call 10	Command	155.7525	CSQ	155.7525	156.7	N
V-Tac 11	Staging	151.1375	CSQ	151.1375	156.7	N
V-Tac 12	Tactical	154.4525	CSQ	154.4525	156.7	N
V-Tac 13	Tactical	158.7375	CSQ	158.7375	156.7	N
V-Tac 14	Tactical	159.4725	CSQ	159.4725	156.7	N

OERS (Oregon Emergency Response System)	Nationwide	(800) 452-0311
	Oregon	(503) 378-6377
	Duty Officer (Cell phone)	(503) 931-5732
Washington State Office Emergency Management	Duty Officer	(800) 258-5990
Clackamas County	Clackamas County	(503) 655-8911
Gilliam County	Frontier Regional 911	(541) 384-2080
Hood River County	Dispatch (SO & PD)	(541) 386-2711
Jefferson County	Frontier Regional 911	(541) 475-2201
Frontier Regional 911		(541) 384-2080
Morrow County	Morrow County SO	(541) 676-5317
Sherman County	Frontier Regional 911	(541) 384-2080
Umatilla County	Hermiston	(541) 567-5519
	Pendleton PD	(541) 276-4411
	Umatilla PD	(541) 276-0855
Union County	Union Co Comm. Center	(541) 923-5112
Wasco County	Wasco Co Comm. Center	(541) 298-5508
Wheeler County	Frontier Regional 911	(541) 384-2080
Klickitat County	Klickitat Co Dispatch	(509) 773-4545
Skamania County	Skamania Co Dispatch	(509) 427-9490

Section 4

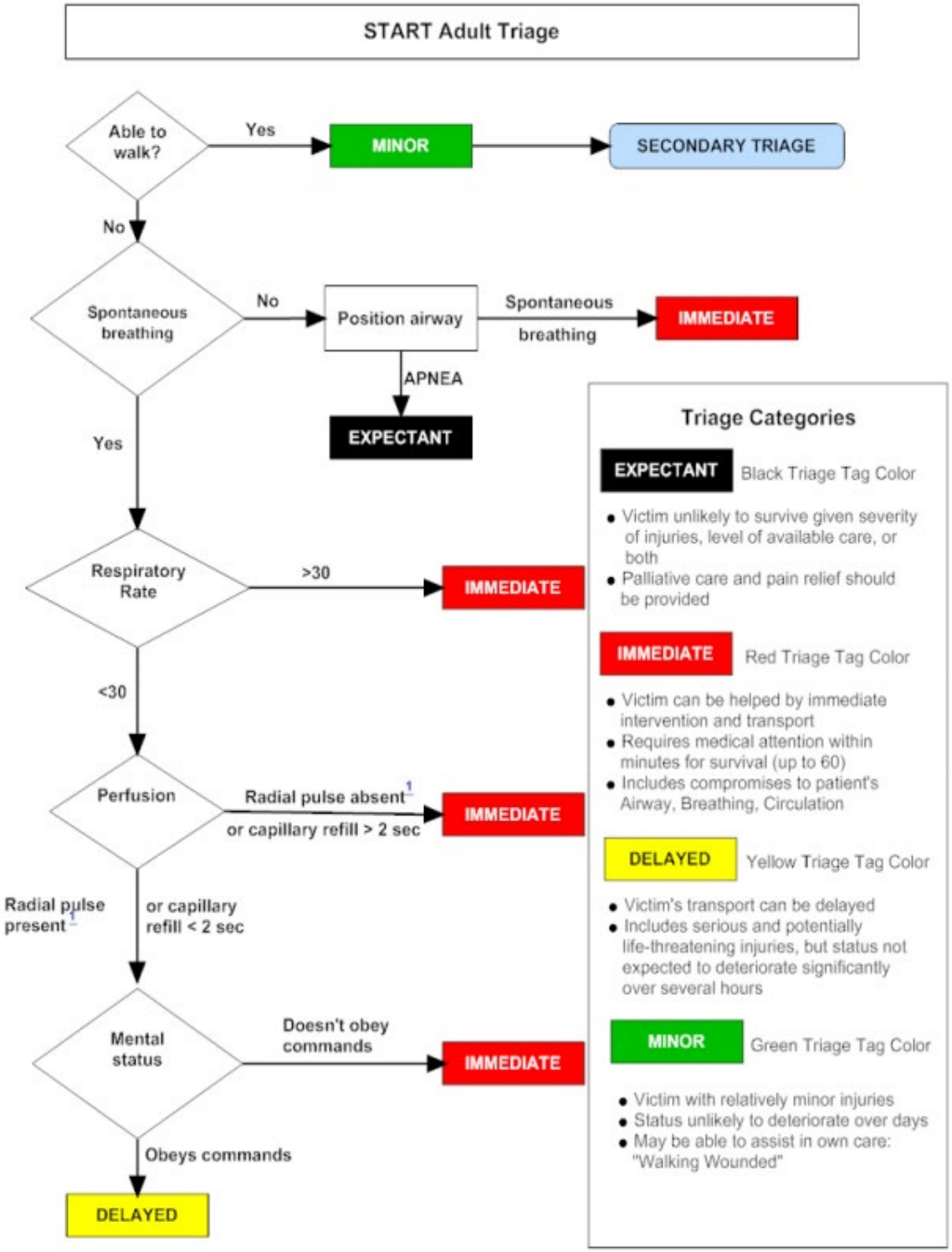
Triage System & Patient Flow

ATAB 6 MASS CASUALTY INCIDENT PLAN

TRIAGE SYSTEM

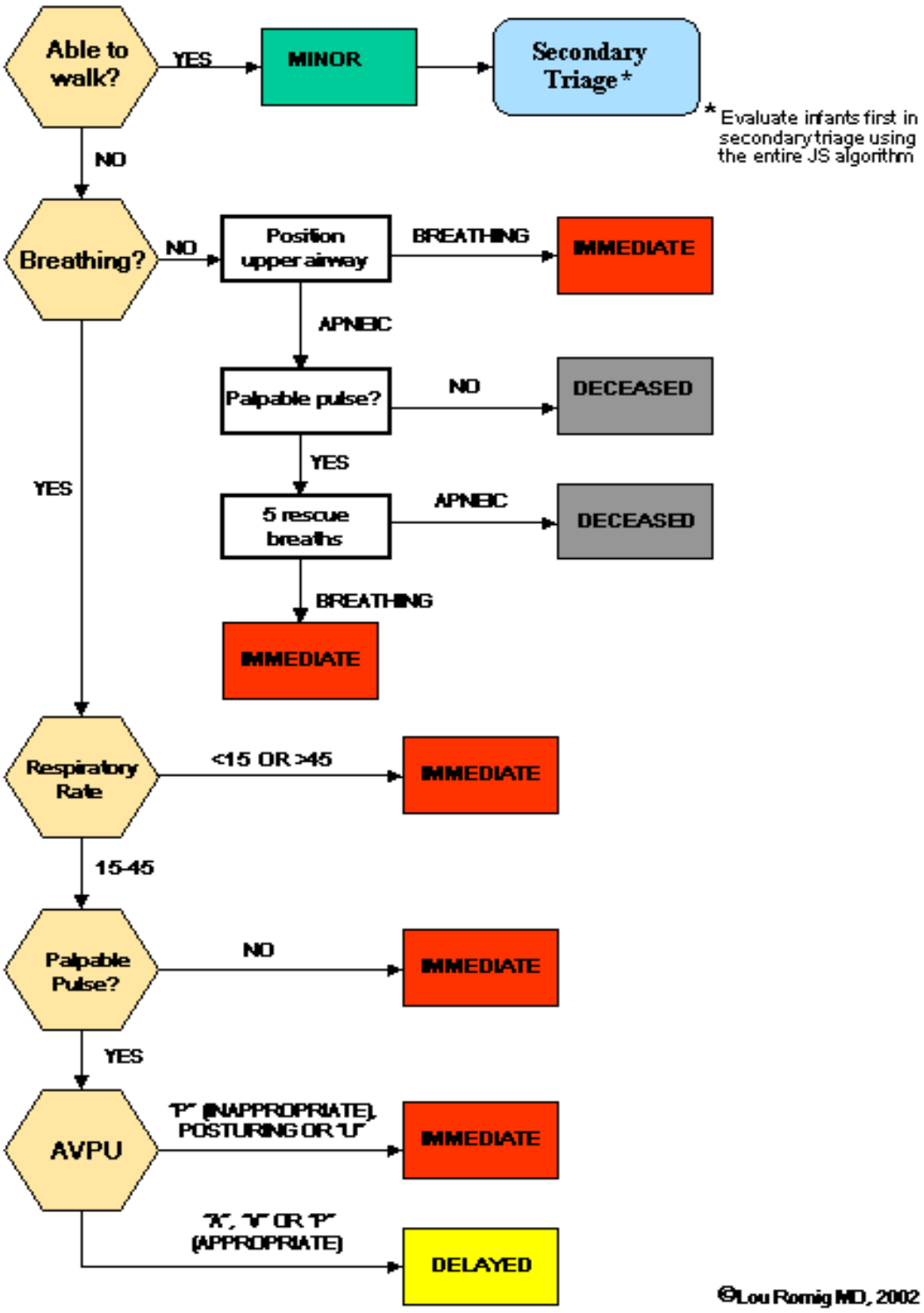
Triage should consist of:

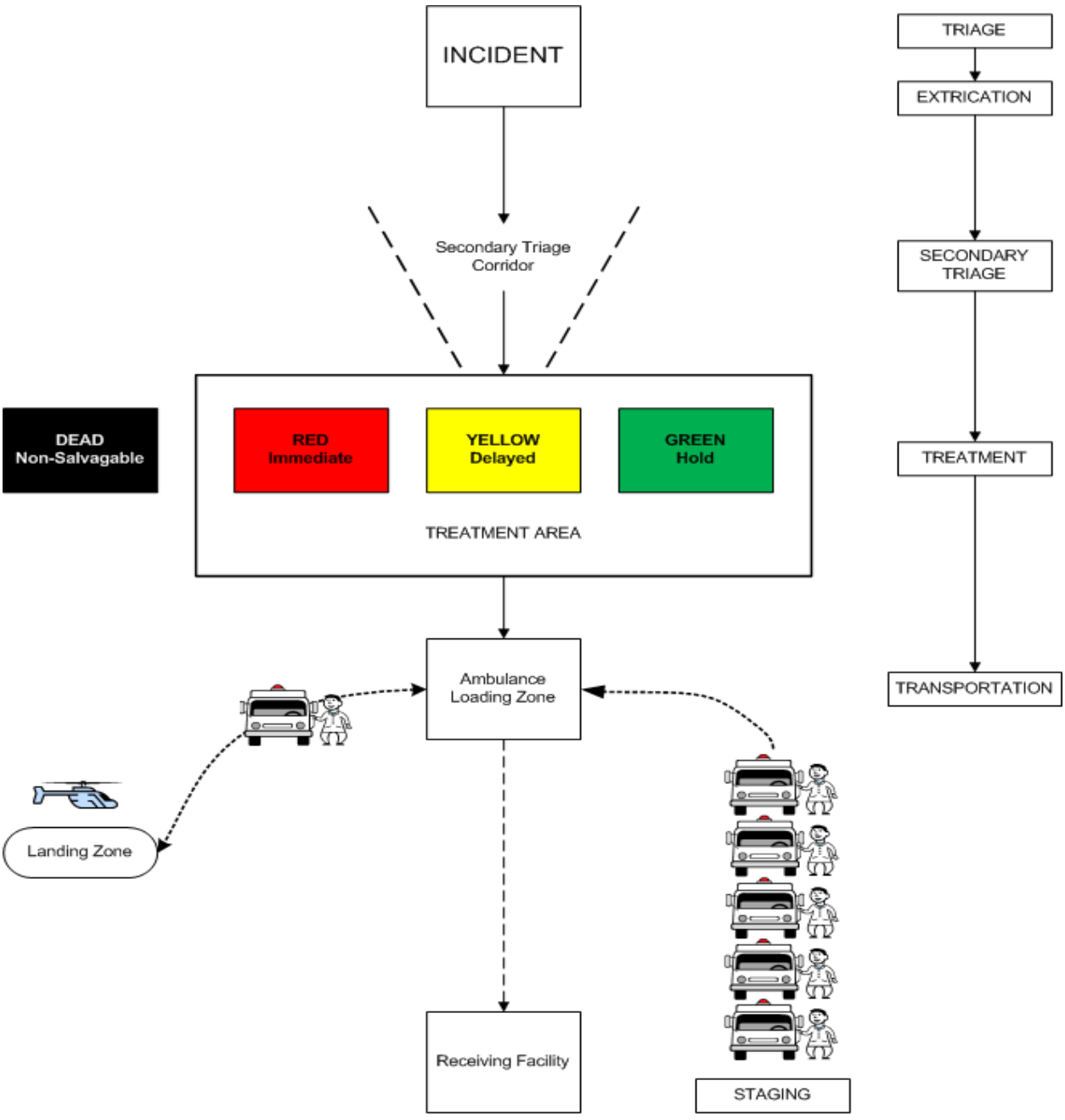
1. **Primary Triage**
    - Patients are triaged where they are found using START or JumpStart and marked using surveyors flagging tape. Patients should be placed in High Arm IN Endangered Spine (HAINES) positioning when necessary.
2. **Secondary Triage**
    - Patients are triaged in the Secondary Triage Corridor at the entrance to the Treatment Area. Patients are triaged again using START or JumpSTART. Patients will receive a numbered triage tag indicating their color. The triage tag will serve as the record of patient care.



Adopted from http://www.start-triage.com

JumpSTART Pediatric MCI Triage©





PATIENT FLOW

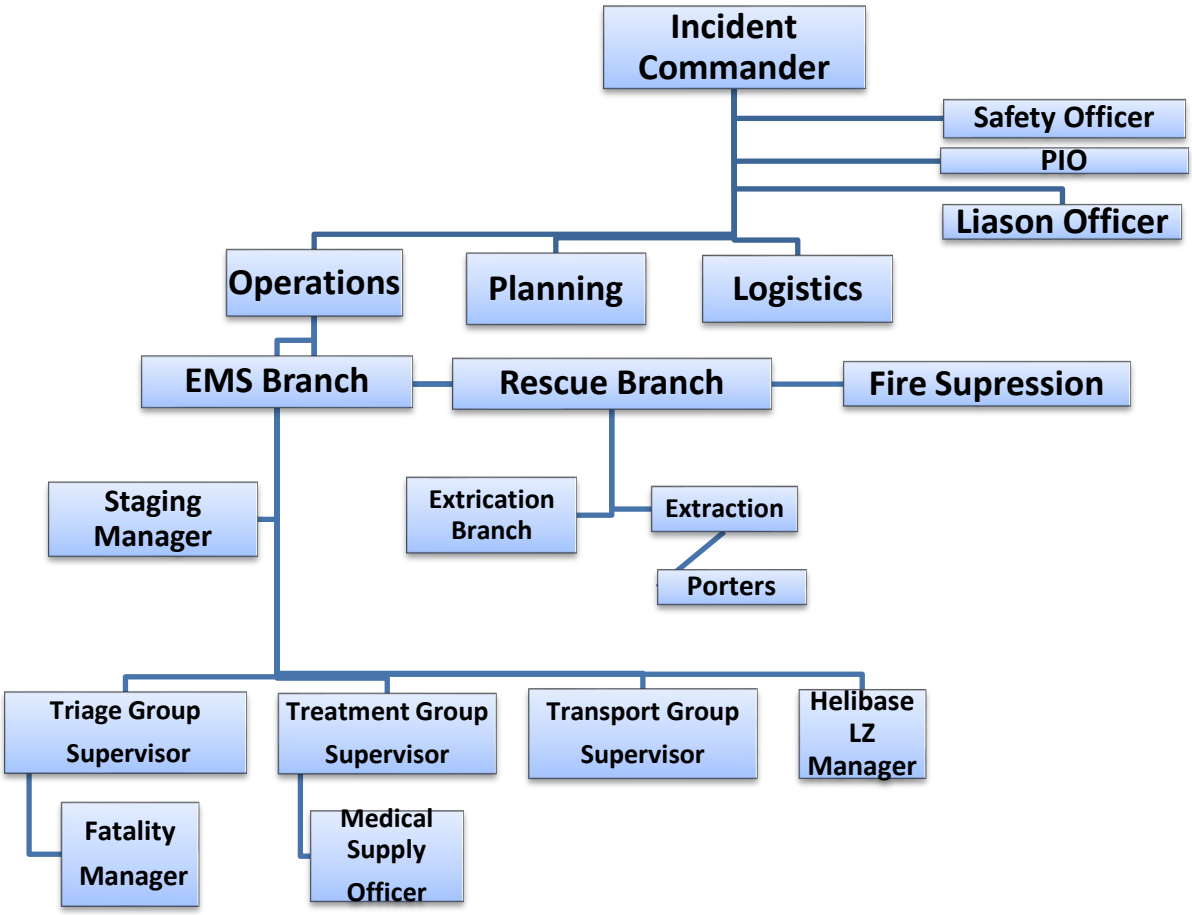
Section 5

Command Structure

ATAB 6 MASS CASUALTY INCIDENT PLAN

COMMAND STRUCTURE

The following command structure is intended to assist the Incident Commander in setting up an appropriate structure for the mitigation of an MCI. It is not the intent of this section to limit the structure being set up, or the number of personnel to involve, but merely to serve as a model when pre-planning and training. It is strongly advised however, that sound ICS principles of unity of command and span of control be observed when designing the command structure for an incident.



Section 6

Medical Resource Hospital

ATAB 6 MASS CASUALTY INCIDENT PLAN

Medical Resource Hospital Defined (MRH)

The "Medical Resource Hospital." (MRH) shall be Mid-Columbia Medical Center (541) 705-7927

Should MCMC not have the ability to act as the resource facility those duties by mutual agreement may be handed off to Providence Hood River Hospital (541) 387-8550 or another area hospital by mutual agreement.

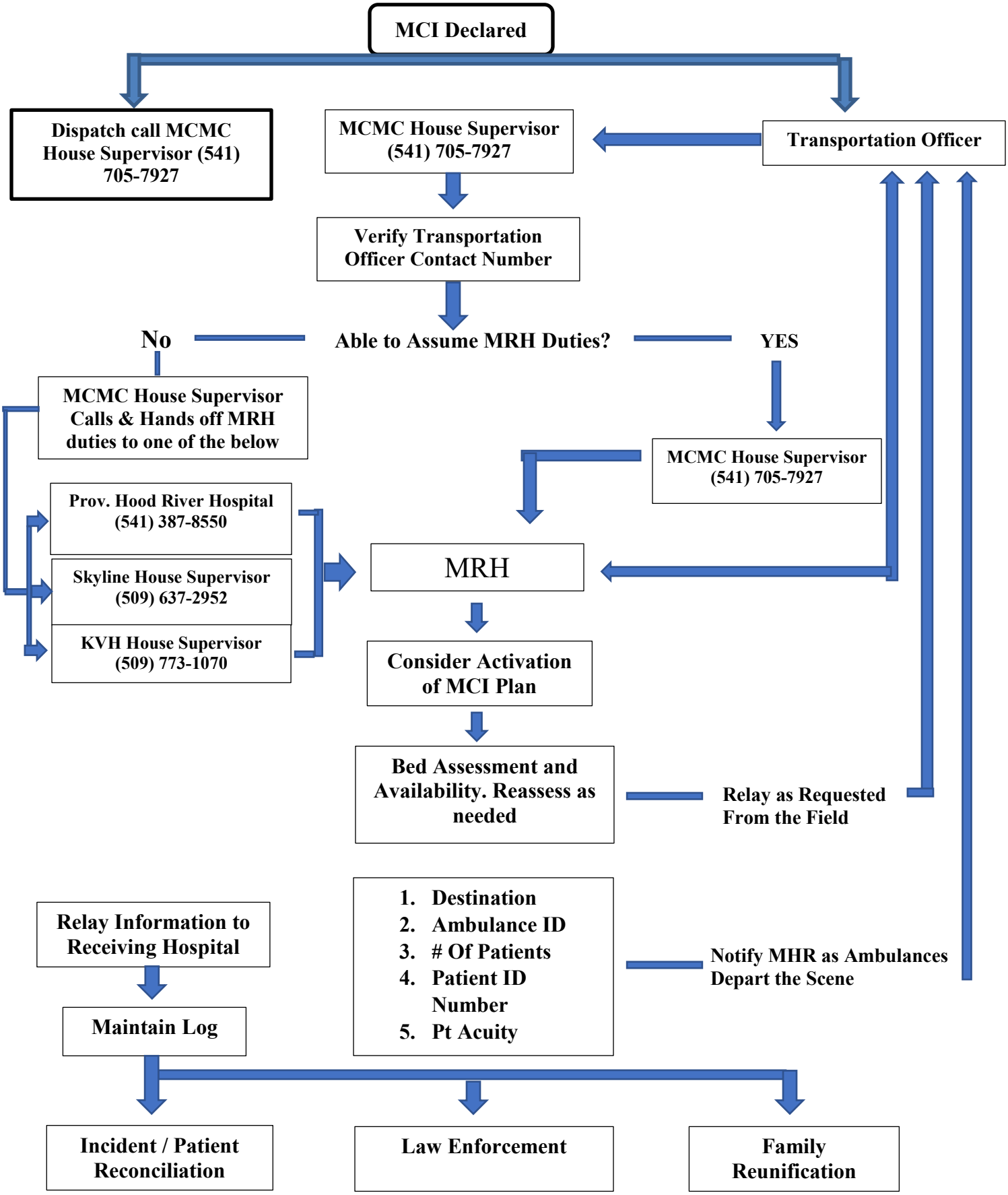
Additional Hospital Contact Information Hosp team needs to confirm correct #'s

Facility/Agency	Trauma Designation	Location		Phone	Line to
Good Shepherd Medical Center	III	Hermiston	Oregon	(541) 667-3400	Main
Kadlec Regional Medical	III	Richland	Washington	(509) 946-4611	Main
Klickitat Valley Hospital	IV	Goldendale	Washington	(509) 773-4022	Main
Lourdes Medical Center	IV	Pasco	Washington	(509) 546-2366	ED
Mid-Columbia Medical Center (MRH)	III	The Dalles	Oregon	(541) 705-7927	Sup
Multnomah County MRH	I - IV	At OHSU	Oregon	(503) 494 7333	MRH
PMH Medical Center	IV	Prosser	Washington	(509) 786-6662	ED
Providence HR Hospital	III	Hood River	Oregon	(541) 387-8550	ED
Providence St Mary	III	Walla Walla	Washington	(509) 525-3320	Main
Skyline Hospital	IV	White Salmon	Washington	(509) 637-2952	ED
St Anthony's Hospital	III	Pendleton	Oregon	(541) 276-5121	Main
St Charles Medical Center	IV	Madras	Oregon	(541) 475-3882	Main
St Charles Medical Center	III	Redmond	Oregon	(541) 548-8131	Main
St Charles Medical Center	II	Bend	Oregon	(541) 382-4321	Main
Sunnyside Community Hospital	IV	Yakima	Washington	(509) 837-1500	Main
SW Washington Med Center	II	Vancouver	Washington	(360) 514-2064	ED
Toppenish Community Hospital	IV	Toppenish	Washington	(509) 865-3105	Main
Trios Health	III	Kennewick	Washington	(509) 221-7200	ED

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Walla Walla General Hospital	III	Walla Walla	Washington	(509) 525-0480	Main
Yakima Regional Med & Cardiac Ctr.	III	Yakima	Washington	(509) 575-5000	Main
Yakima Valley Memorial Hospital	III	Yakima	Washington	(509) 575-8000	Main

ATAB-6 Medical Resource Hospital Flow Chart



Section 7

Air Medical Resources

ATAB 6 MASS CASUALTY INCIDENT PLAN

Air Medical Resources

Life Flight	(800) -232-0911
Air Link Bend	(800) -621-5433
Air Lift NW	(800) -426-2430
OERS (Oregon Emergency Response System)	(800) -452-0311
WA STATE OEM	(800) -258-5990

Activating Helicopter Air Resources Checklist

Notify local dispatch to:

- Launch 1 air asset to a designated LZ near the MCI.
- Place 2nd on standby
- Have them relay back ETA and location they are coming from.
- Instruct helicopter to contact LZ manager on Air to Ground frequency on approach.

Information needed by air resource dispatch:

- Lat/Long coordinates
- Or Street Address
- Or specify a pre-determined LZ that your Dispatch has the coordinates for
- Ground Contact will be "LZ Manager"
- Radio Frequency
- Nature of Event
- Scene Weather
- Further Information
    - MPS/MCI
    - Multiple Helicopter Request

Landing Zone Checklist

1) Landing Zone Manager

- ☐ _____
- ☐ **Advise Dispatch – Benchmarks**
- ☐ Notify IC, EMS Branch Director, and/or Transport Group Supervisor of LZ location

2) Landing Zones

- ☐ **Always Have Alternate(s) LZ**
  - ☐ **Consider Day vs Night Landings**
- ☐ **Area 100' x 100'**
- ☐ **Less Than 10 Degree Slope**
- ☐ **Type of LZ**
  - ☐ **Asphalt**
  - ☐ **Grass**
  - ☐ **Gravel/Dirt**
  - ☐ **Concrete**
  - ☐ **Logging Desk**
- ☐ **Identification**
  - ☐ **Cones**
  - ☐ **Smoke**
  - ☐ **Light Pods**
  - ☐ **Apparatus (Overheads ONLY for Initial Approach, then turn off)**
  - ☐ **Use of Flares is Not Advised**
- ☐ **Secure LZ & Deny Access**

3) LZ Manager (or Designee) is only person to Contact Helicopter by Radio

- ☐ **Local Air to Ground Frequency**

4) LZ Safety

- ☐ **Turnouts, Helmet strap in place, Goggles and Hearing Protection**
- ☐ **No Baseball Caps**
- ☐ **No Debris in LZ**
- ☐ **No Headlights especially towards LZ**
- ☐ **Do Not Approach Helicopter until Directed to do so**
- ☐ **Always Approach no greater than 45 deg either side of the front of the Helicopter**
- ☐ **Follow Crew Directions at all Times**
- ☐ **LZ Manager is prime contact with crew while on the ground**

5) Landing

- ☐ **Contact Helicopter on predesignated Radio Frequency**
- ☐ **Advise Crew**
- ☐ **Wind Speed**
- ☐ **Wind Direction**
- ☐ **Slope/Surface**
- ☐ **Overhead Wires**
- ☐ **Trees**
- ☐ **No Radio Traffic on Final Approach**
- ☐ **LZ Manager has the Power to "Abort "the Landing**

Section 8

Considerations

ATAB 6 MASS CASUALTY INCIDENT PLAN

Considerations

Probably the single most important decision beyond the call to initiate an MCI response is to SET the scene to manage the incident most effectively. This, for example will remain dynamic as a response to a freeway incident would require different planning than that of a response to school etc. One-way traffic flow, road or freeway closure, funnel point to secondary triage/treatment – See "Patient flow – Scene setup."

With the MCI training, each level of MCI response is recognized by dispatch and an appropriate number of Ambulances/transport vehicles will be dispatched. The dispatch center will follow their current ambulance matrix and contact the appropriate agencies until the number of requested ambulances has been dispatched.

Backfilling remains a very dynamic issue and is largely dependent on how the initial response is filled. It is incumbent upon the responding Ambulance providers to consider coverage of their primary response area before committing to the MCI response. The Incident Commander or designee should provide oversight and assure that backfilling needs are being met.

Staging area should be set very early to help direct incoming apparatus. Incomplete consideration will hinder operations if not well thought out and is not an easy change once established.

Consideration of the duties of the "Transportation Officer" should remain a high priority. This can be an area where patient movement will be restricted. It is recommended that at least three senior people are assigned to transportation duties.

The Mass Casualty Incident Field Guide is intended as supporting documents that will back up the response and provide guidelines from which to base training on. Every attempt has been made to provide the right phone numbers and radio frequencies. It will be incumbent upon each agency to verify that information.



EMERGENCY OPERATIONS PLAN (EOP)

2021

Table of Review and Approval

	Summary of Changes	Date Reviewed	Date Approved
1	Multiple changes, from broken links, to updated information on all levels, including full names on initial use of acronym & departmental changes.	8/10/2021	
2			
3			
4			
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15			

T**he Emergency Plan (EP) was originally written and approved on** _____.

As of November 15, 2017, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually; It should also be reviewed and updated when an event or law indicates that some or all the EP should be changed.

Distribution List

	Department or Person	Location
1	**Acute Care**	**Acute Care**
2	**Administration**	**Administration**
3	**Business Office**	**Business Office**
4	**Dietary**	**Dietary**
5	**Emergency Department**	**Emergency Department**
6	**Family Medicine**	**Family Medicine**
7	**Hospice**	**Hospice**
8	**Housekeeping**	**Housekeeping**
9	**Imaging**	**Imaging**
10	**Plant Services**	**Plant Services**
11	**Surgery**	**Surgery**
12	**Wellness and Therapy**	**Wellness and Therapy**
13		
14		
15		
16		
17		
18		
19		
20		

Contributors

	Name	Department
1	Jonathan Lewis	Director of Support Services, Safety Officer
2	Annie Stone	Former Director, Family Health Clinic
3	Hayley Greve	Former Director Nursing Services
4	Paula Riley	Former Infection Control Officer
5	Karrie West	Acute Care and Emergency Department Manager
6	Peter Mackwell	Former Emergency Preparedness Coordinator
7	Jeff Teal	Former Safety Officer
9	Jeff King	Klickitat County Emergency Manager
10	Caitlin Jones	Former Emergency Preparedness Coordinator (as of November 2018)
11	Robin Albrandt, BS, MEP	Regional Emergency Response Coordinator - Region 4
12	Connie Pond	Former KVH Board Commissioner
13	John Van Bysteren	Former Plant manager
14		
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Definitions:

CAH - Critical Access Hospital
EMPC - Emergency Preparedness Committee
EOP - Emergency Operations Plan
FHC - Family Health Clinic
HCC - Hospital Command Center
HH - Home Health
HICS - Hospital Incident Command System
HOS - Hospice
HVA - Hazard Vulnerability Analysis
ICS - Incident Command System

Organization Information

Facility: **Klickitat Valley Health**
Address: 310 S Roosevelt
City: Goldendale State: WA Zip code: 98620
Phone Number: (509) 773 – 4022 E-mail:

Chief Executive Officer:

Office Address: 310 S Roosevelt
City: Goldendale State: WA Zip code: 98620
Phone Number: E-mail:

Director Nursing Services:

Office Address: 310 S Roosevelt
City: Goldendale State: WA Zip code: 98620
Phone Number: (509) 77x-xxxx Email:

Director Family Medicine Clinic:

Office Address: 310 S Roosevelt
City: Goldendale State: WA Zip code: 98620
Phone Number:) E-mail:

Director Hospice:

Office Address: 310 S Roosevelt
City: Goldendale State: WA Zip code: 98620
Phone Number: Email:

Emergency Preparedness Coordinator:

Office Address: 310 S Roosevelt
City: Goldendale State: WA Zip code: 98620
Phone Number: (509) 77x-xxxx E-mail:

Safety Officer: Jonathan Lewis

Office Address: 310 S Roosevelt
City: Goldendale State: WA Zip code: 98620
Phone Number: (509) 773 - 1005 cell: 509-261-1004 E-mail: jlewis@kvhealth.net

Preface – Mission Statement

Our VISION is to engage in meaningful and lasting partnerships with those in our community to improve health and well-being. Our VALUES guide our actions. These values are shared among KVH providers, leaders, staff, volunteers, and Board members. We live these values through our everyday interactions with each other, our patients, their families and loved ones: PURPOSE & PASSION - We play an important role during life's most vulnerable moments. We accept this responsibility as an honor and privilege; PARTNERS IN CARE - We are one team, united and interdependent. We accomplish our greatest work together; RESPONSIBLE STEWARDSHIP - Through wise management of the resources entrusted to us, we protect and preserve a healthy future for our community.

Consistent with the mission and vision, the Board of Directors, Medical Staff, and Administration have established and provided ongoing support for the Emergency Management Program described in this plan.

The Emergency Operation Plan applies to natural, human, or technological events that significantly disrupt the environment of care and treatment (i.e. severe snow storm, loss of utilities, civil disturbance, act of terrorism, etc.); or that results in sudden, significantly changed, or increased demands for the organization's services (i.e. bioterrorist attack, building collapse, plane crash, etc.). The plan identifies the alert, notification, and activation of key personnel, the internal management structure and reporting relationships, as well as coordination with external agencies, local community and Washington State Region Health Preparedness Programs in Region 4 and 8, also serving Oregon's Health Preparedness Region.

This Emergency Operation Plan (EOP) development is consistent with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

Purpose:
To describe the actions taken in an emergency or exercise to make sure that the clients, staff, and visitors of this facility remain safe from harm. The safety and well-being of the clients and staff take priority over all other considerations.

Demographics:
KVH facilities/campus are in a two-block area at 310 S Roosevelt Street in Goldendale, Washington. The campus consists of multiple occupancies that are all co-located in a series of buildings that are interconnected. The structures range from one to three stories high. Occupancies that this integrated plan encompasses include:

a. a Critical Access Hospital
b. a Rural Health Clinic
c. a Hospice Office
d. a Business Office

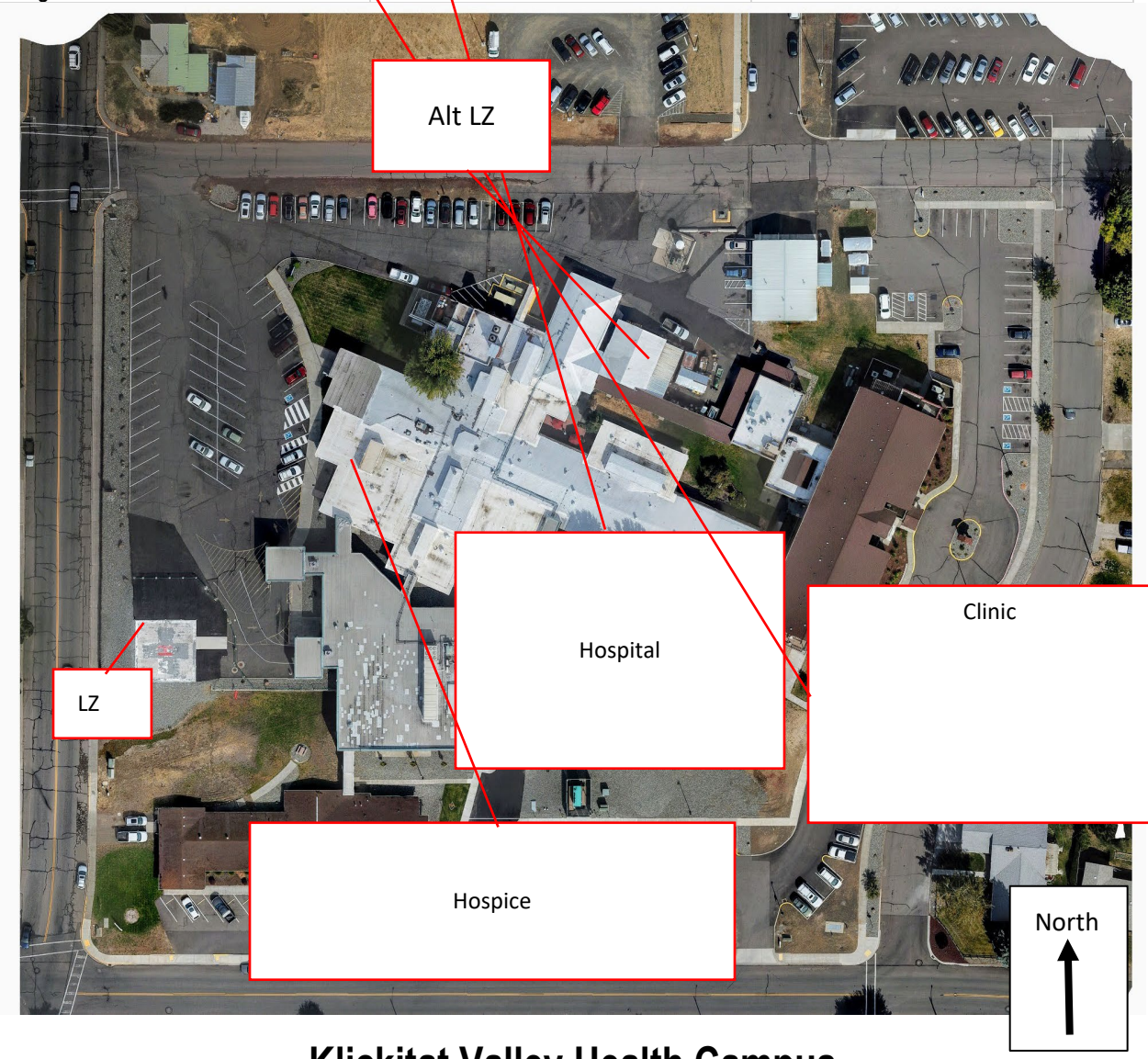
The term KVH Facilities or KVH Campus is all inclusive of the above listed occupancies.

The buildings have approximately 100,000 sq ft of floor area. The campus meets all Fire and Life Safety features required by local, state, and federal regulatory agencies.

Personnel: The staff and contract personnel number working within the KVH Campus is approximately 296 and approximately 83% of whom live in the greater Goldendale area.

Services Provided

Hospital	Clinic	Hospice
Emergency Care	Family Medicine	Outpatient services only
Transitional Care	Pain Management	
Outpatient Services	Podiatry	
Physical Therapy	Surgery	
Imaging	Behavioral Health	
Surgical Services		
Laboratory		
Long term care		



Klickitat Valley Health Campus

KVH ORGANIZATIONAL STRUCTURE

Emergency Disaster Plan Assumptions & Considerations

1. Goals of the Emergency/Disaster Preparedness Plan

The objective is to protect Klickitat Valley Health District patients, staff, and visitors by:

a. Maintaining quality care for patients
b. Protecting property and assets
c. Resuming normal operation quickly
d. Ensuring self-sufficiency for operation for at least 96 hours after a disaster strikes
e. Prioritizing personnel and resources and outlining tasks to be performed

2. Centers for Medicare Medicaid Services Emergency Preparedness Requirements

Planning encompasses all components of the KVH Campus in this "Integrated" plan. Beside the listed components are the "CMS Emergency Preparedness Conditions of Participation Reference" numbers, and the name under which business is performed (dba), those components are:

a.	Critical Access Hospital (CAH)	(§485.625)	dba	Klickitat Valley Health (KVH)
b.	Rural Health Clinic (RHC)	(§491.12)	dba.	Klickitat Valley Health Family Medicine
c.	Hospice (HOS)	(§418.113)	dba	Klickitat Valley Health Hospice

3. This plan makes the following assumptions about a major emergency/incident response:

a. A major emergency/incident may present a massive challenge to the emergency response system and pose significant threats to human infrastructure that provides services in health, public safety, and other essential services.
b. A large-scale emergency or incident will cause sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities, and will require maximum coordination and efficient use of their resources.
c. All public and private health and medical resources located in Klickitat County generally will be available for use during disaster situations; however, many of these resources, including human resources, may themselves be impacted by the disaster or incident.
d. Public and private medical, health, and mortuary services resources located in Klickitat County will be available for use during disaster situations or large incidents.
e. Klickitat County's response to a major emergency/incident will be determined by the situation involved, the scale of the event, and by the authorities, plans, and operations activated.
f. A major emergency/incident may affect an individual location or multiple locations, requiring a response operation to be conducted over a multi-jurisdictional and/or multi state region.
g. Large-scale emergencies and disaster situations may affect large areas of isolated communities, the county, the state, or other states requiring the use of mutual aid.
h. Emergency measures to protect life and health during the first 96 hours after the disaster likely will be exclusively dependent upon local and area resources.
i. Accidents that result in major emergencies/incidents will be handled in a manner consistent with the National Incident Management System (NIMS) and the National Response Framework (NRF).
j. Resources available through area and regional medical, health, and mortuary services mutual aid agreements will be provided during the disaster situation.

k. It may be necessary to relocate hospital (and clinic) facilities under austere conditions to a contingency field hospital, alternate care site or to permanent or temporary buildings that will provide patients and medical staff adequate protection from the effects of the incident.

4. This plan makes the following assumptions about the medical facility response:

a. Klickitat Valley Health will activate the disaster plan using appropriate messaging systems
b. Established disaster protocols will be followed by trained and knowledgeable staff members:
    i. Recall of key staff and necessary personnel
    ii. Establishment of an Incident Command, and assignment of duties consistent with HICS protocols as needed, notably Operations, Logistics, Planning, Finance
    iii. Communication with key local, regional, and state partners as appropriate for the event
    iv. Security
    v. Evacuation Plans (if necessary)
    vi. Establishment of Alternate Care sites or portable shelters as necessary
    vii. Decontamination and/or isolation procedures as necessary
    viii. Other protocols as necessary

5. This plan is considered a tool to assist in major emergency/incident planning, specifically:

a. **Mitigation -** to identify resources that may be utilized should a disaster occur.
b. **Preparedness –** to evaluate prior planning, communication systems, previous testing of the system
c. **Response –** to facilitate mobilization of resources and the setting of established priorities.
d. **Recovery -** to return to equilibrium within the hospital and community and to allow for evaluation of events and responses. Recovery Planning will be done utilizing the HICS Incident Planning and Response Guides and guided by the Klickitat Valley Health Business Continuity Plan

Klickitat Valley Health, in response to an emergency or disastrous event, may activate the Hospital Command center (HCC) and follow the Hospital Incident Management Command system (HICS). As a Critical Access Hospital, the Incident Commander and/or Operations Section Chief should scale the management response to match the actual or anticipated incident scope and manage personnel and resources to maximize efficiency.

Definitions

1. **Assembly Area**: In a complete evacuation, this is an area(s) where patients are processed before going to the Patient Staging Area(s) for transport out of the healthcare facility. The Assembly Area(s) will be the patient's room.
2. **Complete Evacuation**: Evacuation of the entire facility.
3. **Emergency Operations Plan EOP** (Disaster Plan): The procedures, developed by the healthcare facility, to manage an internal or external hazard that threatens patient, staff, and visitor life and safety.
4. **Emergency Operations Center (EOC) or Emergency Command Center (ECC):** A village, town, city, county, regional, state central command and control facility responsible for managing and supporting an emergency.
5. **Healthcare Facility**: A facility where patients, who need assistance in caring for themselves, are supervised by healthcare professionals.
6. **Healthcare Facility Incident Command**: This is used to refer to the authority that makes any decision, coming from the healthcare facility Command Center. Typically, once responders arrive, this person will make decisions jointly with responders in a Unified Command Post.
7. **Horizontal Evacuation**: Evacuation beyond corridor fire doors and/or smoke zones into an adjacent secure area on the same floor.
8. **Director of Nursing Services or Charge Nurse**: For the purposes of this policy, this refers to the person, who has the authority, at any given moment, to intervene to protect patient, staff, visitor and facility safety.
9. **Incident Site Evacuation**: Evacuation of persons from the room or area of the incident.
10. **Local Authorities**: For the purposes of this policy this includes but is not limited to the local Emergency Management Director, Law Enforcement, Fire Department, County Health Department and EMS.
11. **Partial Evacuation**: An evacuation of certain groups of patients or of areas within the facility.
12. **Patient Staging Area**: In a complete evacuation, this is an area(s) to which patients are sent for transport out of the healthcare facility.
13. **Transportation Vehicle Staging Area:** In a complete evacuation, this is an area(s) at which vehicles that will transport patients from the evacuated facility will wait until summoned by the Transportation Task Force Leader.[1]
14. **Response Agency Incident Commander**: The person, usually first on-scene, such as the Fire Department, Law Enforcement, etc. that assumes command and is responsible for the management of the incident.[1]
15. **Shelter-in-Place**: A protective action strategy taken to maintain patient care within the facility and to limit the movement of patients, staff and visitors to protect people and property from a hazard.
16. **START**: A rapid assessment of every patient, determining which of the four categories patients should be in and visibly identifying these categories for rescuers, who will treat the patients.
17. **Triage Tag**: This is a "slip of paper or Card" that is attached to a patient, usually by Emergency Medical Services (EMS) in the field, to provide key information about the patient. The "tag" includes an identification number and a color-coded system to document the acuity level of the patient.
18. **Unified Command**: A structure that brings together the "Incident Commanders" and the Incident Management Structures of all major organizations, involved in the incident, to coordinate an effective response while at the same time carrying out their own jurisdictional responsibilities.

[1] "Healthcare Facility Incident Command" is responsible for command of internal facility operations, but must collaborate with the Response Agency; a Unified Command should be established if response agencies are present.



Klickitat Valley Health – Patient Evacuation Routes & Vehicle Staging Areas

1. West Route – Main ED Lobby
2. North Route – North Entry
3. East Route – Main Clinic
4. South Route – Physical Therapy Entry
5. North Staging Area
6. South Staging Area

	Procedure Number:	
	Effective Date:	**1/1/2019**

KVH Klickitat Valley Health	Title:	**Emergency Operations Plan**

PURPOSE:

The EOP is designed to describe Klickitat Valley Health's emergency preparedness program and ensure an effective response to a variety of natural, human, and technological disasters that could cause harm and/or disrupt the environment of care. The plan provides distinct policy direction, describes the roles and responsibilities of personnel, and contains information and references to mitigation, preparedness, response, and recovery procedures.

Procedure:

1. Program Organization and Responsibilities
    a. The responsibility of the **EMERGENCY PREPAREDNESS COMMITTEE** (EPC) is to ensure that the EOP is formulated, appropriately set forth, and carried out. The EPC monitors the ongoing program and provides a forum for consensus building, approvals, recommendations for improvements, and exercise planning. The EPC receives reports from the Klickitat Valley Health's Department heads, and examines the actions taken relative to the emergency operations plan. The EPC reports to the Safety Committee and from there, through the EOC Report to the board.

    b. The Hospital Emergency Preparedness Coordinator has the authority and responsibility for strategic design and the operational oversight of the EOP. These responsibilities include:
        i. Providing overall coordination as appropriate of the emergency operations plan
        ii. Developing and maintaining the facility disaster plan.
        iii. Providing guidance and technical assistance to departments for department specific planning
        iv. Responding to disasters and coordinating drills
        v. Reporting and evaluating disaster incidents, drills, and exercises
        vi. Coordinating specialized emergency preparedness training

    c. Each **Department Head, or designee,** is responsible for the provision of a safe work environment for his/her staff and safe, suitable provisions for the care of patients, through full implementation of the established emergency management program. Managers are also responsible for the development and management of specific department disaster policies and procedures (as applicable), ensuring that they are evaluated and revised (as appropriate), verifying all staff are trained on their individual roles and responsibilities. The Department Manager is responsible for ensuring the department specific disaster policies are consistent with the EOP; and staff participation in the implementation of the plan.

    d. **Employees** are responsible for their participation in emergency management training and exercises, as well as to demonstrate core competencies in the given subject matter. Employees must ensure their behaviors, work practices, and operations are safe, and in accordance with department procedures, the provisions of the disaster plan, and clinical judgment.

    e. This EOP is developed, maintained, updated, and reviewed annually with the involvement of the EMPC, which is also involved in plan development and in critique of the activation of plans, both as drills and actual events.

f. This EOP is based on an "all-hazards" command structure for coordinating the six critical areas of operations as follows:

   i. Communication – Maintaining reliable communication capabilities during emergent conditions. This plan addresses back-up communication processes and technologies (both internal and external) if primary communication systems fail.
   ii. Resources and Assets – Identification, solicitation, and acquisition of essential resources and assets during emergent conditions. This plan addresses strategies for identifying, soliciting, and acquiring essential assets and resources, such as vendors, neighboring healthcare facilities, local and/or state affiliates. The hospital recognizes the possibility that some assets/resources may be in high demand but in short supply, particularly when other local healthcare facilities are vying for the same resources.
   iii. Safety and Security – This plan addresses how the hospital will provide a safe and secure environment during an emergency for patients, employees, providers, volunteers and visitors.
   iv. Staff Responsibilities – Identifying key responsibilities during an emergency and being able to adapt those responsibilities as conditions change. The HICS system provides a framework that defines and manages staff roles and responsibilities during an emergency.
   v. Utilities Management – The supply of key utilities such as power, potable water, medical gas, food, and fuel must not be disrupted, or adverse events may occur as a result. This EOP covers contingency plans that serve as a "backup" for key utility services.
   vi. Patient Clinical and Support Activities – Ensuring the clinical needs of patients are met during an emergency. This plan addresses how patient needs will be met when the hospital's resources and/or infrastructure are taxed.

2. Adoption of the National Incident Management System (NIMS)

In Homeland Security Presidential Directive (HSPD)-5, the President directed the development of a new National Response Plan (NRP) to align Federal coordination structures, capabilities, and resources into a unified, all-discipline, and all-hazards approach to domestic incident Management. The result is vastly improved coordination among Federal, State, local, and tribal organizations to help save lives and protect America's communities by increasing the speed, effectiveness, and efficiency of incident management.

Klickitat Valley Health has adopted the NRP as a model that will be used for standardization and integration of plans across all disciplines to create a true framework in terms of both product and process. Incorporated are best practices from a wide variety of incident management disciplines to include hospitals, public health, fire, emergency management, law enforcement, public works, and emergency medical services.

The planning guide is built on the template of the National Incident Management System (NIMS), which provides a consistent doctrinal framework for incident management at all jurisdictional levels, regardless of the cause, size, or complexity of the incident. The activation of the guide and its coordinating structures and protocols—either partially or fully—for specific Incidents of significance provides mechanisms for the coordination and implementation of a wide variety of incident management and emergency assistance activities, including: Federal support to State, local, and tribal authorities; interaction with nongovernmental, donor, and private-sector organizations; and the coordination of Federal, State, Local authorities, when appropriate

Ongoing Plan Management and Maintenance

Following an incident response or exercise, the Emergency Management Team will review and take action on proposed recommendations, recommend further revisions to the emergency and/or HICS plan as needed, and provide a Summary Report to the Emergency Preparedness and Safety Committees. The Summary Report will be formatted to share with staff regarding outcomes of the disaster/drill. Evidence of implementation and performance is located in subsequent procedures, policies, records and other documents; through training; emergency preparedness,

surveillance during building tours, planning and implementing exercises and drills; and monitoring as part of the ICES (information, collection, evaluation system).

The Emergency Preparedness Committee, in conjunction with the Safety Committee and the HICS Subgroups, are responsible for developing, implementing and monitoring all aspects of the Emergency Management Program at the Hospital, including hazard vulnerability analysis, mitigation, preparedness, response and recovery.

1. Implementation of the hospital's Emergency Management Plan will be conducted at least semiannually either in response to an emergency or as a planned drill. One (1) exercise per year shall include an influx of volunteer or simulated patients for organizations that offer emergency services or are designated receiving stations. If applicable, the hospital will participate in at least one community wide drill annually that is relevant to the priority of emergencies identified in the hazard vulnerability analysis.
2. This hospital cooperates with all local, county and state emergency management drills. The Emergency Management Coordinator is a member of the countywide emergency management system and coordinates with other agencies for any large-scale drills. Klickitat Valley Health cooperates with other agencies.

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Incident Roles and Responsibilities**

PURPOSE:
The following is a brief introduction to some of the essential incident response positions that may be filled.

1. **Incident Commander**
   Mission: Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Approve the Incident Action Plan for each operational period.

2. **Public Information Officer**
   Mission: Serve as the conduit for information to internal and external stakeholders, including hospital personnel, visitors and families, and the news media as approved by the Incident Commander

3. **Safety Officer**
   Mission: Ensure health and safety of patients, hospital personnel and visitors; identify, monitor and mitigate hazardous conditions.

4. **Medical Specialist**
   Mission: Advise the Incident Commander or Section Chief, as assigned, on issues related to the medical staff.

5. **Operations Section Chief**
   Mission: Develop and implement strategy and tactics to carry out the objectives established by the Incident Commander. Organize, assign and supervise Staging, Medical Care, Infrastructure, Security, Hazardous Materials and Business Continuity resources. The Operations Section Chief and/or Incident Commander may establish the position of Planning Operations, the function of which is to examine and plan for alternate tactics and tactics for following operational periods while ensuring sufficient materials and resources are available to meet those needs.

6. **Planning Section Chief**
   Mission: Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, conduct planning meetings and prepare the Incident Action Plan (IAP) for each operational period.

7. **Logistics Section Chief**
   Mission: Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, material, and services to support the incident activities. Participate in Incident Action Planning.

8. **Finance / Admin Section Chief**

Mission: Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities.

9. **Essential Supporting Functions**
   a. Security
      Mission: Coordinate all activities related to patient, staff and hospital security such as access control, crowd and traffic control, search and rescue, and law enforcement interface.
   b. Communications
      Mission: Organize and coordinate internal and external communications including equipment availability.
   c. Business Continuity
      Ensure business functions are maintained, restored, or augmented as needed to minimize the financial or other impact of business operations.

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Pre-Disaster Planning**

PURPOSE:

The EPC will oversee development and education of the disaster plan as part of an orientation program presented yearly with updates.

a. Department managers are responsible for ensuring staff members are knowledgeable with the department plans
b. Department managers in conjunction with the EPC are responsible for developing and implementing specific departmental plans, including staffing, before, during and after a disaster event.

1. All Staff Preparation

a. Your Hospital Preparedness Kit
    i. You may be called back to work to support KVH in an emergency or disaster. The period of call back may be for multiple days, please be prepared:
        1. Bring ID badge and any normal work items.
        2. Bring your own sleeping bag and pillow – Hospital linens are for patient use only.
        3. Bring a cot or sleeping pad – Hospital has very limited numbers of beds and cots
        4. Bring toiletries and personal washcloth / towels
        5. Bring snacks and water
        6. Bring your own scrubs – Hospital supply will not last long
        7. Bring other supplies for your down time, books etc.
b. Family & Home Disaster Preparedness Kit
    i. Have a Home Disaster Preparedness Kit assembled for prepared and in place with essential supplies sufficient to sustain your household for a minimum of one week. Elements that should be considered are:
        1. Family
        2. Pets
        3. Neighbors
    ii. Create a Family Emergency / Disaster Plan and share with other family or friends that live outside of our area.

        https://www.seattle.gov/emergency-management/preparedness/prepare-yourself

        Preparedness | Washington State Military Department, Citizens Serving Citizens with Pride & Tradition

2. Hospital Preparation

a. Employee Contact Information
    i. An up to date list of all current employees shall be maintained and available both digitally and by hard copy. Information may be kept on a portable electronic device. The list shall display both addresses and contact information
    ii. See Employee Contact Lists maintained by each department and the HR Department.

b. Provider Contact Information
    i. An up to date list of all current providers and providers with KVH HOSPITAL privileges to include MD's, PA's, NP's and CRNA's shall be maintained and available both digitally and by hard copy and will be updated annually. Information may be kept on a portable electronic device. The list shall display both addresses regular and emergency contact information.

3. Agreements for Services

a. An up to date list of persons and companies that provide support to facilitate the day to day operations of Klickitat Valley Health shall be maintained and updated on an ongoing basis, as well as checked annually for accuracy.
    i. The list should be formatted to designate whether the supplier's services, equipment or consumables are directly related to patient care, with the most critical items listed first.
    ii. The list should indicate if there is a priority service to KVH in a disaster or emergency setting
    iii. The list should designate where the supplies are coming from and if the company has an alternate delivery pathway

4. Volunteer Management

a. KVH has a volunteer program that is managed by Human Resources that also includes a Chaplaincy program.
b. In an Emergency or Disaster other persons may self-report and wish to volunteer. KVH has a process to evaluate and credential persons wishing to volunteer whether they have a current medical licensure or just wishing to assist where they can.
c. Organizations such as WAserv or Serv-OR for medically credentialed persons can greatly speed the time taken to verify current credentials

5. Communications

a. Klickitat Valley Health shall provide for a redundant form of communications to mitigate loss of telephone, Internet or overhead paging capabilities. Options accessible to KVH:
    i. Runners to physically deliver messages within the KVH campus – Utilize ICS Form 213
    ii. Overhead Paging system
    iii. Emergency Handheld dual band radios
    iv. Satellite Phone (requires Activation). May also relay satellite communications via radio comms to the KC Emergency Operations Center.
    v. Facility Cell Phones
    vi. HAM Radio
    vii. VHF Radio – Life Safety / 911 use only
    viii. VHF Radio – Hear Network

6. Regional Facility Interoperability

The area surrounding KVH Hospital Campus has many unique geographical features that promote the use of bi-state regional compacts and agreements. Interfacility transports will place a transporting ambulance out of their service area for times ranging between one to nine hours or more depending on weather.

a. The four regional hospitals have an agreement to share services, materials and personnel in times of need
b. Are linked by the HEAR radio network
c. Are linked by the HAM radio network
d. Local fire, EMS and Ambulance service providers have robust agreements, primarily the agreement under the Area Trauma Advisory Board Region 6 (ATAB-6)
e. A Contact list shows regional hospitals contact numbers and travel times. See Communication Plan

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Incident Management**

Incident Management Actions

1. During a response to incidents, facility training or major emergencies, KVH will utilize the Incident Command System applying, where appropriate, the tenants of HICS to augment and support the response. Primary actions at a minimum may include:
   a. Provide health care services to the community
   b. Provide a liaison to the on-scene Incident Commander
   c. Coordinate with other local agencies on continuing situation assessments and resource needs
   d. Coordinate local activities with state and federal public health partners
   e. Support the emergency, medical and health care response throughout the region and state

2. Depending on the level of response indicated, the Incident Commander retains the ability to scale the response to the appropriate or anticipated level per the tenants of ICS.

3. KVH has provided ICS training to the 300-series level for select staff members which included a cross section of management personnel. Every attempt was made to provide the training to a minimum of two deep in each of the Command and General Staff positions. All Departments within the KVH Campus participated, including personnel from the Hospital and the Rural Health Clinic.

4. The KVH Hospital Incident Management Team (IMT) shall coordinate all facility personnel and activities and also assign operational personnel as required by the emergency. Further, the IMT shall coordinate all health-related measures within the community with the Local Health Department, in accordance with operational procedures.

5. Debriefing - Immediately, or as soon as possible, following an actual disaster or drill an informal Hot wash of the incident will be held with all Department Leadership and those occupying HICS positions on the organization chart to identify strengths and weaknesses of the response. Location and time of the critique will be announced near the end of the incident.

6. Within 72 hours of the drill or disaster, each person in charge of departments, command centers or operation centers, and/or treatment areas will:
   a. Review response with their personnel,
   b. Complete the appropriate evaluation forms in their department response folders and
   c. Forward all documentation and evaluation forms from the disaster to the facility Emergency Management Coordinator. (see 7 below)

7. Event Documentation
   The format to document an unusual event will vary from capturing basic information and actions as in a Code Triage Level 1 to incidents that require more detailed management and the production of an Incident Action Plan.
   More complex incidents i.e. Those that extend beyond one Operational Period or a Large HAZMAT incident (Code Orange) will require the development of an Incident Action Plan (IAP)

a. Basic format/Information to be captured:
    i. Event Information
        1. Event Name
        2. Event Start and End Dates
        3. Level of Activation
        4. Incident Type
    ii. Synopsis of Event – Provide a brief description of the event
    iii. List the impacts to KVH Campus, City, County
    iv. Document Planning activity to include local, County and State partners
    v. Summarize the response
    vi. Include a daily Log (Can attach ICS form 214)
    vii. Include an After-Action Report (AAR)
        1. May not be necessary for some Level 1 events
b. All Event and Training information shall be stored in this Exercises and Events folder and sorted by the year they took place. Each year a KVH Unusual Event Reports sheet will be created and updated for each small event.
c. Ensure each event is included in reportable events within the Hazard Vulnerability Analysis

Hospital Command Center

1. Activation
   Hospital Incident Command Activation may occur for any incident or for any unusual occurrence within the KVH Campus at any time day or night. KVH encourages the activation to manage incidents even though they are small in nature, which promotes familiarity with components of the ICS.

2. Each activation is documented as a part of the ongoing Hazard Vulnerability Analysis which is further detailed in KVH's ability to manage risk.

3. Activation of the Incident Management Team is invoked in a process that will be announced via the Overhead Paging System. The activation levels are one through three:
   a. Code Triage Level 1
   b. Code Triage Level 2
   c. Code Triage Level 3

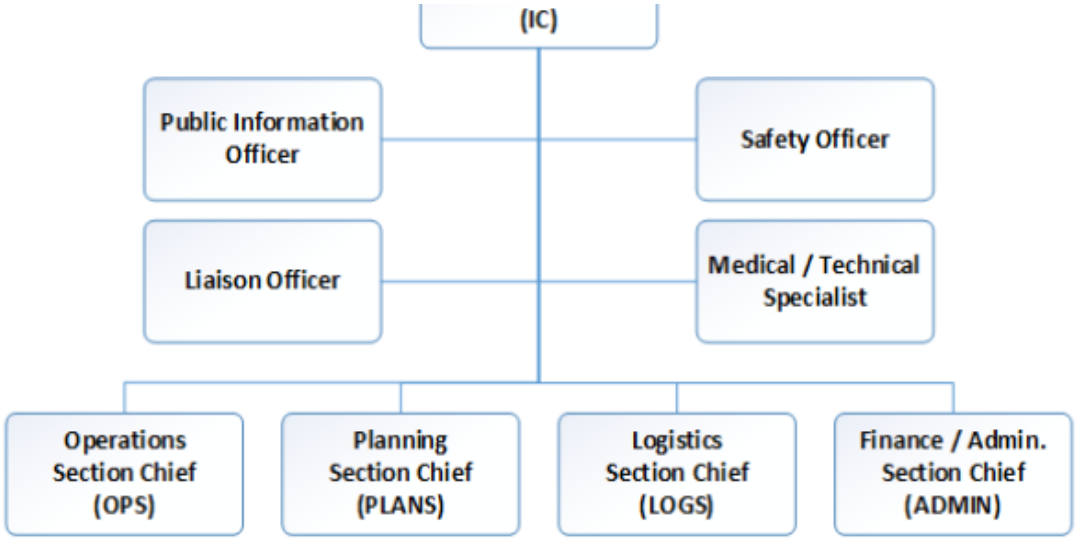
4. The pre-HICS flow chart represents normal daily operations and places much of the burden on senior management, however when standing up the Incident Management Team, the plan recognizes a span of control that is consistent with NIMS. Optimal for KVH is a span of control of five persons.

5. Who Can Activate the EOP?
   The Emergency Operations plan can be activated directly by the CEO or Director of Nursing Services or by any senior leader (AOC) in consultation with either the CEO or DNS.

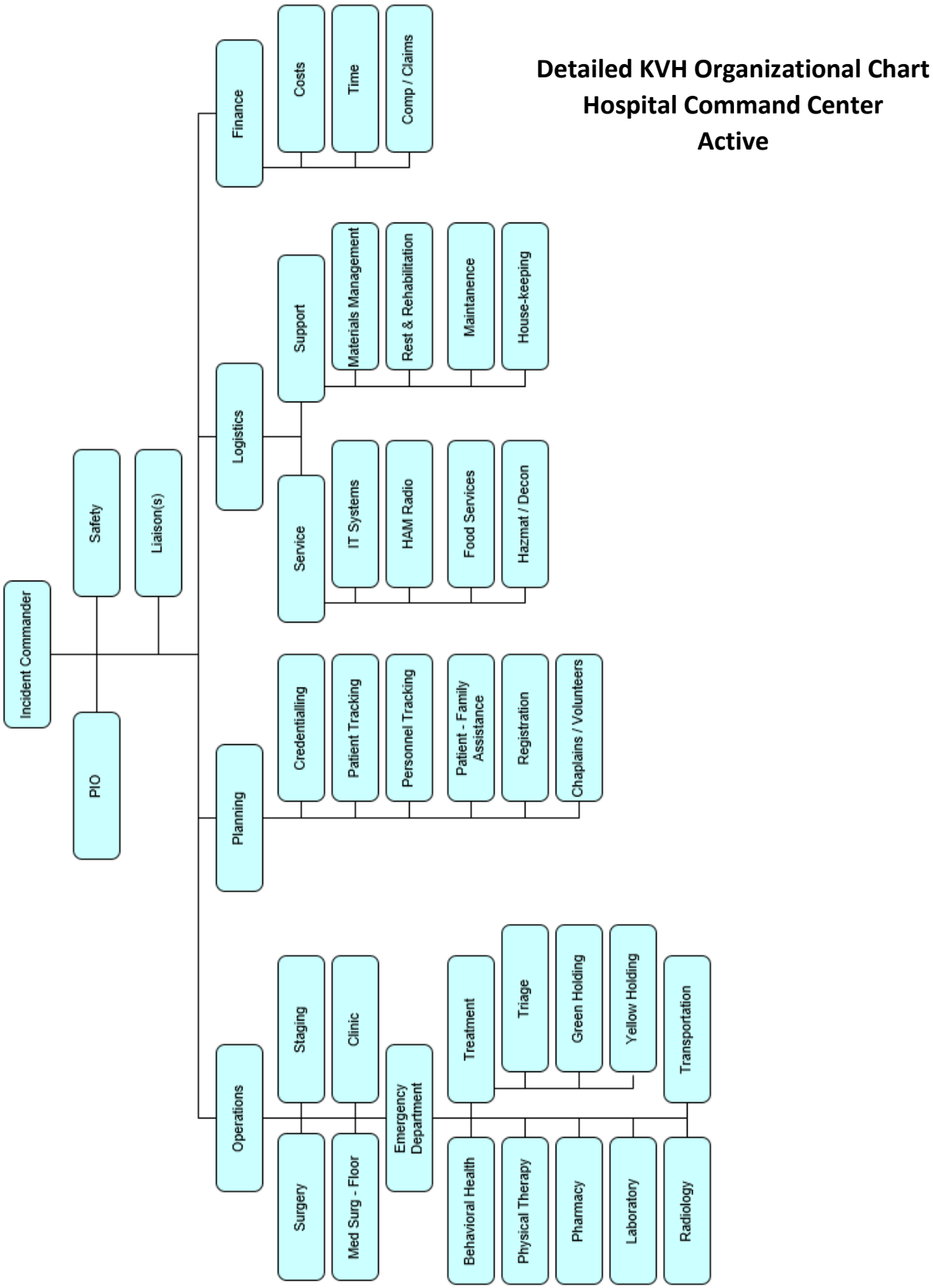
6. KVH Hospital Succession Chart
   For KVH Campus, overall day to day functions are under the control of the Chief Executive Officer (CEO). The CEO may delegate authority dependent on the event at hand. An administrative group rotates and functions as the "Administrator on Call (AOC)" after hours and in the absence of the CEO to ensure continuity of administrative services. KVH has established and maintains Orders of Succession (pg 7 Business Continuity Plan) for key positions in the event leadership is incapable of performing authorized duties. The designation as

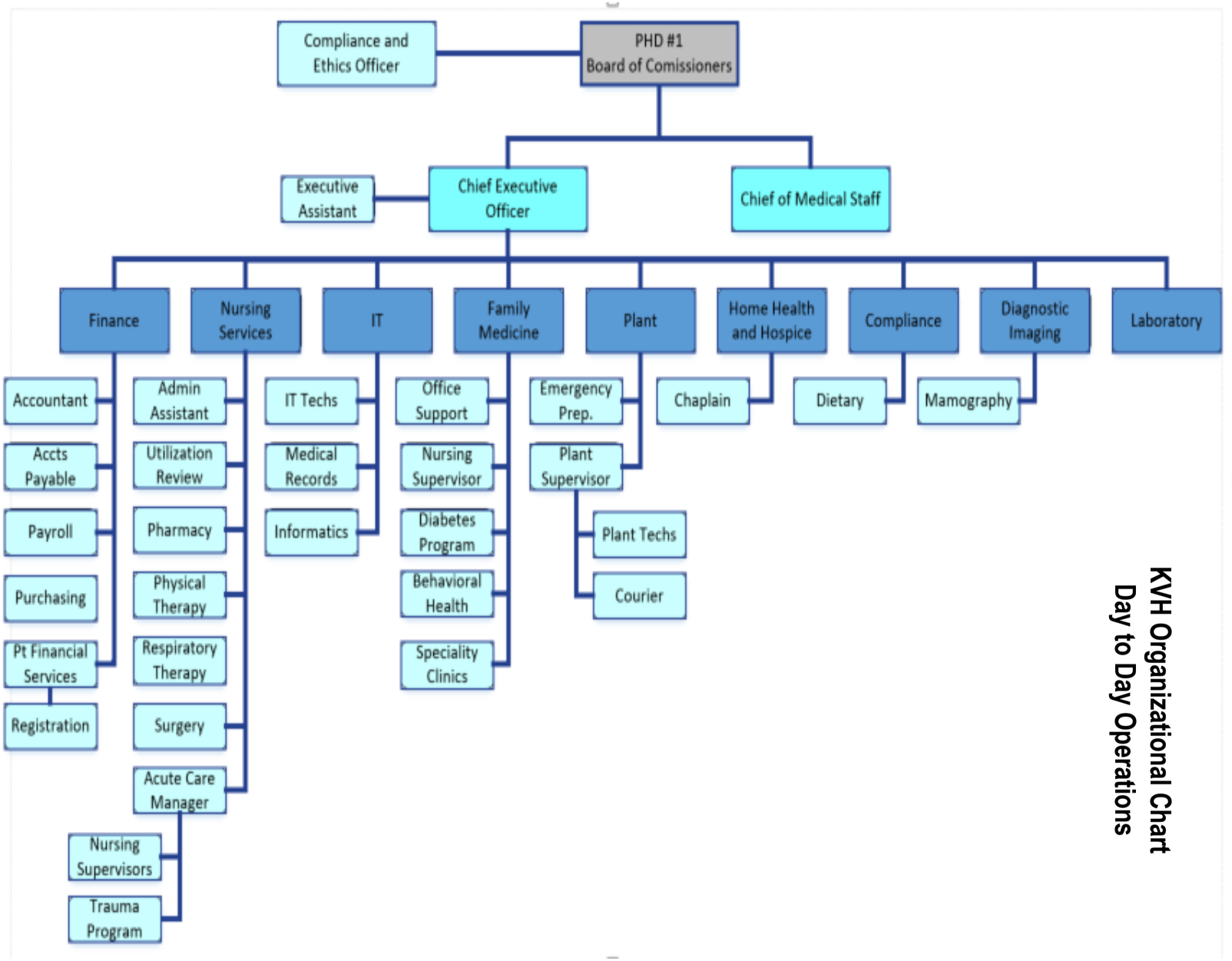
a successor enables that individual to serve in the same position as the principal in the event of that principal's death, incapacity, or resignation.

Basic KVH Organizational Chart
Hospital Command Center
Active

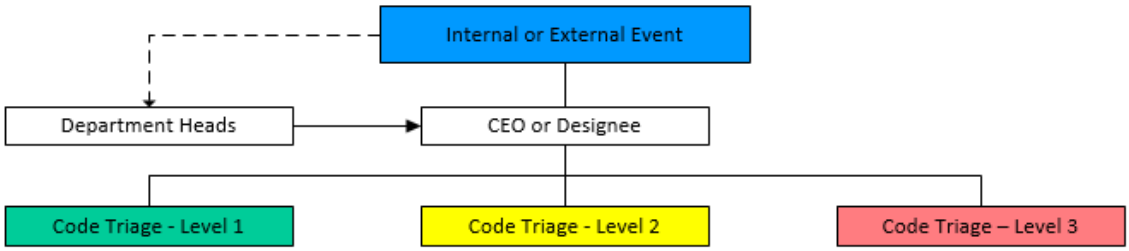


Detailed KVH Organizational Chart
Hospital Command Center
Active

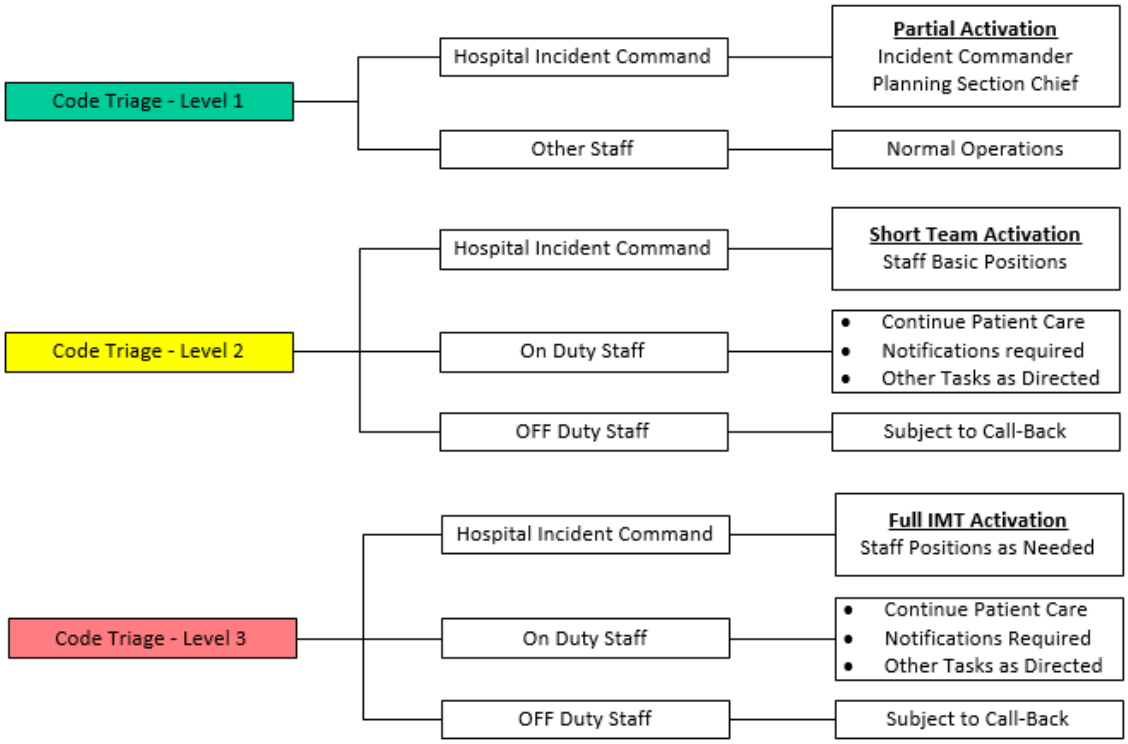




KVH Organizational Chart
Day to Day Operations



Hospital Incident Command – Activation Matrix



Hospital Incident Command – Activation Levels / Staffing & Suggested Actions

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Unusual Event Reporting**

PURPOSE:

To assist KVH in developing its response to unusual events, each unusual event shall be tracked and included in the HVA (Hazard Vulnerability Analysis). Data collected will assist KVH's preparedness and response by identifying potential district wide shortfalls. On the plus side it will also detail how we enhance our response capacity, for example how often we activated the Emergency Operations Center.

Data tracked:

a. Command Center Activation
b. Patient Care Impacts
c. Business / Operational Impacts
d. Structural Impacts
e. Resource Requests
f. Utilization of the Recovery Plan
g. Whether an After-Action Report was completed
h. If the incident was one of the Top five items identified in the HVA
i. Description and timeline of events

PROCEDURE: How to report an Unusual Event

1. Open the Unusual Event Reporting spreadsheet in the Google Drive: https://docs.google.com/spreadsheets/d/1bWRcvP-iHJYgTs2R4UTtHfLYDpfs9v47pLO1Hs_rzb8/edit

2. Enter all of the relevant information about the event

3. Notify the Emergency Preparedness Coordinator that the spreadsheet has been updated with a new event, or if you have questions.

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Hazard Vulnerability Analysis (HVA)**

PURPOSE:

The risk to Klickitat Valley Health of naturally occurring events, technological events, and human related events, as well as events involving hazardous materials has been calculated as part of the HVA (Hazard Vulnerability Analysis) to indicate the potential emergencies that could have either a direct or indirect effect on operations and demand for services. Risks associated with large scale emergency events are periodically reviewed and analyzed by the EMPC (Emergency Preparedness Committee). When conducting the risk assessment of the hospital, the probability of the event happening, as well as the severity of the impact of a potential event is taken into consideration. Included in the probability is a rating from one (being low) to three (of being high) that the likelihood this event will occur. Issues considered were known risks, historical data, as well as past statistics.

1. Severity equals the magnitude of this event offset by the mitigation measures taken by the hospital. The magnitude includes human impact, property impact and business impact. Human impact (possibility of death or injury), property impact (physical losses and damages), and business impact (interruption of services) are all weighted on a one (low) to three (high) scale.

2. Mitigation measures include general preparedness such as the status of the current plans, training and availability of backup resources. Preparedness (pre-planning), internal response (time, effectiveness and resources) and external response (community and mutual aid/supplies) are all calculated on a one (high) to three (low) scale. From there, a risk assessment algorithm is used to assign each issue/hazard a relative risk quotient to assist in focusing emergency management resources and efforts. The scores derived as the overall risk are only estimates.

3. The Klickitat Valley Health HVA is evaluated annually relative to its objectives, scope, performance, and effectiveness. This evaluation process is with, first an internal review and then with the help of both KVH stakeholders and community stakeholders, and then submitted back to the EMPC for final review. Results of this evaluation process will form the basis for future performance improvement standards, strategic goal setting, planning, and verifying the continued applicability of program objectives and HVA elements.

4. Coordination with the Community
    a. Representatives from Klickitat Valley Health District meet regularly with members of the Region 8 Healthcare Planning Coalition to discuss disaster preparedness. Members of the Region 4/8 Planning Coalition include representatives from Region 4/8 hospitals and clinics, Emergency Management, etc. KVH's role in relation to these entities in the event of a disaster is discussed, planned, and exercised accordingly.
    b. KVH's organizational and management framework used to execute an actual disaster response is fashioned after the HICS (Hospital Incident Command System) model. Emergency management and communications functions within an Emergency Operations Center (EOC), through the leadership of the Incident Commander, are organized into various sections designed to optimize resources and skill. The HICS model is in direct correlation with Regional County's EOC's, Fire Department ICS (incident command system), Police Department ICS, as well as neighboring hospitals' ICS'.

5. Mitigation of Hazards

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Hazard Vulnerability Analysis (HVA)**

KVH Emergency Preparedness Committee will evaluate the HVA results and select three of the top ten areas of risks annually for discussion and action. Actions will focus on reducing the risk. This may be accomplished in many ways, such as:

a. Review and updating Policies/Procedures/Guidelines
b. Create new Policy/Procedure/Guideline
c. Participation in partner agency drills and exercises
d. Participation in classes and/or train the trainer classes
e. Physical improvements in plant/machinery/equipment
f. Develop and enhance community relationships
g. Develop Mutual Aid agreements, Memorandum of Understandings
h. Participation in in-house, local, regional and/or State planning groups.

HVA Process

Data from annual review of hazards and risks associated with hospital operations along with a list of incident or occurrence actions is summarized to show the hospital responses relationships over a one-year time frame.

Components:

Evaluate potential for event and response among the following categories using the hazard specific scale.
Note: Each category has a "0" value for Not Applicable (N/A)

1. Probability, Human, Property and business impacts are rated 1 = Low Risk to 3 = High Risk
2. Preparedness, External and Internal resource are all related to our level of preparedness
   1 = Most well prepared (high) to 3 = Least or not Prepared

Issues to consider for **probability** include, but are not limited to:

1. Known risk
2. Historical data
3. Manufacturer/vendor statistics

Number of **Alerts** and **Activations** details incident occurrences and the number of times the Incident Command Center or the Incident Command is activated.

Issues to consider for **response** include, but are not limited to:

1. Time to marshal an on-scene response
2. Scope of response capability
3. Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

1. Potential for staff death or injury
2. Potential for patient death or injury

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Hazard Vulnerability Analysis (HVA)**

Issues to consider for **property impact** include, but are not limited to:

1. Cost to replace
2. Cost to set up temporary replacement
3. Cost to repair

Issues to consider for **business impact** include, but are not limited to:

1. Business interruption
2. Employees unable to report to work
3. Customers unable to reach facility
4. Company in violation of contractual agreements
5. Imposition of fines and penalties or legal costs
6. Interruption of critical supplies
7. Interruption of product distribution

Issues to consider for **preparedness** include, but are not limited to:

1. Status of current plans
2. Training status
3. Insurance
4. Availability of back-up systems
5. Community resources

Issues to consider for **internal resources** include, but are not limited to:

1. Types of supplies on hand
2. Volume of supplies on hand
3. Staff availability
4. Coordination with MOB's

Issues to consider for **external resources** include, but are not limited to:

1. Types of agreements with community agencies
2. Coordination with local and state agencies
3. Coordination with proximal health care facilities
4. Coordination with treatment specific facilities

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Hazard Vulnerability Analysis (HVA)**

Link to current HVA working document: 2024 HVA Worksheet (New Version)

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Business Continuity Plan**

PURPOSE:

It is the policy of KVH to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, the facility will give priority to providing or ensuring patient access to health care.

Plan Authorization

This Business Continuity Plan (BCP) has been developed for use by KVH. By signing the EOP, this BCP is hereby approved for implementation and intended to supersede all previous versions. This BCP was established to promote a system to: save lives; protect the health, ensure the safety of the hospital environment; alleviate damage and hardship; and, reduce future vulnerability within the facility. Further, this document indicates the commitment to ongoing planning, training, and exercise activities in order to ensure the level of preparedness necessary to respond to emergencies or incidents affecting the facility.

Program Overview

KVH recognizes the importance of continuity planning to ensure the continuity of performing essential services across a wide range of emergencies and incidents, and to enable our organization to continue functions on which our customers and community depend.

Overall, internal objectives are to protect life and property (including vital information), and external objectives are to support customers and the community with providing essential services until normal operations can resume.

1. Business Continuity Planning Team

Business Continuity Planning Team as part of the Emergency Preparedness Committee meets monthly and includes the following members:

a. Facility Senior Management / Executive
b. Clinical Operations Manager (Nursing and/or Ancillary Services Manager)
c. Emergency Management Coordinator
d. Facilities / Safety Manager
e. Financial Services Manager
f. Human Resources Manager
g. IT Manager
h. Risk Management
i. Others

2. Business Continuity Planning Team Key Activities include:

a. Conduct a business impact analysis and business process analysis for each department
b. Identify mission-essential services or departments
c. Develop the facility-wide business continuity plan (BCP)
d. In partnership with facility departments, develop department-specific BCPs
e. Conduct trainings and exercises to evaluate the plans

3. Regulations

The KVH Business Continuity Program and BCP help to satisfy the following regulations and guidance:

a. US DHHS ASPR Healthcare Preparedness Capability 2: Healthcare System Recovery
b. NFPA 1600: Standard on Disaster/Emergency Management and Business Continuity Programs
c. National Security Presidential Directive-51/Homeland Security Presidential Directive-20 (NSPD-51/HSPD-20), National Continuity Policy

Business Continuity Plan Purpose and Overview

1. Purpose

The Business Continuity Plan (BCP) describes the implementation of coordinated strategies that initiate activation, relocation, and/or continuity of operations and recovery for the facility. The BCP is an all-hazards plan that addresses the full spectrum and scale of threats from natural, man-made, and technological sources.

Department-specific BCPs focus, have the same purpose with additional details on the interdependencies the department has on others in order to their essential functions, as well as the departments and functions that are dependent on the department in order for others to do their essential function.

2. Objectives

a. Facilitate immediate, accurate and measured service continuity activities after emergency conditions are stabilized.
b. Reduce the time it takes to make some critical decisions that personnel will need to make when a disaster occurs.
c. Minimize the incident's effect on daily operations by ensuring a smooth transition from emergency response operations back to normal operations.
d. Expedite restoration of normal services.

3. Pre-Incident Risk Assessment

A hazard vulnerability analysis (HVA) is conducted annually. For detailed results, see the HVA document.

BCP Activation: <u>The BCP is activated after emergency conditions are stabilized.</u>

Disaster	**Continuity Activation**	**Short Term Recovery**
Immediate Response	**Continuity Operations**	
Activate EOP	**Reconstitution**	**Long Term Recovery**

Facility-wide and department BCPs are secondary to the EOP and department Emergency Response Plans. This BCP will be implemented only after the facility has implemented emergency response procedures outlined in the EOP which are directed by the Hospital Command Center (HCC) using the Hospital Incident Command System (HICS).

The HICS Business Continuity Branch Director will coordinate continuity activities, including:

a. Facilitate the acquisition of and access to essential recovery resources, including business records (e.g., patient medical records, personnel records, purchasing contracts)
b. Support the Infrastructure and Security Branches with needed movement or relocation to alternate business operation sites
c. Coordinate with the Logistics Section Communications Unit Leader, IT/IS Unit Leader, and the impacted area to restore business functions and review technology requirements
d. Assist other branches and impacted areas with restoring and resuming normal operations

The HICS Business Continuity Branch Director Job Action Sheet can be found in Appendix D as well as in the Hospital Command Center, Operations Section materials.

Most Impact on Overall Operations

A Business Impact Analysis (BIA) and essential function analysis have been conducted, and interruption of these services may have the most impact on overall operations. Each disaster will have different impacts on the facility, however focusing initial response and recovery actions on the following areas may expedite overall continuity activities.

Rank	Service	Department	Comments
1	Evacuation	District Wide	Evaluate the conditions that forced an evacuation. Can the cause be mitigated – Short term vs long term recovery actions.
2	Active Shooter	District Wide	Generally short-term response actions. Recovery may be prolonged by LE investigations and repair of damage that may have been caused.
3	Communications Failure	District Wide	Short term implications mainly. Total failure will slow patient care
4	Chemical Exposure - External	ED, Clinic, common Areas	Early determination of chemical exposure will limit facility and personal contamination and avoid mid to long term cleanup activities
5	Workplace Violence	District Wide	Early recognition / reporting will ensure minimal operational impacts

Most Impact on Patient Care

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on patient care.

Rank	Service	Department	Comments
1	Evacuation	District Wide	Pt care will continue until Patients are placed at an Alternate Care Site or facility
2	Active Shooter	District Wide	Some short-term interruptions. Possible Pt and Staff injury consequences
3	Chemical Exposure - External	ED, Clinic, Common Areas	Pt and staff exposure / contamination will affect parts of the campus. Areas for Pt care may not remain available.
4	Workplace Violence	District Wide	Pt care activities may cease or be significantly curtailed dependent of the level of threat
5	Communications	District Wide	Negligible impact. Delays on placing / retrieving digital data and the ability for MD consultations may be curtailed.

Most Impact on Financial Functions that Drive Revenue

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on financial functions that drive revenue.

Rank	Service	Department	Comments
1	Evacuation	District Wide	Significant loss of revenue, duration dependent. Hospice may remain operational.
2	Active Shooter	District Wide	Short term loss of revenue depending on whether there is loss of life or injury(s). Extended police investigation. Damage to campus – loss value may be significant. Possible liability claims.
3	Chemical Exposure - External	ED, Clinic, Common Areas	Long term financial impacts may arise if the contamination is not recognized / contained early. Unrecognized there would be wide-spread risk to Facility, staff and patients.
4	Communication Failure	District Wide	Minimal short term fiscal impact. Based on external or internal origin the impact will vary.
5	Workplace Violence	District Wide	Minimal fiscal impact. Long range, possible liability claims

Most Impact on Education / Residency / Research

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on our ability to continue to conduct education and residency programs and perform ongoing research.

Rank	Service	Department	Comments
1	Evacuation	District Wide	Significant – Shut down of functions.
2	Active Shooter	District Wide	Temporary interruption for duration of incident and investigation
3	Chemical Exposure - External	ED, Clinic, Common Areas	Minimal unless essential components are contaminated. Most services will remain available in other parts of the district.
4	Communications Failure	District Wide	Much education and research are completed online. Without the internet and subsequent access to cloud base services, Pt care may be minimally impacted. Comfort services to Pts may be compromised.
5	Workplace Violence	District Wide	Minimal impact.

Most Impact on Patient Satisfaction

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on our ability to ensure patient satisfaction.

Rank	Service	Department	Comments
1	Evacuation	District Wide	Significant interruption to services, Pt satisfaction will vary dependent on the service provided during and after the evacuation. Also tempered by age and ailment.
2	Active Shooter	District Wide	Probably very significant if immediately impacted
3	Chemical Exposure - External	ED, Clinic, Common Areas	Depending on where the Pt is located, there may be no detrimental impact. If a Pt was inadvertently contaminated, negative satisfaction should be anticipated. Those decontaminated and treated from the initial incident should impart a positive degree of satisfaction.
4	Workplace Violence	District Wide	
5	Communications	District Wide	

PURPOSE:

Orders of Succession

Continuity of leadership during an emergency is critical to ensure continuity of essential functions.

KVH has established and maintains Orders of Succession for key positions in the event leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal's death, incapacity, or resignation.

All persons (by position) listed will have full, unlimited authority to operate in the position they are assuming to the fullest extent possible until such person is relieved by the next highest-ranking individual or as identified in the Delegations of Authority.

When utilizing the Hospital Incident Command System (HICS) there is an Incident Commander who commands the incident. It is incumbent upon those identified in the Succession Plan to work with and advise the Incident Commander who will then provide guidance to manage the incident. The Incident Commander may or may not be a person identified in the chain of Succession.

1. Business Operations Succession Plan

Key Position	Successor 1	Successor 2	Successor 3
Chief Executive Officer	Administrator on Call 1	Administrator on Call 2	Administrator on Call 3
Chief Financial Officer	Patient Financial Services	Staff Accountant	Payroll
Chief Information Officer	Director Of IT	IT Supervisor	

2. Clinical Operations Succession Plan

Key Position	Successor 1	Successor 2	Successor 3
Chief Medical Officer	Chief of Staff	TBD	TBD
Director of Nursing Services	Nursing Manager	Supervisors	Infection Prevention

Delegations of Authority

In Orders of Succession, a successor will typically take on all the duties of the person they are replacing. Delegations of Authority allows certain duties of one individual/position to be divided up and assigned / delegated to multiple individuals if the designated Successor is not available or the based-on expertise of other facility personnel.

KVH has established Delegations of Authority to provide successors the legal authority to act on behalf of KVH for specific purposes and to carry out specific duties. Delegations of Authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished.

Delegation of authorities for making policy determinations and for taking necessary actions at all levels of an organization ensures a rapid and effective response to any emergency requiring the activation of a continuity plan.

Authority	Triggering Conditions	Position Holding Authority	Delegated Authority
Close and evacuate the facility	When conditions make coming to or remaining in the facility unsafe	Chief Executive Officer	1. Incident Commander 2. Orders of Succession
Represent facility when engaging government officials	When the pre-identified senior leadership is not available	Chief Executive Officer	1. Incident Commander 2. Orders of Succession 3. Public Information Officer
Activate facility MOUs (memorandums of understanding)	When the pre-identified senior leadership is not available	Chief Executive Officer	1. Incident Commander 2. Orders of Succession

Mission-Essential Services Assessment

Mission-essential services and functions are important and urgent. Essential functions are the activities that cannot be deferred during an emergency. These activities must be performed continuously or resumed quickly following a disruption.

The recovery time frame of all services, departments and functions are assessed and prioritized to assist in planning and recovery implementation. They serve as key continuity planning factors necessary to determine appropriate staffing, communications, essential records, facilities, training, and other requirements.

Each department maintains a plan that identifies their essential functions, staffing, vital records, and key applications, equipment, and supplies. Implementation of a department's continuity plan will be based on the needs and considerations of the actual incident and resources available and may be implemented in a different schedule than identified below.

Any function which does not need to be performed for 3 days is not considered essential.

The reason the organization defers activities until later is to free up resources that allow it to focus on those things that cannot be deferred. Thus, it is just as important to identify non-essential functions (which can be deferred) as it is to identify essential functions (which cannot be deferred).

The Maximum Tolerable Downtime is the maximum length of time (in hours or days) that the service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations.

Tier 0	Recovery Time Objective Immediate	Criticality Immediately needed; presents life threatening or catastrophic impact if interrupted	Maximum Tolerable Downtime
Tier 0	Department	Essential Service / Function	
Tier 0	Engineering (Plant Services)	Facility Safety and Life Safety	
Tier 0	Security (Plant Services)	Security, especially during Active Threat situation	

Tier 1	Recovery Time Objective 4 hours or less	Criticality Needed in less than 4 hrs, or it may present threat to life safety if downtime extends beyond	Maximum Tolerable Downtime
Tier 1	Department	Essential Service / Function	
Tier 1	Emergency	Casualty patient care	
Tier 1	Information Tech	Operations support for all services	

Tier 2	Recovery Time Objective 12 hours or less	Criticality Needed in same shift or < 12 hrs, or likely to impact operations and/or patient satisfaction	Maximum Tolerable Downtime
Tier 2	Department	Essential Service / Function	
Tier 2	Food & Nutrition	Food Service for patients and staff	
Tier 2	Human Resources	Get staff needed for response; Staff notification	

Tier 3	Recovery Time Objective 3 days or less	Criticality Minimal impact or risk; needed in 1 to 3 days	Maximum Tolerable Downtime
Tier 3	Department	Essential Service / Function	
Tier 3	Administration	Regulatory compliance & reporting	
Tier 3	Outpatient Clinics	Referrals to decrease patient load on hospital	

Tier 4	Recovery Time Objective 3 days or more	Criticality Need in long term, beyond 3 days	Maximum Tolerable Downtime
Tier 4	Department	Essential Service / Function	
Tier 4	HIM	Transcription	
Tier 4	Education	Health education	

Staffing

KVH employs and/or contracts approximately 296 persons who provide a variety of clinical and non-clinical services. Details of the number, type of staff and functions are maintained by the Human Resources Department.

1. Essential Staff to Maintain Operations

In order to maintain the viability and overall operation of the facility, the following personnel are identified that have been deemed essential to their specific role in maintaining mission critical services and operations. Essential staff positions or classifications include:

a. Incident Commander
b. Chief Executive Officer
c. Chief Medical or Nursing Officer
d. Safety Officer
e. Security
f. Plant Manager

2. Incident Response Staffing

According to existing policies and procedures found in the Emergency Operations Plan, Emergency Staffing Procedures, and Human Resources Policies, following an incident that may impact staffing levels, a Unit Leader will be activated to:

a. Tabulate and categorize on-duty staff that can be reassigned
b. Coordinate staff call back and provide instruction on where they are to report;
c. Coordinate the registration, orientation, and supervision of community members volunteering to assist during the incident; and
d. Verify credentials, including licensure of all volunteer personnel.

Staff support activities (e.g., foodservice, employee health, sheltering, etc.) will be implemented by the appropriate HICS position.

3. Department Business Continuity Staffing

The Department Manager (or designee, or successor) will work with the HCC to minimize the impact to departmental operations by maintaining, resuming and recovering critical functions to the service levels identified in the department's Emergency Response Plan, and the Recovery Time Objectives defined in the department's BCP.

Each departmental BCP identifies staff that have been deemed essential to their specific role in maintaining mission critical services and operations. Staff who will be assigned to the HCC and unavailable to perform departmental duties are also identified

4. Staffing Considerations

As the emergency response phase winds down, facility leadership will determine whether to maintain the activation of the HICS Logistics Section / Support Branch / Labor Pool & Credentialing Unit Leader or transition duties directly to the Human Resources Department.

a. Evaluation of current staffing levels and resource deployment.
b. Notification of human resources, managers, union representatives and other key personnel as to status and plan implementation.
c. Notification of employees regarding plan activation and process.
d. Implementation of alternative staff resource options.
e. Evaluation of immediate and ongoing staff needs based on existing and predicted levels of human resources available.
f. Identification of contractors or other staff options that may alleviate problems resulting from staff loss.
g. Identification of work options available through "telecommuting" or other off-site possibilities.
h. Assessment of flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan where feasible.
i. Assessment of union issues surrounding overtime issues and disaster support/sharing of responsibilities among workers.
j. Evaluation of potential health and safety issues that may arise through diversion of staff to new job roles and loss of critical staff in various operational positions.
k. Liability assessment by general counsel.

Continuity Communications
KVH maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and community response and recovery partners.

Vital Records Management
Another critical element of a viable continuity plan and program is the identification, protection, and ready availability of electronic and hardcopy documents, references, records, information systems, and data management software and equipment (including HIPAA-protected and other sensitive data) needed to support essential functions during a emergency response, service continuity, and recovery.

KVH personnel, vital records, and storage locations have been pre-identified. Staff will be deployed during an emergency to ensure the protection and ready availability of these essential records to support essential functions under the full spectrum of emergencies.

In addition to departmental records identified in their respective BCPs, the following records are deemed critical to Klickitat Valley Hospital Campus. Records are categorized into two general categories:

a. Emergency Operating Records: essential to the continued functioning or reconstitution of the organization
b. Rights and Interests Records: essential to carrying out the organization's essential legal and financial activities

1. Vital Records: Emergency Operating Records

Essential to the continued functioning or reconstitution of the organization.

Key: Not All Data is Included

Vital Records:	**Location**			
Emergency Operations	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Standard Operating Procedures Plan (SOPs)				
Emergency Operations Plan (EOP)				
HCC / HICS Resources				
Business Continuity Plan				
Orders of Succession				
Delegations of Authority				
IT Disaster Recovery Plan				
Disaster Financial Plan				
Safety Data Sheets				

2. Vital Records: Rights and Interests Records

Essential to carrying out the organization's essential legal and financial activities.

Vital Records:	Location			
Essential Business	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Contracting and acquisition files				
Official personnel files				
Payroll records				
Insurance forms with policy numbers				
Property management and inventory records				
Lease agreements				

Vital Records:	Location			
Corporate	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Incorporation documents				
Bylaws				
Board meeting documents including agendas, minutes, and related documents				
Conflict of Interest and Non Disclosure statements				
Correspondence with legal counsel and/or accountants not otherwise listed				
Tax-exemption documents				
State charitable registration documents				

Vital Records:	Location			
Financial	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Audit and management letters	☐	☐		☐
Audit work papers	☐			☐
Equipment files and maintenance agreements	☐			☐
Bank statements, canceled checks, check registers, investment statements and related documents going back seven years	☐			☐
Signed contracts with vendors	☐	☐		☐

Vital Records:	Location			
Donor and Fund Records	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Gift documentation	☐			☐
Grant documentation	☐			☐

Vital Records:	Location			
IT-Related	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Commercial software licenses				
Copies of installation CDs				
Product keys				
Serial numbers				
End User License Agreements				

Continuity Facilities, Department Closure and Devolution

1. **Continuity Facilities**
   Planning with the Business Continuity Planning Team, each department will identify at least three evacuation locations (on the same floor, vertical evacuation, and outdoor collection area), and determine if services (clinical and non-clinical) can be continued in this location. If services can be continued, then resources needed will be identified.

   Each department maintains its own BCP which details its continuity facilities, closure, devolution, and evacuation plans.

   Additional surge and alternate care planning is documented in the EOP.

2. **Department Closure**
   If a primary department location is deemed to be inoperable or unsafe, the Department Manager, or designee, will initiate department closure procedures, and, in coordination with the HICS Business Continuity Branch Director, will activate the alternate location which may provide full or limited operational capability. Relocation will be the decision of the HICS Incident Management Team and coordinated with the HCC.

3. **Devolution**
   Devolution takes place when an organization's primary and alternate facilities, staff, or both are unavailable and essential functions must be transferred to someone else at a different facility.

   If we are unable to provide patient care (to a single department up to the whole facility), the devolution plan is to work with our sister facilities and community response partners to transport patients to another healthcare facility. Our Evacuation Plan details the procedures for patient movement, information and resources that need to accompany the patients, and our Communication Plan identifies key contacts.

   Once it is safe to do so, Reconstitution activities will commence.

Reconstitution: Recovery and Resumption of Services

Reconstitution is the process by which surviving and/or replacement organization personnel resume normal operations in the primary operating space (a single department, floor, or the entire facility). In some cases, extensive coordination may be necessary to backfill staff, procure new operating space or facility, and re-establish communications, IT infrastructure, and essential records.

The four key phases of reconstitution for any type of operating space are:

1. Re-enter the physical space - ensure safety
2. Re-open the physical space - replenish supplies, equipment, and staff
3. Repatriation of patients, if a patient care area
4. Resumption of normal service delivery

Re-Enter **Re-Open** **Repatriate** **Resume**

Prioritization

An orderly return to the new or restored facilities will be established based on the safety of the facility and the resources available. Because the facility may be reopened in phases, a staggered staff schedule may be implemented. A detailed communication plan will be implemented to ensure that staff are notified accordingly.

An overview of steps includes:

1. Inform all personnel that the emergency no longer exists.
2. Implement a priority-based phased approach to reconstitution.
   a. Inspect and repair/replenish affected areas.
   b. Get approvals to re-open.
3. Notify employees of reconstitution and when to report.
4. Provide instructions for resumption of normal operations.
5. Verify all systems, communications, and other required capabilities are available and operational.
6. Identify vital records affected by the incident and ensure an effective transition or recovery of records.
7. Most critical functions transferred last.
8. Notify stakeholders of reconstitution.
9. Prepare After-Action Report, Corrective Action and Improvement Plans.

Reconstitution: Hierarchy of Repopulation Approvals

Dependent upon circumstances, the following sequential steps should be expected prior to the repopulation of evacuated hospital facilities.

Steps	Date Completed
A. Local government agencies have removed restrictions, if any, related to the environmental quality in the area or facility for the types of patients to be moved back into the facility.	
B. Local Fire Department and/or Law Enforcement agency representatives allow re-entry to the specific evacuated neighborhood in which hospital is located and/or allows re-entry to evacuated facilities, as applicable.	
C. If structural integrity or any major building system is compromised, Goldendale City Building Department (GCBD) inspects and repopulation cannot occur until any red and yellow building tags are removed from the impacted building by GCBD.	
D. If required, due to prolonged loss of power and refrigeration or breach of pharmaceutical security, the State Pharmacy Board may conduct a site visit to approve measures taken to restore Pharmacy capacity and safety.	
E. The CEO/IC oversees an assessment of environmental safety, facilities, operations and resources, including the factors identified in the General All Hazards Repopulation Factors checklist, and prepares the facility for repopulation.	
F. The CEO/IC maintains communication with the County Department of Health regarding facility status, progress and estimated time frames for reopening of facility (ies). Depending upon the circumstances, DOH may schedule a reportable event visit.	
G. Once the CEO/IC makes a determination, based on best judgment, that the facility is ready to repopulate, DOH is notified and: 1) If necessary, a DOH repopulation inspection is scheduled, or, 2) Repopulation is initiated.	
H. If a DOH repopulation visit is required: 1) If necessary, additional actions or agency reviews may be requested by DOH; and/or, 2) The determination is made that hospital facilities are safe for patients, staff and visitors, programs and services can be resumed, and repopulation can be initiated.	

Reconstitution: General All-Hazards Hospital Re-Population Factors

The following factors/steps should be considered as appropriate to the type of evacuation.	Status/ Date
A. Facilities are determined to be structurally sound and safe, and systems are not compromised, for occupancy. If not safe, may require repairs/ retrofits/ replacements that need to be approved by KVHD, fire marshal and DOH.	
B. Air particulate exposure levels (e.g., smoke, chemicals) in buildings are documented to be reduced to acceptable/safe levels as defined by OSHA permissible exposure limits (PELS) and local Air Quality Management District Standards using available methods (e.g., air scrubbers, open windows, blowers, HAZWOPER response, etc), if needed. Only test equipment appropriate to the hazard should be used to determine safe levels of habitability and may require an outside testing laboratory service.	
C. Hospital shall have a plan to prepare for and implement repopulation.	
D. All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc).	
E. All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed.	
F. Replace or clean linens, drapes, and upholstery, if needed.	
G. All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested and repaired/replaced/quarantined, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.).	
H. Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are returned to operational status. The facility's ability to provide essential services should be sustainable for the long term. Program Flex may be an option subject to DOH District Office approval (e.g., contracted food or pharmacy services).	
I. Vandalism and/or looting damage, if applicable, is repaired and alleviated.	
J. Full & non-abbreviated generator & smoke detector tests are completed, if needed.	
K. HVAC systems are tested and operational, if needed.	
L. Utilities are tested & operational (electricity, water supply & quality, plumbing, etc.).	
M. Dietary Services are operational and sustainable for the long term; in the case of damage to kitchens/equipment, program flex approval from DOH may be requested for contract services during repairs.	
N. Determine if the laboratory evacuation plan was followed. If the laboratory evacuation plan was not adhered to, or found to have limitations, a mitigation response is necessary.	

Business Continuity Coordinator Job Description Sample

1. General Description

The dedicated Business Continuity Coordinator will coordinate business continuity activities for the facility which include the development, documentation, maintenance, and implementation of plans and procedures for business continuity and healthcare continuity and recovery strategies and solutions; coordinate business continuity trainings and exercises; act as a coordinator for continuity and recovery efforts after a disruption; and implement all business continuity / healthcare continuity and recovery grant requirements for the facility (see current grant for specifics).

2. Responsibilities

a. Planning
   i. Coordinate the implementation of all business continuity program activities, including:
      1. Conduct a business impact analysis and business process analysis for each facility department
      2. Identify mission-essential services or departments
      3. Develop the facility-wide business continuity plan (BCP)
      4. In partnership with facility departments, develop department-specific BCPs
   i. Facilitate regular Business Continuity Planning Team meetings and maintain meeting minutes.
   ii. Identify and implement the BCP update schedule.
   iii. Maintain business continuity / healthcare continuity and recovery HPP grant documentation and ensure that documentation is complete and available for yearly review by the EMS Agency and other regulatory agencies (coordinate with Emergency Management Coordinator).
   iv. Maintain all hospital accreditation & licensing emergency management standards and requirements as it pertains to business continuity.

b. Training and Exercises
   i. Develop an annual training and exercise schedule.
   ii. Conduct training and exercises to evaluate the plans (can be in coordination with the Emergency Management Coordinator).
   iii. Practice the HICS role of Business Continuity Branch Director. Identify and train additional staff members to fulfill the Branch Director and Branch Unit Leader positions.
   iv. Maintain all training and exercise records.

c. Response
   i. If activated, participate in the Hospital Command Center as the Business Continuity Branch Director, and manage the Branch and its Unit Leaders.

d. Recovery
   ii. Facilitate the implementation of facility-wide and/or department BCPs and other business continuity / healthcare continuity and recovery activities.
   iii. Ensure recovery documentation is maintained for facility records, and other agencies.
   iv. Contribute to the After-Action Report.

3. Knowledge, Skills and Abilities

a. Demonstrates fluency in English communication to include reading, writing and verbal communication
b. Ability to establish positive interpersonal skills with facility staff to engage their support and cooperation in developing, updating and implementing the business continuity program
c. Understands knowledge and skills in leadership and management
d. Teaching and training experience preferred
e. Computer knowledge of business applications (Microsoft Word, Excel, PowerPoint, Outlook)
f. Working knowledge of Federal (National Incident Management System, NIMS) State (Standardized Emergency Management System, SEMS) and local emergency management systems

4. Qualifications

a. Required Experience
    i. Knowledge of hospital operations and interactions
    ii. Experience with the coordination of preparedness, response and recovery processes associated with healthcare emergency management
a. Preferred Experience
    i. Three years of professional experience in business continuity, emergency management/disaster preparedness, the field of risk management, or related field
    ii. Experience conducting BIAs, BPAs, interviews, and writing BC plans
    iii. Hospital Disaster Management Training (HDMT)
    iv. Experience with Emergency Medical Services/Hospital Preparedness Program/Assistant Secretary of Preparedness and Response (EMS/HPP/ASPR) audits
b. Required Certifications
    i. ICS 100, 200 and 700 courses
c. Preferred Certifications (one or more of the following)
    i. Certified Business Continuity Professional (CBCP)
    ii. Certified Healthcare Provider Continuity Professional (CHPCP)
    iii. Associate Emergency Manager (AEM) Certification
    iv. Certified Emergency Management (CEM) Certification
    v. Certified Healthcare Safety Professional (CHSP)
    vi. Certified Healthcare Emergency Professional (CHEP)
    vii. ICS 800 (within 3 months of hire)
d. Physical Demands and Working Conditions
    i. Intact vision, speech and hearing sufficient to perform essential job responsibilities
    ii. Ability to work under rapidly changing and stressful conditions.
    iii. Physical activities may be performed as necessary

Business Continuity Branch Director Job Action Sheet

A copy of this Job Action sheet is also available in the Hospital Command Center, Operations Section materials.

Mission: Ensure business functions are maintained, restored, or augmented as needed to minimize the financial or other impact of business interruptions

Position Reports to: **Operations Section Chief** Command Location: _____

Position Contact Information: Phone: ( ) - Radio Channel: _____

Hospital Command Center (HCC): Phone: ( ) - Fax: ( ) -

Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
Receive appointment ● Obtain briefing from the Operations Section Chief on: ○ Size and complexity of incident ○ Expectations of the Incident Commander ○ Incident objectives ○ Involvement of outside agencies, stakeholders, and organizations ○ The situation, incident activities, and any special concerns ● Assume the role of Business Continuity Branch Director ● Review this Job Action Sheet ● Put on position identification (e.g., position vest) ● Notify your usual supervisor of your assignment		
Assess the operational situation ● Provision of time sensitive data, records, and information (e.g., patient records, contracts, payroll, etc.) ● Intranet and internet capabilities and functionality ● Data and business function recovery operations, including server, computer, application support, and virus removal ● Expansion or relocation of business functions, including server, computer, and application support		

● Data access and security ● Access to business interruption insurance, in coordination with the Finance/Administration Section ● Provide information to the Operations Section Chief of the status		

Determine the incident objectives, tactics, and assignments
 	
● Document branch objectives, tactics, and assignments on the HICS 204: Assignment List
● Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine which Business Continuity Branch functions need to be activated:
  ▪ IT Systems and Applications Unit
  ▪ Service Continuity Unit
  ▪ Records Management Unit
  ○ Make assignments, and distribute corresponding Job Action Sheets and position identification
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
● Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities
 	
● Participate in the Operations Section planning meeting and incident action planning; obtain and provide key information for operational activities
● Implement branch plans and monitor activities
● Communicate between Hospital Incident Management Team (HIMT) to determine business recovery objectives and timeframes based on recovery capability, risk, and recovery priorities
● In conjunction with the Finance/Administration Section, assess financial implications of interruption; consult legal counsel and the hospital's business insurance carrier as needed
● Ensure implementation of the hospital's Business Continuity Plans
● Support department-level recovery operations (e.g., radiology, pharmacy, purchasing, payroll, business office)
● Determine the ability to meet any recovery objectives for all impacted business functions, and develop alternate systems to meet needs
● Ensure a system to access essential business records (e.g., patient medical records, purchasing contracts)
● Assure activation of plans for expansion or relocation to alternate business operation sites as needed, including:
  ○ Occupancy permits
  ○ Contractors for building modifications, communications and information technology (IT) networking, and acquisition and transportation of furniture, equipment, and supplies
  ○ Staffing plan (employees or vendor supplied)
  ○ Building security, housekeeping, and trash removal services
● Assure activation of hospital-wide Information Technology (IT) Support Plan, including:
  ○ Support the Hospital Command Center (HCC) with equipment and software; coordinate with the Logistics Section Information Technology/Information Services (IT/IS) and the Equipment Unit Leader on equipment issues
  ○ Expansion of computer help-desk services
  ○ Vendor agreements to support operations
  ○ Utilization of downtime paperwork, and post event transfer of information from hard copy to computer after system restoration when applicable		

○ Evaluation of existing applications to include projected needs for additional licenses, password permissions, storage, and hardware to support existing operations as well as those in an alternate location ○ Virus removal operations ● Obtain information and updates regularly from the Operations Section Chief ● Maintain current status of all areas ● Inform the Operations Section Chief of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs ● Monitor and support as needed Infrastructure Branch, and the Logistics Section Information Technology/Information Services (IT/IS) and the Equipment Unit Leader ● Consider development of a branch action plan; submit it to the Operations Section Chief if requested ● Provide regular updates to branch personnel and inform of strategy changes as needed		
Documentation ● HICS 204: Document assignments and operational period objectives on Assignment List ● HICS 213: Document all communications on a General Message Form ● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis ● HICS 251: As directed by the Infrastructure Branch Director, review and document information in appropriate sections of the Facility System Status Report ● HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period ● HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report ● HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources ● Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief ● Assess issues and needs in branch areas; coordinate resource management ● Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security ● Ensure that all branch personnel comply with safety procedures and instructions ● Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2-12 hours)	**Time**	**Initial**

Activities
 	
● Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
● Communicate regularly with the Operations Section Chief
● Designate times for briefings and updates with Unit Leaders to develop or update the Business Continuity Plans
● Schedule planning meetings with Unit Leaders to update the action plan and demobilization procedures		

Documentation ● HICS 204: Document assignments and operational period objectives on Assignment List ● HICS 213: Document all communications on a General Message Form ● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources ● Assess issues and needs in branch areas; coordinate resource management ● Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security ● Ensure that all branch personnel comply with safety procedures and instructions ● Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques ● Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit ● Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
 	
● Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
● Continue to monitor the ability of the Business Continuity Branch to meet workload demands, personnel health and safety, resource needs, and documentation practices
● Continue to assist in maintaining the HICS 257: Resource Accounting Record to track equipment used during the response
● Conduct regular situation briefings
● Meet with unit leaders to address ongoing issues		

Documentation ● HICS 204: Document assignments and operational period objectives on Assignment List ● HICS 213: Document all communications on a General Message Form ● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis ● HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources ● Assess issues and needs in branch areas; coordinate resource management ● Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security ● Ensure that all branch personnel continue to comply with safety procedures and instructions ● Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader ● Provide for staff rest periods and relief ● Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques ● Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
● Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
● Ensure the return, retrieval, and restocking of equipment and supplies
● As objectives are met and needs decrease, return branch personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
● Notify the Operations Section Chief when demobilization and restoration is complete
● Coordinate reimbursement issues with the Finance/Administration Section
● Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements
● Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes, as needed
● Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
● Participate in stress management and after-action debriefings		

Documentation ● HICS 221: Demobilization Check-Out ● Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 251 - Facility System Status Report ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report

- ❑ HICS 257 - Resource Accounting Record
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Business Continuity Plans
- ❑ Data Recovery Plan
- ❑ Access Control policies and procedures
- ❑ Information and Data Security Plan
- ❑ Records Management Plan
- ❑ Business interruption insurance documentation
- ❑ IT Application Support Plan
- ❑ Computer with intranet and internet connection
- ❑ Hospital schematics, blueprints and maps
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

KVH Klickitat Valley Health	Policy Number:	
	Effective Date:	**1/1/2019**
	Title:	**Vendors, Contracts and MOUs Policy**

PURPOSE:

To ensure continuity of operations and supply procurement during an emergency.

PROCEDURE:

KVH will maintain a list of vendors, contracts, and MOUs (memorandum of understanding) for the purpose of service delivery during an emergency situation.

This list will be updated on an annual basis along with the EOP and will be maintained in a shared spreadsheet, here: https://docs.google.com/spreadsheets/d/1s4dh_a0JMU8YSMLxrPA_4dIRFg8UfP-XCavLSPRom_8/edit#gid=0

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Campus Sustainability**

PURPOSE:

To ensure that each department is prepared to maintain the KVH campus in the event of an emergency.

Campus-wide 96 Hour Operational Matrix.

DEPARTMENTS:

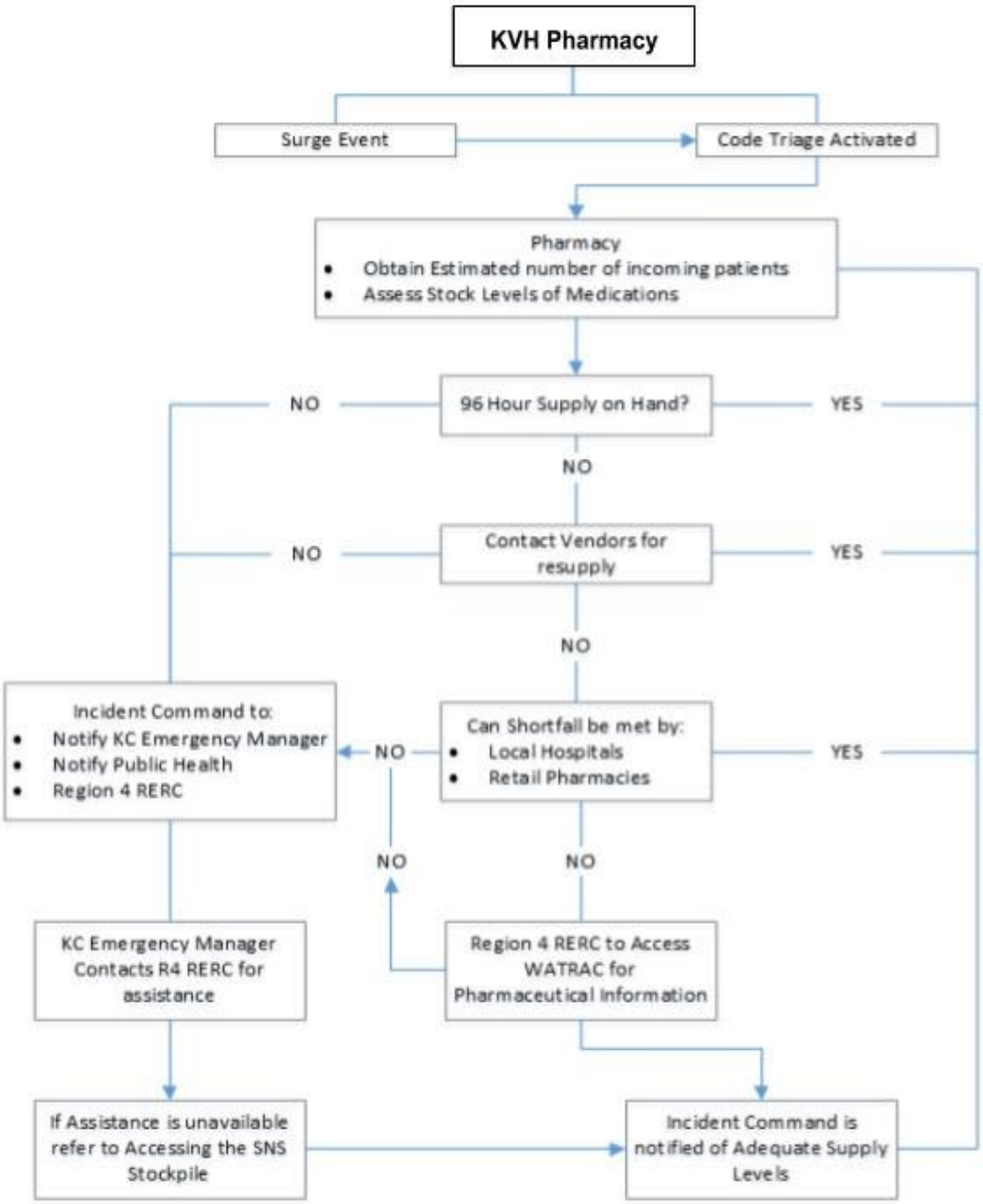
Pharmacy

a. Pharmacy has the capacity to maintain supply of pharmaceuticals for 96 hours based on normal operating conditions. National drug shortages remain an ongoing issue and may reduce capacity if alternate drugs can not be acquired. As the hospital is stressed by an emergency or disaster it is incumbent on the pharmacy to assess the current and predicted patient load and flex accordingly.
   i. Vendor support will allow for overnight shipping in an intact transportation infrastructure.
   ii. Aid agreements with regional hospitals can support KVH's shortfalls but may not be a viable option should the emergency or disaster be region-wide.
   iii. Retail Pharmacies could also become an option, but may not be an option if the emergency or disaster is region wide.

b. Incident Command would support Pharmacy Operations by providing early notification of an emergency or disaster to County and Regional Support partners
   i. Klickitat County Emergency Management
   ii. Klickitat County Health Department
   iii. Region 4 Coalition.

c. KVH can work with the Klickitat Valley Health Department and Region 4 RERC to access the Strategic National Stockpile (SNS): SNS is a cache of select pharmaceuticals, vaccines, and medical supplies to assist states in their response to localized biological or chemical terrorism incident or other public health emergencies. Klickitat County Health Department may prepare for SNS activities by annually staging a mass vaccination clinic, participating in exercises and undergoing a local technical assistance review.

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Campus Sustainability**



Accessing Pharmaceuticals

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Campus Sustainability**

Dietary

Dietary functions, without immediate compromise, will be able to sustain operations for 1 week given average demands. Increased patient, staff, family and visitors in the times of a surge or disastrous event will increase consumption beyond normal. It is incumbent upon the Dietary Manager or designee to recognize these situations and appraise the Incident Command Team.

The Incident Command Team will evaluate patterns and may limit access to the cafeteria if the situation arises. Firstly, we are a community Hospital and the desire to limit access to food services will be evaluated day to day.

In the event of a disaster the Dietary Manager or designee shall provide a status report to the Incident Commander detailing:

1. Estimated capacity to sustain operations at 100% of capacity in days based on the stock on hand.
2. Next order delivery
3. Any capacity that is compromised
    a. Closure of roads – Inability for supplies to reach KVH
    b. Loss of gas utility detailing effects
    c. Loss of electricity detailing effects
    d. Loss of water utility
    e. Staffing issues
    f. Other

Dietary Staff, when the Emergency Command Center is activated will need to assure that there are snacks, coffee and water available at the following locations:

1. Emergency Operations Center
2. Manpower Staging Area
3. Clinic
4. Other areas as identified by the Incident Commander

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Campus Sustainability**

Plant Services

a. Temperature Regulation: ED Wing: Basic heating and cooling will continue to function on emergency generators and natural gas systems. Old Hospital: will have heat but limited or no cooling in an outage situation. Family Medicine and 711 have no heating or cooling during an outage. Plant Services will attempt to regulate temperature by passive means whenever possible.
b. Emergency Lighting: ED Wing: Basic lights will function during an outage. Old Hospital: Basic lights will function during an outage. Family Medicine and 711 have no lights except egress lighting during an outage.
c. Fire Detection and Extinguishing: These systems are designed to function in the event of emergencies.
d. Alarm Systems: These systems are designed to function in the event of emergencies.
e. Disposal of Sewage and Waste: These systems are designed to function in the event of emergencies.
f. Several backup Emergency generators will supply power for essential hospital services and will sustain the supply of power for a minimum of 96 hours. The generators are on a regular testing and maintenance schedule that meets NFPA and CMS guidelines.
g. Facility components NOT on backup power or NOT completely on backup power:
    i. Surgery – Limited HVAC
    ii. Imaging – No Mammography services
    iii. Hospice and Financial services – No backup power
    iv. Family Health Clinic – No backup power
    v. Wellness and Therapy Center - No backup power
    vi. Patient Wing - Limited lighting and receptacles in patient rooms

Facility Emergency water plan :

KVH has been in communication with the city regarding the emergency water supply, in regards to the gravity feed from the water towers on the hill next to the observatory in the city of Goldendale. The city has assured KVH that in an emergency power failure there is enough water pressure in the system that would supply the hospital's needs for more than 4 days (96 hours). The question of a broken line was also raised and we were told it would be a matter of two hours to have the system up, Purged and running.

We are currently working with Lisa Cunningham, Director of Business from Bishop services on a contract for an emergency water supply that consists of a 1500-gallon Bottle of potable water supply which should be quite adequate for 4 days (96 hours) of water for the hospital, this would equate to 375 Gallons per day.

Plant 96 Hr Operational Matrix

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Patient Tracking**

PURPOSE:

1. At the time a disaster is announced, personnel in charge of each of the following areas shall designate one person to call the Command Center and inform them when a victim is received in their area. Notification shall include patient name or, in absence of a name, the number found on the patient registration form.
    a. Surgery (Operating Room)
    b. Nursing Unit where a patient is admitted.
    c. Rural Health Clinic (Minimal Care)
    d. When body is received in morgue or released to a funeral home
    e. In addition the Command Center will be notified under the following conditions:
    f. Transferred to another facility
    g. Discharged
2. The Command Center shall record this information through HICS forms 254, 255, or 260. If this information is reported and recorded properly, the Disaster Command Center will have ample information available to deal with the news media, will have an overall picture of how the victims are being moved as well as any bottlenecks that might develop.
3. WATrac & Oregon Tracking systems. As part of Region IV, KVH maintains patient and capacity information through EMResource https://emresource.juvare.com/login in order to collaborate with other hospitals in our region. Because we are on the border between eastern and western Regions we also maintain access to WATrac and the Redi Region (former Region VIII) https://www.watrac.org/default.cfm
    a. In the event of computer or internet failure refer to EOP 13 - KVH Communication Plan for alternative means of communicating transfers.

KVH Klickitat Valley Health	Procedure Number:	**EOP Section 8**
	Effective Date:	**1/1/2019**
	Title:	**Evacuation/Shelter in Place Plan**

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EVACUATION FORM 15

PURPOSE:

To efficiently and safely evacuate the hospital or shelter in place.

Definitions:

1. **Assembly Area**: In a complete evacuation, this is an area(s) where patients are processed before going to the Patient Staging Area(s) for transport out of the healthcare facility. (The Assembly Area(s) will be the patient's room)

2. **Complete Evacuation**: Evacuation of the entire facility.

3. **Emergency Operations Plan** (Disaster Plan): The procedures, developed by the healthcare facility, to manage an internal or external hazard that threatens patient, staff, and visitor life and safety.

4. **Emergency Operations Center** (EOC): A village, town, city, county, regional, state central command and control facility responsible for managing and supporting an emergency situation.

5. **Healthcare Facility**: A facility where patients, who need assistance in caring for themselves, are supervised by healthcare professionals.

6. **Healthcare Facility Incident Command**: This is used to refer to the authority that makes any decision, coming from the healthcare facility Command Center. Typically once responders arrive, this person will make decisions jointly with responders in a Unified Command Post.

7. **Horizontal Evacuation**: Evacuation beyond corridor fire doors and/or smoke zones into a nearby, secure area or department.

8. **Director of Nursing Services or Charge Nurse**: For the purposes of this policy, this refers to the person, who has the authority, at any given moment, to intervene to protect patient, staff, visitor and facility safety.

9. **Incident Site Evacuation**: Evacuation of persons from the room or area of the incident.

10. **Local Authorities**: For the purposes of this policy this includes, but is not limited to the local Emergency Management Director, Law Enforcement, Fire Department, County Health Department and EMS.

11. **Partial Evacuation**: An evacuation of certain groups of patients or of areas within the facility.

12. **Patient Staging Area**: In a complete evacuation, this is an area(s) to which patients are sent for transport out of the healthcare facility.

13. **Transportation Vehicle Staging Area:** In a complete evacuation, this is an area(s) at which vehicles that will transport patients from the evacuated facility will wait until summoned by the Transportation Task Force Leader.[1]

14. **Response Agency Incident Commander**: The person, usually first on-scene, such as the Fire Department, Law Enforcement, etc. that assumes command and is responsible for the management of the incident. 1

15. **Shelter-in-Place**: A protective action strategy taken to maintain patient care within the facility and to limit the movement of patients, staff and visitors to protect people and property from a hazard.

16. **START**: A rapid assessment of every patient, determining which of the four categories patients should be in and visibly identifying these categories for rescuers, who will treat the patients.

1

17. **Triage Tag**: This is a “slip of paper” that is attached to a patient, usually by Emergency Medical Services (EMS) in the field, to provide key information about the patient. The “tag” includes an identification number and a color-coded system to document the acuity level of the patient.

18. **Unified Command**: A structure that brings together the "Incident Commanders" and the Incident Management Structures of all major organizations, involved in the incident, in order to coordinate an effective response while at the same time carrying out their own jurisdictional responsibilities.

Part A: Decision to Shelter-in-Place versus Evacuation

1. The staff person, who identifies an internal hazard or who is notified of an external hazard, is responsible to notify the Chief Clinical Officer (CCO) or Administrator on Call (AOC) immediately.

2. Shelter-in-place is the preferred option, unless the decision is made by the CCO or AOC, usually in coordination with response agencies, to evacuate, considering the circumstances of the incident.

a. The healthcare facility is to initiate its Emergency Operations Plan and use the Incident Command System (ICS).

b. The appropriate referral facilities/agencies are to be notified that admissions are to be canceled. The Liaison Officer is also to notify the EOC, if activated.

3. The decision to shelter-in-place or evacuate is to be made in consultation with the response agency Incident Commander/Unified Command, if established (e.g. the local Emergency Management Director, Law Enforcement, Fire Department, County Health Department and EMS and others, as appropriate.)

a. If there is no response from the Incident Commander, the healthcare facility Incident Command should do all that is necessary to protect the life and safety of its patients,

staff and visitors. The healthcare facility Incident Command is to notify 911 of its decision.

b. Prior to the actual need to shelter-in-place or evacuate, the healthcare facility is to consult with the local Emergency Management Director, Law Enforcement, Fire Department, County Health Department, EMS and others, as appropriate so that these agencies are aware of and are in agreement with this plan and its procedures.



Note: A healthcare facility may decide to both evacuate parts of the facility, shelter-in-place in another part of the facility and temporarily shelter in place until an evacuation can be conducted.

Part B: Decision to Shelter-in-Place

1. The healthcare facility Incident Command is to make an assessment whether the healthcare facility faces an internal or external hazard or both.

2. If the decision is made to shelter-in-place due to an internal and/or external environmental hazard[2], the healthcare facility Incident Command will notify local authorities by calling 911, if appropriate, and will make an assessment for the need to initiate environmental engineering interventions. The primary decisions are:

a. The decisions on how to protect patients, staff and visitors by movement to a more secure area will be made by the healthcare facility Incident Command in collaboration with the response agency Incident Commander or Unified Command, as appropriate.

b. The decisions on how to protect the building will be made by the healthcare facility Incident Command, based on the known hazards and their effects on the building and its inhabitants in collaboration with the response agency Incident Commander or as part of a Unified Command, as appropriate.

3. The healthcare facility is to initiate a process to secure the building (lockdown).

4. Staff is to be advised to stay within the building and to advise all patients and visitors to stay within the building until further notice.

5. If shelter-in-place is expected to last for more than 24 hours, KVH Incident Command is to inform all departments that all resources are to be conserved. For example (the following list (a through d) is not meant to be inclusive but is an example of items IC and managers will focus on to conserve or replenish resources):

a. This is the Incident Command System Section that carries out all activities related to the management of the incident (Operations).

[2] Each healthcare facility is to identify its critical functions that will need to continue the provision of services during shelter-in-place.

b. Establish patient management plans, including identifying the current census, the cancellation of elective admissions and procedures etc.; establish a workforce plan, including a plan to address staff needs for the expected duration of the shelter-in-place and establish communications and a back-up communications plan (Planning).

c. Coordinate communications and a back-up communications plan with the local Emergency Management Director, Law Enforcement, Fire Department, County Health Department, EMS and others, as appropriate. The healthcare facility Public Information Officer is to coordinate all communications through the EOC (Liaison, Information Officer).

d. Request through local Emergency Management resources and supplies, e.g. the amount of generator fuel available and the duration that this fuel is expected to last (Logistics).

6. Each department head/critical function is expected to provide in writing to the Logistics Chief, within one hour of the activation of healthcare facility Incident Command, the resources that it has available, the expected duration of these resources and the contingency plan to conserve these resources, should replenishment of supplies be in jeopardy.

7. The healthcare facility Incident Command is to determine, or if response agencies are present, participate in Unified Command, as appropriate, when shelter-in-place can be terminated and to identify the issues that need to be addressed to return to normal business operations, including notification of local authorities about the termination of shelter-in-place.

Part C: Decision to Evacuate

1. In the event of a hazard, which requires a complete or partial evacuation of the facility, if necessary to protect the life and safety of patients, staff and visitors, the healthcare facility Incident Command is to give the order to evacuate or if response agencies are present in collaboration with Unified Command, as appropriate.

2. If the circumstances are such that there is no immediate danger to the life and safety of patients, staff and visitors, the healthcare facility Incident Command is first to determine the availability of transportation resources and destination sites (internal and external) before giving the order to evacuate. Until the time that these resources are determined, the healthcare facility Incident Command shall give the order to shelter-in-place or if response agencies are present this decision should be made by Unified Command.

3. Once transportation resources and destination sites (internal and external) are identified the healthcare facility Incident Command or the Unified Command shall give the order to activate the procedures to initiate an orderly and timely transfer of patients to the pre-designated destination site(s).

4. The following are the procedures to be followed to evacuate the building or a portion of the building, when it has been determined that the healthcare facility is unsafe or unable to deliver adequate patient care[3].

5. When it is determined that evacuation is necessary, the healthcare facility Incident Command will provide directives according to its communications policy, (call Registration at 0 and instruct them to make an announcement over the PA system (using the emergency page code 5555). (Fire Alarms should not be used to evacuate during a bomb threat or suspicious package evacuation unless fire or smoke is present.) The specific directive will depend upon the type of evacuation required (Incident Site, Horizontal, or Complete) the Healthcare facility Incident Command or Unified Command will determine to which area(s) (internal or external) the patients are to be moved.

[3] Examples of possible incidents that require evacuation include: fire, bomb threat, major structural damage, threat of explosion, major power loss, flood, major gas leak, or exposure to a hazardous material.

a. If an Incident Site Evacuation is necessary, the overhead page will state "Code Internal Triage": evacuate from (room number or name of area) to (room number or name of area)

b. If a Complete Evacuation is necessary, the healthcare facility Incident Command or Unified Command will define the sequence of evacuation and when to begin the movement of patients to the Assembly Area(s) and/or to the Patient Transport Area(s).

6. The following procedures apply to the Incident Site and Horizontal Evacuation.

a. After the directive of the evacuation, all available staff will report to the Labor Pool. Staff will be assigned to departments needing additional help at the direction of the Operations Chief.

b. All patients, not on their respective units, are to be returned to their respective units, if possible. If this is not possible, ancillary staff (e.g. Dietary Department, Physical Therapy, etc.) are to maintain the census of all patients and their room numbers and report this census to the Planning Chief. Ancillary staff and patients are to remain in place until further directives are received.

c. After the evacuation of the patients and others (family members, visitors) from the area to be evacuated, staff, in collaboration with the local Fire Department, is to apply a "visual cue" (a laminated sign stating "room clear") posted to the door of the room to indicate that the room has been cleared. These doors should be closed except during a bomb incident when only fire doors should be closed.

d. Staff is to be prepared to evacuate from the area all patients, along with visitors and staff, according to the level of acuity of the patients.
   1) **Evacuee Acuity Level 4**[4]**:** self-sufficient patients who are ambulatory, require minimal nursing care and are candidates for rapid discharge to home.

[4] This "numbering system" is used to be in compliance with the National Incident Management System (NIMS) where a higher number indicates a lesser degree of intensity and a lower number indicates a higher degree of intensity.

2) **Evacuee Acuity Level 3:** Ambulatory patients, who require moderate nursing care and require assistance in evacuation.

3) **Evacuee Acuity Level 2:** Patients, who are non-ambulatory, require frequent supportive nursing care and observation.

4) **Evacuee Acuity Level 1:** Patients, who are non-ambulatory, require continuous nursing care and observation.

e. The patient's chart, medications and patient ID are to accompany the patient as they are evacuated.

f. The charge nurse or designee is to compile a list of all patients in the area(s) that is being evacuated.

g. If time permits and there is no threat to the safety of the staff, the staff are to return to obtain any devices necessary for daily living (glasses, dentures, prosthesis) and any other valuables and belongings. Staff may also want to collect their own personal belongings.

h. Healthcare facility Incident Command or Unified Command, if responders are present, is to make the necessary arrangements to secure the evacuated area, primarily to keep people from entering the evacuated area.

i. Staff are to enforce "Keep to the Right" when moving down hallways.

j. Staff should remain with patients in the relocated area until the patient(s) has been reassigned/handed off.

k. Upon completion of the evacuation of each area, staff through their chain of command is to report to healthcare facility Incident Command or Unified Command that the evacuation of the area has been completed.

7. The following procedures apply to Complete Evacuation:

a. All the procedures identified in C-5 are also to be followed for a Complete Evacuation.

b. The following additional procedures are also to be implemented:

1) Sequence of Evacuation: Healthcare Facility Incident Commander Unified Command if response agencies are present will determine which areas and/or smoke zones are evacuated first and in which order. Those areas that are most in danger or the areas of the incident are to be evacuated first. In all incidents, patients are to be evacuated according to their Evacuee Acuity Level.

2) Healthcare facility Incident Command or Unified Command are to identify area(s) for both Assembly and Patient Transport.

c. Assembly Area(s): The following activities will take place in the Assembly Area(s):

1) Patients are to be assessed for rapid discharge, if appropriate.

2) Staff is to maintain care of the patient and continue to assess acuity.

3) Staff are to make every effort to obtain the “Patient Evacuation Tracking Form" (See Appendix A: HICS 260), if the patient is to be transported to another destination site: (Data in **BOLD** is required information)

4) Healthcare facility Incident Command or Unified Command is responsible for accounting for all staff. Healthcare facility Incident Command or Unified Command is also to maintain a log of staff, who accompany patients to destination sites with consideration, to the extent possible, for their lodging, food, and other needs.

d. The Transport and Discharge Area is the designated area for patients who are being discharged and also for those patients who are being transported to external destination sites.

1) A triage tag[5] is to be applied by the DNS or Charge Nurse to all patients, who are being transported to destination sites. The patient is also to be triaged according to the START triage protocols, that is, a color code is to be assigned to the patient based on the patient's acuity. The triage tag number is the number that will be used to track the patient after leaving the evacuated healthcare facility to destination sites.

START Triage: Simple Triage and Rapid Treatment Quick Reference

[5] Hospitals and EMS have triage tags. Healthcare facilities may purchase triage tags for this purpose or, in an emergency, request these tags from the hospital or EMS. If purchasing triage tags facilities should coordinate with the local EMS Director to ensure consistency with existing triage systems.

Triage Level	Priority for Evacuation from Nursing Unit to Staging Area Reversed START Priority	Priority for Transfer from the Staging Area to another Health Care Facility Traditional START Priority
Red	▪ **Last** ▪ Require maximum assistance ▪ Need stretchers ▪ Require 2-3 staff members to move	▪ **First** ▪ Require maximum support to sustain life
Yellow	▪ **Second** ▪ Require some assistance ▪ May need wheelchairs or stretchers ▪ May require 1-2 staff members to move	▪ **Second**
Green	▪ **First** ▪ Require minimal assistance ▪ Ambulatory ▪ 1 staff member can safely lead several to the staging area	▪ **Last**

Note: If there is concern that the patient may lose the tag or tear it off, the triage tag should be put on the patient's chart.

a) A staff person is to be assigned to match the triage tag number to the list of patients, being transported, that was generated by the Charge Nurse or Planning Section.

b) This same staff person must also match any patients, being discharged or being sent to a temporary shelter, to the same list that was generated by the Charge Nurse or Planning Section.

c) Demographic information for all patients, both those who were discharged, and those who are being evacuated along with the triage tag number, are to be entered into Meditech within one hour or, as soon as possible, of the patient leaving the healthcare facility.

2) The on-site healthcare facility Transportation/Discharge Task Force Leader shall assure that:

a) Each patient, being transported to a destination site, must be logged on the Master Patient Evacuation Tracking Form (See Appendix B: HICS 255).

b) Each patient, being transported by private vehicle, must be logged on the Master Patient Evacuation Tracking Form (See Appendix B: HICS 255).

e. Transportation Vehicle Staging Area

1) To maintain open access to the healthcare facility Patient Transport Area(s), the healthcare facility Incident Command or Unified Command will activate the Transportation Vehicle Staging Area (Patient/Visitor Parking Lot).

2) The Transportation Vehicle Staging Area Manager or Transportation Vehicle Assistant Staging Area Manager, if Unified Command has assigned a Staging Area Manager to manage all staging activities, is responsible for sending vehicles to the healthcare facility Patient Transport Area(s) as requested by the Transportation Task Force Leader.

Note: KVH will make every effort to pre-identify and use only authorized vehicles for patient transport. However, it is recognized that circumstances may be such that authorized vehicles may not be available and the healthcare facility may need to resort to the use of private vehicles. The

use of private vehicles poses risks to the healthcare facility and those being transported. The following protocols are examples of the best efforts that can be made to "authorize" drivers of private vehicles.

3) All vehicles need to be documented before being sent to the healthcare facility from the Transportation Vehicle Staging Area. The Transportation Vehicle Staging Manager or Assistant will verify the information found on the Master Patient Evacuation Tracking Forms (Appendix B: HICS 225) for each vehicle before it is sent to the healthcare facility.

4) The Master Patient Evacuation Tracking Form (Appendix B: HICS 255) is to be given to the driver of the vehicle by the Transportation Vehicle Staging Area Manager to present to the healthcare facility Transportation Task Force Leader at the healthcare facility.

5) No patient is to be released to a vehicle without obtaining the Master Patient Evacuation Tracking Form (Appendix B: HICS 255) from the driver. The Transportation Task Force Leader is to verify all the information on the form before assigning a patient for transport by the private vehicle.
6) Managers will track their on site staff for location and safety using their texting tree or radio communications.

f. Methods for Evacuating Patients

1) The healthcare facility is to use the elevator as needed, if permitted by the Fire Department.

2) Ambulatory patients are to be guided down the stairs, accompanied by a staff person with a ratio, based on the acuity of the patients. For example, ambulatory patients, needing assistance, may be assisted with belts, shoulder-to-shoulder human chain, one person arm carry, etc.

3) Non-ambulatory patients will need to be transported on a stretcher, wheelchair, or their actual hospital bed. If necessary a Stair Chair will be used

to evacuate patients or staff down stairs after following "Decision to Shelter-in-Place versus Evacuation".

a. Employees will be trained to use the Stair Chair to assist patients or other employees as needed. The training video can be found here: https://youtu.be/OS-ujoYac0A and will be created into a Relias Module with scheduled practice events.

KVH Klickitat Valley Health	Procedure Number:	**EOP Section 8**
	Effective Date:	**1/1/2019**
	Title:	**Evacuation/Shelter in Place Plan**

EVACUATION FORM

EVACUATION OF PATIENTS, VISITORS AND STAFF

In accordance with Klickitat Valley Health's Emergency Preparedness Plan, the person in charge shall assign staff to record the following information. The information must be called into the Incident Command Center if and when departments are instructed to evacuate the facility

	In Immediate Danger	Ambulatory	Wheelchair	Gurney
# of Patients				
# of Visitors				
# of Staff				

Do you have enough wheelchairs to transport the number of people needing a wheelchair?	☐ Yes ☐ No
If "NO" how many additional wheelchairs do you need?	
Do you have enough gurneys to transport the number of people needing a gurney?	☐ Yes ☐ No
If "NO" how many additional gurneys do you need?	
Do you have enough staff to transport the number of people needing to be transported?	☐ Yes ☐ No
If "NO" how many additional staff do you need?	
Time of call to the Incident Command Center	
Name of person contacting the Incident Command Center	
Department of person contacting the Incident Commander	

KVH Klickitat Valley Health	Procedure Number:	**EOP Section 8**
	Effective Date:	**1/1/2019**
	Title:	**Evacuation/Shelter in Place Plan**

Following the Emergency/disaster, send this completed form to the Safety Officer

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Security/Storage of Medical Records**

PURPOSE:

To establish guidelines for the security and storage of medical records in compliance with federal (HIPAA, PHI, Security, and Compliance), as well as State and District rules and regulations.

PROCESS:

A. All Hospital medical records will be housed in a physically and environmentally secure area under the immediate control of the Medical Record Department.
B. Access to areas housing health information will be restricted to authorized personnel.
C. Hospital medical records must be available and accessible at all times for patient care.
D. When medical records are within the institution, records will be kept in secure areas at all times and not left unattended in areas accessible to unauthorized individuals.

PROCEDURE:

Retention
See KVH Process for Retention of Medical Records. KVH is currently following Washington State Law by only retaining medical records of patients not seen within the past ten (10) years.

Storage
Records that have been inactive for a period of at least three (3) years will be purged and stored in a secure climate controlled environment within the Facility with limited access.

Death Charts
The Death Registry is maintained by the Medical Records Dept. All information is gathered from the daily census. The Surgery Registry is created and maintained by the Surgery Department.

Destroyed/Microfilmed Records
Previous medical records that have been destroyed and/or microfilmed are noted on the patient's master index card located within the medical record department.

Location of Records in Storage

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Security/Storage of Medical Records**

A master list of all records located in the storage areas is kept and updated on a weekly basis via a secure designated area on the computer hard drive within the medical record department.

Registries
Birth, Death, Emergency Room, Operating Room, and Delivery Room registers are maintained within the Facility indefinitely.

Inadvertent Destruction
Should medical records be inadvertently destroyed (fire; flood; etc.), notification will be made immediately to the following:

1. Hospital Administrator/CEO
2. Compliance Officer
3. Licensure/Regulatory Agencies

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**EOP Personnel Policies**

PURPOSE:

To outline personnel policies in effect during an emergency.

Credentialing (Emergency)

KVH Hospital Campus in an emergency or disaster can credential medical personnel to assist with operations when needed. Personnel seeking temporary privileges shall be evaluated for suitability and then if deemed suitable, are screened.

Identification of Personnel (Emergency)

1. All personnel including Volunteers shall prominently display their KVH ID badge on their person at all times.
2. During a disaster or other emergency temporary workers shall be issued a temporary KVH ID badge.
3. Vendors working within the KVH Campus will be issued a temporary ID Badge that is issued by either Maintenance of Materials Management.
4. Other persons conducting business should be badged or escorted while in any of the facilities.
5. When a "Code Triage" dictates the standing up of the Hospital Incident Command, personnel assigned tasks within Emergency Operations shall be identified with a vest. The color of vests will differ, in most cases the position title will be predominantly displayed.

Employee Contact / Paging System (Emergency)

Employees may be requested to return to work in an emergency or disaster. This may be accomplished in several ways. First it is incumbent upon each department manager to **maintain an up to date list** of all employees including:

1. Phone Number (Landline)
2. Cell Phone
3. Physical Address
4. E-mail address

Managers or designees may be directed by Incident Command to call personnel back in to assist in the incident management, provide care or support services. At the lowest level this may be accomplished by a phone, if personnel can be contacted it is beneficial that a count of personnel availability can be determined relatively quickly.

In the event of a widespread emergency with total communications disruption, personnel are required to report to their department head or manager for assignment responsibilities. If Incident Command is in place and the employee does not typically serve a clinical role they may report to the Labor Pool in the 2nd floor Family Medicine break room.

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**EOP Personnel Policies**

Volunteers (Emergency)

1. Volunteers working the hospital at the time of a disaster or during the event shall report immediately to the Manpower Pool for use on an as needed basis.
2. If the disaster occurs at a time other than the normal shift, volunteers are requested NOT to return to the hospital unless called by the Manager of Volunteer Services.

Labor Pool

The Labor / Manpower pool is designed to gather all personnel arriving at KVH in response to a disaster or other emergency. There will be a designated person that will become the Manpower Manager that will liaise with the Incident Command Center and assign persons as requested.

The Manager will:

1. Gather Communications Equipment, specifically a hand-held Radio
2. Provide regular updates to the Incident Command Post
3. Keep a log of all personnel arriving and when they are assigned

The Manpower Pool will be located in the 2nd floor staff break room of the KVH Family Medicine Clinic. This will serve as the primary location unless otherwise specified by the Incident Commander or designee.

Visitors During an Emergency (once the Incident Commander declares an emergency situation)

According to the KVH Hospital District Emergency/Disaster Preparedness Plan, it is suggested that only one family member or visitor per patient will be allowed to stay in the hospital during the event. The patient's visitor should bring bottled water and any additional supplies that may be needed, such as medications, personal hygiene items, snacks, linens, etc.

Upon arrival at KVH Hospital District, the patient's visitor will identify himself/herself to the incoming greeter, and the greeter will confirm that there are no other visitors currently with the patient. Once cleared, the visitor may be issued a unique identifier.

In the event of unsafe situations, visitors will not be granted entry.

The greeters will be stationed in the main lobby**.** The remainder of entrances will be secured and locked. The greeter will also ensure that the main lobby entrance remains secure and enforce the lockdown policy in effect.

Emergency Disaster Privileges Request SAMPLE

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**EOP Personnel Policies**

Date of Disaster:

I attest that the information submitted by me in this application is correct and complete.

I hereby offer my professional services to Klickitat Valley Health during this emergency/disaster. I agree to abide by the hospital's Policies and Procedures, Incident Commander or any other hospital or medical staff leader.

I also acknowledge that my emergency/disaster privileges at Klickitat Valley Health shall immediately terminate once the emergency/disaster has ended, as notified by the hospital.

I authorize Klickitat Valley Health to consult with any individual(s) or organization(s) who may have information bearing on my professional qualification, competency, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter bearing on my professional qualifications and competency to carry out the emergency/disaster privileges I am requesting. I authorize all individuals and organizations that are requested to provide such information to Klickitat Valley Health or its representative.

I release from any liability all representatives of Klickitat Valley Health and its Medical Staff for their acts performed in good faith and without malice in connection with their evaluation of me and my credentials. I release from any liability all individuals and organizations who provide information to Klickitat Valley Health in good faith and without malice concerning my competency, ethics, character and other qualifications including otherwise privileged or confidential information.

I agree that a photocopy or facsimile of this document with my signature may be accepted by any entity from which such information is sought, with the same authority as the original and I specifically waive written notice from any such entities or individuals who may provide information based upon this authorized request.

I certify that as of this date, I have no physical, medical or mental condition that would impair rendering care to the patients or meeting medical staff responsibilities. I further attest to having no impairment due to chemical dependency or substance abuse.

Practitioner Signature: _____ **Date:** _____

Practitioner Printed Name: _____

Emergency Disaster - Practitioner Credentialing

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**EOP Personnel Policies**

During a disaster in which the Emergency Operations Plan, and the Hospital Incident Command System (HICS), has been activated, temporary clinical privileges may be granted to a practitioner, on a case by case basis, at the discretion of the CEO or his/her designee.

PRACTITIONER NAME:	
PHOTO ID	YES / NO
ONE OF: (CHECK ONE) • Hospital or Health Organization Picture ID • US or CN License • DMAT ID • Fed, State, or Locally Authorized ID to Provide Emergency Care • Primary Source Verify of License • Personal knowledge by Hospital Staff	YES / NO
INFORMATION REGARDING MALPRACTICE INSURANCE	YES / NO
FREE OF POTENTIALLY IMPAIRING DRUG USE AT THIS TIME	YES / NO
MENTALLY & PHYSICALLY FIT FOR ASSIGNED DUTIES	YES / NO

PROVIDE TO PRACTITIONER

COPY OF VERIFICATION	
TEMPORARY ID	
LIST OF ENCOUNTERS	

MEDICAL STAFF COORDINATOR TO COMPLETE WITHIN 72 HOURS OR AS SOON AS POSSIBLE

LICENSURE	
DEA LICENSE	
MALPRACTICE INSURANCE STATUS	
PRIMARY HOSPITAL AFFILIATION STATUS	
COMPLETED APPLICATION	
NO CURRENT OR PREVIOUSLY SUCCESSFUL CHALLENGE TO LICENSURE	
NO INVOLUNTARY LIMITATION, REDUCTION, DENIAL, OR LOSS OF PRIVILEGES	
CRIMINAL BACKGROUND CHECK	

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**EOP Personnel Policies**

OFFICE OF INSPECTOR GENERAL REPORT	
NPDB REPORT	
RELEVANT TRAINING/EXPERIENCE	
CURRENT COMPETENCE	
HEALTH STATUS	
BOARD CERTIFICATION IF APPLICABLE	

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Medical Resource Hospital**

PURPOSE

To identify KVH as a Medical Resource Hospital within the Region 6 Area Trauma Advisory Board system.

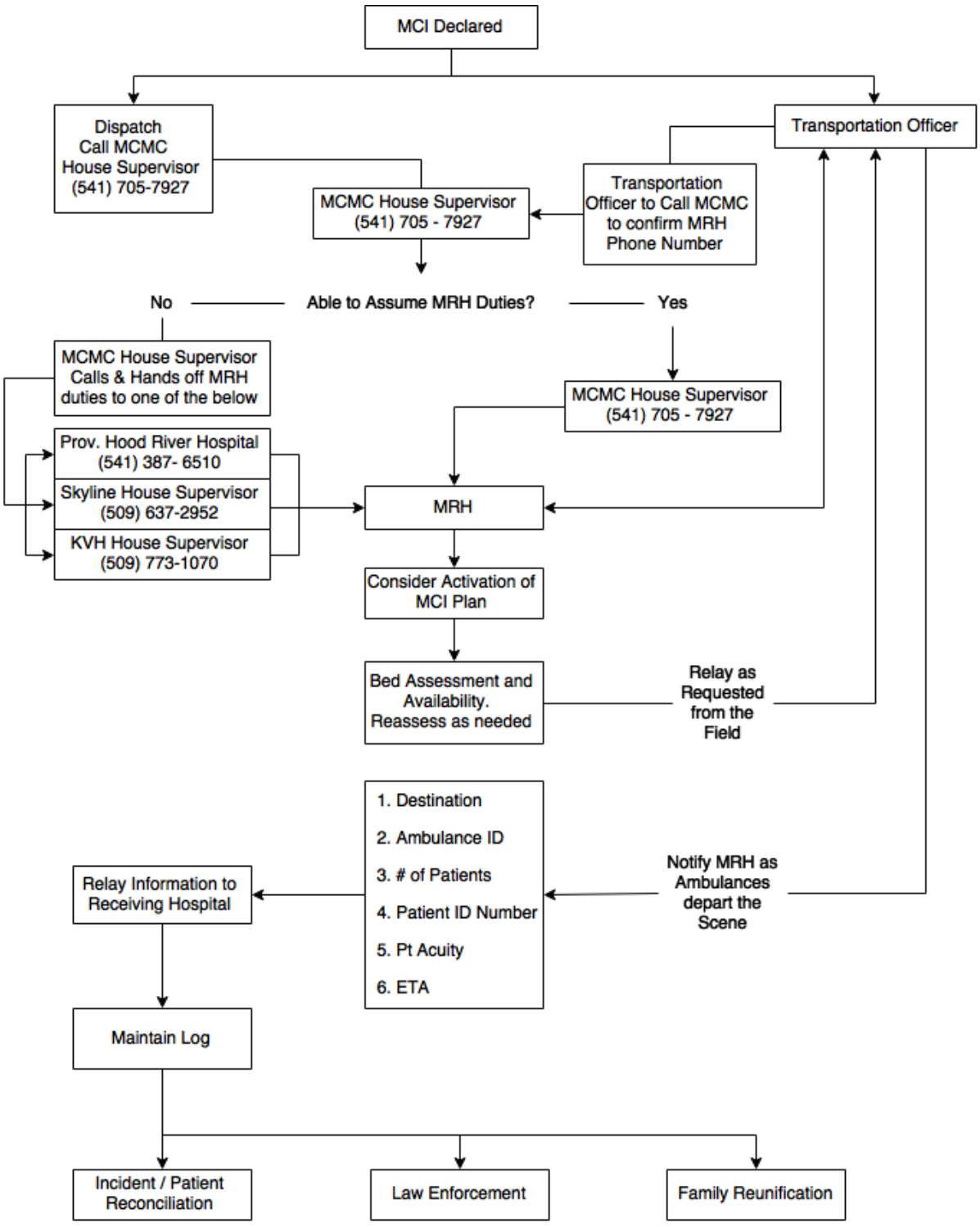
Medical Resource Hospital

The concept of the Medical Resource Hospital (MRH) originates from within the pre-hospital Regional Mass Casualty Incident Plan. This plan was originally designed and compiled by members of the Area Trauma Advisory Board in Region 6 (ATAB-6) ATAB-6 is based on Oregon's Trauma boundaries but is adapted to include both Klickitat and Skamania County as regional response partners.

Of the four regional Hospitals, Mid-Columbia Medical Center as the largest hospital is designated as the primary lead for MRH functions. Each of the other three hospitals can assume those duties if needed.

The following algorithm details a pre-hospital response with the key field person being the Transportation Officer. This algorithm can be easily adapted should any hospital need additional resources to evacuate one of their facilities. The Transportation Officer would function within the Hospital Command structure working closely with Discharge Planners.

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Medical Resource Hospital**



KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**EMTALA Policy**

PURPOSE:

To ensure compliance with Emergency Medical Treatment and Active Labor Act ("EMTALA") and related laws and requirements.

PROCEDURE:

Definitions:

A. Board: the Board of Directors of Klickitat Valley Health

B. Campus: the physical area immediately adjacent to the Hospital and other areas and structures not strictly contiguous to the Hospital but located within 250 yards of the Hospital, including the Hospital parking lot, sidewalk and driveway, but excludes other areas or structures that are not part of the hospital, such as physician offices, other entities that participate separately under Medicare, or other non-medical facilities.

C. Capabilities: the capabilities of the staff and the facilities. Capabilities of the staff means the level of care that the personnel of the Hospital can provide within the training and scope of their professional licenses and includes on-call physicians. Capabilities of the facilities available to the Hospital include physical space, equipment, supplies and specialized services that the hospital provides as well as ancillary services routinely available to the Hospital.

D. Capacity: the ability of the Hospital to accommodate the individual requesting availability of qualified staff, beds, and equipment, and the Hospital's past practice of accommodating additional patients in excess of its licensure occupancy limits.

E. Central Log: The Hospital logs reflecting all patients who are on campus seeking Emergency Medical Services, maintained by the Emergency Department.

F. Dedicated Emergency Department: any department or facility of the hospital, regardless of whether it is located on the main hospital campus that meets at least one of the following:

1. It is licensed by the State as an emergency department;
2. It is held out to the public (by name, signage, advertising or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or

3. During the previous calendar year, based on a representative sample of patient visits that occurred during that year, it provided at least one-third of all its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.

G. Diversionary Status: the period during which, in the good faith judgment of Hospital administration, after consultation with physicians and nursing staff, as deemed appropriate, the Hospital is "saturated" or lacks capacity to handle additional patients.

H. Emergency Medical Condition or EMC:

1. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain and/or a Psychiatric Emergency) such that the absence of immediate medical attention could reasonably be expected to result in:
   a. Placing the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
   b. Serious impairment to bodily functions; or
   c. Serious dysfunction of any bodily organ or part.

2. With respect to a pregnant woman who is having contractions (true labor is presumed unless the physician/QMP, after a period of observation, certifies the presence of false labor):
   a. Inadequate time to effect a safe Transfer to another Hospital before delivery; or
   b. Transfer may pose a threat to the health or safety of the woman or unborn child.

I. Hospital Property: the entire main hospital campus, including the parking lot, sidewalk, and driveway

J. Labor: the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta.

K. Off-Campus Department: any facility, organization or physician office located off of the Hospital's main campus that has been determined by CMS to be a department of the Hospital under 42 C.F.R. Section 413.65 (i.e., operating under the Hospital's Medicare number, licensed as a part of the Hospital, and furnishing some of the same health care services as are provided at the main campus of the Hospital Services of the "same

type" are those services in a category of Medicare covered services that are provided by the Hospital at its main campus).

L. On-Call Physician List: a list of physicians who are on call.

M. Patient: an individual who presents anywhere on Hospital Campus for examination or treatment for an EMC. Patient does not include an individual who has been admitted as an inpatient or an individual who has begun to receive outpatient services as part of an encounter other than an encounter in a Dedicated Emergency Department for examination or treatment for an EMC. An individual includes an infant, that is born alive who, after expulsion or extraction, breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscle regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion.

N. Psychiatric Emergency: those situations where a Patient is a danger to himself or others by reason of aggressive conduct to inability to perceive or appreciate danger. Symptoms of substance abuse (drug and/or alcohol) requiring immediate detoxification are also considered within the definition of an emergency medical condition, and stabilizing treatment must be rendered.

O. Qualified Medical Personnel or QMP: a practitioner in a category of providers approved by the Board to perform medical screening examinations and who has been approved by the Medical Staff to perform MSEs.

P. Representative: the Patient's legally authorized representative acting on the Patient's behalf.

Q. Specialized Capabilities or Facilities: facilities such as burn units, neonatal ICU's and, in rural areas, regional referral centers.

R. Stabilizing Treatment: the treatment necessary to stabilize an EMC.

S. Stable for Transfer: the determination of a physician or the QMP that the Patient's EMC is unresolved, but a Transfer may be made as no material deterioration of the Patient is likely and the receiving facility has the Capability of managing the Patient, including any foreseeable complications which might arise.

T. Stable for Discharge: the determination of a physician or QMP, within reasonable clinical confidence that the Patient has reached a point where continued care, including diagnostic work-up and/or treatment, can be

reasonably performed as an outpatient or later as an inpatient. A Patient may be Stable for Discharge even though the underlying medical condition persists.

U. Transfer: the movement of an individual in a Dedicated Emergency Department to facilities outside the Hospital at the direction of any person employed by or affiliated with the Hospital, including medical staff members. (Transfer includes discharge, but does not include moving an individual who has been declared dead or who leaves without permission).

Policy:

A. Medical Screening Examination (MSE).

1. An appropriate MSE will be offered to individuals on the Hospital's Campus who request emergency medical services, on whose behalf such services are requested, or, in the absence of such a request, whose appearance or behavior would cause a prudent layperson observer to believe that such individuals need emergency examination or treatment.

2. An appropriate MSE will be offered to individuals in the Hospital's Dedicated Emergency Department who request emergency medical services, on whose behalf such services are requested, or, in the absence of such a request, whose appearance behavior would cause a prudent layperson observer to believe that such individuals need examination or treatment for a medical condition.

3. When an EMS provider brings an individual to the Hospital and the Hospital does not have the capacity or capability to provide an immediate medical screening exam and if needed, stabilizing or an appropriate transfer, the Hospital must still assess the individual upon arrival to ensure that the individual is appropriately prioritized based on presenting signs and symptoms. The hospital should assess whether the EMS can appropriately monitor the individual's condition.

4. Triage establishes the order in which an individual will be evaluated and is not considered an emergency MSE.

5. An MSE will be conducted to determine whether the Patient has an EMC. The Hospital will conduct a consistent MSE, in nondiscriminatory matter, for all Patients with similar medical conditions. The

MSE is an ongoing process requiring continuing monitoring based upon the Patient's needs and must continue until the EMC is stabilized or the Patient is admitted or appropriately transferred.

6. An MSE and Stabilizing Treatment, within the capabilities of the Hospital, will be provided to all individuals regardless of their ability to pay. Medical screening and stabilizing treatment will not be delayed to obtain payment or insurance information. Reasonable registration processes, including insurance information, may be followed as long as individuals are not unduly discouraged from remaining for further evaluation.

7. An MSE will be conducted on minors without waiting for parental consent. Once it is determined that the minor does not have an EMC, staff may await parental consent to conduct a further assessment or treatment.

8. When an individual comes to the Hospital's Dedicated Emergency Department and requests services for a medical condition that is not of an emergency nature, the Hospital will perform such screening as would be appropriate to determine that the individual does not have an EMC. After such determination is made, the person may be directed elsewhere for services.
   a. Where an individual requests non-emergent tests, the Hospital need not perform a MSE but must document that it has not been asked to analyze test results and/or otherwise examine or treat the patient.
   b. Where an individual presents to the Dedicated Emergency Department for outpatient services specified in an order from a physician or licensed practitioner (such as blood draws, diagnostic tests, medication/pharmaceutical services, scheduled procedures), the Hospital is not required to perform a MSE.
   c. Where an individual requests medication/pharmaceutical services, the Hospital will perform such screening as would be appropriate to determine that the individual does not have an EMC.
   d. Where an individual requests services that are not for a medical condition, such as preventative care services (immunizations, allergy shots, flu shots, employer mandated blood/breath alcohol testing), the Hospital is not required to perform a MSE.
   e. Where an individual is brought to the Hospital by law enforcement seeking only blood/breath alcohol testing or evidence collection for law enforcement purposes and does not require examination or treatment and does not appear to need an examination, the Hospital is not required to perform a MSE.

f. Where an individual is brought to the Hospital by law enforcement seeking clearance for incarceration, the Hospital's EMTALA obligation is to perform a MSE to determine if an EMC exists. If no EMC is present, no further action is required for EMTALA compliance.

9. Where an individual comes to the Hospital's Dedicated Emergency Department for a condition addressed by a prearranged community plan (e.g., psychiatry, high risk OB, sexual assault, trauma), an MSE will be conducted and stabilizing care initiated prior to the transfer of the patient pursuant to the community plan. Where the Hospital cannot provide stabilizing treatment (e.g., trauma), the patient may be appropriately transferred in accordance with community-wide protocols.

10. Where an individual comes to the Hospital's Dedicated Emergency Department and requests treatment during a declared state of national emergency or crisis where the Hospital has activated its Hospital Incident Command System, the Hospital must perform such screening as necessary to determine whether the individual falls into the category for which the community has a specified screening site (e.g., toxin exposure) and may refer the individual to the designated facility.

11. An individual may be moved to a different part of the Hospital for screening or stabilizing care provided that:
    a. All individuals are moved in such circumstances regardless of ability to pay (e.g., psychiatric screening or OB triage);
    b. There is a bona fide reason to move the individual; and
    c. Appropriate personnel accompany the individual.

12. The MSE includes ancillary services routinely available to the Hospital along with available personnel, which includes on-call physicians, in determining whether an EMC exists.

13. A Physician or Qualified Medical Personnel (QMP), as determined by the Board, will medically screen Patients. Where a QMP performs the screening exam, such QMP will consult with the Patient's physician during or at an appropriate time after the medical screening examination as necessary. The on-call physician shall be contacted and consulted about the Patient's condition as necessary when the Patient does not have a physician on the medical staff or after hours as determined by the Medical Staff.

14. A Physician, QMP or other hospital personnel may contact the Patient's physician to seek advice regarding the Patient's medical history and needs that may be relevant to the MSE or treatment, provided that such consultation does not inappropriately delay the MSE or Stabilizing Treatment.

15. An MSE and Stabilizing Treatment will be provided to all individuals with an EMC regardless of managed care/payor requirements. Managed care plans/payers may be notified of the Individual's presentation and asked to identify an attending physician, but no request for authorization will be sought until the individual has been examined and treatment has been initiated to stabilize an EMC.

16. An individual on Hospital Property presenting for emergency care will be seen even when the Hospital is on diversionary status. Hospital personnel will respond to an individual presenting for emergency care on Hospital Property other than the Dedicated Emergency Room in a manner that is in the individual's best interests, taking into consideration the needs of the individual, the location of the individual, access to the individual, and needs of other Patients. When appropriate, 911 may be called.

17. When an individual on Hospital Property requires rescue, stabilization, and/or transport, EMS may be called to assist when it is in the best interest of the individual.

18. An individual on Hospital Property presenting for the purpose of seeking helicopter transfer will not be seen unless a request is made for a screening examination or treatment. For purposes of this paragraph, a "request" means any request for assistance or an examination by the individual or on the individual's behalf or the presentation of the individual at the Dedicated Emergency Room.

B. Stabilizing Care.

1. If the MSE demonstrates that an EMC exists, the Hospital will provide Stabilizing Treatment within the Hospital's Capabilities, even if the Hospital must transfer the Patient. An on-call physician is expected to present to the Hospital to stabilize and treat a Patient when requested by a physician or a QMP.
2. A Patient with an EMC is stabilized when the physician/QMP determines that:

a. The Patient is Stable for Discharge (i.e., when, within reasonable clinical confidence, the physician or QMP determines that the Patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could be reasonably performed as an outpatient or later as an inpatient).
b. The Patient is Stable for Transfer (i.e., when the physician or QMP has determined, within reasonable clinical confidence, that the Patient is expected to leave the Hospital and be received at the second facility with no material deterioration of his/her medical condition and the treating physician reasonably believes the receiving facility has the Capability to manage the patient's medical condition and any reasonably foreseeable complications of that condition).
c. With regard to a pregnant Patient in active labor, stabilization means the delivery of the fetus and placenta unless:
    i. Delivery is contraindicated or
    ii. Transfer is appropriate.
d. With regard to a Psychiatric Emergency, stabilization means protecting the Patient and preventing him/her from harming him/herself or others.

C. Patient Registration and Financial Issues.

1. The Hospital will not delay the MSE to request payment or insurance information. The Hospital may complete its routine registration process, including inquiries about insurance coverage, provided that the inquiry does not delay medical screening or Stabilizing Treatment.

2. The Hospital may not seek or receive payment as part of its routine request process prior to conducting the MSE and initiating stabilizing care. Prior to the MSE and initiating stabilizing care, the Hospital may not inform individuals that their care will be free or at a lower cost if they transfer to another hospital.

3. Trained personnel will respond as fully as possible to individual inquiries about their financial liability.
    a. Individuals will be informed of the Hospital's willingness and obligation to provide a MSE and Stabilizing Treatment, if necessary.
    b. Hospital staff will encourage individuals believed to have an EMC to remain for a MSE and treatment. Hospital staff will encourage individuals to defer questions about financial liability until after the MSE has been completed.
    c. Where the individual withdraws his/her request for examination and

treatment, the refusal of examination form shall be completed. (See paragraph I below.)

4. Managed care plans/payers may not be contacted for payment authorization until the MSE has been completed and Stabilizing Treatment has been initiated.

D. On-Call and Attending Physicians.

1. The Hospital shall maintain a list of physicians to serve on the on-call roster in a manner that best meets the needs of its patients in accordance with available resources, including the availability of on-call physicians. The list must reflect coverage for the types of services routinely offered at the Hospital.

2. The on-call roster must include individual physician names. Physician group names are not acceptable.

3. All Hospitals must maintain an on-call roster, even if the Hospital does not have a dedicated Emergency Department.

4. The Hospital must strive to provide adequate specialty on-call coverage consistent with the services provided at the Hospital and the resources that are available. Where the Hospital lacks available physician resources to provide 24/7 coverage, the Hospital shall consider various factors in developing the on-call roster, including the supply of specialty physicians at the Hospital and in the area, other demands on these physicians, the frequency with which a particular service is provided at the Hospital, and the availability of specialty care at other nearby hospitals.

5. The Hospital must have written on-call policies that define the responsibilities of the on-call physician to respond, examine and treat patients with an Emergency Medical Condition. The attending or on- call physician must come to the Hospital to examine and provide necessary stabilizing care when requested to do so by the emergency department physician or the QMP providing services to the Patient. Physicians must respond to calls from the emergency department within 30 minutes. The Hospital shall report to the Medical Staff any physician failure to respond timely and appropriately to the Dedicated Emergency Department.

6. Where appropriate and permitted by Medical Staff policies, the on-call physician may direct a physician extender with privileges to go to the Hospital for the physician (e.g., physician assistant

or nurse practitioner). The on-call physician remains ultimately responsible for providing the necessary services to the Patient, regardless of whether the physician extender provides the services. In the event that the Emergency Department physician disagrees with the physician's decision to send a physician extender and requests the actual appearance of the on-call physician, the on-call physician must appear in person.

7. The Hospital shall maintain policies and procedures to respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond his/her control.

8. The Hospital may permit on-call physicians to schedule elective surgery or other procedures during the time they are on call provided that the physician and the Hospital have a back-up plan when the on-call physician is unable to respond in a reasonable time.

9. The Hospital may permit on-call physicians to serve on the on-call roster of another hospital simultaneously provided that physicians are required to notify the Hospital of their simultaneous obligations and the Hospital has a back-up plan to follow when the on-call physician is not available.

10. Attending physicians or on-call physicians may use telemedicine services for further evaluation and/or treatment necessary to stabilize an EMC.

11. The Hospital may not permit a physician who is required, but refuses to serve on the on-call list to selectively take calls when on-call coverage in the physician's specialty is inadequate.

E. Call Coverage through a Community Call Plan.

1. The Hospital may participate in a community call plan to provide on-call physician coverage for one or more specialties. The community call plan should allow the Hospital to be able to provide more on-call specialty coverage than it could provide on its own.

2. A Community Call Plan will include:
   a. A clear delineation of responsibilities, including specification as to which hospital is obligated for coverage for which days and times;
      i. The plan must articulate which on-call services will be provided on which dates/times by each hospital participating in the plan.

b. A description of geographic coverage area to which the plan applies;
c. A signature of appropriate representative from each participating hospital;
d. Assurances that local EMS system protocols formally includes information on-call arrangement or documentation that the plan has been communicated to the local EMS system and has updated as appropriate;
e. A statement that the Hospital has a duty to perform MSEs and stabilizing care for each Patient even if the Hospital is not the designated on-call hospital; and

3. The Hospital will conduct an annual assessment of the plan using a quality assurance approach and will modify the plan based on the assessment.

4. The Hospital participating in a community call plan will include in its on-call roster the names of physicians at the other participating hospitals who are on-call pursuant to the plan and the names of the participating hospitals for which they are on call.

5. The Hospital shall provide a medical screening examination and stabilizing care to all Patients, but may transfer the patient to the hospital providing the on-call service pursuant to the plan.

6. The Hospital has a duty to accept appropriate transfers from hospitals not participating in the plan.

7. The Hospital may appropriately transfer a patient to a nonparticipating hospital.

F. Lack of Capacity or Physician On-Call Coverage.

1. Where the Hospital lacks Capacity, it will respond as it customarily does to accommodate patients in excess of its occupancy limits.

2. The Hospital may notify emergency medical services and, as appropriate, other healthcare providers, as appropriate, in the event the Hospital is on Diversionary Status or lacks physician coverage.

3. The Hospital shall maintain policies and procedures to respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond his/her control.

G. Discharge Requirements.

1. A Patient will be discharged if, following the MSE, the physician or QMP determines that the patient does not have an EMC or is Stable for Discharge.

2. Prior to discharge, the Patient with an EMC is given a plan of care and discharge instructions, including a plan for appropriate follow-up care, if necessary.

H. Rescreening.

1. Any individual returning to the Hospital requesting emergency medical services will be rescreened, regardless of the time interval since his/her prior visit, to determine whether an EMC exists.

I. Transfer Requirements for the Patient

1. Transfer of a Patient may be considered under the following circumstances:
   a. The Patient is Stable for Transfer; or
   b. The Patient or Patient Representative requests Transfer after being informed of the Hospital's obligation to provide stabilizing care and the risks and benefits of transfer; or
   c. The Patient requires a higher level of care; or
   d. The Hospital lacks Capacity to treat the Patient.

2. The Patient may be Transferred to another Hospital if:
   a. The physician in attendance or QMP determines that the Patient is Stable for Transfer; or
   b. The physician in attendance or QMP in consultation with the physician determines that the benefits of Transfer outweigh the risks; or
   c. The Hospital is unable to stabilize the Patient within its capacity;
   d. The Patient or his/her Representative requests Transfer after being advised of the Hospital's obligation to provide care and the risks and benefits of Transfer.
   e. A woman in labor may not be transferred unless she or her Representative request transfer as provided in section 1.b above per the physician or QMP, in consultation with a physician, certifies that the benefits to the Patient and/or the unborn child outweigh the risks.

3. The Hospital must provide medical treatment within its Capacity that minimizes the risks to the Patient's health, and in the case of a woman in labor, the health of the unborn child likely to occur or result from transfer.

4. Transfer of the Patient who is not Stable for Transfer is accomplished as follows:
   a. The form "Request for Transfer/Consent to Transfer/Certification for Transfer" is required and fully completed for Patients. The Patient's or Patient Representative's written consent/request is documented on this form.
   b. There is an accepting facility with available space and qualified personnel and documentation noting the date and time of the transfer request and the name of the individual authorized to accept the Patient on behalf of the facility.
   c. The Transfer is affected through appropriate means consisting of the necessary, qualified personnel and transportation equipment including the use of life support measures.
   d. Copies of all medical records related to the EMC are sent with the Patient to the accepting facility. Other records, including test results, not available at the time of Transfer must be sent as soon as practicable after Transfer.
   e. Where the Patient is transferred because of the refusal or failure of the on-call physician to come to the Hospital within a reasonable period of time to provide necessary Stabilizing Treatment, the name and address of the on-call physician will be sent to the accepting facility with the Patient.

5. If the physician who certifies the Transfer of a Patient who is not Stable for Transfer is not physically present in the emergency department at the time of Transfer, such physician must subsequently sign the request for Transfer/Consent to Transfer/Certification for Transfer form. Such a form must be signed within 72-hours of the Patient's Transfer.

6. A Patient who is not Stable for Transfer will not be Transferred for the convenience of the physician. A Patient who is not Stable for Transfer may be Transferred to the physician's office only if:
   a. A physician has examined the Patient and determined that it is in the Patient's best interest to render further care in the office setting,
   b. The Hospital does not have access to specialized equipment, e.g., ophthalmic equipment, to fully evaluate and treat the Patient, or
   c. The physician's office is a provider-based part of the Hospital (i.e., a department of the Hospital sharing the same CMS certification as the Hospital), provided that all Patients with

the same medical condition, regardless of ability to pay, are similarly moved to the physician's office, that there is a genuine medical reason to move the Patient, and that appropriate medical personnel accompany the Patient to the office.

7. Where the Hospital transfers the Patient who is not Stable for Transfer to another hospital for a diagnostic procedure not available at the Hospital, the transfer requirements must be met.

8. These transfer requirements do not apply to Patients who are Stable for Transfer or to those moved to another part of the Hospital, including when a Patient is moved from an off-campus DED to the main Hospital Emergency Department.

J. Refusal of Examination/Treatment or Transfer.

1. If an individual or his/her Representative has refused examination/treatment or Transfer, the following will occur:
   a. The individual will be informed of the Hospital's obligations under the EMTALA law, and the willingness of the Hospital to provide a MSE and render Stabilizing Treatment.
   b. The risks and benefits of refusing Stabilizing Treatment are explained by the physician or QMP.
   c. The Refusal of Treatment or Transfer form is signed, indicating what aspects of care are refused, the risks of refusal and the reasons for the refusal. If the individual/Representative refuses to sign, documentation relative to the above is noted in the medical record along with the steps taken to try to secure the written informed refusal.

2. If an individual leaves without examination, attempts will be made to locate the individual in the Hospital. The Hospital will document information on any known individual who chooses to leave without examination.

K. Hospital Obligation to Accept Transfers.

1. Any hospital with Specialized Capabilities or Facilities or regional referral centers that serve rural areas and that has Capacity, regardless of whether the hospital has a Dedicated Emergency Department, must accept an appropriate transfer of an unstable patient who requires the specialized capabilities of the hospital from any referring hospital, regardless of financial consideration or proximity of other Hospitals. The Hospital may not delay acceptance of a Patient with an un-stabilized EMC pending receipt or verification of financial information.

2. The Hospital with Specialized Capabilities or Facilities cannot delay or refuse the transfer based on the transport services selected by the Transferring hospital.

3. The Hospital may not deliberately delay moving the Patient from an EMS stretcher or releasing EMS personnel unless warranted by the other circumstances in the Hospital.

4. After the Patient has been accepted and the acceptance has been documented, financial information may be requested and alternative Transfer sites may be suggested which are consistent with the Patient's insurance. A Patient with an unstable EMC will not be refused care because of any financial or insurance concerns, and the Transfer will not be delayed to obtain financial/insurance information.

5. The Hospital need not accept the Transfer of a Patient from a Transferring hospital that has the capability and capacity to stabilize the individual.

6. The Hospital may not refuse to accept the Patient because it does not have a DED.

L. Reporting Obligations.

1. If the Hospital has reason to believe it has received a Patient with an unstable EMC who has been Transferred by another hospital in violation of EMTALA requirements, the Legal Department or Risk Management must be informed immediately.

2. The Legal Department notifies CMS/state agency within 72 hours if reporting is deemed necessary.

M. Signage and Documentation Requirements.

1. Signage specifying:
   a. The rights of individuals with EMC's and women in labor and
   b. Whether the Hospital participates in the applicable state Medicaid program must be posted in a place or places likely to be noticed in the Dedicated Emergency Department, admitting, and in such other locations where individuals are waiting for examination and treatment.

2. Logs must be maintained and must reflect all individuals who present seeking Emergency Medical Services and whether each individual refused treatment or was refused treatment, was

transferred, was admitted and treated, was stabilized and Transferred, or was discharged. Logs may be maintained in areas other than the emergency department. Such logs are a part of the Hospital's Central Log and will be retained for five years.

3. An On-Call Physician List must be maintained and must reflect the specialties routinely available at the Hospital. The On-Call lists will be retained for five years.

4. Refusal of Examination, Treatment or Transfer forms and Certification of Transfer forms will be completed as appropriate and retained for a minimum of five years.

5. Medical and other records related to patients transferred to or from the Hospital will be retained for a minimum of five years.

6. The documentation applicable to the following events should contain, at a minimum, the following information:
   a. Triage:
      i. Clinical assessment of the presenting signs and symptoms at the time of arrival.
      ii. Presenting complaints including extent, frequency and duration.
      iii. Re-question when concerned about a change in the individual's condition. iv. Re-question when there is a prolonged wait for an EMC.
   b. Medical Screening Exam:
      i. Physician/QMP assessment and orders.
      ii. Intervention/treatments.
      iii. Patient/fetus response to treatment.
      iv. Continued monitoring.
   c. Refusal of Examination:
      i. Patient Name, encounter date and time.
      ii. Patient signature or legally authorized representative (if willing)
      iii. Time of attempt(s) made to locate Patient (if applicable).
   d. Refusal of Treatment or Transfer:
      i Risk and/or Benefits.
      ii. Patient signature or legally authorized representative (if willing).
      iii. Reason for refusal (if obtained).
   e. If applicable, name of the On-Call Physician who refused or failed to respond when requested:
      i. Physician name(s).

ii. Time or attempt(s) of contact
iii. Reasons they could not respond or failure to respond.
iv. Any other physician(s) contact made.

f. Transfer of Unstable Patient to Another Facility:
I. Certification.
i. Risk and benefits upon which the certification is based for Transfer.
ii. Patient Request/Consent to Transfer.
iii. Transfer Acceptance by a Receiving Facility:
a. Accepting Physician or authorized person.
b. Person contacted in the admission department.
c. Time contacted.
d. Notification to Receiving Facility:
i Patient report given to staff.
ii. Time of report.
iii. Copies of relevant portions of Medical Records sent.
iv. If applicable, name of the On-Call physician who refused or failed to respond when requested.
v. Mechanism of Transfer, and any special equipment or personnel being utilized to facilitate a safe Transfer.

N. Practitioner and Employee Protection.

1. No action shall be taken against a physician or QMP who refuses to authorize the Transfer of a patient with an EMC that has not been stabilized.

2. No action shall be taken against any employee because such employee reports an EMTALA violation.

O. Applicability.

1. This policy applies to Klickitat Valley Health.

2. This policy does not apply to Patients who have begun to receive outpatient services other than through the Dedicated Emergency Department.

3. This policy does not apply to Patients who have been admitted as inpatients.

4. The Hospital has no EMTALA obligation to a Patient who has been determined not to have an EMC, whose EMC has been stabilized or who has been admitted.

References:

A. **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), 42 U.S.C. Statute 1395 dd (1986)**

B. Born Alive Infants Protection Act 2002.

EOP 13 - KVH Communication Plan

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Communication Systems Overview

1. Telephone Systems

KVH uses a Voice over Internet (VOIP) system campus-wide provided through an SIP internet connection.

2. Cell Phone

a. The use of Cell Phones is an acceptable line of communication using both voice and messaging, however, KVH cannot mandate the use of personal phones.
b. Managers will maintain a list of all of their employees' phone numbers for quick situational communication, request for personnel availability or call back. Each manager is responsible for keeping the list in the way that works best for them -

most keep a group chat on their phone but it can be a piece of paper or spreadsheet.

c. IC can provide situational updates
d. Several key departments have KVH provided cell phones (see cell phone list below)
e. Manager texting communication and KVH phone operability will be tested on a regular basis Communications Testing Form
f. In the event of cellular network failure communication will transfer over to radio communication

Department	Cell Phone	GL
PAS for Emergency Back Up GL - Main KVH fall over for phone failure - to go out to the public.	509-250-1639	10.83600.69140
Payroll (for hotspot)	509-250-3029	10.60100.69170
Med Surg Nurse	509-250-0732	10.60100.69170
Hospice	509-250-6060	10.71520.69170
Purchasing	509-261-0090	10.83100.69170
Plant	509-261-0261	10.83600.69170
Housekeeping	509-261-0493	10.82000.69170
Palliative Care	509-261-1889	10.71600.69170
Care Coordinator	509-261-2406	10.84700.69170
Courier	509-261-2253	10.83200.69170
CHW Palliative Care	509-261-2989	10.71600.69170
ER	509-250-2178	10.62300.69170
Security	509-250-2284	10.83600.69170
Family Medicine	509-250-2304	10.60500.69170

//communications check sheet

3. Satellite Phones

KVH Hospital has the phone and infrastructure in place to conduct Satellite phone operations but does not have an active contract. The phone is available and may be activated but the coverage that Globalstar provides is less than optimal.

4. Public Address System - Overhead Paging Policy

To utilize KVH's overhead paging system, simply dial 5555 from any phone within the hospital premises. It's crucial to maintain clarity and brevity in your messages. Please

ensure that all messages are well-considered, brief, and articulated slowly and clearly. For optimal reception, repeat your message three times.

In the event of a phone system outage, overhead paging will not be operational, necessitating the implementation of alternative communication methods.

Effective March 26, 2024, the following steps outline the process for utilizing the Mitel Advanced Paging system:

a. Dial 5555 and wait for two tones before speaking to begin recording your message.
b. Upon completion, you can simply hang up to automatically send the page.
c. If you prefer to review or modify your message, press the pound key instead of hanging up. You will then hear the prompt: "You may now hang up to send your page or press 1 to re-record or 2 to disconnect without sending."
d. Hanging up will send the page as recorded.
e. Pressing 1 will return you to the recording phase, where you'll be prompted to "Record your page after the tone..."
f. Pressing 2 will result in hearing: "Your page will not be sent, goodbye," and the call will be disconnected.

These steps ensure efficient and effective utilization of our overhead paging system, facilitating clear communication throughout the hospital.

5. Hand-held Radios

a. KVH hospital has many UHF/VHF portable radios that can be utilized for day-to-day and emergency communications within the hospital.
b. Common Channels for hospital operations are KVH 1, KVH 2, and OPS 1, through OPS 5
c. Channel assignments will be made by the Incident Commander, Operations Section Chief, or designee.
d. Persons operating the Handheld Radios should be familiar with the radio functions and correct radio etiquette.
e. For those employees who are licensed HAM radio operators, the handhelds have some basic HAM capabilities. Use of the HAM Band shall be assigned. Note: that in an emergency non-licensed operators may be assigned to utilize communications on the HAM radio bands.

6. Hospital Emergency Area Radio

The Emergency Department communicates with Klickitat County Emergency Medical Services (KCEMS) primarily through County Dispatch. The ED maintains a radio which allows for one-way communication from EMS on the Fire channel/frequency. Two-way communication directly with EMS occurs via cellular phone connection.

7. Public Safety Radio (911 System)

a. The Handheld radios have the capability of transmitting and receiving messages on numerous Public Safety Channels. These include Fire Dispatch, Fire Tactical Channels, and National Interoperability Channels. (V-Call and V-TACs)
b. The Fire Dispatch Channel, “Fire DI” may be used as an EMERGENCY method to contact dispatch by authorized employees when telephones may not be accessible.

c. Other Public Safety frequencies are not to be used unless directed to do so.

9. HAM Radio System

The HAM Radio system utilizes a UHF and VHF base station that is contained in a portable shelving system in Conference Room B and is designed to be placed on a table top for greater mobility. The Radio:

a. Will be staffed by members of the Klickitat County ARES/Races Group and or members of the Radio Amateurs of the Gorge (RAGS)
b. Operators are orientated with KVH Hospital facilities
c. KVH ID badges have been issued to the ARES lead to provide key-card access
d. The Ham Radio system is tested quarterly. Communications Testing Form
e. The Ham radio system has the ability to converse regionally with the other three hospitals (Providence Hood River, Mid-Columbia Medical Center, and Klickitat Valley Health), and emergency management.
f. Staff, in an emergency, when directed may utilize HAM radio frequencies programmed into the Emergency Hand-held radios.

10. E-mail

a. Email is used for emergency staff notification and incident updates
b. In the event of an internet outage alternative communication channels will be used
c. For emergency use when the HCC (Hospital Command Center is functional, position-specific email addresses should be used. This will ensure that all section-specific people will receive pertinent emails and that the Group email 'box' can be accessed by more than one person at a time.

KVHCMD@kvhealth.net – Incident Command Group
KVHSOFR@kvhealth.net – Safety Officer Group
KVHCMO@kvhealth.net – Medical Officer Group
KVHOPS@kvhealth.net – Operations Section
KVHLOG@kvhealth.net – Logistics Section
KVHPLAN@kvhealth.net – Planning Section
KVHADMIN@kvhealth.net – Admin & Finance Section
ep@kvhealth.net - Emergency Preparedness Committee

11. Runners

Runners shall be utilized when many of the other systems are inoperable such as phone and internet service. The backbone of the runner system and to support general communication is the use of the ICS Form 213. The use of the 213 assists in incident documentation and should be utilized to provide a clear form of communication.

Telephone Downtime Procedure:

When our phone system goes down for > 30 minutes (either expected or unexpected), the following steps are taken:

1. An overhead page is made by the IT staff to the organization indicating that telephone downtime procedures should be activated (to include use of intra-departmental radio communications).
    a. If the overhead paging system is also not working then Facilities and Security should be notified via radio to initiate runners going out to each department letting them know that downtime procedures should be activated.

2. An All-staff email should go out with details about the outage and ETA for resolution. This should come from the IT department.
3. The CCO, AOC, or Director of Facilities (or their designee) will contact county dispatch at 509-773-4545 to notify of outage or via the FIRE DI radio frequency. Dispatch will communicate with the ED through the county radio system.
4. PAS or the Call Center should have either a landline or cell phone (or both). This should be powered on and used as the main organization phone number during the outage. Messages can be relayed to appropriate departments as necessary.
5. The CCO, AOC, or Director of Facilities (or their designee) will update WA-Trac with information about the outage and will clear WA-Trac when the outage is resolved.
6. Our PIO will update our main web page and Facebook with information about the outage and instructions for people trying to reach the organization.
7. Staff may choose to communicate through their personal cell phones.
8. An Incident Log record should be filled out with the duration, cause, and resolution of the outage.
9. When phones are back up an all-staff email should go out stating the all-clear.

First-Line Emergency Contact List
KVH Contact List is updated as needed from Paycom by HR

Campus-wide IT systems failure / Downtime procedures.

PROCEDURE:

1. Each department is responsible for developing and maintaining plans to continue operations without the use of a computer system and the inability to utilize the Voice over Internet Phone system (including the paging system). The IT department should always be contacted to be appraised of malfunction or outage. This can be accomplished in one of many ways depending on the level of services impacted.

    a. By emailing: The KVH I.T. Helpdesk helpdesk@KVHealth.net from the internal email system
    b. By Phone Call to: 6360
    c. After Hours Call: Gabriel Wadsack: 509-767-7619 or Edgar Arellano: 509-669-3824

    On Call Phones are monitored 24/7 by IT staff. See on-call calendar.

    1. Should the system outage be related to Meditech; utilize your downtime procedures and Paper Charting.

    2. If Registration is unable to complete patient registration within the computer system, downtime procedures would be utilized. This would include paper registration utilizing patient numbers that are reserved by the Business Office to later be reconciled with Meditech.

Department Specific Downtime Communication Procedures:

Hospice/Palliative Care

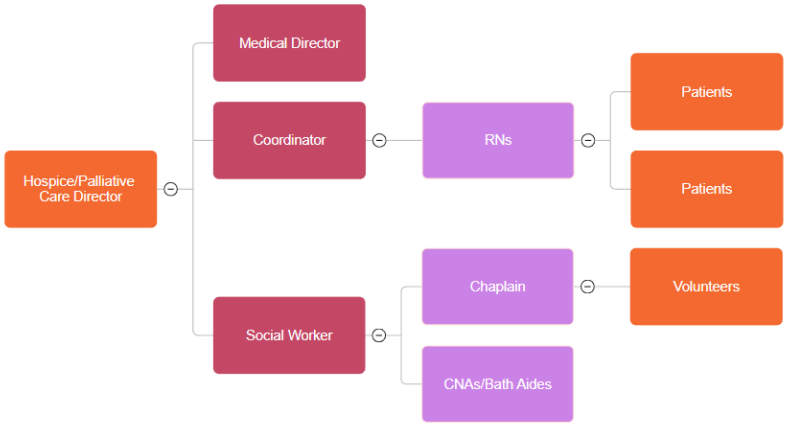
I. Communication

A. Internal

1. Employee Contact Information: All employees' contact and emergency information is stored in the Human Resource Information System (HRIS). Additionally, the Hospice/Palliative Care Director maintains a backup list of staff contact details. This information is essential for reaching out to staff during the Incident Command System (ICS) Activation process.
2. Staff call-down procedure (see below). The process begins with the department Director, or their delegate, calling Hospice/Palliative Care staff. These staff members then continue the chain by contacting others, including patients. If someone cannot be reached, the caller moves to the next person in the chain. Efforts are made to retry contacting anyone who was initially missed, once all others have been notified
3. Patient Communication Plan. Palliative Care nurses are tasked with contacting their designated group of patients. If a nurse is unreachable and cannot contact their assigned patients, the department Director will assign this task to another team member. The Hospice/Palliative Care office maintains patient contact details both within our EHR and via the paper Patient Contact Details and Emergency Triage Sheet.

B. External

1. Emergency/Community Resource Information: The Hospice/Palliative Care Program will maintain a contact list of local, regional and state emergency services, hospitals and other appropriate community resources.
2. Notification to outside agencies: When the Incident Command structure (ICS) is established, the designated Liaison Officer will handle communication and coordination with external agencies and organizations relevant to the incident.



Acute Care Communication Plan

Communication during emergencies will be conducted primarily via telephone.

Internal Communication Protocol:

- On-duty nursing staff are tasked with initiating communication in emergency situations. They will contact healthcare providers, their immediate manager, patients' family members, and/or the designated department senior leader.
- Priority should be given to contacting the nursing manager initially. If the manager is unavailable, alternative contacts should be utilized as necessary.
- In the event that the manager is available, it becomes their responsibility to inform the department senior leader or the Administrative Operations Center (AOC).
- Additionally, the manager is responsible for coordinating with other relevant contacts to ensure patient-facing staff are available to address urgent duties.
- Staff contact numbers are accessible through multiple means, including a binder located at the nursing station, a Google Sheet, and stored within the department’s cell phone.

External Communication Protocol:

- External communication, initiated by the nurse manager, department senior leader, and/or the AOC, will involve contacting the nursing staff currently on duty.

Business Office/Finance Plan

All communications will be done via phone or text with the teams.

- Communication should be put out on Facebook to alert the public of the situation.
- Regular updates need to be sent to staff
- Most of our work cannot be done without internet access
    - Staff can work on projects that do not require internet access
    - Take low census if no projects are available
    - Team should check in with manager before leaving as they may be able to help other departments (ie. registration)

Radiology Communication Plan

All communications will be done via phone or text with my team.

The Weekend or on-call tech will reach out to every Radiology team member and communicate the emergency situation and need for the Imaging Dept. If the Manager is unavailable, It will become the weekend tech or the on-call tech responsibility to facilitate the imaging needs and prioritize with the ed staff and ed doctor on patients needs.

Rural Health Clinic (RHC) Plan:
All communications will be done via phone or text. The RHC communication plan contains a Staff Cell Phone list. The Director of Outpatient Clinics will communicate the emergency to clinic leadership team members who will notify their designated staff. Leadership will communicate messaging such as details regarding the emergency, possible staff assignments, and closures.

Pharmacy Plan:
Retail Pharmacy Telephone Downtime Procedure:
When our phone and/or IVR system goes down for >10 minutes (either expected or unexpected), the following steps are taken:

1. Notify patients via signs at curbside:
    a. Instruct patients to use main registration
2. Utilize a runner if internal calling is down

When our phone and/or IVR system goes down for >30 minutes (either expected or unexpected), the following steps are taken:

3. Notify patients and the community via social media and signs at curbside:
    a. Instruct patients to use main registration
4. Utilize a runner if internal calling is down

Retail Pharmacy Internet Downtime Procedure:
When our internet goes down for >30 minutes (either expected or unexpected), the following steps are taken:

1. Notify patients and the community via social media and signs at curbside:
    a. Prescription insurance billing and register credit/debit card billing are down. New prescriptions can only be run for self pay. Payments can only be made with cash.
2. Exceptions may be made for emergent situations with the expectation that the patient will pay any balance due once the internet is back up.
3. *Any unpaid copays resulting from emergency fills will be charged to the Downtime A/R Account.*
4. Hotspots are not compatible with Pioneer (Pharmacy Software).

Retail Pharmacy Pioneer Server Downtime Procedure:
When our Pioneer system goes down for >30 minutes (either expected or unexpected), the following steps are taken:

1. Notify patients and the community via social media and signs at curbside:
    a. All Pharmacy systems are down. Only previously processed prescriptions will be available for pick up. Payments can only be made with cash.
2. Exceptions may be made for emergent situations with the expectation that the patient will pay any balance due once the system is back up.
3. Any unpaid copays resulting for emergency fills will be logged on paper.
4. New paper prescriptions for emergent situations may be filled utilizing a handwritten prescription label and then entered electronically once the system is back up.

Hospital Pharmacy Downtime Procedure:
When connectivity between Meditech and Pyxis goes down for >10 minutes (either expected or unexpected), the following steps are taken:

1. Pyxis is placed in Critical Override mode by one of the following:
    a. Pharmacy Manager
    b. Inpatient Pharmacist
    c. CCO

d. Acute Care Manager
e. ED Manager
f. Surgery Manager

Wellness & Therapy Downtime & Evacuation Plan

Internet and Phone Outage Procedures

3.1 Preparation

- Print Weekly Schedule: The front office prints the schedule for the entire following week each Friday.
- Daily Schedule Updates: Print the schedule first thing each morning, at noon, and at the end of each day to account for all patients in the facility.
- Emergency Contact List: Maintain an up-to-date printed list of emergency contacts for all patients and staff. Updated contact list is here: WTC Phone Numbers.xls
- Schedule Copies: Two copies of the schedules and the staffing schedule will be kept:
  - One copy in a folder in the front office.
  - One copy in the Red "Emergency" binder on the shelf in the manager's office.

3.2 During an Outage

- Immediate Notification: Notify all staff immediately using in-person communication or cell phones.
- Patient Check-In: Use the printed schedule to manually check in patients, documenting all check-ins on paper.
- Communication with Patients: Use staff cell phones to contact patients about any delays or rescheduling.
- Documenting Visits: Use paper forms for patient documentation and update the electronic system once service is restored.
- Alternative Communication: Utilize staff as runners to communicate between the front office, patients, and therapists.

3.3 EMR Unavailability

- Patient Information Forms: Use paper forms for new patient information or updated forms.
- Documenting in Microsoft Word: Therapists document their SOAP notes in Microsoft Word and save them in the "down time" folder on the WTC shared drive. If unavailable, document on paper.
- Paper Notes Handling: Lock paper notes in the front office file cabinet until they can be transcribed into the EMR, then shred the paper documents.
- Extended EMR Outage: Contact Inphonite for the latest appointment records to combine with the printed schedule for accuracy.
- PTA Appointments: Provide verbal reports for patients scheduled with PT Assistants. Cancel appointments if adequate information is not available.
- Therapist Discretion: PT or OT has the discretion to cancel any appointment if patient safety is compromised due to lack of EMR access.

4. Power Outage Procedures

4.1 Short Outages (<1 hour)

- Emergency Lights: Use emergency lights in treatment rooms to safely continue treatment.
- Communication and Documentation: Follow the same procedures as for internet/phone outages.

4.2 Extended Outages (>1 hour)

- Treatment Cancellations: Cancel the remaining appointments if power is out for longer than one hour, especially if treatments require power.
- Patient Notification: Use cell phones to notify patients of cancellations and reschedule appointments.

5. Emergency Preparedness Procedures

5.1 General Emergency Response

- Evacuation Plan: Familiarize all staff with the clinic's evacuation plan and emergency exits.
  The plan is located on google drive here: 6. Emergency Operations Plan (EOP)
- Emergency Drills: Conduct regular emergency drills for fire, active shooter, and disaster scenarios.
- Emergency Kit: Maintain an emergency kit with first aid supplies, flashlights, batteries, and emergency contact information.

5.2 Specific Responses

- Fire, Active Shooter, and Disaster: Follow hospital procedures.
- Medical Emergencies:
  - Call 911 immediately using a cell phone.
  - Administer first aid until emergency services arrive.
  - Document the incident and report it to the clinic manager.

- Evacuation:

- The manager leads the evacuation. If the manager is not onsite, the next staff member in the chain of command will assume the manager's lead evacuation duties. The chain of command is as follows:
  1. Holly Cox
  2. Kasey Webber
  3. Jason Sallee
  4. Jeremy Carlson
  5. Chris Bjornberg
  6. Katelynn Hedgecock
  7. Amanda Payne
  8. Debbie Titus
- Evacuate and meet across the street (Collins).
- Use text/call to confirm the safety of all staff and patients.
- The therapy aide assists in communication and patient evacuation.

- Provide the staffing schedule and patient care schedule to the manager/lead for accountability.
- Room Marking: Once each room is evacuated, mark the door with tape across the door and door frame.
- Evacuation Responsibilities:
  - Therapists: Responsible for evacuating patients within the clinic rooms, bathrooms, and gym.
  - Front Office: Responsible for evacuating the waiting room of therapy patients.
- Communication with Incident Commander: The lead will be in communication with the incident commander of KVH. Contact information of all senior leaders (all potential incident commanders) will be in the red emergency binder as well.

6. Post-Emergency Procedures

- Debriefing: Conduct a debriefing session with all staff to review the incident and response.
- Documentation: Document the incident, actions taken, and any injuries or damages.
- Review and Update: Update the emergency preparedness plan based on lessons learned.

7. Responsibilities

7.1 Front Office Staff

- Schedule Printing: Print the schedule for the following week each Friday and update it at the beginning of each day, at noon, and at the end of the day.
- Patient Check-In: Use the printed schedule to check in patients manually.
- Paper Forms: Use paper forms for new patient information or updates.
- Communication: Verbally communicate with the therapy aide regarding patient arrivals, cancellations, or status changes.
- Contact Inphonite: During extended EMR outages, contact Inphonite to obtain the most recent appointment records.
- Evacuation Duties: Responsible for evacuating the waiting room of therapy patients.

7.2 Therapy Aide

-Runner Duties: Report immediately to the manager/lead. Act as a runner between the front office, patients, and therapists.
- Communication: Relay information about patient arrivals, cancellations, or status changes to therapists.
- Assist with Evacuation: Assist in communicating evacuation orders and helping patients evacuate.

7.3 Therapists (PT/OT)

- Documentation: Document patient notes in Microsoft Word or on paper during outages. Save electronic notes in the "down time" folder on the WTC shared drive.
- Verbal Handoffs: Provide verbal reports for PTA appointments when needed.
- Discretion on Appointments: Use discretion to cancel appointments if patient safety is compromised due to lack of EMR access.

- Emergency Response: Administer first aid during medical emergencies and follow evacuation procedures.
- Evacuation Duties: Responsible for evacuating patients within the clinic rooms, bathrooms, and gym.

7.4 Clinic Manager
- Lead Evacuation: Assume lead role during evacuations.
- Safety and Training: Ensure all staff are familiar with the emergency procedures and conduct regular drills.
- Post-Emergency Review: Lead debriefing sessions and update emergency preparedness plans based on lessons learned.

8. Additional Protocols

8.1 Inpatient PT and OT
- Follow Med Surge Policy: Adhere to downtime documentation procedures.
- Verbal Orders: Use verbal orders and handoffs from hospitalists and nursing staff to continue treatment.
- Safety Assessment: Withhold treatment if safety risks outweigh benefits, documenting the decision in the paper chart.

8.2 Communication During Outages
- Increased Communication: Use verbal, phone, face-to-face, and written communication to protect patients from negative effects of outages.
- Emergency Contact Protocol: The manager or lead will text/call all staff using the updated phone list, ensuring all staff confirm receipt.

Radio Instructions

Baofeng UV-82C FCC Compliant Dual Band Radio

V09272016

General Radio etiquette:

1. Keep your messages short. This is not the medium for full conversations.
2. Compose your message in your head. The “Press to Talk” button is to initiate or respond to a call. (It is NOT Press to Think!)

3. Before initiating a call, listen to be sure you are not going to walk on others messaging?
4. Be disciplined, follow these guidelines to initiate a call:
    1. Announce the person or group you are calling followed by your name or group. (Hey you, it's me.) For example: "Triage, this is "Green Treatment"
    2. Wait for a response, five – 10 seconds is not unreasonable, Call again if necessary. If no contact is made after the third attempt, state "No Contact, Green Clear."
    3. Keep messages short and to the point, other callers may need to use the radio.
5. When receiving a call, acknowledge who you are talking with and initiate the exchange:
    1. "Green Treatment this is Triage, go ahead"
    2. To provide clarity and to show that you understand what is being asked of you, acknowledge receipt of the message and repeat back the valuable information, you can paraphrase. For example, "Received, understand we will be receiving four more patients within five minutes" – This could be further abbreviated "Received, Four more patients in five minutes."
    3. Using "Copy" as an indicator the instructions have been received does not convey an appropriate understanding that the message is understood.
6. At the end of the conversation, simply state "Green Treatment Clear"

Radio Use:

1. Turn the radio on with the large knob on top of the radio next to the antenna. This knob also serves to control the volume level.
2. When turning the radio on, you will hear "Channel Mode" and see "Welcome" on the front panel before the screen changes to show which channel is operational. Below that the Radio inventory number is shown.
3. Push to Talk Button on the Left side of the radio is depressed to initiate a transmission. When the radio is transmitting a red light will illuminate on the top of the Radio next to the Volume knob.
4. The "M" button on the side when depressed will turn on a light located on the top of the radio, depressed again the light will move to a blinking pattern. Depressed again this will turn the light OFF. Using the light will reduce battery life. There is a battery charge indicator visible in the top right of the screen.
5. The "F" button when pressed and held down will sound an alarm and initiate the flashing light on top of the radio. Press the "F" button once again to cancel the alarm function.

Channel Selection and Use:

1. To change channels, make sure that the "▲" is showing next to the upper display. (Operational Chan EXIT/AB is showing, press the button to toggle the arrow up or down.
2. All channels are available for selection and use. By scrolling through the channels utilizing the "□" or "□" arrows you can make a selection. Be aware that the keyboard and other functions are available. If you inadvertently select the wrong button or command, simply turn the radio "OFF" then turn it back on, this will most all of the time work.
3. If the Keyboard is locked, press and hold the key – You will get a voice

notification of the Keyboard status.
4. There are Public Safety Channels available. Do Not use channels beyond OPS-5 unless you have been assigned to use them.
5. KVH has seven channels KVH 1, KVH 2 and OPS-1 through OPS-5, these will form the backbone of intra-hospital communications. Please be aware that Maintenance utilizes OPS-4
6. National Interoperability Channels are also present (V-Call and V-Tac) These should be utilized when talking with other agencies such as Public Works, Washington State Police and other Mutual Aid entities.

Caveats:

1. The more Channels utilized, the more complex tracking of transmissions becomes. While the radios provide the ability to "Scan" this feature many times can be overwhelming. Manage the incident utilizing as few channels as possible. This reinforces the necessity of having good radio etiquette and keeping messages short and concise.
2. Some of these channels are "Repeated" which means the radio transmits on one frequency and receives on another. When pressing the PTT button there is a delay while the frequencies are opened up – If you start talking too soon the initial part of your message will be lost.
3. At times when you hail a person to be sure that the conversation is understood to be on a specific channel, for example one could say: "Triage, this is Operations on OPS-2" If you are transmitting inadvertently on OPS-3, someone will let you know.

General Use:

1. Keep Antenna at or near Vertical when operating the Radio.
2. Speak three – four inches away from the Speaker/Microphone.

KVH Radio Channels:

There are two levels of radio functionality:

1. Widespread use will be limited to seven channels – KVH 1, KVH 2 and OPS-1 through OPS-5.
2. Command Staff and Supervisors may utilize/select more than one channel.

Common Radio Designators/Call signs:

This list is not intended to provide all designators but suggests the most common items:

	Person or Department	Radio Designator		Person or Department	Radio Designator
1	Incident Commander	IC	14	Logistics Section Chief	Logistics
2	Admitting Front Desk	Admitting Front Desk	15	Maintenance Department	Maintenance
3	Admitting Triage	Admitting Triage	16	Operations Section Chief	Operations
4	Business Continuity Branch Director	Business Continuity	17	Pharmacy	Pharmacy
5	Deputy Incident Commander	Deputy IC	18	Public Information Officer	PIO
6	Deputy Operations Section Chief	Deputy Operations	19	Planning Section Chief	Plans
7	Deputy Planning Section Chief	Deputy Plans	20	Safety	Safety
8	Patient Family Assistance	Family Assistance	21	Security	Security
9	Finance Section Chief	Finance	22	Staging Area Manager	Staging
10	Green Patient Area Supervisor	Green Supervisor	23	Transportation Supervisor	Transportation
11	HAZMAT Branch Director	Hazmat Branch	24	Triage Area Supervisor	Triage
12	Laboratory	Lab	25	Radiology Department Manager	X-Ray
13	Liaison	LNO or "XXXX" Liaison	26	Yellow Patient Area	Yellow Supervisor

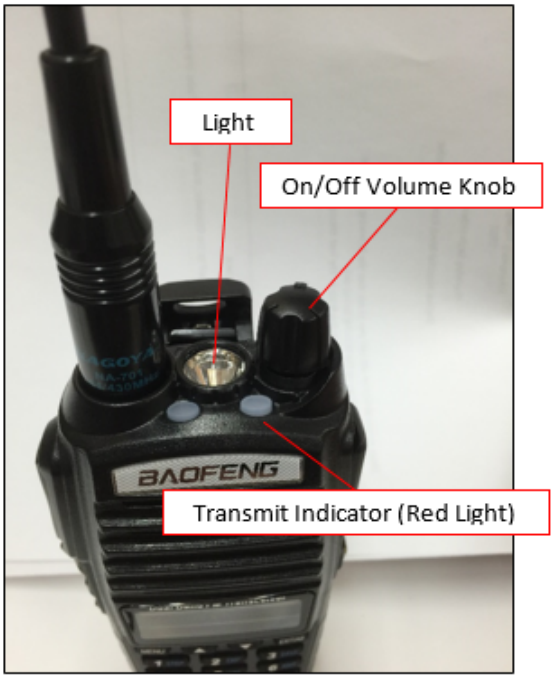
Radio Use Categories

Location	Name	Band	Description	Use Categories
1	KVH 1 P	UHF	SKY/KVH Intra Facility	All Open for General Daily Use - Generally Assigned *Note: Both Skyline and KVH share the same programming and radio type
2	KVH 2 H	VHF	SKY/KVH Intra Facility	
3	OPS 1	UHF	SKY/KVH Intra Facility	
4	OPS 2	UHF	SKY/KVH Intra Facility	
5	OPS 3	UHF	SKY/KVH Intra Facility	
6	OPS 4	UHF	SKY/KVH Intra Facility	
7	OPS 5	UHF	SKY/KVH Intra Facility	
8	HEARMC	VHF	HEAR Network MCMC	
9	HEARSK	VHF	HEAR Network Skyline	
10	HEARHR	VHF	HEAR Network Providence Hood River	
11	HEARKV	VHF	HEAR Network KVH	
12	HEAR	VHF	HEAR Network ALL/OPEN	
13	FIRE DI	VHF	Klickitat County Fire Dispatch	ALL - FOR EMERGENCY USE ONLY 911 Dispatch
14	V CALL	VHF	Nat Interoperability - Hailing	ALL - As Assigned
15	VTAC 11	VHF	Nat Interoperability - TAC Channel	
16	VTAC 12	VHF	Nat Interoperability - TAC Channel	
17	VTAC 13	VHF	Nat Interoperability - TAC Channel	
18	VTAC 14	VHF	Nat Interoperability - TAC Channel	
19	EM TRAI	VHF	Klickitat County Emergency Trailer	
20	KCTAC 1	VHF	Klickitat County Fire TAC Channel	
21	KCTAC 2	VHF	Klickitat County Fire TAC Channel	
22	KCTAC 3	VHF	Klickitat County Fire TAC Channel	
23	JUNIP	VHF	Klickitat County Fire Repeater - Juniper	
24	BURD	VHF	Klickitat County Fire Repeater - Burdoin	

25	WSRPTR	HAM	HAM - Westside Repeater	
26	MTDEF	HAM	HAM - Mt Defiance	HAM Operators ONLY - By Assignment
27	MTDEF2	HAM	HAM - Mt Defiance	
28	KINGMTN	HAM	HAM - King Mountain	
29	NATSIM	HAM	HAM - Local Simplex	
30	LOCSIM	HAM	HAM - National Simplex	


Press to Talk Button
"F" Alarm Button
"M" Light Button
F
M


Speaker/Microphone
Battery Indicator
Operational Channel
Radio Inventory #
BAOFENG


Light
On/Off Volume Knob
Transmit Indicator (Red Light)
BAOFENG


Channel Changing Buttons
Toggle Display Button
Channel Unlock Button

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Unit Specific Information**

PURPOSE:

To identify the capacity and needs of KVH in the event of an emergency.

Klickitat Valley Health

License for 25 beds: 17 in Med-Surg, 3 in Respiratory Therapy, 1 in Med-Surg Activity Room, 4 in Respiratory Therapy/Nursing Storage/OT Room.

1. Med-Surg
    a. Location: Main floor/nursing wing
    b. 25 beds (licensed, total for facility), 12 regular, 1 bariatric (rooms for 17 beds) 13 beds (actual)
    c. 9 patient rooms
    d. Negative Pressure Rooms: 106 is used for isolation but technically does not have proper air exchanges to be considered negative pressure.
    e. Equipment: oxygen, suction, IV pump, hospital beds
    f. Unique to unit: bariatric bed, sit-to-stand lift, hoyer lift, patient bathrooms/showers, crash cart, EKG
    g. Room for additional patients: Activity room is licensed for 1 bed but could hold additional beds. Only 1 connection for oxygen and suction. Minimal office furniture to move. Hallways could hold additional beds.

2. Emergency Department
    a. Location: Main floor/south wing
    b. 0 beds (licensed), 6 beds (actual)
    c. 4 patient rooms, 2 trauma bays
    d. Negative Pressure Rooms: Isolation room
    e. Equipment: oxygen, suction, IV pumps, portable monitors, portable ventilators, stretchers, hospital beds
    f. Unique to unit: bair hugger, suturing/casting/trauma supplies, crash cart, EKG
    g. Room for additional patients: trauma bay could hold additional beds, but we may need to reserve this space for trauma care. Also, hallways could hold additional beds.

3. Surgery Clinic
    a. 0 beds (licensed), 3 exam tables
    b. 4 patient rooms
    c. Negative Pressure Rooms: none
    d. Equipment: oxygen, suction, 3 standard (non hospital) beds
    e. Unique to unit:
    f. Room for additional patients: room 2 has no bed and is used as supplies storage. If supplies to be moved, it could fit 1 bed. The “gym” could accomodate 2 beds if gym equipment was moved to the walls.

4. Respiratory Therapy
    a. Location: main floor
    b. 0 beds (licensed), 0 beds (actual)
    c. 1 patient care rooms
    d. Negative Pressure Rooms: none
    e. Equipment: suction, oxygen, 1 IV pump
    f. Unique to unit: treadmill, oxygen tanks, PFT equipment, crash cart
    g. Room for additional patients: 2 rooms could accommodate beds. Minimal office furniture to move to the walls or to the treadmill room (this room can only be used for storage because of space constraints).

5. Surgery Department
    a. Main level/center of facility
    b. 0 beds (licensed), 3 beds (actual)
    c. 1 patient room for pre-op, 2 patient rooms for PACU
    d. Negative Pressure Rooms: none
    e. Equipment: suction, oxygen, IV pumps, portable monitors, stretchers, crash cart
    f. Unique to unit: scale, Bair Paws x 2, crash cart
    g. Room for additional patients: 2 beds can fit in a pre-op room (oxygen and suction in place for 2 patients). 2 beds can fit in PACU (oxygen and suction in place for 2 patients).

6. Diagnostic Imaging
    a. Location: main level/south wing
    b. 0 beds (licensed), 4 exam tables/no beds (actual
    c. 4 patient rooms
    d. Negative Pressure Rooms: none
    e. Equipment: suction, oxygen
    f. Unique to unit: imaging equipment (ultrasound, CT, x-ray, portable x-ray, portable CT, fluoro)
    g. Room for additional patients: can fit 2 beds in bone density, 1 in mammography and 1 in ultrasound. Consider the “cement room”? Could potentially fit 5 beds in that space.

7. Family Medicine
    a. Location: adjacent and attached to KVH
    b. 0 beds (licensed), ? exam tables/no beds (actual)
    c. ? patient rooms
    d. Equipment: suction, oxygen, EKG, ultrasound machine
    e. Unique to your unit: none
    f. Room for additional patients: reception areas on 1st floor could be used for triage and patient exam rooms on 1st and 2nd floors could be used for patient care for minor issues.

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	
	Title:	Training, Testing and Drills

PURPOSE:

To provide an overview of the training, testing and drill yearly requirements and process.

Training

KVH is committed to provide quality training to its staff to ensure that we are well equipped to respond to and mitigate situations that we are faced with on a daily basis and to those extraordinary events that may occur. Training is provided in many ways that meets in-house, personal accreditation, county, regional, State and Federal guidelines and requirements.

1. The current staff will be trained on the new or updated EOP (emergency operations plan) at the time of its publication.

2. All new staff will be familiarized with the EOP during new employee orientation.

3. Physicians, vendors performing services on site and volunteers must be acquainted with the core components of the EOP. (Core components as indicated in the Hospital Emergency Codes booklet)

4. Emergency Preparedness training will be conducted annually.

5. Documentation of the training on the EOP and annual emergency preparedness training will be coordinated by the Emergency Preparedness Committee and Hospital Administration.

6. Knowledge of EOP and emergency preparedness will be shown by return demonstration, if applicable, and participation in the facility Testing Program

Testing/Drills/Exercises

1. The facility will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility based full scale exercise will be done annually.
   Community and regional partners may include but are not be limited to:
   a. Fire departments and districts
   b. Law enforcement agencies
   c. Public Health Department(s)
   d. 911 Dispatch centers
   e. County Emergency Managers

f. Regional partner hospitals
g. Regional Preparedness coalitions/groups
h. Schools and special districts

2. If the facility experiences an actual natural or man-made emergency that requires activation of the EOP, the facility is exempt from engaging in an individual full-scale exercise for 1 year following the onset of the actual event.

3. The facility must conduct a second exercise every year. The second exercise can be another individual full-scale exercise or a tabletop exercise.

4. After full scale exercises, tabletops or actual events, the facility should analyze the response, identify areas for improvement, and update the EOP, if required.

5. Community and regional partners may include but are not be limited to:
   a. Fire departments and districts
   b. Law enforcement agencies
   c. Public Health Department(s)
   d. 911 Dispatch centers
   e. County Emergency Managers
   f. Regional partner hospitals
   g. Regional Preparedness coalitions/groups
   h. Schools and special districts

6. KVH will also participate when able in drills and exercises when requested by community and partner agencies.

7. KVH will continue development and enhancement of its emergency management program by conducting in-house drills and exercises to enhance preparedness and readiness. This may be accomplished in conjunction with the Safety Committee and will by design test many components addressing Fire and Life Safety while addressing NIMS (national incident management system) requirements.

8. Documentation, which includes planning, may for larger full-scale exercises follow HSEEP (Homeland Security Exercise and Evaluation Program)
9. guidelines utilizing the full training cycle. All training will be documented and will meet and/or exceed minimum CMS (Centers for Medicare & Medicaid Services) requirements

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	**1/1/2019**
	Title:	**Emergency Systems**

Utilities and Supplies

Power

Power is a critical utility for the operations of the Klickitat Valley Health. Power to the facility is critical to maintain patient care and everyday operations of every department. The Facility Team will be activated anytime there is more than a momentary failure of electrical power to the facility to coordinate restoration of power and ensure patient safety.

The sudden loss of normal power should cause emergency generator backup power to be initiated automatically. The emergency generator(s) will provide power to most of the facility. Areas and functions powered by the generators include; Acute Care, Lab, Pharmacy, Emergency Department, Administration, Surgery, Diagnostic Imaging, and Therapy. Areas and functions that are not powered by the generators include the Rural Health Clinic and Dietary. Older sections of the hospital also have limited access to emergency power.

The Facilities Department is responsible for managing the restoration of power to the facility. If the outage is due to the power supply to the facility, they will notify the power company (Klickitat PUD) to report the outage and get an estimated time that the power will be restored. The Director of Support Services or the Facility Manager will notify all departments of the power failure and the status of repair. In the event a power failure happens after normal business hours, the Charge Nurse or the On-Call Facilities Technician will immediately notify the Facilities Manager and Director of Support Services to report the outage.

Outage Process

Individual departments and units will be responsible for identifying critical power dependent functions in their area and ensuring that available power or backup means are connected and ensuring continuity of patient care and safety. Any urgent needs should be communicated to the Facilities Team as soon as possible. Department plans are here:

- Acute Care
    - Maintenance will be notified by the charge nurse.
    - Flashlights will be located at the nurse's station and in each patient room.
    - There are three red outlets connected to generator power located on the acute care floor. In the event electrical outlet power is needed in a patient room, these outlets may be accessed with hospital-approved extension cords which can be obtained from the electrical closet next to the Acute Care tub room. Special

attention will be given to ensure pathways in the hall and patient rooms are not impeded by the extension cords.
    - If the call light system is not functioning, hand-held bells (located in nursing station cabinets) will be given to each patient and patient rounds will be conducted every 30 minutes until the call system is functional.
    - If bed alarms are in-operable, string attachment alarms (located in the storage room) will be used.
    - If EMR systems are down the paper charting system will be implemented. Paper charts are located in the storage room next to the tub room
- Administration
    - There is an emergency flashlight next to the Administrative Assistant desk.
    - Administrative personnel will be re-assigned to Incident Command or in assisting with patient care and paper charting processes.
- Pharmacy
    - Pharmacy is entirely supported by generator back up from the north generators.
    - If EMR systems are down the paper charting system will be implemented. Paper charts are located in the storage room next to the tub room
- Family Medicine Clinic
    - The clinic has no back up power
    - In the event of an outage that is predicted to last more than 2 hours the clinic manager needs to be called right away at 509.261.0297 to coordinate the transfer of vaccines to a refrigerated unit. Back up number is 541-980-9314
- Dietary Department
    - The Kitchen has no back up power
    - In the event of an outage that is predicted to last longer than 4 hours, the Dietary manager needs to be called right away to begin monitoring food temperatures and coordinate transfer of food if necessary.

Generator Details

Detail	Gen 1	Gen 2	Gen 3
Generator make/model	1070GS/ Cummins	1069GS/ Detroit D.	DF3J/ Cummins
Serial Number	41070	41069	G060953814
Watt Rating	100kW	100kW	450kW
Type of fuel required	#2 Diesel	#2 Diesel	#2 Diesel

Tank Capacity	550 Gallon (shared)	550 Gallon (shared)	1000 Gallon
Number of hours of power can be generated using full fuel supply	78 hrs	78 hrs	92 hrs
What triggers refueling of tanks	18 hrs of run time / Annual top off		
Essential services support by this generator	North hospital - Equipment	North hospital - Critical	South hospital - ED/DI
Minimum kW needed for essential services	74kW	52kW	68kW
Date of annual load bank test/PM#	Early November		
Type of external hook up needed during failure/testing	Twist Lock		
Person Responsible for:	**Primary**	**Backup 1**	**Backup 2**
Obtaining fuel	Facilities Annual PM		
Fuels suppliers	Hattenhauer 541-296-3515	Christensen 855-314-1506	Moffitt Services 281-205-7577
Oversees maintenance contract	Cummins Annual PM		

Generator Failures

The emergency generator is located in compliance with the Health Care Facilities Code (NFPA 99 and NFPA 110) when a new structure is built or when an existing structure or building is renovated. The generator is inspected, tested, and maintained in compliance with NFPA 99, 110, and the Life Safety Code.

In the event of a generator failure, the problem is immediately assessed by the Facilities Manager and/or Director of Support Services, who will make needed repairs or contact

Cummins Northwest 509-248-9033. Temporary generators can also be obtained if the outage or repairs will extend beyond one shift.

If KVH's power distribution system fails and cannot be repaired in a reasonable time-period, the Department of Health should be notified. The Emergency Management Agency will assess if resources are available to provide assistance or if evacuation is necessary.

Water

Water for Drinking, Cooking, and Sanitation

Water is a critical utility for the operations of KVH. Water is critical for chiller operations, drinking, handwashing/sanitation, toilet operations. If there is an interruption in water service, the problem will be immediately assessed by the Facilities Department, who will make needed repairs or contact The City of Goldendale to report the outage and get an estimated time that water service will be restored. The Facilities Manager will notify all departments of the water service interruption and anticipated time of restoration. If a water service interruption happens after normal business hours, the On Call Facilities Tech will immediately notify the AOC to report the situation. The AOC will determine if water use restrictions should be implemented (i.e., bathing, cooking, etc.), or if patient relocations, discharges, or transfers are necessary.

Quantities of Potable and Non-Potable Water

Type	Quantity
Potable Water	
Bottled Water (units)	**100+ in Dietary Dry Storage**
Storage Tanks (hot water)(gallons)	**600 gal**
City Storage Tanks (gravity)(gallons)	**2.6M gal**
Non-Potable Water	
Fire Department	

Water Rationing

In anticipation of emergency situations that could impact water supplies, KVH implements proactive measures to ensure the facility has adequate potable and non-potable water until normal service resumes. This includes stockpiling bottled water for drinking and cooking, as well as filling containers such as pots, buckets, and bathtubs ahead of time, if circumstances allow.

In the event of a disruption to water supplies, water rationing measures may be implemented to conserve resources until service is restored. Patient sanitary needs will be addressed through the use of bedside toilets or bedpans. Waste from these facilities will be securely contained in red bags and treated as hazardous waste. Alternatively, cat litter may be utilized in red bags, with disposal managed by Infection Control or upon restoration of water service.

Restrictions on water usage may extend to bathing and cleaning activities. Hand washing will prioritize the use of soap and water, provided it is available in sufficient quantity. In situations where water is unavailable, the use of hand sanitizers will be strongly encouraged. Additionally, perishable items like fruit juices and broth, typically discarded in meal preparation, may be reserved for recipes requiring water supplementation.

In instances of severe water scarcity, KVH will collaborate with Bishop Sanitation to deploy portable toilets and hand washing stations across the facility. Strategically positioned for accessibility by patients, staff, and visitors, these facilities will undergo regular maintenance and servicing by Bishop Sanitation to uphold hygiene standards and minimize health risks associated with limited water availability.

Medical Gas/Vacuum Systems

Vacuum System

In the event of a loss of the vacuum system, the Facilities on call phone, CCO and AOC must be notified immediately. They will determine if repairs can be made in an expeditious manner or whether portable suction equipment beyond reserve units in the ED must be procured. In any event, nursing personnel in affected areas must ensure that patients with artificial airways and those in need of tracheal suction receive priority attention until the patient is relocated to an unaffected area, transferred or the primary vacuum system is restored.

In the event of a loss of medical gasses, the Facilities on call phone, CCO and AOC must be notified immediately. The responsible individual will determine if repairs can be made in an expeditious manner or if emergency medical gas supplies must be procured.

The Purchasing Department maintains bottles of med gas and oxygen. Additional cylinders can be procured through Norco.

Maintenance Activities

The WorxHub work order system has the rounding and PM requirement to maintain other utilities critical to the comfort and care of residents and daily operations that should be addressed for maintenance.

Former procedures: Facilities/Plant > EOC - Environment of Care > Life Safety > Failures

- HVAC
- Code Blue System x 2
- Medical gas
- Medical gas oxygen
- Medical gas systems
- Natural gas supply
- Nurse call system
- Fire alarm system?
- Failure of Power (archived)

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	
	Title:	EOP Unified Plan

PURPOSE:

To ensure that individual departments are unified in their approach to the Emergency Operations Plan.

KVH Emergency Preparedness Working Group

KVH maintains a working group to encourage inter-departmental problem solving and information sharing. The current group may be called as needed to plan exercises or review plans and includes:

1. (Emergency Preparedness Coordinator/Plant Services Administrative Assistant)
2. (Director of Support Services)
3. (Housekeeping Manager/Supervisor)
4. (Senior Maintenance Tech)
5. (Director of Finance)
6. (Physician)
7. (HIM Supervisor)
8. (Lead Maintenance Tech)
9. (Nursing Manager)
10. (Chief Nursing Officer/DNS)
11. (CEO)
12. (IT Supervisor)
13. (EMS)
14. (IP Nurse/Employee Health)
15. (Housekeeping Tech)
16. (ED Tech)

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	
	Title:	EOP Unified Plan

KVH Clinic

KVH's Rural Health Clinic maintains an integrated relationship with KVH Hospital whereby the Clinic recognizes and participates in the KVH Hospital Campus Emergency Plan with exceptions that are Clinic Specific. The Clinic adheres to CMS requirements as outlined in section 491.

1. Clinic Emergency / Disaster
   a. If an emergency or disaster occurs within the Clinic that cannot be mitigated internally, alert the hospital CNO/DNS and the administrator and follow his/her direction
   b. If an emergency / disaster can be mitigated internally, advise the CNO/DNS and administrator.

2. County Emergency / Disaster including weather emergencies.
   a. The KVH Campus may not be under emergency operations, but Clinic patients may be duly affected out in the county, the following should occur:
      i. The administrator on call and/or CNO/DNS should be advised
      ii. A Level 1 Code Triage should be considered to monitor and document this "Unusual activity."

3. Patient Accountability:
   a. The Clinic will maintain an up to date list of all Clinic patients that remains HIPAA compliant.
   b. In the event of a County Emergency, Patient identifying information including address and family contacts of scheduled patients may need to be shared if requested with:
      i. The Hospital Emergency Operations Center
      ii. The County Emergency Manager. (The County Emergency Manager is the conduit to City Police and County Sheriff services.)

4. Staff Accountability for call back purposes
   a. Clinic Staff residences and contact database should be updated quarterly by Clinic administrators.
   b. A work schedule detailing times and days worked should be readily accessible

5. Hospital Disaster Activation
   a. Upon plan activation all available staff not committed to patient care shall report to the Labor pool located in the second-floor break room of the Clinic

KVH Hospice

KVH Klickitat Valley Health	Procedure Number:	
	Effective Date:	
	Title:	EOP Unified Plan

KVH's Hospice maintains an integrated relationship with KVH Hospital whereby Hospice recognizes and participates in the KVH Hospital Campus Emergency Plan with exceptions that are Hospice Specific. Hospice adheres to CMS requirements.

1. Hospice Emergency / Disaster
    a. If an emergency or disaster occurs within the Hospice offices that cannot be mitigated internally, alert the hospital DNS and the administrator and follow his/her direction
    b. If an emergency or disaster occurs external to the Hospice offices, alert the DNS and Administrator and follow his/her direction.
        i. Personnel accountability and safety are of prime importance
        ii. Clear consideration shall be made to the safety of Hospice patients welfare
    c. If an emergency / disaster can be mitigated internally, advise the DNS and administrator.
2. County Emergency / Disaster including weather emergencies.
    a. The KVH Campus may not be under emergency operations, but Hospice Clients may be duly affected out in the county, the following should occur:
        i. The administrator on call and/or DNS should be advised
        ii. A Level 1 Code Triage should be considered to monitor and document this "Unusual activity."
        iii. If Hospice Staff are unable to physically reach their clients, the DNS should be advised.
        iv. Other solutions for checking or delivering Hospice service may include the police or sheriff's department.
3. Patient Accountability:
    a. Hospice will maintain an up to date list of all patients that remains HIPAA compliant.
    b. In the event of a County Emergency, Patient identifying information including address and family contacts of scheduled patients may need to be shared if requested with:
        i. The Hospital Emergency Operations Center
        ii. The County Emergency Manager. (The County Emergency Manager is the conduit to City Police and County Sheriff services.)
4. Staff Accountability
    a. Hospice administration should maintain a schedule of all visits being performed and an anticipated timeline
    b. Hospice residences and contact database should be updated monthly by Hospice administrators.
    c. A work schedule detailing times and days worked should be readily accessible
5. Hospital Disaster Activation
    a. Upon plan activation all available staff not committed to patient care shall report to the Labor pool located in the second-floor break room of the Clinic

KVH Plant Services

1. In the event of an emergency/disaster situation, notify the Administrator On Call (AOC) and the on call Plant Services Technician at: 509-261-0261. The on call technician will notify the Plant Services Manager or the Plant Services Supervisor immediately.
2. The Plant Services Manager and/or the Plant Services Supervisor will report to the Command Center and/or Labor Pool and notify or call in other Facility Techs if needed.
3. Facility Tech responsibilities include ensuring all essential utilities/equipment are kept in working order to the best of their ability.
4. Facility Techs or designee will coordinate with Kadlec Regional Medical Center to ensure all biomed equipment is kept in working order. Kadlec Clinical Engineering Department contact information must be checked quarterly with the nursing admin to verify the current phone number. Currently: 509-942-2611. This contact will be added to the Maintenance On Call phone.
5. Facility Techs will provide security during any situation that may require such, and coordinate with the Police and Fire Department.
6. Facility Techs will follow all procedures and guidelines at all times during an emergency/disaster.
7. Be sure hallways or traffic areas are clear of obstructions.

Annex 1

Surge Plans

PURPOSE:
The purpose of this Surge Plan is to develop a systematic approach toward providing patient care services during surge events that may affect our community and hospital. As a leader in patient care services, we are in the best position to respond to a community wide medical crisis. For this reason, we have developed a surge plan that outlines how we intend to respond to support such an event. KVH Hospital shall work directly with Klickitat County Health Department to plan and coordinate medical disaster response, operations and recovery activities during times of medical crisis.

Our goal is to assess, plan and implement operational strategies and processes outlined within this document that would enable us to support a Surge event. This document is predicated on the fact that a surge will gradually build and require adjustments to match the increasing activity. For example, a Mass Casualty Incident is generally finite and can be adjusted to quite readily. Other events may not come with an advanced warning.

The procedure outlined below will examine actions sequentially. Actions should match and stay ahead of the severity of the event. For smaller events not all actions will need to be considered and/or implemented.

ASSUMPTIONS:

The development and implementation of this plan is based on the following assumptions:

1. Surge occurs when we have achieved maximum census for either Inpatient or Emergency Department Services.
2. A Surge event, rising at least to the level of "Initial Local Surge" as defined below, will require KVH Hospital to declare an internal Disaster. NOTE: a "surge" in patients presenting to the ED is not in and of itself an "Initial Local Surge."
3. The Klickitat County Health Officer will acknowledge the surge and declare a local Medical Disaster/Emergency for Regional Impact Surge events.
4. Standards that outline Life Safety Codes and other Environment of Care will be deviated from in order to set up Alternative Patient Care Sites. **NOTE: The intent of assumption 4 is not to degrade patient care services, but to provide exceptions that would allow lifesaving medical services to be provided during emergency crisis situations.**
5. KVH Hospital is not directly affected by an emergency event (fire, bomb, etc.) and is physically capable of providing basic utility services (Water, Sewage and Electricity).
6. Adequate staffing is available as determined by the Nursing Administration.
7. The hospital may exceed the surge plan levels reflected within this plan only if capable before declaring a Regional Impact Surge.

ATAB-6 Medical Resource Hospital Flow

Surge Plan Guidance:

1. **Triggers:**
   a. **Local Surge**
      i. >30 minute delay in Emergency Department Triage; or
      ii. >30 minute delay in Ambulance turnaround times at ED; or
      iii. Determination by the House Supervisor and on-call Administrator (CNO or CEO) that Initial Local Surge declaration is necessary.
   b. **Ongoing Local Surge**
      i. Administrator on-call (CNO, CEO, or designee) determines that multi-agency or multi-county coordination is necessary to mitigate the impact on the facility; or
      ii. Facility has met or exceeded its licensed bed capacity.
   c. **Regional Impact Surge**
      i. Determination by the Incident Commander that the hospital has reached maximum surge levels and is unable to meet the medical needs of the public without mitigation or assistance from regional or state resources;
      ii. Facility has met or exceeded both its licensed bed capacity and surge bed capacity.
   d. **Major Regional / Statewide Surge**
      i. Determination by the HCC and PHDOC that implementation of alternative care protocols is needed in order to provide the most good to the most people in need of medical care;

2. **Activation:**
   a. **Local Surge**
      i. Nursing shall notify their department leader and/or the AOC when the triggers have been met.
      ii. A member of SLT and/or the AOC may activate a "Code Triage" and stand up IC.
   b. **Ongoing Local Surge**
      i. The Incident Commander shall activate the HCC and notify the Klickitat County Emergency Manager, and Klickitat Public Health Officer (through 911 Dispatch);
      ii. The Incident Commander or Safety Officer (if designated per HICS) shall determine the risk and need for facility wide access control, and work in collaboration with Maintenance to possibly Control Access;
   c. **Regional, Major Regional/Statewide Surge**
      i. Only the Public Health Officer, Klickitat County Emergency Manager, or designee is authorized to request regional or state resources;
      ii. The HCC shall be fully activated and Command and General Staff positions filled as necessary;
      iii. The Hospital may be required to send a Liaison Officer to the Klickitat County EOC to plan for the activation of external Alternative Care/Triage Sites within Klickitat County.
      iv. If an external Alternative Care/Triage Site is established, the Hospital may be required to furnish a Hospital Incident Management Team to the site;
      v. If an external Alternative Care/Triage Site is established, the Hospital may be

required to furnish a Task Force to manage operations – minimum positions:

1. TF Leader
2. Medical
3. Logistics
4. Security
5. Administration

3. Size and Scope

a. Local Surge

i. Nursing shall work with the CNO or CEO to complete a high level assessment of the potential operational impact on the facility and determine the need to activate the Hospital Command Center (HCC), and subsequently the need to fill additional HICS Command or Staff positions;

ii. Nursing or designee shall determine the risk and need for facility wide access control, and work in collaboration with Maintenance to ensure implementation of the Controlled Access Plan;

iii. The Nursing shall conduct regular scheduled meetings with Acute and Emergency Department nurses to address patient issues and assess needs.

b. Ongoing Local Surge

i. The Incident Commander shall develop an Incident Action Plan, assign HICS positions as necessary, and activate staff call back as necessary.

c. Regional Impact Surge

i. The Incident Commander, or Planning Section Chief, shall regularly communicate situation reports to all hospital departments as needed.

d. Major Regional / Statewide Surge

i. Alternative sites for victim families, worried well, and media should be established;

ii. Liaison Officer should be assigned to PHDOC and/or Klickitat County EOC;

iii. A Public Relations Officer should be assigned to the JIC if established.

4. Internal Alert

a. If a surge is declared, the Incident Commander or designee shall request that Reception page all departments declaring the appropriate "Code Triage"

i. Code Triage Level 1 - Hospital Incident Command Center will be activated in "Monitoring mode."

ii. Code Triage Level 2 – Hospital Incident Command Center will be activated in a "Partial Mode." Some positions will be activated.

iii. Code Triage Level 3 – Hospital Incident Command Center will be fully activated. In addition to the Code Triage Level announce pertinent information i.e. that an Initial Local Surge level has been declared, that the HCC has or has not yet been established, and any other necessary information.

b. The Incident Commander and Command or General Staff will distribute situation reports to all departments within the facility regarding the Surge Impact;

5. Staffing

a. The CNO or designee shall immediately assign available staff to support the Emergency Department;

b. Consider activation of staff call-back;

c. Consider implementation of staffing ratio flex.

d. Incident Commander shall initiate staff call-back of available personnel as necessary;
e. Implement staffing ratio flex plan to meet the needs of the patient population.

6. Bed Capacity

a. Available gurneys shall be brought to the Emergency Department by auxiliary staff as designated by the House Supervisor.
b. The Incident Commander or Operations Chief shall work in collaboration with Surgery and other assigned departments to assess the need for cancellation of non-essential or elective surgical or interventional services;
c. If services are to be delayed or canceled, the Surgery, or other assigned department managers/supervisors shall be responsible for immediately notifying the physicians of impacted patients;
d. Consider external triage point;
e. Consider utilization of long term care facilities for non-critical patients;
f. Participate in Operational Area/PHDOC planning sessions.
g. Regional Impact Surge
    i. Consider setting up alternate site(s) for victim families, worried well, and media;
    ii. Consider redirecting MINOR (GREEN) to outpatient sites (e.g. clinics, surge tents or alternate care sites if established).
h. Major Regional / Statewide Surge
    i. Reassign inpatient care areas according to patient needs (expanded isolation areas, ICU or surgical care).

7. Communicate Status

a. See notifications under Activation heading; The ED RN should notify their department leader and/or the AOC when the triggers have been met. A member of SLT and/or the AOC may activate a "Code Triage" and stand up IC.
b. House Supervisor, or designee, shall notify 911 dispatch of the Initial Local Surge;
c. ATAB-6 Mass Casualty event.
    i. The Medical Resource Hospital (MRH) will be in contact regularly assessing Bed Status.
    ii. MRH will coordinate available bed capacity regionally
    iii. MRH will advise on incoming Ambulances. Patient capacity will not exceed stated bed capacity.
d. Non ATAB-6 Event: House Supervisor, or designee, shall contact neighboring hospitals to assess levels of saturation and communicate the current hospital status;
e. House Supervisor, or designee, shall update WATrac and/or HOSCAP within 1 hour of surge declaration, and continue updating WATrac and/or HOSCAP at least every two hours as status changes;
f. Incident Commander, or designee, shall notify the Medical Resource Hospital of current status;
g. Command or General Staff will contact associated clinics and surrounding hospitals informing them of the Regional Impact Surge status.

8. Communicate Resource Needs

a. The Incident Commander, or designee, shall work in collaboration with PHDOC, and the Klickitat County Emergency Manager, to ensure that adequate resource needs are being assessed on an ongoing basis, and that necessary resources are acquired to address the

needs. Any resource requests must be specific.

9. **Accelerated Discharge**
    a. The House Supervisor, in collaboration with Discharge Planner shall identify patients who can potentially be discharged and make the appropriate discharge arrangement with the attending physician and other applicable patient care service providers.
10. **Participate in Operational Area/Regional Planning Sessions**
    a. Coordinate any public information with the county EOC, PHDOC and/or JIC if established;
    b. Consider implementing a disaster hotline for the public (e.g. triage, nurse call line).

Personnel Notification and Recall

1. Upon direction from the Senior Administrator, CNO or Designee a code Triage can be called.
    a. "Code TRIAGE Level 1" Hospital Incident Command Center will be activated in "Monitoring Mode"
    b. "Code TRIAGE Level 2" Hospital Incident Command Center will be activated in "Partial Mode" This is determined to be an incident of lesser complexity.
    c. "Code TRIAGE Level 3" is a full command center activation to address a more complex incident that may extend into multiple operational periods.

2. Announcing a "Code Triage"
    a. At the level of code TRIAGE Level X, Hospital Operators will announce, twice, the appropriate statement:

DRILL

"ATTENTION IN THE HOSPITAL. THIS IS A DRILL. THE SIMULATED, I REPEAT, SIMULATED CODE TRIAGE DRILL HAS BEEN IMPLEMENTED.

- *STAFF NOT DIRECTLY INVOLVED WITH PATIENT CARE ARE TO REPORT TO THE MANPOWER POOL LOCATED IN XXXXXX (Typically 2nd floor Family Medicine Breakroom)*
- *THIS IS ONLY A DRILL."*

(Repeat three times)

ACTUAL DISASTER

"ATTENTION IN THE HOSPITAL. DISASTER PREPAREDNESS PLANS HAVE BEEN IMPLEMENTED. THIS IS NOT A DRILL.

- *A (NATURE OF DISASTER, TORNADO, FLOOD, EXPLOSION, FIRE ETC.) HAS BEEN REPORTED.*
- *DEPARTMENT MANAGERS ARE TO REPORT TO CONFERENCE ROOMS A/B*
- *STAFF NOT DIRECTLY INVOLVED WITH PATIENT CARE ARE TO REPORT TO THE MANPOWER POOL LOCATED IN THE BREAK ROOM ON THE SECOND FLOOR OF THE FAMILY MEDICINE CLINIC: THIS IS NOT A DRILL."*

(Repeat three times)

c. Upon direction from the Administrator in charge or the Chief Nursing Officer, the medical staff, key personnel, and department supervisors will be recalled as needed. Senior Leaders will initiate the Administrative recall for their respective departments.

d. Each department shall have a pyramidal system to recall individuals who are off duty or otherwise out of the building.

e. It shall be the responsibility of Senior Leaders and department managers to ensure that staff have a current listing of phone numbers for departmental personnel. It is imperative that these listings be kept current at all times.

Department Reporting

1. The following departments are not listed specifically and should report directly to the Manpower Pool in the Staff Break Room on the 2nd floor of the Family Medicine Building.
    a. Business Office
    b. Information Services (Non-essential Personnel)
    c. Quality Office
    d. Human Resources (Excludes Director)
    e. Medical Records

Emergency Department – and Major Treatment Areas

1. Plan - Major Components
    a. Emergency Department – Triage
    b. Emergency Department – Major Resuscitation
    c. Disaster Victim Admission and Pre-Surgical Holding
    d. Minimal Care Family (Medicine Clinic)
    e. Morgue

2. Registered emergency patients will continue to be seen until notification that disaster patient arrival is imminent. At that time, all rooms will be cleared of non-acute patients to the Rural Health Clinic

3. All personnel working in the Emergency Department during a "Code Triage" must wear the appropriate identification and vest which is available in the Disaster Box, located in the ED Supervisor's office, and distributed by ED personnel.

4. All doors leading to the Emergency Department shall be secured from within. Only those personnel having legitimate business in the Emergency Department will be admitted. Admissions to the emergency department will be arriving from the triage area only.

5. Emergency Physician on Duty Will:
    a. Designate non-acute Ambulatory patients (already registered in Emergency Department) to be sent to the MedSurge, Surgery Clinic, or the Family Medicine Clinic as appropriate.
    b. Ensure the preparation of the ED to receive patients from the triage area – Move patients to floor, Clinic or discharge.

6. ED Manager or Supervisor Will:
    a. Upon arrival, assume duties of Triage Nurse or assign those duties.
    b. Assume control of nursing functions in Triage until relieved. Assign nurses to the trauma room to attend to high priority victims.
    c. Coordinate with Admissions to ensure disaster supplies from Admission's Supervisor's Office have been distributed per instructions in the box.
    d. Ensure that the Ambulatory non-acute, already registered patients are sent to the Clinic (If clinic is not open, hold patients until someone is there to receive patients).

e. Upon termination of "Code Triage" or when Resuscitation Area patient load enables, ensure all patients not associated with the disaster have been treated.

7. CNO or Supervisor
   a. Will advise staff to dispense with Cerner patient documentation and utilize paper if the situation dictates.
   b. Evaluate Staff – Patient ratio, adjust as the situation dictates.

8. ED CNA Will:
   a. Immediately notify:
      i. Life Flight
   b. Activate additional ED personnel when instructed. Instruct to enter through the Ambulance entrance.
   c. Obtain a vest from disaster supplies and distribute to all personnel working in the Emergency Department.
   d. Collect records of non-acute, already registered ED patients, and prior to their departure, set aside for recall and completion of examination/treatment as time permits.

Emergency Department – Triage

1. Function
   a. In order to maximize efficiency, the TRIAGE AREA will be located in the hospital lobby and/or the Ambulance bay.
   b. Traffic problems should be minimized at the entrance by strict control from Security. Security will direct all patients to the ambulance entrance for triage.
   c. Rescue vehicles should not be left unattended. Delivery of patients into the hospital by EMS personnel not only occupies them and their equipment but also results in congestion. Therefore, hospital staff should receive victims from EMS personnel and be responsible for transporting them inside using hospital equipment.
   d. Aiding the nurses will be clerical personnel from the business office whose job will be to assign and initiate a pre-numbered Disaster Plan admission packet to each patient. The pre-numbered packets are located in the locked disaster box
   e. After triage, one copy of the treatment records goes to Admissions, one copy to the Disaster Control Center, and the original stays with the patient.
   f. Personnel from the Manpower Pool assigned to triage will bring stretchers, wheelchairs to this area and will act as transporting agents to the different treatment areas.
   g. The Disaster Control Center, located in the Cafeteria Meeting Room, will obtain a copy of all treatment records.

2. Triage Categories.
   Patients will be triaged into four basic categories and transported to areas pre-designated to handle their patient breakdown. The priorities and locations area as follows:
   a. High Priority (red tag): Immediate
      Serious but salvageable and needs immediate attention. These include:
      i. Airway and breathing difficulties;
      ii. Cardiac arrest, **if resources allow**. If resources are insufficient, then these are resurveyed when all red tags are cleared and/or more help arrives. (In hospital setting, however, most cardiac arrests will be triaged to morgue as imminent death patients);
      iii. Hemorrhage;
      iv. Severe head injuries;
      v. Open chest or abdominal injuries;
      vi. Severe medical problems;
      vii. Severe shock -multiple etiologies.
   b. Middle Priority (yellow tag): Delayed

Urgent and need care rapidly:

i. Burns;
ii. Major multiple fractures;
iii. Back and neck injuries without cord damage;
iv. Acute psychiatric problems;
v. Imminent delivery.

c. Low Priority (green tag): Ambulatory

Walking wounded:

i. Minor fractures;
ii. Minor injuries;
iii. Anxiety;
iv. Minor medical complaints.
v. Medication Refill
vi. No evidence of medical, emotional or surgical care needed (may be utilized as volunteers if deemed appropriate).

d. No Priority (black tag): Deceased / Expectant

No treatment indicated:

i. Dead;
ii. Imminent death;

3. Locations Post Triage.

After sorting the patients at the TRIAGE AREA, they will be directed to different treatment areas within the hospital:

a. HIGH PRIORITY Immediate

(RED TAG) victims will be directed to the Emergency Department where they will be stabilized and redirected to Surgery, Air-evacuated out to a higher level of care, or to the Morgue. Only if the initial triage was ineffectively performed will victims be directed to minimal care or discharge stations.

b. MIDDLE PRIORITY Delayed

Patients will generally be directed to the Resuscitation Area but will be seen only after high priority patients have been attended to. They will be initially stabilized and ongoing monitoring will ensue. The psychiatric patient must be immediately triaged to the nearest available area away from the main flow of casualties, accompanied at all times by a medical person. The Emergency Department unit secretary should be instructed to notify the Psychiatric Resident on call to report to Triage

c. LOW PRIORITY Ambulatory

Victims will generally be directed to the Minimal Care Area (Clinic). Here stabilization and treatment will be instituted and, if possible, completed. From this treatment area, most patients can be discharged. Some patients may be admitted from this location; however, many will be instructed to make necessary follow-up appointment(s) in the appropriate clinic or with their personal physician.

4. Triage Responsibilities

a. Emergency Room Physician

i. Primary function is to provide patient care
ii. Work with ED Supervisor to ensure patient needs are being met

b. Nurse Supervisor or ED Nurse Manager

i. Assume control of the Department.
ii. Assign an Area Manager to:

1. Ensure that the Manpower Pool is sending adequate personnel and supplies to help with transport.
2. Ensure that Surgery Personnel have immediately mobilized all available carts and
3. Stretchers from their area to Triage.

iii. Begin evaluating patient injuries, record briefly on the treatment record and assign treatment category.
iv. Delegate a second triage team if needed, and if staffing allows.
v. Ensure that the triage team, along with clerical and transporter, begins rapid, but orderly triage of victims.
vi. Command Center will communicate with the Triage Supervisor, as necessary, for patient tracking and patient information.

c. Admitting Personnel
   i. Obtain the Disaster Plastic Box located in the Admissions Supervisors area and give the Disaster vests for distribution to the members of the team.
   ii. Upon arrival of the victims, assist on the Triage Team(s) by assigning a pre-numbered Disaster Admission Packet to each patient, along with a triage clipboard.
   iii. Record the victim's name (if known) on the ID bracelet and affix it to the patient's right wrist.
   iv. Record the victim's name (if known) in the Disaster Registration/Treatment Record along with the triaged destination. If identification of the patient is not available, record race, sex, and approximate age on the record.
   v. If a victim arrives with a field triage tag, record the number of this tag on the hospital Disaster Registration/Treatment Record. The tag should stay with the original copy of the treatment record.
   vi. After triaging, notify the Administrative Conference Room of the victim's number and name (if known) and priority.

Emergency Department – Trauma Bay

1. Function
   a. From the triage location most, if not all, of the high priority patients will be sent to the Trauma Area. The Trauma area will be located in the Emergency Department. Initially, victims will be treated in these Trauma Rooms but as the incoming load increases, and back-up staff arrive, victims can be managed in several of the "routine" treatment rooms.

2. Responsibilities
   a. Emergency Room Physician
      i. Ensure that treatment rooms are being prepared for the types of victims expected.
      ii. Provide victim stabilization.

   b. Emergency Room Nurse
      i. Assume control of nursing functions in the Trauma Area.
      ii. Make room assignments to on-duty nursing staff and to off-duty personnel as they arrive.
      iii. If additional manpower is needed, request resources through the ED Manager. Do not call the manpower pool unless directed to do so
      iv. Ensure that nursing staff are preparing treatment rooms for the types of victims expected.

Disaster Victim Admission & Pre-Surgical Holding Recovery

1. Function
   a. Most patients stabilized in the Emergency Department will be sent to the waiting room
   b. In this area, the nursing supervisor will work directly with nursing administration to find beds in the hospital for

victims not in need of immediate surgery or needing continued observation and therapy non-surgically related.

c. The general surgeons will continually review arriving victims to prioritize the disaster surgical schedule.

Minimal (Green) Care, Clinic

1. Function
   a. At a minimum the Clinic should be staffed with:
      a. One Mid-level or higher
      b. Two Administration persons – 1 x Admitting, 1 x Discharge
   b. In a true disaster situation, a great percentage of victims will be classified as the "walking wounded" or low priority (green) patients. These low priority patients will be sent directly to the minimal care area in the Clinic for definitive care including:
      i. Splinting
      ii. Laceration repair after extensive debridement (or delayed primary closure in three days)
      iii. Tetanus prophylaxis
      iv. Mild to moderate emotional support
   c. Minimal X-rays will generally be needed along with sparse lab requisitions.
   d. The Manager of the clinic, or his/her designee will assume control of the Minimal Care area. Additional assistance may be requested from the Command Post. Do not call the manpower pool directly.
   e. During evenings or weekends, the manager or director will open the department as soon as they enter the building. The person in charge or his/her designee will call the Command Center as soon as the department is ready to receive patients.

2. Personnel
   a. The clinic manager or his/her designee will begin the recall process for their department
   b. Personnel will report to the Clinic for further instructions and probable utilization in providing emergency patient care, such as "Minimal Care".
   c. All personnel must have their hospital picture ID card to be admitted into the hospital.
3. Responsibilities
   a. Clinic Manager
      i. Assume control of the clinic.
      ii. Ensure appropriate provider support.
      iii. Assess staff nursing needs, request additional help from Command Center if necessary.
      iv. Contact Radiology requesting technologist support as needed.
      v. Establish appropriate locations for assigned Admission personnel and an operational system for the arrival of new patients received in the area.
      vi. Ensure Admitting or volunteer personnel notify victim tracking of new patients received in the area.
   b. Admitting
      i. Be assigned to Minimal Care.
      ii. Call Command center when a victim is admitted and/or dismissed.
      iii. Serve as messengers to pick up and deliver registration forms.
      iv. Assist with bed assignment if necessary.
   c. Physical Therapy may:
      i. Provide support to Minimal Care.
      ii. Quickly inventory wound care and splinting supplies available; requisition and retain additional supplies as needed.
      iii. Post signs directing transport of victims to Minimal Care.
      iv. Provide transport services from minimal care to Lobby Level Radiology and/or the Discharge Area as requested.
      v. Physical Therapy will evaluate the wheel chairs and provide additional chairs as needed
   d. Clinic – Front Door / Lobby

i. The front lobby in Clinic will be utilized as a minor secondary triage area
ii. Walking wounded will be sent to clinic rooms for treatments based on priority.
iii. Admitting will perform registration at the front door and set up individual packets.

Morgue

1. Function
    a. All victims who are dead or imminently dead will be triaged to the Morgue area, located temporarily in the Patient and Family waiting room. If patients are imminent they can be put on cots in an area behind the nurse's station. Staffing will be designated and supervised by an Infection Prevention Nurse.
    b. Since some victims may be triaged directly to the morgue as imminently deceased (major head injuries with no response), overseeing of these patients until deceased is critical. A family physician for the Rural Health Clinic may be assigned to supervise and pronounce patients. Arrangement for transportation can await the concluding hours. Security is a must in this area.
    c. In the event refrigerated space is needed the Klickitat County Medical Examiner can be called at 509.773.5838 and/or Columbia Hills Memorial Chapel at 509.773.4646
    d. Contact the Sheriff's office at 509.773.4545 to help identify bodies if need be.
2. Responsibilities
    a. Infection Prevention

        Infection Prevention nurses will oversee the morgue and the imminent death area

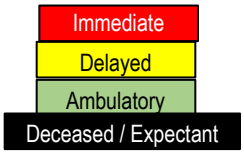
        i. Assist with receiving and processing of deceased victims.
            1. Assure they have an armband on
            2. Maintain a log of patient name and medical number if known
            3. Notify Lifenet Health Northwest Tissue Donation at 1.888.266.4466
        ii. Consult the incident commander in charge prior to releasing any "sensitive" information.
        iii. Notify the command center for victim tracking upon arrival of any victims.
        iv. Request a physician to be assigned from the Rural Health Clinic for any victim who is imminent but not dead.
        v. Ensure tight security in the area with no entry of "unauthorized" personnel.
        vi. Attempts to locate family that will be located in the lower level family areas to identify victims and/or notify of death
        vii. Patients will be placed in body bags. Belongings bags will be put with the bodies and labeled with name and medical record number

Admissions

1. Function
    a. Admitting Personnel, Business Hours (Monday - Friday 7:00am - 4:30pm)
        i. Assign 2 Admitting Staff to ED Registration to assist with victim registration.
        ii. Assign 2 Admitting Staff to Minimal Care (Clinic) if needed.
        iii. Assign one Admitting Staff to Front Triage Area

    b. Admitting Personnel, Between 4:30pm - 7:00am Monday-Friday
        i. Week-ends and holidays admitting manager/designee will initiate the call-back for both code triage drill or actual code triage disaster
            c. Additional call back staff not needed will report to the Labor Pool in the 2nd floor Family Medicine break room.

2. Responsibilities
   a. Personnel Assigned to Triage
      i. Obtain the Disaster Plastic Box, located in the ED Registration Area which contains the Disaster Packets and vests.
      ii. Upon arrival of victims, take the Disaster Plastic Box and contents to the Triage area. Assist the Triage Team by assigning a pre-named and pre-numbered Disaster packet to each victim.
      iii. IF KNOWN, record the victim's actual name on the Disaster Registration/Treatment Record and identification band and affix it to the victims right wrist.
      iv. IF UNKNOWN, the victim's name will be assigned an ALPHA, DOE name (Alpha (last name), Doe (first name).
      v. If identification of the victim is not available, record the race, sex, and approximate age of the victim on the Disaster Registration/Treatment form.
      vi. The original treatment form will stay with the patients, one copy will be retained by admitting, and one copy is forwarded to Command Center.
      vii. If the victim arrives with a Field Triage Tag, record the number of this tag on the Hospital Disaster Registration/Treatment Record. The Field Tag will remain with the Patient Copy of the Form.
         1. Field Triage Priority
            a. Red High Priority
            b. Yellow Middle Priority
            c. Green Low Priority
            d. Black No Priority



   b. Admissions
      i. Register each victim.
      ii. Call the Command Center when a victim is registered in Minimal Care, give the name if known and medical record number otherwise give Doe name.
      iii. Distribute the Disaster Registration/Treatment copies according to instructions for ER Admitting.

   c. Command Center
      i. As needed will receive the BED LIST which will be delivered by Nursing Units and summarize the available beds, transfer, impending discharges on the Admitting "Disaster Bed Control Sheet".
      ii. Categorize the available beds, transfers and impending discharges
      iii. Document name/medical record number, physician, diagnosis, and type of admission on XZY

Public Relations

1. A Public Information Officer person shall be assigned by Incident Command:
   a. Upon arrival of media all media personal will be placed in an area away from Patient care , the temporary Morgue and the Expectant area
   b. Provide or coordinate media updates in the Administrative Conference Room.
   c. Media personnel shall be escorted at all times. This will include any area permitted by Incident Command.

2. Employees from Social Work or Pastoral Care will serve as attendants to greet family members, visitors, etc., and have them escorted to appropriate areas of the hospital.

Discharge Areas

1. Function
   a. To ensure that patients with or without family members are discharged from either the Clinic or from the hospital to, examples may include:
      i. Patients Home
      ii. In care of a Family Member
      iii. A Care facility
      iv. A shelter
   b. To facilitate transportation to another facility for definitive or recuperative care

2. Structure
   a. A transportation Officer and/or a Social Worker shall be assigned to both discharge areas
   b. A pod in the Clinic will be designated as the Discharge Area. This area will be utilized to discharge in-hospital patients and victims of the disaster. In this way, victims can be directed to one final common location. One Social Worker will staff this area, in order to screen discharged patients, coordinate rides and to insure paperwork is complete.
   c. It is important that all patients and families of patients being discharged, be screened by social workers to assure that adequate discharge planning is completed and that, as necessary, available community resources are utilized.
   d. An alternate Hospital Discharge area under the control of the Operations section will be responsible for relocation of patients requiring further medical treatment or non-ambulatory patients requiring specialized transportation

Maintenance Services

1. During a "Code Triage", all available Plant Services personnel will secure entrances, unless the disaster is internal and services are needed elsewhere.
   a. All exit doors will be locked but shall remain accessible per Fire Code for Immediate egress.
   b. Some exit doors may be staffed with Maintenance or Volunteers to control access/egress.
      i. Front Entrance into triage area.
      ii. Emergency Department
      iii. Clinic Entrance
      iv. Basement entrance to be used family and community members
   c. Radios should be maintained on the Plant Services channel, unless otherwise advised.

Family Waiting Area

1. Function
   a. During the disaster operation, families will continue to arrive seeking information and solace. These family members may be directed to the Basement East, The Family Waiting Area. Food Service will provide coffee to this area.
   b. It is imperative that pastoral services and or designee constantly inform families as to the condition and location of their family members involved in the disaster. This can be managed by updating lists, general announcements, or personal verbal responses.
   c. Staffing of this area besides pastoral care should be Plant Services or a volunteer for security access to the area.

2. **Responsibilities**

    a. Plant Services will unlock the exterior door to the area and set up tables and chairs at the announcement of the disaster.
    b. Pastoral Care or designee will provide adequate personnel to provide spiritual support to family members, counseling, along with crisis intervention for casualties, in-patients, and families.

Food Service

1. In the event of a Disaster, all personnel on duty should remain in their assigned work area. When the situation warrants assistance from persons in the Food Services Department, the Senior Leader will be notified. Those designated by the Senior Leader will report to the Manpower Pool.
2. Coffee will be distributed to key waiting areas throughout the hospital during a disaster.
3. Food Service staff will provide food and/or supplies depending on the nature and duration of the disaster.
4. Food will be provided to the Employee Rest Area (manpower pool) as needed throughout the Disaster Situation.
5. Control access to Cafeteria
6. Immediate Coffee Distribution
    a. Family Waiting area (Physical Therapy Gym)
    b. Media and Public Information Center (Administrative Conference Room).
    c. Employee Rest Area (Manpower pool)
    d. Command Center

Laboratory

1. All laboratory personnel shall report to their respective departments upon notification and await further assignment
2. The lab personnel on duty will assure the disaster recall system has been initiated
3. Sufficient phlebotomy personnel will be dispatched immediately to triage, the emergency department and/or Rural Health Clinic
4. It will be the duty of the technician to:
    a. Inventory the blood components on hand;
    b. Contact local hospitals for possible shared resources - i.e. MCMC.
    c. Contact the American Red Cross to inform them of the disaster and to determine their capabilities.
5. TO BE NOTED:
    a. Essential diagnostic procedures requested for the patients in the hospital at the time of the disaster will be completed STAT but non-essential procedures may be delayed until time and personnel allow.
    b. A messenger from the manpower pool may be used to hand deliver results to the appropriate location.

Imaging Services

1. All Imaging personnel will report directly to the Diagnostic Radiology Department for assignment. During the treatment of disaster casualties, it may be necessary to perform unusual numbers of portable radiographs and ultrasounds in the district. The Department Manager should be prepared to dispatch technologists to perform these duties outside the Imaging Department.

2. All images performed on a given disaster patient will be identified by using the patient's I.D. number found on the patient Disaster Registration/Treatment form, which is assigned to each patient received at the hospital. All images will be available on PACS and/or individual modalities, depending on power availability.

Environmental / Housekeeping Services

1. Housekeeping must be prepared for a high level of clean-up requirements throughout the hospital. The traffic flow through the various treatment stations to eventual room assignments will require curtailment of non-patient area cleaning to provide adequate cleaning coverage for the duration of the emergency, and for post emergency clean up.

2. Housekeeping will provide for heightened activity in the following areas:
   a. Surgery post-care clean up
   b. Emergency Department clean up
   c. Increased bed-making
   d. Triage area
   e. Radiology facilities
   f. Nursing areas
   g. Entrances
   h. News media briefing area
   i. Family waiting area in Physical Therapy Gym

3. Evaluate the need for switching to paper linen products and distribute as indicated.

Medical Staff

1. The Chief Medical Officer will report to the Emergency Control Center located in the Administration Board Room.
2. Providers who work in the Clinic will report to the clinic.
3. All other providers shall report to the Labor Pool in the 2nd floor Family Medicine break room.

Nursing Administration

1. Nursing Unit Responsibilities.
   a. The following tasks should be completed for all Code Triage regardless of time of day or night:
   b. Complete “personnel list”
      i. When instructed, call in additional staff as needed.
   c. Upon request inform command center of available beds and staffing concerns
   d. Maintain a list of all Admissions and Discharges
   e. Provide regular updates of Patient activities to Incident Command

Respiratory Care Services

1. During a disaster, Respiratory Care Services will operate at maximal potential once called in by nursing personnel. The respiratory therapists will assess the respiratory needs of the patients, primarily for triage, the Emergency Room and other patient care areas.

Pastoral Care

1. Pastoral Care will report to the family waiting area in the Physical Therapy Gym to provide spiritual support, family counseling, along with crisis intervention for casualties, inpatients, and families. They will also assist families to determine if their relatives have been brought to the KVH Hospital Campus

Patient Movement

2. Precursors to patient movement is the notification of the:
   a. Klickitat County Emergency Manager,
   b. Klickitat County Public Health
   c. Notification of Health care Regions 4 & 8 in Washington and Region 6 in Oregon
3. Activation of the ATAB-6 MCI plan.
4. Following the transportation plan outlined in the MCI plan will assist adequately in an emergency / disaster that has had minimal impact to other areas in the region.
   a. Assign a patient movement coordinator (Transportation Officer)
   b. Assign a registration person and a discharge planner
   c. Contact the Medical Resource Hospital to assess Bed availability
5. When the emergency Disaster is a regional event it is imperative that the Klickitat County Emergency Manager is advised early and kept up to date. The Emergency manager working with Public Health are the only ones that can request resources from out of the area beyond our regular mutual aid resources.

Pharmacy

1. Pharmacy personnel shall report to the Inpatient Pharmacy Department
2. As on-hand supplies are depleted in the Emergency Department and other involved areas, replacement supplies shall be ordered from suppliers.
3. The Pharmacy will maintain direct communications with various pharmaceutical supply houses in the community to insure an adequate supply of pharmaceuticals.
4. In the event the telephone communications system is out of order, all pharmacy medication requests shall be made using Hand Radios.

Surgery & Anesthesia

1. If there is an available surgeon, personnel assigned to the Operating Room and Anesthesia will make preparations to begin surgery on casualties sent from the triage and/or ED area. If the surgery schedule is in progress, cases underway will be completed and the remainder postponed until the emergencies have been cared for. If there are isn't an available surgeon staff will report to manpower pool
2. Casualties will be taken to the OR from triage or acute care according to the urgency of their condition as judged by physicians.

Victim Tracking

1. It is imperative that the Command Center be aware at all times of where a victim is within the hospital once he has left the Triage/Emergency Department. Therefore, <u>the following procedure shall be strictly adhered to. There shall be no deviation from this procedure.</u>

2. At the time a disaster is announced, personnel in charge of each of the following areas shall designate one person to call the Command Center and inform them when a victim is received in their area. Notification shall include patient name or, in absence of a name, the number found on the patient registration form.
   a. Surgery (Operating Room)
   b. Nursing Unit where a patient is admitted.
   c. Rural Health Clinic (Minimal Care)
   d. When body is received in morgue or released to a funeral home

3. In addition the Command Center will be notified under the following conditions:
   a. Transferred to another facility
   b. Discharged

4. The Command Center shall record this information on the Victim Tracking form. If this information is reported and recorded properly, the Disaster Command Center will have ample information available to deal with the news media, will have an overall picture of how the victims are being moved as well as any bottlenecks that might develop.

Annex 2

KVH Hospital - Mass Fatality Plan

OVERVIEW

The Prosecutor/Coroner Office has legal jurisdiction and responsibility for the examination and disposition of human remains from deaths known or suspected to be due to unnatural causes, homicides, and from deaths involving known or suspected contagious disease(s) that constitutes a public health hazard. Deaths due to bioterrorism are homicides. However, in the event of a catastrophic public health event resulting in a larger number of deaths than can be managed by KVH Hospital and community stakeholders, it may be several days before the Prosecutor/coroner office can respond, process and recover the deceased.

In the event of a mass fatality Incident (MFI) including but not limited to disease outbreak (bioterrorism), natural disaster or large accidental incident, the ME's office is responsible for the recovery and identification of deceased persons, investigation to determine cause and manner of death including collection of forensic evidence and legal disposition of the remains. Many decisions, such as, handling of remains, decontamination of bodies, clothing, bedding or other surfaces as well as safety of the ME staff will need to be made collaboratively with the KVH Hospital and Klickitat County Public Health Officials. Therefore, the hospital's role in handling mass fatalities is one of collaboration and consultation with the Prosecutor/Coroner Office and other Klickitat County stakeholders.

This protocol includes procedures to provide public health and medical advice to KVH Hospital personnel concerning the spread of disease from corpses. The KVH Hospital Disaster Preparedness Committee has been assigned the responsibility of maintaining and implementing the hospital's mass fatality plan. Utilizing the Hospital Incident Command System (HICS) one of these people or assigned staff will be assigned the "Mass Fatality Incident Management Unit Leader" position. Moreover, KVH Hospital has established a multidisciplinary (Disaster Preparedness planning) committee specifically to address mass fatality planning initiatives.

Members of this committee may include:

a. Hospital administration (CNO)(DNS)(House Supervisor)
b. Emergency Room Coordinator
c. Quality Assurance and Improvement Coordinator/Infection Control
d. Emergency Department Lead Physician (Klickitat County MPD)
e. Employee Health
f. Human Resources
g. Environmental Services
h. Material Management
i. Medical Records
j. Other Klickitat County Stakeholders

OBJECTIVES

Consultation and collaboration with the Medical Examiner's Office, Klickitat County / Washington State Public Health
Support recovery of human remains

PRE-EVENT ACTIONS

The Disaster Preparedness planning committee of KVH Hospital will review the plans and procedures for the proper handling, storage and sanitary management of mass fatalities and will provide medical feedback as appropriate.

INFECTION CONTROL

1. Body substance precautions
2. Appropriate personal protective equipment (PPE) for staff (as deemed appropriate by Infection Control, Public Health and/or ME)
3. A properly documented PPE program (OSHA **1910.134(a)(2)** A respirator shall be provided to each employee when such equipment is necessary to protect the health of such employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program, which shall include the requirements outlined in paragraph (c) of this section. The program shall cover each employee required by this section to use a respirator).
4. Specimens needed for determining cause of death
5. Disposition of deceased requirements for each of the five CDC Category A Agents as identified in the table below:

DISEASE	PRECAUTIONS FOR HANDLING BODIES	SPECIMENS FOR DETERMINING CAUSE OF DEATH	DISPOSITION OF DECEASED
Inhalation Anthrax	Body Substance Precautions; Minimal Contact	Blood, CSF for culture or other tests	Cremation
Brucellosis	Body Substance Precautions; Minimal Contact	Blood for culture or other tests	Cremation
Pneumonic Plague	Body Substance Precautions; Minimal Contact	Sputum, blood or lymph node aspirate for culture or other tests	Cremation
Smallpox	Body Substance Precautions; Minimal Contact	Initial vesicular/ pustular fluid/scabs; then clinical history and picture	Cremation
Tularemia	Body Substance Precautions; Minimal Contact	Blood for culture or other tests	Cremation

KVH Hospital Medical Records and Laboratory staff collaborate with the ME's Office on methods/procedures for data sharing.

MASS FATALITIES PLAN OF OPERATION

1. **MASS FATALITY - Definition**
   A mass fatality incident is defined as any occurrence of multiple deaths that overwhelms the usual routine capability of KVH Hospital and local funeral homes. In the event of a MFI, the hospital's Incident Commander will determine the need to activate KVH Hospital Incident Command System. The definition of a mass fatality incident will be based on many factors, which may include:
   a. The number of bodies involved
   b. Time frame of deaths
   c. Number of cases requiring forensic identification
   d. Condition of remains
   e. Cause of death or type of agents involved
   f. Length of time required to recover remains from the scene
   g. Number of pathologists/death investigators available
   h. Availability of refrigerated body storage spaces and
   i. Existing coroner/funeral home director's workload

2. **PROCEDURES:**
   a. KVH HOSPITAL'S Operations Section Chief is responsible for the following:
      i. Decedent Identification (if not already done upon admittance, for patients dying in the hospital): The deceased will not be arriving here.
      ii. Coroner and/or mortuary notification/contact
      iii. Acting as a liaison managing surge morgue capacity

   b. Operations Section Chief will designate appropriate staff for the following tasks:
      i. Decedent Identification (if not already done upon admittance)
      ii. Assist with Family /Next of Kin Notification:
      iii. Death Certificate coordinator (a physician with responsibility to coordinate with other physicians to ensure death certificates are signed to expedite decedent processing).
      iv. Local funeral home contacts and capacity: (operations Section Chief or designee will act as liaison)
         1. Anderson's Tribute Center: 541-386-1000 Capacity:
         2. Columbia Hills Memorial Chapel: 509-773-4646 Capacity:
         3. Gardner Funeral Home: 509-493-1323 Capacity:15 bodies.
         4. Spencer Libby & Powell Funeral Home: 541-296-3234 Capacity:

   c. Tracking decedents who die in the hospital to disposition outside of the hospital
      Emotional Assistance for Families:
      i. Central Washington Comprehensive Mental Health: 509-493-3400: Crisis Line: 1-800-572-8122
      ii. Skamania County Mental Health: 509-427-3850

8. LOGISTICS (Personnel, Equipment and Supplies)
KVH Hospital staff member(s) to handle logistics, notify required personnel, monitor supplies (log in and out), order supplies as necessary and arrange transport of supplies where needed.

Food and beverages for morgue personnel and recovery teams may be handled by hospital food service personnel but ensure teams are taken care of in this regard since they often follow the primary responders and EMS personnel and may be "forgotten."

a. Records:

It is the responsibility of the hospital incident commander to ensure appropriate personnel are assigned to provide accurate recording of all times, reported events, requests, and personnel in and out, etc. A running log shall be maintained.

b. Preliminary Organization

Organize your personnel and equipment prior to recording and moving bodies*

* If the body(s) or area is contaminated with radiological, biological or chemical agents, the recovery function must be performed by personnel equipped with and trained in the use of appropriate personal protective equipment.

* Arrange with logistics personnel for all necessary equipment to document and effect the removal(s) prior to making any removals.

* Use departmental guidelines for necessary personal protective equipment (masks, gloves, etc.)

c. Body Numbering

i. All numbers will be assigned at the scene. Use simple numbers, i.e., 1, 2, 3, . . . Body part numbers should be P1, P2, P3, . . . Personal effect numbers should be El, E2, E3, ...
ii. In the event of multiple fatality scenes, a block of numbers may be assigned to each scene for tracking purposes, (i.e., #1 - #100 for Oakland area fatalities, #101- #200 for Hayward area fatalities, etc). All cases will be assigned permanent case numbers at a later time.
iii. The Medical Examiner or designee will assign the appropriate numbering system.
iv. Body bags should be numbered with the appropriate number at least 12 inches high in white or other contrasting paint on the exterior of the body bag for visibility.

d. Body Tagging/Marking

Place an appropriately marked "toe tag" on the body and on the bag zipper* Personal effects recovered with the body should be packaged in marked clear "zip-lock" baggies (marked with the corresponding body or body part number) and placed inside the body bag with the body.

Tags should minimally have the following information:

i. Name (if known)
ii. Race/Sex/Age (if known or approximate age)
iii. Hair/Eye Color
iv. Height/Weight/Build
v. Location Recovered From
vi. Date/Time Recovered
vii. Recovery/Case No.

9. HOSPITAL MORGUE (TEMPORARY)

a. Supervision

The morgue operation will be supervised by Operations section chief designee.

b. Security

c. Outside Support

Morgue security will be strictly maintained. All assigned personnel will prominently display issued identification. Absolutely no unauthorized personnel will be allowed into the morgue facility. Temporary site location: Surgery family waiting room.

If fatalities are the result of radiological, biological or chemical contamination and the bodies are contaminated, they will not be received into the central morgue without complete decontamination procedures being completed. In the event decontamination cannot be performed, contaminated bodies will be removed to and stored at a designated site with appropriate storage facilities and security. Appropriate storage facilities and methods will be determined by the Coroner and designated State and Local Public Health officials.

10. OUTSIDE OF THE HOSPITAL SUPPORT

a. Region 4 Coroner Emergency Response:

i. There is a regional DMAT in Clackamas with trailer and supplies that is used for response.
ii. Clark County ME also has supplies to be able to respond and have a vehicle and if needed coordinate with the DMAT.
iii. If there was a need for a mass fatality response, the medical examiner or coroners would be in charge and would make the request through their emergency management office for resources they would need.

b. Region 8 Coroner Emergency Response Trailer:

i. Benton Franklin Health District as the lead health jurisdiction for Region 8 Public Health has provided the Benton County Coroner's Office with a cargo trailer and supplies. This trailer and supplies are referred to as the Region 8 Coroner Emergency Response Trailer.
ii. Region 8 Coroner Emergency Response Trailer is stored in Benton County and contains supplies to respond to a mass fatality event involving up to 100 bodies.
iii. Benton and Franklin County Coroner's have the keys to this trailer and maintain the inventory of supplies.
iv. Requests for trailer and supplies are made by contacting the Benton County Emergency Dispatch. The name of this resource is Region 8 Coroner emergency Response Trailer.
v. The requesting county agency is responsible for providing trailer and vehicle insurance and will replenish any supplies used.

c. DISASTER MORTUARY OPERATIONAL RESPONSE TEAM (DMORT)

(Initiated only by County Emergency Manager)

The Federal Response Plan tasks the National Disaster Medical System (NDMS) under Emergency Support Function #8 (ESF #8) to provide victim identification and mortuary services. These responsibilities include:

i. Temporary morgue facilities
ii. Victim identification
iii. Forensic dental pathology
iv. Forensic anthropology methods

v. Processing
vi. Preparation
vii. Disposition of remains

DMORTs are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster. During an emergency response, DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims. The Department of Health and Human Services (HHS)/United States Public Health Service (USPHS) Office of Emergency Preparedness (OEP)/National Disaster Medical System (NDMS), in support of the DMORT program, maintains a Disaster Portable Morgue Unit (DPMU). The DPMU is a depository of equipment and supplies for deployment to a disaster site. It contains a complete morgue with designated workstations for each processing element and prepackaged equipment and supplies.

Pre-Hospital Mass Casualty Incident Plan

Mass Casualty Incident Plan
Initial Response Guide

Oregon State Area Trauma Advisory Board # 6 (ATAB 6)

Hood River County,

Wasco County,

Sherman County,

Gilliam County,

Washington State

Southwest Regional EMS

Klickitat County,

Skamania County.

Revision 5.4.2 November 11, 2015

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Introduction

The Region 6 Area Trauma Advisory Board (ATAB 6) recognized the need for a standard approach to trauma incidents involving multiple patients that require coordination between more than one pre-hospital agency and more than one hospital. ATAB 6's goal is to ensure that the victims of mass casualty incidents are transported as quickly as possible, to hospitals that are prepared to provide definitive care.

Revision 5.4.2 11/11/2015 breaks the plan into two components:

1. Response and
2. Supporting documents (Annexes)

The Response sheets document the most immediate actions that are taken to initiate an MCI. The supporting documents outline many of the items that provide logistical support and fill in behind an initial response. These supporting documents also provide the base for on-going training.

It is intended pertinent Response Sheets and Job Aids are included in respective County EMS Protocols as opposed to the complete document with the supporting annexes. However, the Annexes should be referenced in the Protocols.

This is considered a "Living Document" and is subject to review at any time by the ATAB-6 MCI Sub-Committee. As such the document can be amended when the interest of improving Patient care and Emergency Response is best served.

Guidelines

General Considerations

It is suggested that responding apparatus from Public Safety agencies all carry the guides referred to in the Response portion of this document to help initiate an organized Mass Casualty Incident (MCI) response based on the initial on-scene assessment.

Probably the single most important decision beyond the call to initiate an MCI response is to SET the scene to most effectively manage the incident. This, for example, will remain dynamic as a response to a freeway incident would require different planning than a response to school etc. One-way traffic flow, road or freeway closure, funnel point to secondary triage/treatment – See "Patient flow – Scene setup"

The overarching tactical goal is to: "Do the most amount of good for the most amount of people." This is a time where the responders need to fall back on their MCI training and know that the response may well be at the BLS level. If resources are present ALS interventions are acceptable provided that patient movement is not slowed or needed manpower resources are assigned at the expense of any other patient care.

With the MCI training, each level of MCI response is recognized by our Dispatchers and an appropriate number of Ambulances will be enroute. The matrix for the 911 centers to work from has been simplified and now represents a call down list. Dispatch will call down the Zone list or from the lists either side until the required numbers of Ambulances are dispatched. Backfilling remains a very dynamic issue and is largely dependent on how the initial response is filled. It is incumbent upon the responding Ambulance providers to consider coverage to their primary response area before committing to the MCI response. The Incident Commander or designee should provide oversight and assure that backfilling needs are being met.

As noted in the Response Decision Matrix, the Staging area should be set very early to help direct incoming apparatus. Incomplete consideration will hinder operations if not well thought out and is not an easy change once established.

Consideration to the duties of the "Transportation Officer" should remain a high priority. This can be an area where patient movement will be restricted. It is recommended that at least three senior people are assigned to transportation duties.

1. Manage communications with the Medical Resource Hospital (MRH)

2. A Scribe to document patient information – as simple as a Triage Tag Number and a name, who is transporting, what time and to where. Be aware of the limited functionality of whiteboards – rain, smudging and accidental erasure.

3. A person to manage assignment of patients to ambulances, considering the type of injuries and matching patient to the appropriate receiving hospital. Coordinate with Staging Area Manager (STAM)

The Annexes are intended as supporting documents that will back up the response and provide guidelines from which to base training on. Every attempt has been made to provide the right phone numbers and radio frequencies. It will be incumbent upon each agency to verify the information by conducting tests.

Initiating an MCI

Formal initiation of the MCI plan will be based on **SIX (6) PATIENTS** or more. This does not absolve any EMS transporting agency or field unit from its duty to provide a courtesy call from the scene to their primary ER advising them of the incident and relaying a patient count. This applies to 1 – 5 Patients.

Ambulance Dispatch Matrix / Dispatch

The Ambulance dispatch matrix now lists the Ambulances by Zones with Ambulances per Alarm Level. When dispatching for an MCI, utilize the appropriate zone and call down that list until the appropriate number of ambulances are en-route.

If there are not sufficient numbers of Ambulances available from the specific zone, utilize the adjacent zones until sufficient numbers are en-route.

Annex A Two documents; one of which details the Ambulance Dispatch Matrix (Excel) and the Word document references Dispatching Guidelines.

Communications / Phone Contacts

Primary Contact for incoming Ambulances in both Oregon and Washington is V-TAC 14

Annex B An Excel Spreadsheet is included with this document package that details frequencies common to all Counties/Agencies.

Forms

1. Hospital Receiving Capabilities Log
2. Personnel Assignment Log
3. Staging Resource Log
4. Transportation Log
5. Air Transportation Log
6. Radio Frequency Assignment Log
7. Patient Flow Form
8. Air Resource Cheat Sheet
9. Response Decision Matrix (Double side with Transporting Ambulances)
10. MCI Field Notes

Annex C All Forms are printable from the Excel Spreadsheet in the attached Document.

ICS Position Descriptions

Job descriptions are to serve as a guide for each position that is shown in ICS Organization charts. Some of the job duties in many cases may overlap, or will shift to another Supervisor/Manager. In those circumstances it is important not to duplicate efforts. In an attempt to provide uniformity in expanding roles as the complexity of the incident changes, suggested roles and duties are described in a form that meets common Incident Command Standards.

Supporting Documents: All MCI Forms

Resource Hospital Defined

The “Medical Resource Hospital.” (MRH) shall be Mid-Columbia Medical Center (541) 705-7927

Should MCMC not have the ability to act as the resource facility, those duties by mutual agreement may be handed off to Providence Hood River Hospital (541) 386-6510 or another area hospital by mutual agreement.

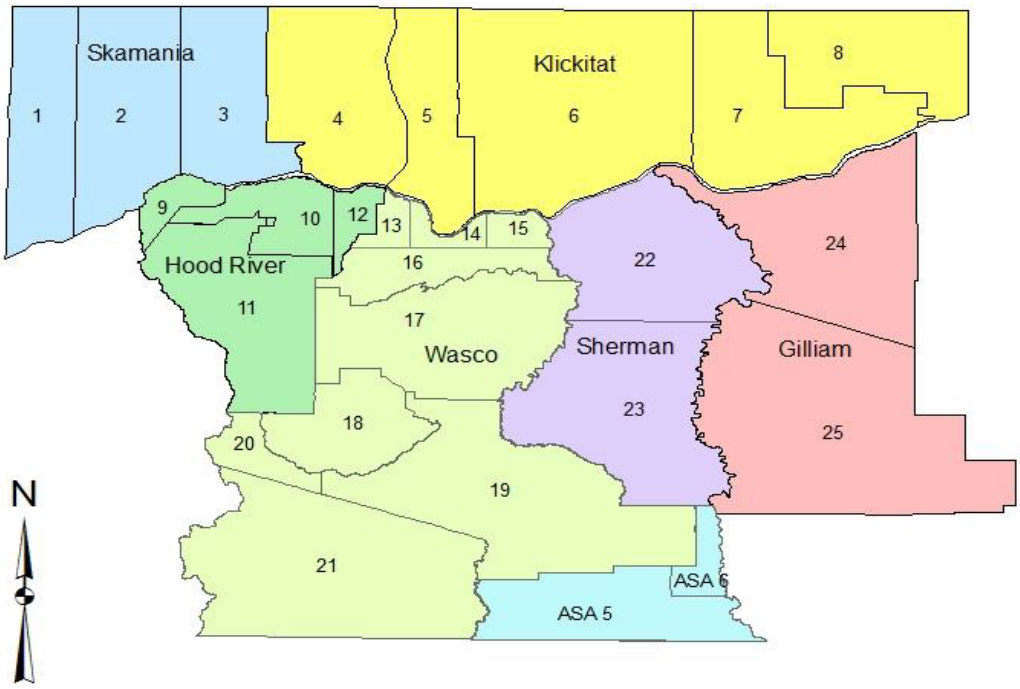
Termination of MCI

As the incident deescalates and the ICS structure compresses, it is essential that the Staging Area Manager provide the status of staged resources to the person maintaining overall scene accountability.

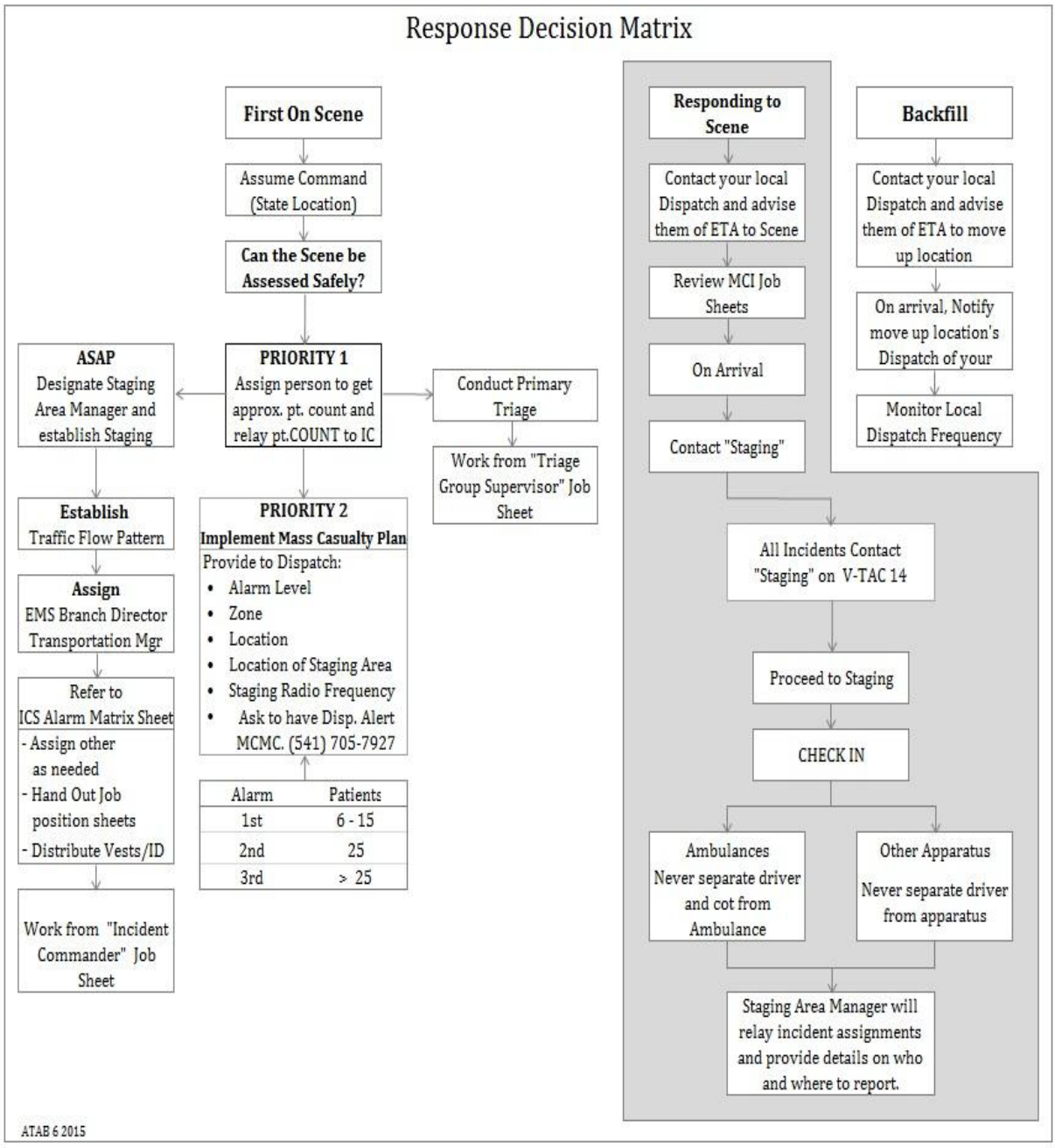
All Staging, Transportation and other logs need to be collected by a designated person: this duty will normally fall upon the Planning Section Chief. It is incumbent upon that person to collect:

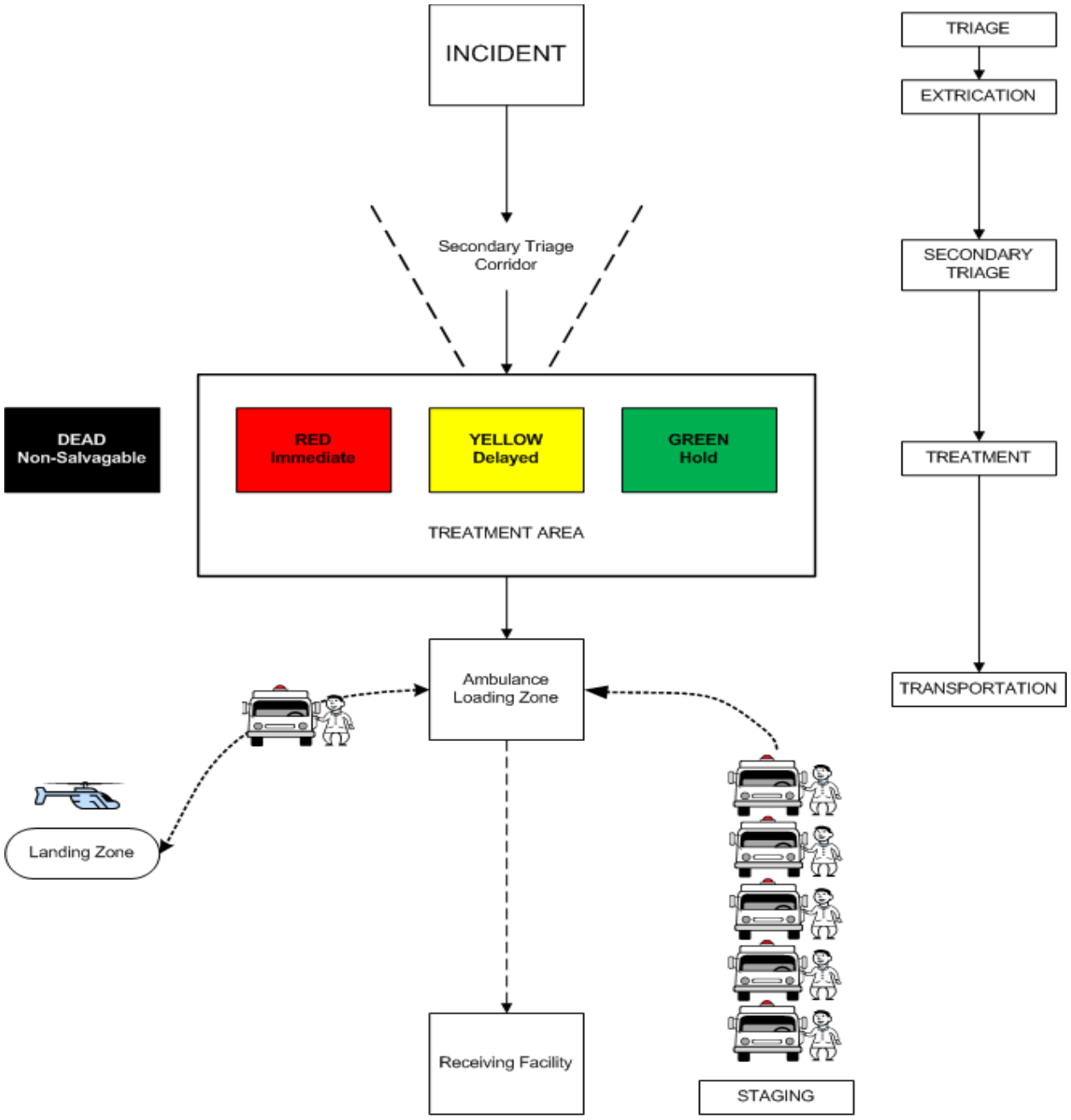
- Times that all apparatus are back in quarters in service
- Collect patient “Face Sheets” from all receiving Hospitals.
- Collect a copy of the Medics/EMT’s “MCI Field Notes Form.”
- Data needs to be collated for billing and the production of the After-Action Report. (AAR) Any comments from responding personnel are encouraged for inclusion in the AAR.
- An after-action review should follow within 30 days

ATAB 6
MCI Response Zones
and
County

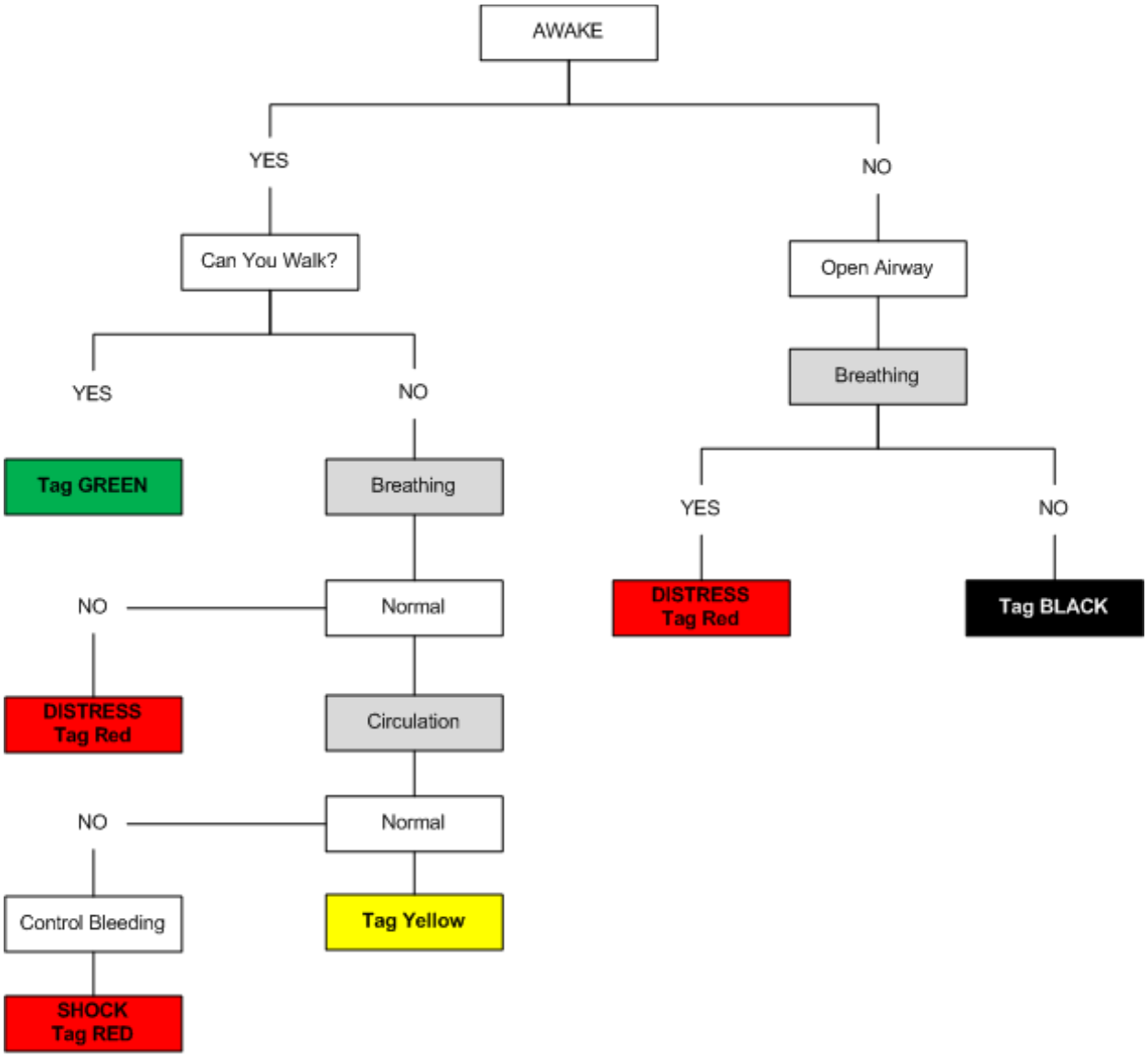


Zones	County	Ambulance Provider	Zones	County	Ambulance Provider
1, 2, 3	Skamania	Skamania County EMS	17	Wasco	Dufur
4, 5, 6, 7, 8	Klickitat	HMS Ambulance	18	Wasco	Wamic
9	HoodRiver	Cascade Locks Fire & EMS	19	Wasco	South Wasco Ambulance
10	HoodRiver	Hood River Fire & EMS	20, 21	Wasco	Warm Springs
11	HoodRiver	Parkdale Fire	22, 23	Sherman	Sherman County Ambulance
12	Wasco	Hood River Fire & EMS	24	Gilliam	Arlington Ambulance
13, 14, 15, 16	Wasco	Mid Columbia Fire & Rescue	25	Gilliam	Condon Ambulance


Response Decision Matrix
First On Scene
Assume Command (State Location)
Can the Scene be Assessed Safely?
ASAP
Designate Staging Area Manager and establish Staging
PRIORITY 1
Assign person to get approx. pt. count and relay pt.COUNT to IC
Conduct Primary Triage
Work from "Triage Group Supervisor" Job Sheet
Establish
Traffic Flow Pattern
Assign
EMS Branch Director
Transportation Mgr
Refer to
ICS Alarm Matrix Sheet
- Assign other as needed
- Hand Out Job position sheets
- Distribute Vests/ID
Work from "Incident Commander" Job Sheet
PRIORITY 2
Implement Mass Casualty Plan
Provide to Dispatch:
• Alarm Level
• Zone
• Location
• Location of Staging Area
• Staging Radio Frequency
• Ask to have Disp. Alert MCMC. (541) 705-7927
Alarm
Patients
1st
6 - 15
2nd
25
3rd
> 25
Responding to Scene
Contact your local Dispatch and advise them of ETA to Scene
Review MCI Job Sheets
On Arrival
Contact "Staging"
Backfill
Contact your local Dispatch and advise them of ETA to move up location
On arrival, Notify move up location's Dispatch of your
Monitor Local Dispatch Frequency
All Incidents Contact "Staging" on V-TAC 14
Proceed to Staging
CHECK IN
Ambulances
Never separate driver and cot from Ambulance
Other Apparatus
Never separate driver from apparatus
Staging Area Manager will relay incident assignments and provide details on who and where to report.
ATAB 6 2015



PATIENT FLOW


AWAKE
YES
NO
Can You Walk?
Open Airway
YES
NO
Breathing
Tag GREEN
Breathing
YES
NO
NO
Normal
DISTRESS Tag Red
Tag BLACK
DISTRESS Tag Red
Circulation
NO
Normal
Control Bleeding
Tag Yellow
SHOCK Tag RED

ABC Triage

Landing Zone
Checklist

1 Landing Zone Manager

- ☐ Manager _____

2 Landing Zone

- ☐ Always have Alternate(s) LZ
  - ☐ Consider Day vs Night Landings
- ☐ Area 100' x 100'
- ☐ Less than 10 degree slope
- ☐ Type of LZ
  - ☐ Asphalt
  - ☐ Grass
  - ☐ Gravel / Dirt
  - ☐ Concrete
  - ☐ Logging Deck
- ☐ Identification
  - ☐ Cones
  - ☐ Smoke
  - ☐ Light Pods
  - ☐ Apparatus (Overheads ONLY for Initial Approach, then turn off)
  - ☐ Use of Flares is not advised
- ☐ Secure LZ & Deny Access

3 LZ Manager (or designee) is only person to Contact Helicopter by Radio

		RX	TX
☐ Air to Ground Frequency	Wide Band	154.265 CSQ	154.265 CSQ

4 LZ Safety

- ☐ Turnouts, Helmet strap in place, Goggles & Hearing protection
- ☐ No Baseball caps
- ☐ No debris in LZ
- ☐ No Headlights especially towards LZ
- ☐ Do not Approach Helicopter until directed to do so
- ☐ Always Approach no greater than 45 deg either side of the front of Helicopter
- ☐ Follow Crew Directions at All Times
- ☐ LZ Manager is prime contact with crew while on ground

5 Landing

- ☐ Contact Helicopter on pre designated Radio Frequency
- ☐ Advise Crew
  - ☐ Wind Speed
  - ☐ Wind direction
  - ☐ Slope / Surface
  - ☐ Overhead Wires
  - ☐ Trees
- ☐ No Radio Traffic on Final Approach
- ☐ LZ Manager has the Power to "Abort" the Landing
- ☐ Advise Dispatch - Bench marks

Activating Helicopter Air Resources
Checklist

Notify your local Dispatch to

- ☐ Put Lifeflight on Standby
- ☐ Activate Lifeflight
- ☐ To relay back ETA and where helicopter is flying from.
- ☐ Instruct Lifeflight Helicopter to contact LZ Manager on Air to Ground Frequency on approach

Information Needed by Lifeflight Dispatch

- ☐ Lat / Long Coordinates - Degrees, Minutes & Seconds (WGS Datum)
- ☐ or Street Address
- ☐ or Specify a pre-determined LZ that your Dispatch has the Coordinates for.
- ☐ Ground Contact
  - ☐ Utilize Your Call Sign or Apparatus number
- ☐ Radio Frequency

	RX	TX
☐ Air to Ground Frequency	154.265 CSQ	154.265 CSQ

- ☐ Nature of Event
- ☐ Scene Weather
- ☐ Further Information
  - ☐ MPS / MCI
  - ☐ Multiple Helicopter Request

Staging Area Manager

Function:	Staging Area Manager
Objective:	Manage incoming apparatus and personnel that report to a predesignated location
Duties per Assignment	Radio Call Designation: "Staging"

- ☐ Reports to: Incident Commander or if Operations is staffed, the Operations Section Chief

- ☐ Acquire radio equipment that allows constant and direct communications and monitoring V-TAC 14 frequency (for incoming units) and the Incident Commander's frequency refer to the communication plan

- ☐ Establish a Staging Area which is accessible and easy to identify, relay location to Command

- ☐ Establish radio communications and direct incoming units to staging area on V-TAC 14

- ☐ Log type of resource (ALS/BLS ambulance, rescue, crew etc.) with number of personnel and apparatus available on staging resource status sheet

- ☐ Coordinate ambulance flow to ambulance loading zone with Transport Group Supervisor

- ☐ Send supplies and personnel to Treatment Area and other areas of operations as requested

- ☐ Update command with staged resources as needed and/or before resources become critically low.

☐ Ambulances will contact Staging upon initiating patient transfer and relay the following:
● Destination and ETA back to incident (staging area)
● That they are being released after completing patient transfer
❖ Fill out and Maintain a UNIT LOG (ICS Form 214)

Transporting Ambulances

Reports To:	Staging Area Manager
Objective:	To Transport Patients to Designated Hospitals

Duties per Assignment	Radio Designation: "County & Medic #"

- ☐ Upon Arrival on Scene Report to Staging Area Manager
    - Contact "Staging" on V-TAC 14 for both Oregon and Washington Events
- ☐ Crews are to STAY with their Ambulance at all times unless Otherwise Directed by the Staging Area Manager
- ☐ All Patient Care Provided on scene shall be at the BLS Level
- ☐ When Staging sends an Ambulance to Pick up Patients, Report to the Transportation Officer
    - No Radio Traffic is needed
- ☐ Expect to Transport More than ONE Patient
    - No more than One RED
- ☐ Expect a minimal Hand-off Report, if any.
    - See Triage Tag
- ☐ Load Patients as Quickly as Possible and Receive Destination Assignment
- ☐ Receive Instructions (ASK) if you are to return back to the scene after Transporting your Patients or are you being Released
- ☐ Contact Staging Area Manager and relay your expected return or that if you are Released
- ☐ The Transportation Officer will Relay Patient and Transportation information including ETA to the Receiving Hospital

☐ Do not contact Hospital - NO HEAR REPORT IS REQUIRED
☐ While enroute to the Hospital provide the highest level of care that you are able
☐ At the Hospital
● Provide a Hand-off Report, Leave one copy of the "MCI Field Notes" if possible, Transfer Patient(s) and Return to the Scene ASAP (or back to Home Station)
● Document Unnecessary Delays
● Face sheets are NOT Required
☐ When Back in Quarters Contact the INCIDENT Dispatch to Advise them of the Time you are Back in Service
☐ One Copy of the "MCI Field Notes" if completed will need to be Provided to the Agency having Jurisdiction over the MCI
❖ Fill out and Maintain a UNIT LOG (ICS Form 214)

Transportation Manager

Function:	Transportation Manager
Objective:	Communicate with Medical Resource Hospital to facilitate transportation of all Patients
Reports to:	EMS Group Supervisor or Incident Commander or Operations

Duties per Assignment	Radio Designation: "Transportation"
☐ Receives briefing from and reports to: Incident Commander or EMS Group Supervisor or EMS Branch Director (if positions are filled)	
☐ Contacts Medical Resource Hospital for available patient receiving capabilities	

- Need number of Red, Yellow and Green beds available
- Recheck bed availability as needed
- Primary means of contact – Cell Phone
- Hear Network may be utilized if there is no cell phone service
- Record each hospital Phone Number and name of contact

☐ Maintain radio contact with Staging Area Manager
- Contact Staging on V-TAC 14

☐ Coordinates with "Staging" Officer for move up of Ambulances to loading zone

☐ Coordinates with "Landing Zone" Manager for patients being transported by air resources

☐ Selects the appropriate Hospital to Transport Patients based on Injury Severity

Maintains Patient Transportation Log:

- Patient(s) Age and Gender
- Chief Complaint
- Triage Color
- Patient ID Number
- Location of receiving hospital
- Ambulance ID
- Time en-route to receiving hospital
- Estimated time of arrival at receiving hospital

☐ Notify MRH that an ambulance is en- route to XXX hospital (Give patient details from log)

☐ Coordinates with Incident Commander or EMS Branch on needed Air Evacuation Resources

❖ Fill out and Maintain a UNIT LOG (ICS Form 214)

Hospital Codes – Quick Reference Guide

Provided is an overview of each page in the guidebook and the referenced Policy and/or Procedure

Emergency Contacts

1. The current list of Emergency contact numbers is displayed.
2. The four digit number to access the overhead paging system prominently displayed.
1. A list of all Hospital Employees including Providers shall be maintained and obtainable from:
    a. Digital copy in Emergency Preparedness Cart (Thumb Drive) – Secure Access
    b. The Emergency Preparedness Paging Database – Secure Access
2. Department Leaders shall be responsible for maintaining an accurate list of their staff contacts including physicians
3. Departments shall provide a list of contractor and material/equipment suppliers.

Code Blue - Heart/Respiration Stopping

Anyone may page a "Code Blue"

1. Code Blue: Patient, staff or visitor has stopped breathing, having a possible heart attack or a Life Threatening Emergency.
2. Code Blue is used to communicate a risk and mobilize the immediate arrival of emergency equipment and specialized personnel to an adult or child whose heart or respiration has stopped or has a condition that cardiac or respiratory compromise is imminent.

Anywhere on campus

1. Call 911
2. Dial 5555. Announce Code Blue stating your department and location of person requiring assistance.
   (This will be announced at the Hospital, Clinic and Physical Therapy.)

Employees, Volunteers, Physicians - anyone may overhead page a Code Blue

1. Determine if the person needs medical assistance.
2. Call 911.
3. Dial 5555; Announce "Code Blue" and location of the person requiring assistance.
4. Stay with the person until a specialized team has arrived.
5. Provide CPR if trained.

1. When activating a "Code Blue" good communication is essential
2. When the phone system is down,
    1. Code Carts may be obtained from the ED or Med-Surg.
    2. Runners to activate the "Code" by alerting the ED and staff at Med-Surg nurses station.

Code GRAY – Combative Person

Anyone may Page a "Code Gray"

Code Gray: Used to initiate response of specially trained individuals to protect patients, visitors, staff and property from a combative person. Specially trained staff* will go to the paged location. (*Staff that have had "de-escalation" or "Security" training.) There may be limited personnel able to respond in the Clinic, it becomes important to advise the Hospital as soon as possible.

Employees, Volunteers, Physicians

1. Go to a safe area
2. Dial 5555. Announce "Code GRAY" and location

Security

1. Respond to paged location with CAUTION
2. Follow directions of team leader
3. If needed, call 911 for Law Enforcement assistance

Code SILVER – Weapon / Active Shooter

Call 911 from a hospital phone to connect with Emergency Services Dispatch Center

DIAL 5555. Announce "Active Shooter and give shooter's location" - Repeat three times

If an Active Shooter is in your immediate area, quickly determine the most reasonable way to protect your life.

1. RUN
   a. Have an Escape Route and plan in mind.
   b. Leave your belongings behind
   c. Keep your hands visible
   d. Go to a predetermined location

2. HIDE
   a. Hide in an area out of the active shooter's view
   b. Block the entry to your hiding place and lock all the doors
   c. Silence any pagers or cell phones

3. FIGHT
   a. As a last resort and only when your life is in imminent danger
   b. Attempt to incapacitate the active shooter
   c. Act with physical aggression, throw items at the active shooter

Employees, Volunteers, Physicians

i. You can then help your patients and coworkers. Patients and visitors are likely to follow the lead of employees and managers during an active shooter

How to respond when Law Enforcement arrives on scene

1. Remain calm, and follow officers instructions
2. Immediately raise your hands and spread your fingers
3. Avoid pointing, screaming and/or yelling
4. Avoid making quick moves towards officers such as attempting to hold on to them for safety
5. Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which the officers are entering the premises

Information you should provide to Law Enforcement or 911 Dispatcher

1. Location of shooter
2. Number of shooters
3. Physical description of shooters(s)
4. Number and type of weapons held by the shooter(s)
5. Number of potential victims at the location

Code AMBER – Missing Infant / Child

Anyone may page a "Code Amber"

Code Amber: Used to alert employees, volunteers and physicians of a possible infant or child abduction in progress. Activation of a Code Amber indicates the necessity for hospital employees to begin a search for the possibly abducted infant/child.

Employees, Volunteers, Physicians

1. Dial 5555. Announce "Code Amber", last seen location and description of child.
2. Look for an infant/child fitting paged description. Infants may be carried in arms, in a blanket or in a container, such as a box or stroller.
3. Check closest restrooms and other possible hiding places.
4. Stand by the nearest exit until "Code Amber All Clear" is announced.
5. Ask anyone with an infant/child or container large enough to hide an infant to wait while you call security.
6. If the person chooses not to wait, get a detailed description of the person and the car, including license number and direction headed.
7. Call 9-1-1, notify Supervisor

Code WHITE – Missing Adult

Anyone may page a "Code White"

Code White: Used to alert employees, volunteers and physicians of a possible missing adult after a cursory search has been conducted. Activation of a Code White indicates the necessity for Hospital and or Clinic employees to begin a thorough search and possibly calling 911

Employees, Volunteers, Physicians.

1. **Before Initiating a Code White:**

Search all areas and rooms in close proximity to the patient room. This includes patient rooms, washrooms, closets, offices, lobbies, and stairwells, common areas including the Cafeteria, behind and under all furniture.

2. **Initiating a Code White:**
   a. Dial 5555, announce "Code White" give a description and last known location of the patient.
   b. If missing person is "High Risk" consider calling 911 immediately
   c. If you suspect the person has been abducted, call 911 immediately
   d. Conduct a thorough search of the hospital, out-buildings and the grounds
   e. If you have not located the patient within 30 minutes consider calling 911
f. Be prepared to conduct a secondary search

Code TRIAGE – Internal or External Disaster

Senior Administrator, CNO or Designee may page "Code Triage" (Dial 5555)

1. **Incident Command Center**
   a. "Code TRIAGE Level 1" Hospital Incident Command Center will be activated in "Monitoring Mode"
   b. "Code TRIAGE Level 2" Hospital Incident Command Center will be activated in "Partial Mode" This is determined to be an incident of lesser complexity.
   c. "Code TRIAGE Level 3" is a full command center activation to address a more complex incident that may extend into multiple operational periods.

2. **Labor Pool: Non Clinical Staff**
   a. Report to labor pool, according to your department's policy
   b. Sign in. You will be reassigned or asked to return to your own department
   c. Labor pool shall be under the direction of person(s) designated by hospital incident command

3. **Incident Commander will give emergency briefing at a location and time announced by the Operator**
   a. Nursing Departments: Report staff numbers, beds and equipment to nursing staff office or hospital specified department
   b. Non-nursing departments: Report available numbers and skills of on-campus employees to labor pool or hospital-specified department
   c. Initiate department call tree, or emergency off duty paging, if needed. Give the situation, where to report, parking location and building entry door.
   d. Call nursing staff office, Labor pool or hospital specified department for additional staff
   e. Provide direction and support during event

4. **Employees on Duty**
   a. Follow directions of manager or designee
   b. Perform assigned jobs or report to labor pool, according to department policy
   c. Wear name tag at all times

5. **Volunteers**
   a. Follow directs of department manager where assigned or return to volunteer resource area

6. **Physicians**
   a. Report to a designated area to be determined by the incident Commander.

7. **Employees and/or Physicians called in**
   a. Enter hospital grounds by designated road. Park where directed
   b. Wear name tags
   c. Report for duty in own department or where assigned
   d. If not immediately needed, report to the Labor Pool. Physician and report to designated location

Code RED – Fire Response

Operator pages a Code Red when the Fire Alarm sounds.

Code Red is used to alert employees, volunteers and physicians to a possible fire.

The acronym "RACE" describes the initial actions that can be taken when a fire is discovered.

Rescue	Remove patients and visitors from immediate danger
Alarm	Pull Fire Alarm; then dial 5555 for the overhead page, and then state the fire's location.
Contain	Close doors and windows, including non-patient rooms.
Extinguish/Evacuate	Extinguish the fire if it can be done **SAFELY** Use the **P.A.S.S.** procedure: **P**ull the pin, **A**im nozzle at base of fire, from 8 – 10 feet away, **S**queeze the handle, **S**weep side to side. Be prepared to relocate patients and/or visitors to a safe place: (i.e. for the hospital: a separate smoke compartment – Clinic: Evacuate to a safe location.)

1. **Managers or Designees**
   a. Assess the situation
   b. Determine the direct response
   c. Prepare to evacuate if necessary

2. **Employees**
   a. Clear hallways; place equipment and furniture into designated locations
   b. Close all doors and windows
   c. If trained in the use of Fire Extinguishers you can bring one to the identified location
   d. Do not use elevators; use stairways for essential movement; keep stairs clear
   e. If movement through a door is necessary, touch it with **back of hand;** DO NOT OPEN if door is hot to touch; know department's usual/alternate evacuation routes
   f. Limit telephone use to essential procedures
   g. Do not begin any new non-essential procedures
   h. Be prepared to evacuate if ordered

3. **Volunteers**
   a. Follow directions of managers where assigned

4. **Physicians**

a. Follow directions of managers of departments where assigned
b. Prepare to assist in the evacuation of patients
c. If movement through a door is necessary, touch it with back of hand: Do not open if door is hot to touch

Code ORANGE – Hazardous Materials Spill

Anyone can page a "Code Orange"

Code Orange is used to alert employees, volunteers and Physicians to hazardous material spill or vapor release in a work area

1. **Employees, Volunteers, Physicians**
   a. Dial 5555. Give Location of spill or vapor release
   b. All persons in spill location must evacuate area

1. **Managers or Designees**
   a. Train employees on clean-up and disposal of chemicals used by their department. Refer to SDS located on the Intranet
   b. Enforce use of PPE appropriate for the chemical spilled
   c. Enforce evacuation of the spill or vapor release area until you are notified it is safe to return
   d. Contact Safety Officer for any questions and support

2. **Employees**
   a. Receive training on clean-up and disposal of chemicals used by your department. Read SDS (go to *MSDS Online* on the Intranet)
   b. Clean up only those chemicals on which you are trained. For all others, Dial 5555 and announce "Code Orange" and the location
   c. Wear required PPE for clean-up and disposal
   d. If not doing clean-up evacuate the area until you are told it is safe to return

3. **Volunteers**
   a. Participate in your department training
   b. Do not clean up chemicals
   c. Dial 5555 and announce "Code Orange" and the location

4. **Physicians / Providers**
   a. Do not clean up chemicals unless trained to do so
   b. Dial 5555 and announce "Code Orange" and the location

5. **Employees**
   1. **Maintenance Operations:**
      i. Respond to spill location. Secure the area
      ii. Ensure evacuation of affected areas. Collect event information for report; obtain SDS
   b. Responders:
      i. Contact Safety Officer or designee for any questions
      ii. Respond to location with clean-up cart
      iii. Collect information about the spill: What chemical? How much volume?

iv. Wear PPE
v. Clean up according to training and SDS
vi. If chemical or volume spilled exceeds training, do not clean up*
Contact Safety Officer, House Supervisor or Administrator for approval to contact the external hazardous materials team for clean-up and disposal.

Utility System Failure

In all cases of system failure, notify Department Manager / Supervisor

Failure Of:	What to Expect:	Contact:	Responsibility of User:
Computer Systems	System Down	Information Services	Use back-up system, manual/paper forms, and telephone calls
Electrical Power	Failure of Electrical Systems	Maintenance: Report all outages	Use flashlights, turn off electrical devices not needed, and close down operations as necessary
Elevator Out of Service	Use Stairs for movement within facility	Maintenance	Notify Maintenance, Use Stairwell
Elevator Stopped between Floors	Elevator Alarm Bell Sounding	Maintenance and Call 911	Keep in verbal contact with people in elevator; let them know help is on the way
Fire Alarm	When Activated Alarms Sound (Excludes Clinic)	911 and Call Maintenance	Initiate Fire Watch, minimize fire hazards. Use 9-1-1 and/or runners to report a fire
Natural Gas failure or leak	Odor similar to Rotten Eggs	Maintenance, Safety Officer and Utility Provider	Internal Event – Open doors/windows to ventilate the area. Do not use spark producing devices, electric motors, switches etc. External Event: Keep doors closed. Evacuate if necessary; pull fire Alarm (Hospital) and proceed to a safe area.

Patient Care equipment	Not functional or unacceptable condition	Supervisor	Take equipment out of service; tag and replace it with accompanying work order; define problem on tag. Fill out SMDA if failure involves a patient
Sewer Stoppage	Drain(s) Backed-up	Maintenance	Do not use water, sinks or flush toilets. As needed use Red Bags to collect waste in toilets
Telephone	No Phone Connectivity	Information Services	Coordinate with manager/designee, cellular phones, faxes and/or runners
Ventilation	No Ventilation. No heating, No cooling	Maintenance	Provide blankets or fans. Open closed doors as needed
Water	Sinks of Toilets Not Operating	Maintenance	Initiate fire Watch. Conserve water; use waterless hand cleaner; use bottled water for drinking. Turn off water in sinks, use red bags in toilets

EARTHQUAKE

During the Earthquake

1. **All Employees, Volunteers, Providers, Visitors and Patients (Where able)**
   a. Protect yourself first
      i. Stay in the building: watch for falling lights, ceiling tiles, etc.
      ii. If outside, stay away from building walls, overhangs and power lines
   b. DUCK, COVER and HOLD ON!
      i. Take shelter under a desk, table or counter; hold on until shaking stops ….**OR**
      ii. Get into a corner or sit against an inside wall (never an outside wall) with your head between your knees, place hands over head and top of spine for protection

After the Earthquake

1. **Managers or Designees**
   a. Page "Code Triage – Level 3" Set up Command Post in a safe location (Refer to Code Triage.)
   b. Call 911 if anyone needs rescue, provide medical attention as needed
   c. Quickly assess damage to your department using the Building Evaluation Checklist in this flip chart. Report findings to Incident Command
   d. Label Hazardous areas and conditions
   e. If chemical spill occurred, follow the "Code Orange" procedures
   f. Contact Incident Command Center to see if labor assistance is needed and assign staff to report to Labor Pool as appropriate

2. **Employees, Volunteers and Providers**
    a. Follow directions of Manager or House Supervisor in Manager's absence
    b. Do not evacuate unless ordered to do so by Manager or designee
    c. Evaluate damage using Building Evaluation Checklist and Utility System Failure sheet in this flip chart if not already done; report findings to incident command – Maintenance should take the lead.
    d. Check for persons trapped; report to Manager, House Supervisor or Emergency Responders
    e. Move patients away from windows to interior walls
    f. Close drapes to protect from breaking glass
    g. Turn off and unplug all unnecessary equipment
    h. Clear hallways/evacuation routes; check for hazards before opening a closed door
        i. Kneel or squat near floor; open the door slowly
        ii. Look to see if any unsafe conditions exist on the other side
        iii. Use an alternate escape route when conditions prevent exit
    i. Prepare for potential aftershocks; stabilize/move items that may fall in an aftershock
    j. Use telephones for emergency purposes only
    k. Report for assignment as directed

Bomb or Bio-terrorism Threat

ACTION: If suspicious package arrives by mail or delivery

1. **Employees**
    a. Do not handle, open or disturb the item
    b. Contact your manager
    c. Secure the area to prevent through traffic
    d. Wash hands immediately and thoroughly with warm water and soap
    e. Follow instructions as given by your manager
    f. Record the names, phone numbers, and addresses of all persons who might have handled the item or been in close proximity to the item for potential follow-up
2. **Managers or Designees**
    a. Call the following for all suspected on-site incidents and take action as directed:
        i. Local Emergency Authority 911
        ii. Safety Officer
        iii. Infection Prevention
        (Numbers are located on the front of this flip chart)
    b. Call staff due to report to work; instruct them to remain on-call until further notice
    c. Instruct employees based on directions received from emergency responders
    d. Allow staff to return to work as advised by Emergency Responders or Incident Command

ACTION: If a threat is called in by Phone

1. **Employees**
    a. Record the conversation if possible or put the caller on speaker phone so Manager or another staff member can listen in
    b. Obtain as much information as possible from the caller
    c. Refer to and complete the "Bomb Threat Record" in this flip chart

d. Alert Manager, using a separate phone if possible and follow their directions

2. **Manager or Designee**
   a. Call 911 and follow their instructions.
   b. Instruct employees not to touch any suspicious items; report anything unusual (i.e. equipment out of place, unfamiliar items found) and leave the area
   c. Follow Emergency Responders' instructions
   d. Remain available to answer authorities' questions

See "Supporting Documents" for the Bomb Threat Record FORM

Evacuation & Building Evaluation

Incident Commander, Commanders Designee or Emergency Responders are only ones authorized to order building evacuation

1. **Managers or Designees**
   a. Direct the evacuation procedure using department's Emergency Plan
   b. Direct the evacuation using the following triage order:
      i. Persons in immediate danger
      ii. Ambulatory patients
      iii. Patients who can't be moved by wheelchair or other conveyance: emergency patient transport devices are located ……. Same day surgery, Main lobby, and emergency department
   c. Evacuate in this order as available:
      i. Exit the building through the nearest appropriate unaffected area
      ii. Evacuate to designated Collection point outside the building as designated by Incident Command.
   d. Designate one employee to accompany each patient or group of patients to the safe area; No patient shall be left to evacuate on their own

3. **Employees and Volunteers**
   a. Follow Manager or designee directions
   b. Clear exit routes of obstacles or debris; use an alternate route if any portion of the primary route is obstructed
   c. Assume hazards exist on the other side of all closed doors; open doors slowly; assess for hazards necessitating an alternate route
   d. Move patients as instructed by area personnel using available transport devices, if needed (Stair chairs are located …….)
   e. Move patients, staff and visitors to safe area outside the building as appropriate
   f. Carry extra blankets and gowns to safe area
   g. Remain in safe area until "all clear" is announced by Incident Command or Emergency Responders

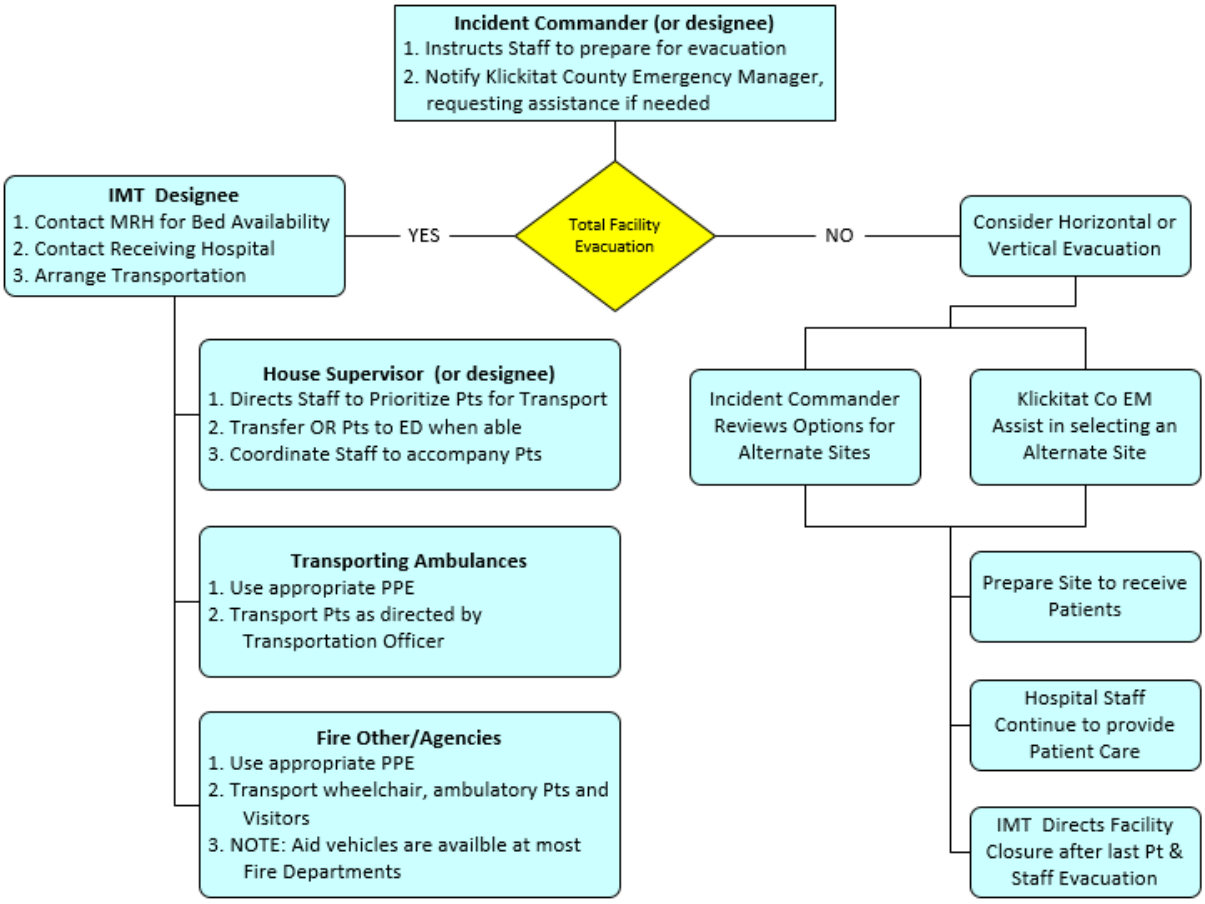
See "Supporting Documents" for the Building Evaluation Checklist and Evacuation Form

The need to evacuate any or all of the buildings in KVHs campus may come with little or no warning. It is incumbent on all staff to recognize the need and understand priorities when conducting an evacuation. Hazards may be presented in the form of natural, man-made or technological events. During the annual Hazard

Vulnerability Analysis, many hazards are identified and the consequences examined and mitigating actions planned for.

Actions may include:

a. Horizontal Evacuation whereby staff and/or patients are moved horizontally to another area of the facility that is not impacted
b. Partial Evacuation whereby portions of the hospital or clinics are moved to another building on campus or further afield
c. Full Evacuation whereby all personnel and staff are moved to another facility and the damaged building is closed while the damage is mitigated. This could be, for example Clinic to Hospital, Hospital to Clinic or to an alternate care site.



Evacuation Decision Matrix

EVACUATION OF PATIENTS, VISITORS AND STAFF

In accordance with Klickitat Valley Health's Emergency Preparedness Plan, the person in charge shall assign staff to record the following information. The information must be called into the Incident Command Center if and when departments are instructed to evacuate the facility

	In Immediate Danger	Ambulatory	Wheelchair	Gurney
# of Patients				
# of Visitors				
# of Staff				
Do you have enough wheelchairs to transport the number of people needing a wheelchair?				☐ Yes ☐ No
If "NO" how many additional wheelchairs do you need?				
Do you have enough gurneys to transport the number of people needing a gurney?				☐ Yes ☐ No
If "NO" how many additional gurneys do you need?				
Do you have enough staff to transport the number of people needing to be transported?				☐ Yes ☐ No
If "NO" how many additional staff do you need?				
Time of call to the Incident Command Center				
Name of person contacting the Incident Command Center				
Department of person contacting the Incident Commander				

Following the Emergency/disaster, send this completed form to the Safety Officer

BUILDING EVALUATION CHECKLIST

Inspect building for conditions listed below; use answers generated to help make decisions as to whether the building is safe to occupy. Items **1 – 12** are critical life-safety issues. Pull alarm if there is fire or smoke; evacuate as instructed by Manager/designee, Incident Command or Emergency Responders

Critical Life Safety Issues

1.	☐ Yes ☐ No	Fire …. If "yes" pull Fire Alarm and call 9-1-1
2.	☐ Yes ☐ No	Smell Natural Gas or overturned LPG tanks
3.	☐ Yes ☐ No	Building is collapsed, partially collapsed, moved off foundation
4.	☐ Yes ☐ No	Roof or floor framing is separated from vertical supports or broken open
5.	☐ Yes ☐ No	Arcing wires or equipment
6.	☐ Yes ☐ No	Large diagonal or stepped cracking in unreinforced masonry walls
7.	☐ Yes ☐ No	Collapsed, out of plumb or tilted floors/walls
8.	☐ Yes ☐ No	Collapsed suspended ceiling, lights or ducts
9.	☐ Yes ☐ No	Significant cracks in beams or supports
10.	☐ Yes ☐ No	Dislodged or buckled columns, support posts or roof trusses
11.	☐ Yes ☐ No	Danger of falling hazards from adjacent buildings that are damaged
12.	☐ Yes ☐ No	Facades, windows or parapets have fallen from building or are dislodged

Continue the Evaluation Checklist below when answers 1 – 12 above are all **"NO"** Evaluate items 13 – 24. No single issue below may be critical, but combined they are important in your evaluation decision. If all items 1 – 24 are all "NO", you do not need to evacuate

13.	☐ Yes ☐ No	Water leak(s)
14.	☐ Yes ☐ No	Chunks of fallen plaster or paint
15.	☐ Yes ☐ No	Other fallen debris in building
16.	☐ Yes ☐ No	Office furnishings have fallen or tipped over
17.	☐ Yes ☐ No	Light fixtures have come loose
18.	☐ Yes ☐ No	Office equipment is damaged
19.	☐ Yes ☐ No	Windows or mirrors have cracked
20.	☐ Yes ☐ No	Wall cracks more the ¼" wide
21.	☐ Yes ☐ No	Cracks extend clear through the wall
22.	☐ Yes ☐ No	"X" shaped cracks in exterior wall
23.	☐ Yes ☐ No	Sudden loss of phone or power
24.	☐ Yes ☐ No	Sticking doors

BOMB THREAT RECORD			
	Caller ID	Call Received By:	
		Department:	
1.	When is the bomb going to explode?	Number on which the call was received	
2.	Where is it located?	Caller's Voice:	
		☐ Nasal	☐ Calm
3.	What does it look like?	☐ Stutter	☐ Angry
		☐ Lisp	☐ Excited
4.	What kind of bomb is it? Describe it.	☐ Raspy	☐ Slow
		☐ Deep	☐ Rapid
5.	What will cause it to explode?	☐ Ragged	☐ Soft
		☐ Clearing Throat	☐ Loud
6.	Did you place the bomb? Why?	☐ Deep Breathing	☐ Laughter
		☐ Cracking Voice	☐ Crying
7.	Where are you now?	☐ Disguised	☐ Normal
		☐ Pleasant	☐Accent/Dialect
8.	Please repeat the message	☐ Clear	☐ Slurred
		☐ Approx. Age ____	☐ Sex _____
9.	What is your name?	☐ Familiar. If so, who does the voice sound like?	
10.	What is your address?		EXACT WORDING OF THREAT
Threat Language			
☐ Coherent	☐ Rational	☐ Foul	
Background Sounds:			
☐ House Noises	☐ Animal Noises	☐ PA System	**REMARKS:**

☐ Voices	☐ Music	☐ Office Machine	
☐ Traffic	☐ Aircraft	☐ Long Distance	
☐ Static	☐ Local	☐ Other	
☐ Clear	☐ Phone Booth		
DATE: _____		**TIME: _____**	
LENGTH OF CALL:			

2024

Skyline Hospital

EMERGENCY OPERATIONS PLAN

Version 24.1

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6. Handheld Radios
7. Hazard Vulnerability Analysis

	Summary of Changes	Date Reviewed	Date Approved
1	February 2017 – Final Draft V 16.3		
2	January 2021 – Final Draft V 16.4		
3	February 2024 – Final Draft V 24.1		
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As of March 26, 2021, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Operations Plan (EOP) must be reviewed bi-annually. It should also be reviewed and updated when an event or law indicates that some or all of the EOP should be changed.

Distribution List

	Department or Person	Location
1	All Staff	PolicyStat
2	Emergency Management	Emergency Preparedness Coordinator Office
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Contributors

	Name	Department
1	Robb Kimmes	Chief Executive Officer
2	Brenda Schneider	Chief Financial Officer
3	Elizabeth Vaivoda	Foundation/Marketing
4	Kent Nielson	Human Resources
5	Steve OpBroek	Information Systems
6	John Matthews	Facility Manager
7	Helen Able	Materials Management
8	Diane Matthews	Chief Nursing Officer
9	Jamie Lundin	Med/Surg Manager
10	Keri Kelly	ER Manager
11	Amelia Buettner	ER Manager
12	Keri Kelly	Emergency Preparedness Coordinator
13	Renee Warner	Patient Services
14	Amy Knowles	Pharmacy
15	Matt Kollman	Chief Executive Officer
16	Josh Shelton	Emergency Preparedness Coordinator
17	Shea Gilbert	Chief Nursing Officer
18	Tom Johnson	Facility Manager
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ORGANIZATION INFORMATION

Facility: Skyline Health
Address: 211 Skyline Drive
City: White Salmon State: WA Zip code: 98672
Phone Number: (509) 493 - 1101 Web Site: https://www.myskylinehealth.org

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Preface

The mission of Skyline Health is to promote an excellent level of health and well-being in our community. Skyline Health Campus[1] is to actively strive to be responsive to the changing needs of our community. We will be the healthcare provider of choice in our community. Consistent with the mission and vision, the Board of Directors, Medical Staff, and Administration have established and provided ongoing support for the Emergency Management Program described in this plan.

The Emergency Operation Plan (EOP) applies to natural, human, or technological events that significantly disrupt the environment of care and treatment (i.e. severe snow storm, loss of utilities, civil disturbance, act of terrorism, etc.); or that result in sudden, significantly changed, or increased demands for the organization's services (i.e. bioterrorist attack, building collapse, plane crash, etc.). The plan identifies the alert, notification, and activation of key personnel, the internal management structure and reporting relationships, as well as coordination with external agencies, local community and Washington State Region Health Preparedness Programs in Region 4 and 8, also serving Oregon's Health Preparedness Region.

During extended emergency operations it is necessary to anticipate and plan for continuing operations. If the emergency is a State or multi-State disaster it becomes even more critical to communicate with Klickitat County Public Health and Klickitat County Emergency Management to ensure that there is support from State and/or Federal response partners. Note that the Columbia Gorge / Klickitat County region is not considered a "Large Metropolitan" area and will likely become a lesser priority for initial response support from the State. However the Columbia Gorge / Klickitat County region may be used to help decompress the Portland / Vancouver metropolitan areas.

This Emergency Operation Plan development is consistent with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, initial version September 16, 2016 with subsequent revisions in 2019, 2021, and 2023.

Purpose:
To describe the actions taken in an emergency or exercise to make sure that the clients, staff and visitors of this facility remain safe from harm. The safety and wellbeing of the clients and staff take priority over all other considerations.

Demographics:
Skyline Health/Campus is in a contiguous area at 211 Skyline Drive in White Salmon, Washington. The campus consists of multiple occupancies that are all co-located in a series of buildings on Skyline Drive. The structures are all one or two stories high. Occupancies that this integrated plan encompasses include:

1. a Critical Access Hospital
2. a Rural Health Clinic
3. a Physical Therapy and Rehabilitation Clinic

[1] The term "Skyline Hospital Campus" is all inclusive of /refers to both the Hospital, Medical Clinic, and Rehabilitation Clinic.

The Skyline Campus comprises of approximately 57,000 sq. ft. of floor area. The campus meets all Fire and Life Safety features required by local, state and federal regulatory agencies.

Services Provided:

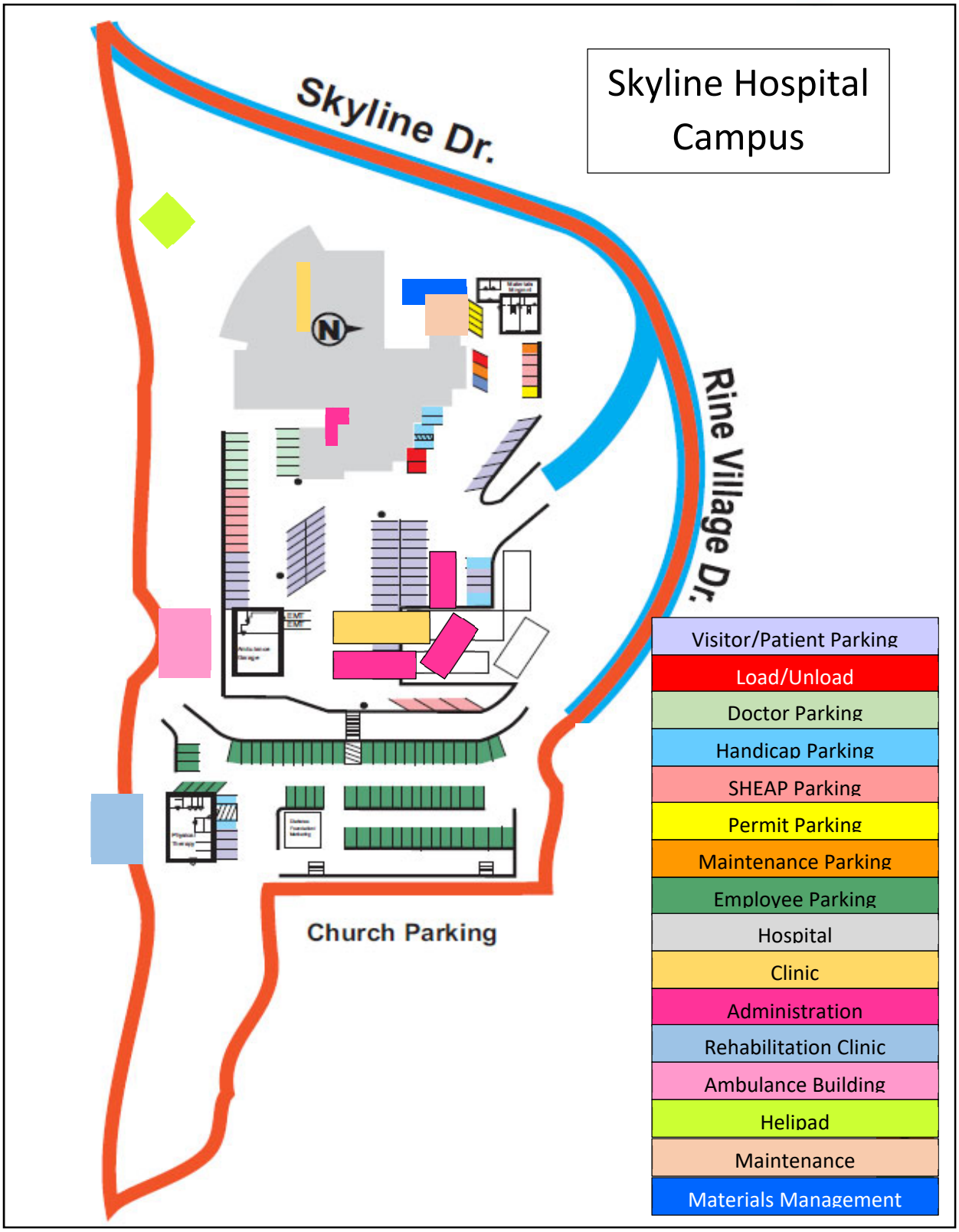
Hospital	Clinic
• Emergency Care	• Family Medicine
• Transitional Care	• Ear, Nose and Throat
• Outpatient Services	• Neurology
• Physical Therapy	• Podiatry
• Imaging	• Surgery
• Surgical Services	
• Laboratory	

Foreword

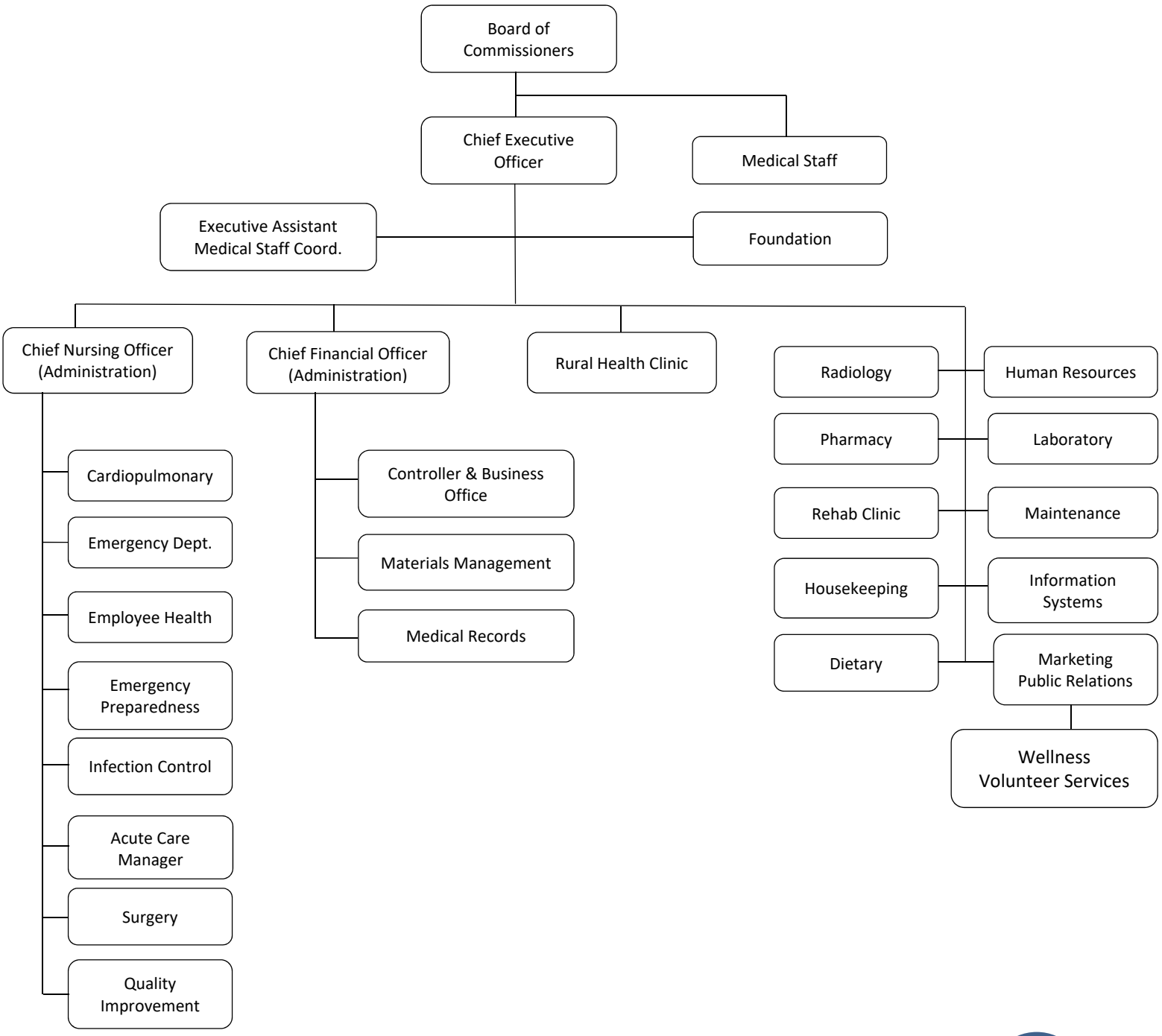
The mission of Skyline Health is to promote an excellent level of health and well-being in our community. Skyline Health's vision is to actively strive to be responsive to the changing needs of our community. We will be the health care provider of choice in our community. Consistent with the mission and vision, the Board of Directors, Medical Staff, and Administration have established and provided ongoing support for the Emergency Management Program described in this plan.

The Emergency Operations Plan applies to natural, human, or technological events that significantly disrupt the environment of care and treatment (i.e. severe snow storm, loss of utilities, civil disturbance, act of terrorism, etc.); or that result in sudden, significantly changed, or increased demands for the organization's services (i.e. bioterrorist attack building collapse, plane crash, etc.). The plan identifies the alert, notification, and activation of key personnel, the internal management structure and reporting relationships, as well as coordination with external agencies, local community and Washington State Region Health Preparedness Programs in Region 4 and 8, also serving Oregon's Health Preparedness Region 6.

During extended emergency operations it is necessary to anticipate and plan for continuing operations. If the emergency is a State or multi-State disaster it becomes even more critical to communicate with Klickitat County Public Health and Klickitat County Emergency Management to ensure that there is support from State and/or Federal response partners. Note that the Columbia Gorge / Klickitat County region is not considered a "Large Metropolitan" area and will likely become a lesser priority for initial response support from the State. However, the Columbia Gorge / Klickitat County region may be used to help decompress the Portland / Vancouver metropolitan areas.


Skyline Hospital Campus
Skyline Dr.
Rine Village Dr.
Church Parking
Visitor/Patient Parking
Load/Unload
Doctor Parking
Handicap Parking
SHEAP Parking
Permit Parking
Maintenance Parking
Employee Parking
Hospital
Clinic
Administration
Rehabilitation Clinic
Ambulance Building
Helipad
Maintenance
Materials Management

Skyline Hospital & Clinic Organizational Chart



Emergency / Disaster Preparedness Policy and Procedure

Policy:

The Emergency Operations Plan (EOP) is designed to describe Skyline Health's Campus emergency preparedness program and ensure an effective response to a variety of natural, human and technological disasters that could cause harm and/or disrupt the environment of care. The plan provides distinct policy direction, describes the roles and responsibilities of personnel and contains information and references to mitigation, preparedness, response, and recovery procedures.

Guidelines:

1. Program Organization and Responsibilities

    a. The responsibility of the Emergency Preparedness Committee (EMPC) is to ensure that the EOP is maintained, assessed, and appropriately updated. The EMPC monitors the ongoing program and provides a forum for consensus building, approvals, recommendations for improvements, and training and exercise planning. The EMPC receives reports from the Skyline Health's Department heads, and examines the actions taken relative to the EOP.

    b. The Hospital Emergency Preparedness Coordinator has the authority and responsibility for strategic design and the operational oversight of the EOP. These responsibilities include:
        i. Providing overall coordination as appropriate of the Emergency Operations Plan
        ii. Developing and maintaining the facility disaster plan and policies
        iii. Providing guidance and technical assistance to departments for department specific planning
        iv. Responding to disasters and coordinating drills
        v. Reporting and evaluating disaster incidents, drills, and exercises
        vi. Coordinating specialized emergency preparedness training

    c. Each Department Head, or designee, is responsible for the provision of a safe work environment for their staff and safe, suitable provisions for the care of patients, through full implementation of the established emergency management program. Managers are also responsible for the development and management of specific department disaster policies and procedures (as applicable), ensuring that they are evaluated and revised (as appropriate), verifying all staff are trained on their individual roles and responsibilities. The Department Manager is responsible for ensuring the department specific disaster policies are consistent with the EOP and staff participation in the implementation of the plan.

    d. Employees are responsible for their participation in emergency management training and exercises, as well as to demonstrate core competencies in the given subject matter. Employees must ensure their behaviors, work practices and operations are safe, and in accordance with department procedures, the provisions of the disaster plan, and clinical judgment.

    e. This EOP is developed, maintained, updated, and reviewed annually with the involvement of the EMPC, which is also involved in plan development and in critique of the activation of plans, both as exercises and actual events.

f. This EOP is based on an "all-hazards" command structure for coordinating the six critical areas of operations as follows:

i. Communication – Maintaining reliable communication capabilities during emergent conditions. This plan addresses back-up communication processes and technologies (both internal and external) if primary communication systems fail.
ii. Resources and Assets – Identification, solicitation, and acquisition of essential resources and assets during emergent conditions. This plan addresses strategies for identifying, soliciting, and acquiring essential assets and resources, such as vendors, neighboring healthcare facilities, local and/or state affiliates. The hospital recognizes the possibility that some assets/resources may be in high demand but in short supply, particularly when other local healthcare facilities are vying for the same resources.
iii. Safety and Security – This plan addresses how the hospital will provide a safe and secure environment during an emergency for patients, employees, providers, volunteers and visitors.
iv. Staff Responsibilities – Identifying key responsibilities during an emergency and being able to adapt those responsibilities as conditions change. The Hospital Incident Command System (HICS) system provides a framework that defines and manages staff roles and responsibilities during an emergency.
v. Utilities Management – The supply of key utilities such as power, potable water, medical gas, food, and fuel must not be disrupted, or adverse events may occur as a result. This EOP covers contingency plans that serve as a back-up for key utility services.
vi. Patient Clinical and Support Activities – Ensuring the clinical needs of patients are met during an emergency. This plan addresses how patient needs will be met when the hospital's resources and/or infrastructure are taxed.

2. Adoption of the National Incident Management System (NIMS)

In Homeland Security Presidential Directive (HSPD)-5, the President directed the development of a new National Response Plan (NRP) to align Federal coordination structures, capabilities, and resources into a unified, all discipline, and all-hazards approach to domestic incident management. The result is vastly improved coordination among Federal, State, local, and tribal organizations to help save lives and protect America's communities by increasing the speed, effectiveness, and efficiency of incident management.

Skyline Health has adopted the NRP as a model that will be used for standardization and integration of plans across all disciplines to create a true framework in terms of both product and process. Incorporated are best practices from a wide variety of incident management disciplines to include hospitals, public health, fire, emergency management, law enforcement, public works, and emergency medical services.

The planning guide is built on the template of the National Incident Management System (NIMS), which provides a consistent doctrinal framework for incident management at all jurisdictional levels, regardless of the cause, size, or complexity of the incident. The activation of the guide and its coordinating structures and protocols—either partially or fully—for specific Incidents of significance provides mechanisms for the coordination and implementation of a variety of incident management and emergency assistance activities, including: Federal support to State, local, and tribal authorities; interaction with nongovernmental, donor, and private-sector organizations; and the coordination of Federal, State, local authorities, when appropriate.

Emergency / Disaster Plan Assumptions & Considerations

1. Goals of the Emergency/Disaster Preparedness Plan

The objective is to protect Skyline Health Campus patients, staff and visitors by:

a. Maintaining quality care for patients
b. Protecting property and assets
c. Resuming normal operation quickly
d. Ensuring self-sufficiency for operation for at least 72 hours after a disaster strikes
e. Prioritizing personnel and resources, and outlining tasks to be performed

2. Centers for Medicare Medicaid Services Emergency Preparedness Requirements

Planning encompasses all components of the Skyline Health Campus in this "Integrated" plan. Beside the listed components are the "CMS Emergency Preparedness Conditions of Participation Reference" numbers, those components are:

a. Critical Access Hospital (CAH) (§485.625)
b. Rural Health Clinic (RHC) (§491.12)

3. This plan makes the following assumptions about a major emergency/incident response:

a. A major emergency/incident may present a massive challenge to the emergency response system and pose significant threats to human infrastructure that provides services in health, public safety, and other essential services.
b. A large-scale emergency or incident will cause sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities, and will require maximum coordination and efficient use of their resources.
c. All public and private health and medical resources located in Klickitat County generally will be available for use during disaster situations; however, many of these resources, including human resources, may themselves be impacted by the disaster or incident.
d. Public and private medical, health, and mortuary services resources located in Klickitat County will be available for use during disaster situations or large incidents.
e. Klickitat County's response to a major emergency/incident will be determined by the situation involved, the scale of the event, and by the authorities, plans, and operations activated.
f. A major emergency/incident may affect a single location or multiple locations, requiring a response operation to be conducted over a multi-jurisdictional and/or multi-state region.
g. Large-scale emergencies and disaster situations may affect large areas of isolated communities, the county, the state, or other states requiring the use of mutual aid.
h. Emergency measures to protect life and health during the first 96 hours after the disaster in all likelihood will be exclusively dependent upon local and area resources.
i. Accidents that result in major emergencies/incidents will be handled in a manner consistent with the National Incident Management System (NIMS) and the National Response Framework (NRF).
j. Resources available through area and regional medical, health, and mortuary services mutual aid agreements will be provided during the disaster situation.

k. It may be necessary to relocate hospital (and clinic) facilities under austere conditions to a contingency field hospital, alternate care site or to permanent or temporary buildings that will provide patients and medical staff adequate protection from the effects of the incident.

4. This plan makes the following assumptions about the medical facility response:

a. Skyline Health will activate the disaster plan using appropriate messaging systems.
b. Established disaster protocols will be followed by trained and knowledgeable staff members:
   i. Recall of key staff and necessary personnel
   ii. Establishment of an Incident Command, and assignment of duties consistent with HICS protocols as needed, notably Operations, Logistics, Planning, Finance
   iii. Communication with key local, regional, and state partners as appropriate for the event
   iv. Security
   v. Evacuation Plans (if necessary)
   vi. Establishment of Alternate Care sites or portable shelters as necessary
   vii. Decontamination and/or isolation procedures as necessary
   viii. Other protocols as necessary

5. This plan is considered a tool to assist in major emergency/incident planning, specifically:

a. **Mitigation –** to identify resources that may be utilized should a disaster occur.
b. **Preparedness –** to evaluate prior planning, communication systems, previous testing of the system
c. **Response –** to facilitate mobilization of resources and the setting of established priorities.
d. **Recovery –** to return to equilibrium within the hospital and community and to allow for evaluation of event and responses. Recovery Planning will be done utilizing the HICS Incident Planning and Response Guides and guided by the Skyline Health Campus Business Continuity Plan.

Skyline Health in response to an emergency or disastrous event may activate the Hospital Command Center (HCC) and follow the Hospital Incident Management Command System (HICS). As a Critical Access Hospital, the Incident Commander and/or Operations Section Chief should scale the management response to match the actual or anticipated incident scope and manage personnel and resources to maximize efficiency.

Plan – Base Components

A. Hazard Vulnerability Analysis (HVA)

1. The risk to Skyline Health of naturally occurring events, technological events, and human related events, as well as events involving hazardous materials has been calculated as part of the HVA to indicate the potential emergencies that could have either a direct or indirect effect on operations and demand for services. Risks associated with large-scale emergency events are periodically reviewed and analyzed by the EMPC. When conducting the risk assessment of the hospital, the probability of the event happening, as well as the severity of the impact of a potential event is taken into consideration. Included in the probability is a rating from one (being low) to three (being high) that the likelihood this event will occur. Issues considered were known risks, historical data, as well as past statistics.

2. Severity equals the magnitude of this event offset by the mitigation measures taken by the hospital. The magnitude includes human impact, property impact and business impact. Human impact (possibility of death or injury), property impact (physical losses and damages), and business impact (interruption of services) are all weighted on a one (low) to three (high) scale.

3. Mitigation measures include general preparedness such as the status of the current plans, training and availability of backup resources. Preparedness (pre-planning), internal response (time, effectiveness and resources) and external response (community and mutual aid/supplies) are all calculated on a one (high) to three (low) scale. From there, a risk assessment algorithm is used to assign each issue/hazard a relative risk quotient to assist in focusing emergency management resources and efforts. The scores derived as the overall risk are only estimates.

4. The Skyline Health HVA is evaluated annually relative to its objectives, scope, performance, and effectiveness. This evaluation process is with, first an internal review and then with the help of both Skyline stakeholders and community stakeholders, and then submitted back to the EMPC for final review. Results of this evaluation process will form the basis for future performance improvement standards, strategic goal setting, planning, and verifying the continued applicability of program objectives and HVA elements.

5. Coordination with the Community

    a. Representatives from Skyline Health meet regularly with members of the Region 4/8 Healthcare Planning Coalition to discuss disaster preparedness. Members of the Region 4/8 Planning Coalition include representatives from Region 4/8 hospitals, clinics, Emergency Management, etc. Skyline's role in relation to these entities in the event of a disaster is discussed, planned, and exercised accordingly.
    b. Skyline's organizational and management framework used to execute an actual disaster response is fashioned after the HICS model. Emergency Management and communications functions within an Emergency Operations Center (EOC), through the leadership of the Incident Commander, are organized into various sections designed to optimize resources and skill. The HICS model is in direct correlation with Regional County's EOC's, Fire Department ICS, Police Department ICS, as well as neighboring hospitals' ICS'.

6. Mitigation of Hazards

   Skyline Emergency Preparedness Committee will evaluate the HVA results and select a minimum of three of the top ten areas of risks annually for discussion and action. Actions will focus on reducing the risk. This may be accomplished in many ways, such as:
   a. Review and updating Polices/Procedures/Guidelines
   b. Create new Policy/Procedure/Guidelines
   c. Participation in partner agency drills and exercises
   d. Participation in classes and/or train-the-trainer classes
   e. Physical improvements in plant/machinery/equipment
   f. Develop and enhance community relationships
   g. Develop Mutual Aid agreements, Memorandums of Understanding
   h. Participation in in-house, local, regional and/or State planning groups

B. Training

Skyline is committed to provide quality training to its staff to ensure that we are well equipped to respond to and mitigate situations that we are faced with on a daily basis and to those extraordinary events that may occur. Training is provided in many ways that meet in-house, personal accreditation, county, regional, State and Federal guidelines and requirements.

1. The current staff will be trained on the new or updated EOP at the time of its publication.
2. All new staff will be trained on the EOP in orientation.
3. Physicians, vendors performing services onsite and volunteers must be acquainted with the core components of the EOP (Core components as indicated in the Hospital Emergency Codes booklet).
4. Emergency preparedness training will be conducted annually.
5. Documentation of the training on the EOP and annual emergency preparedness training will be coordinated by the Emergency Preparedness Committee and Hospital Administration.
6. Knowledge of EOP and emergency preparedness will be shown by return demonstration, if applicable, and participation in the facility Testing Program.

C. Testing – Drills & Exercises

1. The facility will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility based full-scale exercise will be done annually.
   Community and regional partners may include but are not be limited to:
   a. Fire departments and districts
   b. Law enforcement agencies
   c. Public Health Department(s)
   d. 911 Dispatch centers
   e. County Emergency Managers
   f. Regional partner hospitals
   g. Regional Preparedness coalitions/groups
   h. Schools and special districts

2. In the event that the facility experiences an actual natural or man-made emergency that requires activation of the EOP, the facility is exempt from engaging in an individual full-scale exercise for one year following the onset of the actual event.

3. The facility must conduct a second exercise every year. The second exercise can be another individual full-scale exercise or a tabletop exercise.

4. After full-scale exercises, tabletops or actual events, the facility should analyze the response, identify areas for improvement and update the EOP, if required. A template for review is found at Tab 10.

5. Community and regional partners may include but are not be limited to:
   a. Fire departments and districts
   b. Law enforcement agencies
   c. Public Health Department(s)
   d. 911 Dispatch centers
   e. County Emergency Managers
   f. Regional partner hospitals
   g. Regional Preparedness coalitions/groups
   h. Schools and special districts

6. Skyline will also participate when able, in drills and exercises when requested by community and partner agencies.

7. Skyline will continue development and enhancement of its Emergency Management program by conducting in-house drills and exercises to enhance preparedness and response capabilities. This may be accomplished in conjunction with the Safety Committee and will by design test many components addressing Fire and Life Safety while addressing NIMS requirements.

8. Documentation, which includes planning, can for larger full-scale exercises follow HSEEP guidelines utilizing the full training cycle. All training will be documented and will meet and/or exceed minimum CMS requirements.

D. Hospital Emergency Codes

The purpose of the Code Book is to assist the initiation of actions and to communicate a hazard or threat.

1. The intent is to guide initial actions and is supported by further guidelines and recommendations as outlined in this Emergency Plan and in Policies and Procedures.
2. To reinforce the benefit of the "Code Quick Reference Guide" review is intended to be tied to annual training.
3. Placement of these guides is hospital wide by department, they are to be prominently displayed and readily accessible.
4. In addition to the Guides, Quick Reference Charts are also prominently displayed and cards are given to each new staff member upon hire.

Skyline Hospital - Code Quick Reference Guide

- Emergency Contacts
- Code BLUE – Life Threatening
- Code GRAY – Combative Person
- Code SILVER – Weapon/Active
- Code AMBER – Missing Infant/Child
- Code WHITE – Missing Adult
- Code TRIAGE – Internal/External
- Code RED – Fire Response
- Code ORANGE – Hazardous
- Utility System Failure
- EARTHQUAKE
- Evacuation & Building
- Bomb or Bio-terrorism Threat

E. Incident Roles and Responsibilities

The following is a brief introduction to some of the essential incident response positions that may be filled. Job Action Sheets (JAS) detail more of the recommendations for position specific activities and can be found in the Appendices and in the Incident Response Administration Kits.

1. **Incident Commander**
   Mission: Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Approve the Incident Action Plan for each operational period.

2. **Public Information Officer**
   Mission: Serve as the conduit for information to internal and external stakeholders, including hospital personnel, visitors and families, and the news media as approved by the Incident Commander.

3. **Safety Officer**
   Mission: Ensure health and safety of patients, hospital personnel and visitors; identify, monitor and mitigate hazardous conditions.

4. **Medical Specialist**
   Mission: Advise the Incident Commander or Section Chief, as assigned, on issues related to the medical staff.

5. **Operations Section Chief**
   Mission: Develop and implement strategy and tactics to carry out the objectives established by the Incident Commander. Organize, assign and supervise Staging, Medical Care, Infrastructure, Security, Hazardous Materials and Business Continuity resources. The Operations Section Chief and/or Incident Commander may establish the position of Planning Operations, the function of which is to examine and plan for tactics and alternate tactics for following operational periods while ensuring sufficient materials and resources are available to meet those needs.

6. **Planning Section Chief**
   Mission: Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, conduct planning meetings and prepare the Incident Action Plan (IAP) for each operational period.

7. **Logistics Section Chief**
   Mission: Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, material, and services to support the incident activities. Participate in Incident Action Planning.

8. **Finance / Admin Section Chief**
   Mission: Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities.

9. **Essential Supporting Functions**

a. Security
Mission: Coordinate all activities related to patient, staff and hospital security such as access control, crowd and traffic control, search and rescue, and law enforcement interface.
b. Communications
Mission: Organize and coordinate internal and external communications including equipment availability.
c. Business Continuity
Ensure business functions are maintained, restored, or augmented as needed to minimize the financial or other impact of business operations.

F. Pre-Disaster Planning

The EMPC will oversee development and education of the disaster plan as part of an orientation program presented yearly with updates.

a. Department managers are responsible for ensuring staff members are knowledgeable with the department plans.
b. Department managers in conjunction with the EMPC are responsible for developing and implementing specific departmental plans, including staffing, before, during and after a disaster event.

1. All Staff Preparation

a. Your Hospital Preparedness Kit
    i. You may be called back to work to support Skyline in an emergency or disaster. The period of call back may be for multiple days, please be prepared:
        1. Bring your own sleeping bag and pillow – Hospital linens are for patient use only
        2. Bring a cot or sleeping pad – Hospital has very limited numbers of beds and cots
        3. Bring toiletries and personal washcloth / towels
        4. Bring snacks and water
        5. Bring your own scrubs – Hospital supply will not last long
        6. Bring other supplies for your down time, books etc.
b. Family & Home Disaster Preparedness Kit
    i. Have a Home Disaster Preparedness Kit assembled and in place with essential supplies sufficient to sustain your household for a minimum of one week. Elements that should be considered are:
        1. Family
        2. Pets
        3. Neighbors
    ii. Create a Family Emergency / Disaster Plan and share with other family or friends that live outside of our area.

        https://www.seattle.gov/emergency-management/preparedness/prepare-yourself

        https://mil.wa.gov/preparedness

2. Hospital Preparation

a. Employee Contact Information

i. An up to date list of all current employees shall be maintained and available both digitally and by hard copy. Information may be kept on a portable electronic device. The list shall display both addresses and contact information.
ii. See Employee Contact / Paging System

b. Provider Contact Information
   i. An up to date list of all current providers and providers with Skyline Health privileges to include MD's PA's, NP's and CRNA's shall be maintained and available both digitally and by hard copy. Information may be kept on a portable electronic device. The list shall display both addresses and emergency contact information.

3. Agreements for Services

An up to date list of persons and companies that provide support to facilitate the day to day operations of Skyline Health Campus shall be maintained.

a. The list should be formatted to designate whether the supplier's services, equipment or consumables are directly related to the patient care, with the most critical items listed first.
b. The list should indicate if there is a priority service to Skyline Health in a disaster or emergency setting.
c. The list should designate where the supplies are coming from and if the company has an alternate delivery pathway.

4. Volunteer Management

a. Skyline Health has a volunteer program that is managed by Human Resources that also includes a Chaplaincy program.
b. In an emergency or disaster other persons may self-report and wish to volunteer. Skyline has a process to evaluate and credential persons wishing to volunteer whether they have a current medical licensure or just wish to assist where they can.
c. Organizations such as WA-Serv or Serv-OR for medically credentialed persons can greatly speed the time taken to verify current credentials.

5. Communications

Skyline Health Campus shall provide for a redundant form of communications to mitigate loss of telephone, Internet or overhead paging capabilities. Options accessible to Skyline:

a. Runners to physically deliver messages within the Skyline campus – Utilize ICS Form 213
b. Overhead Paging system
c. Emergency Handheld dual-banded radios
d. Satellite Phone (requires Activation)
e. Facility Cell Phones
f. HAM Radio
g. VHF Radio – Life Safety / 911 use only

6. Regional Facility Interoperability

The area surrounding Skyline Health Campus has many unique geographical features that promote the use of bi-state regional agreements. Inter-facility transports will place a transporting ambulance out of their service area for times ranging between one to nine hours or more depending on weather.

a. The four regional hospitals have an agreement to share services, materials and personnel in times of need.
b. Are linked by the HEAR radio network
c. Are linked by the HAM radio network
d. Local fire, EMS and Ambulance service providers have robust agreements, primarily the agreement under the Area Trauma Advisory Board Region 6 (ATAB-6).
e. A Contact list shows regional hospital's contact numbers and travel times. See "Supporting Documents – Contacts".

G. Incident Management Actions

a. During a response to incidents, facility trainings or major emergencies, Skyline will utilize the Incident Command System applying, where appropriate the tenants of HICS to augment and support the response. Primary actions at a minimum may include:
    i. Provide health care services to the community
    ii. Provide a liaison to the on-scene Incident Commander
    iii. Coordinate with other local agencies on continuing situation assessments and resource needs
    iv. Coordinate local activities with State and Federal public health partners
    v. Support the emergency, medical and healthcare response throughout the region and state
b. Dependent on the level of response indicated, the Incident Commander retains the ability to scale the response to the appropriate or anticipated level per the tenants of ICS.
c. Skyline has provided ICS training to the FEMA 300-series level for select staff members which included a cross section of management personnel with the goal to provide the training to a minimum of two deep in each of the Command and General Staff positions. All Departments within the Skyline Campus participated and included personnel from the Hospital and the Medical Clinic.
d. The Skyline Health Incident Management Team (IMT) shall coordinate all facility personnel and activities and assign operational personnel as required by the emergency. Further, the IMT shall coordinate all health-related measures within the community with the Local Health Department, in accordance with operational procedures.
e. Debriefing – Immediately, or as soon as possible, following an actual disaster or drill an informal hotwash of the incident will be held with all Department Leadership and those occupying HICS positions on the organization chart to identify strengths and weaknesses of the response. Location and time of the critique will be announced near the end of the incident.
f. Within 72 hours of the drill or disaster each person in charge of departments, command centers or operation centers and/or treatment areas will:
    i. Review response with their personnel,
    ii. Complete the appropriate evaluation forms in their department response folders and
    iii. Forward all documentation and evaluation forms from the disaster to the facility Emergency Management Coordinator (See g. below).

g. Event Documentation

The format to document an unusual event will vary from capturing basic information and actions as in a Code Triage Level 1 to incidents that require more detailed management and the production of an Incident Action Plan.

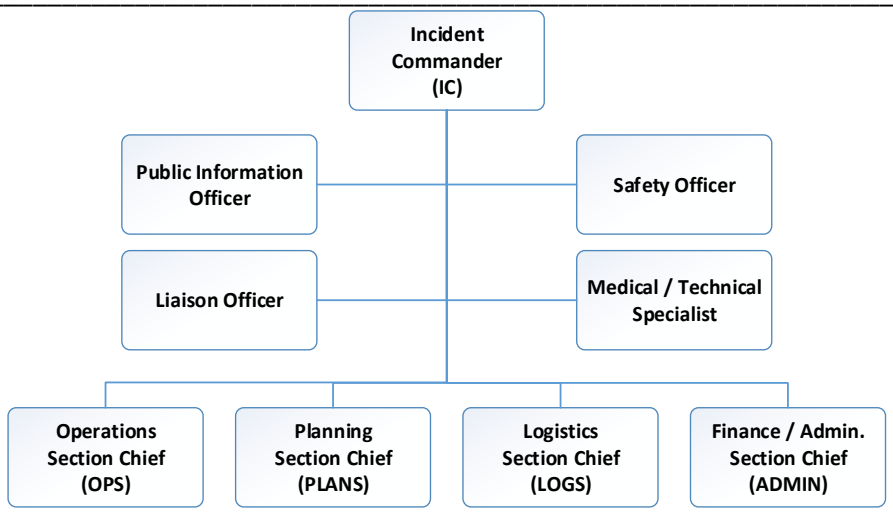
More complex incidents, i.e. those that extend beyond one Operational Period or a Large HAZMAT incident (Code Orange) will require the development of an Incident Action Plan (IAP).

i. Basic format/Information to be captured:
   1. Event Information
      a. Event Name
      b. Event Start and End Dates
      c. Level of Activation
      d. Incident Type
   2. Synopsis of Event – Provide a brief description of the event
   3. List the impacts to Skyline Campus, City, County
   4. Document Planning activity to include local, County and State partners
   5. Summarize the response
   6. Include a daily Log (Can attach ICS form 214)
   7. Include an After-Action Report (AAR)
      a. May not be necessary for some Level 1 events

ii. Ensure event is included in reportable events with the Hazard Vulnerability Analysis.

H. Hospital Command Center

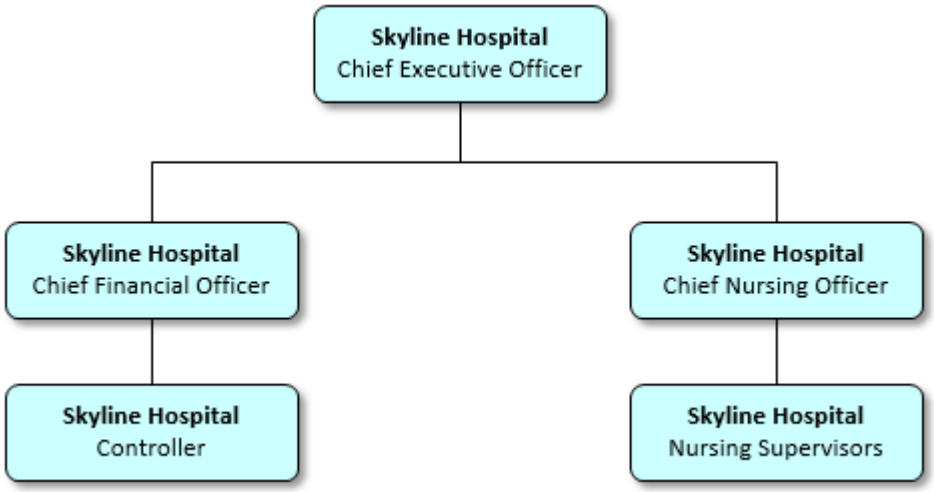
a. Activation
   Hospital Incident Command activation may occur for any incident of for any unusual occurrence within the Skyline Campus at any time day or night. Skyline encourages activation to manage incidents even when they are small in nature, which promotes familiarity with components of the ICS.
b. Each activation is documented as a part of the ongoing Hazard Vulnerability Analysis which is further detailed in Skyline Health's ability to manage risk.
c. Activation of the Incident Management Team is prompted by a Code Triage announcement through the Overhead Paging System. The activation levels are one through three:
   i. Code Triage Level 1
   ii. Code Triage Level 2
   iii. Code Triage Level 3
d. The pre-HICS flow chart represents normal daily operations and places much of the burden on senior management, however when standing up the Incident Management Team, the plan recognizes a span of control that is consistent with NIMS. Optimal span of control for Skyline Health is five persons.



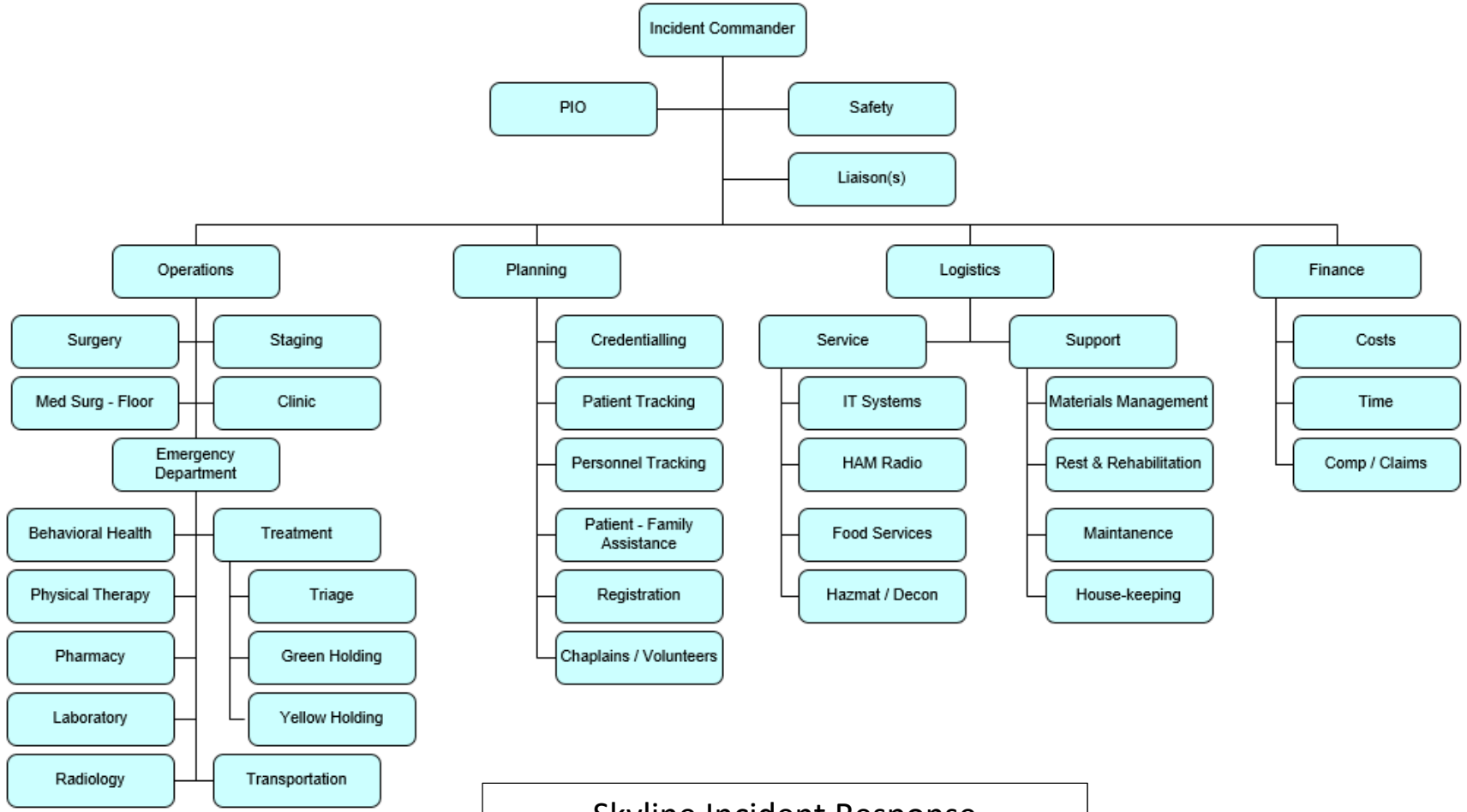
Base - HICS Organizational Chart

e. Who Can Activate the EOP
The Emergency Operations plan can be activated directly by the CEO or Chief Nursing Officer (CNO) or by a consultation with either the CEO or CNO.

f. Skyline Health Succession Chart
Skyline Campus overall day-to-day functions are under the control of the Chief Executive Officer (CEO). The CEO delegates authority dependent on the event at hand, Administrative functions will flow to the Chief Financial Officer then to the Hospital Controller. The Chief Nursing Officer and the Nursing Supervisors would then complete the chain of succession.

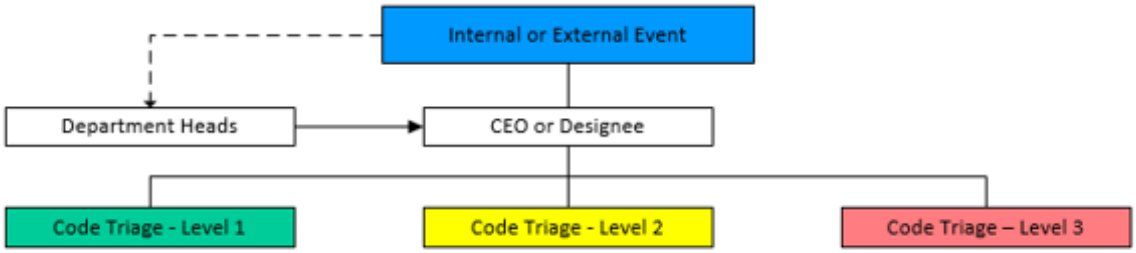


Greater detail can be found in Annex 20.3

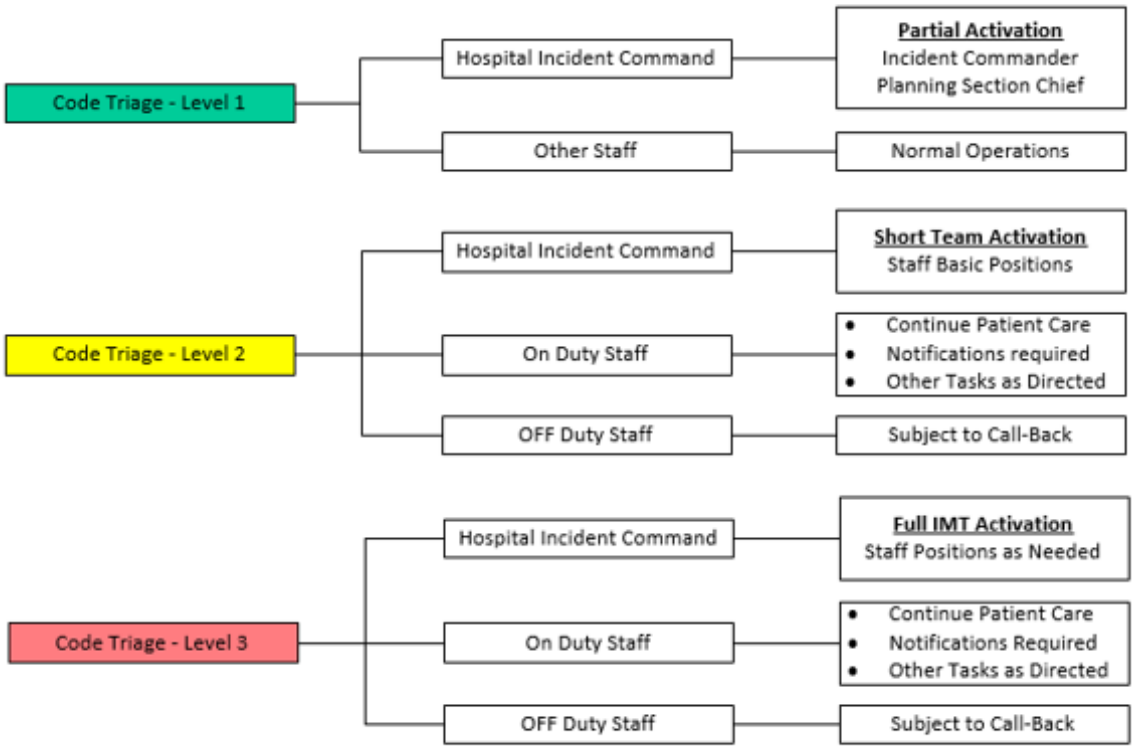


Skyline Incident Response

Command Structure



Hospital Incident Command – Activation Matrix



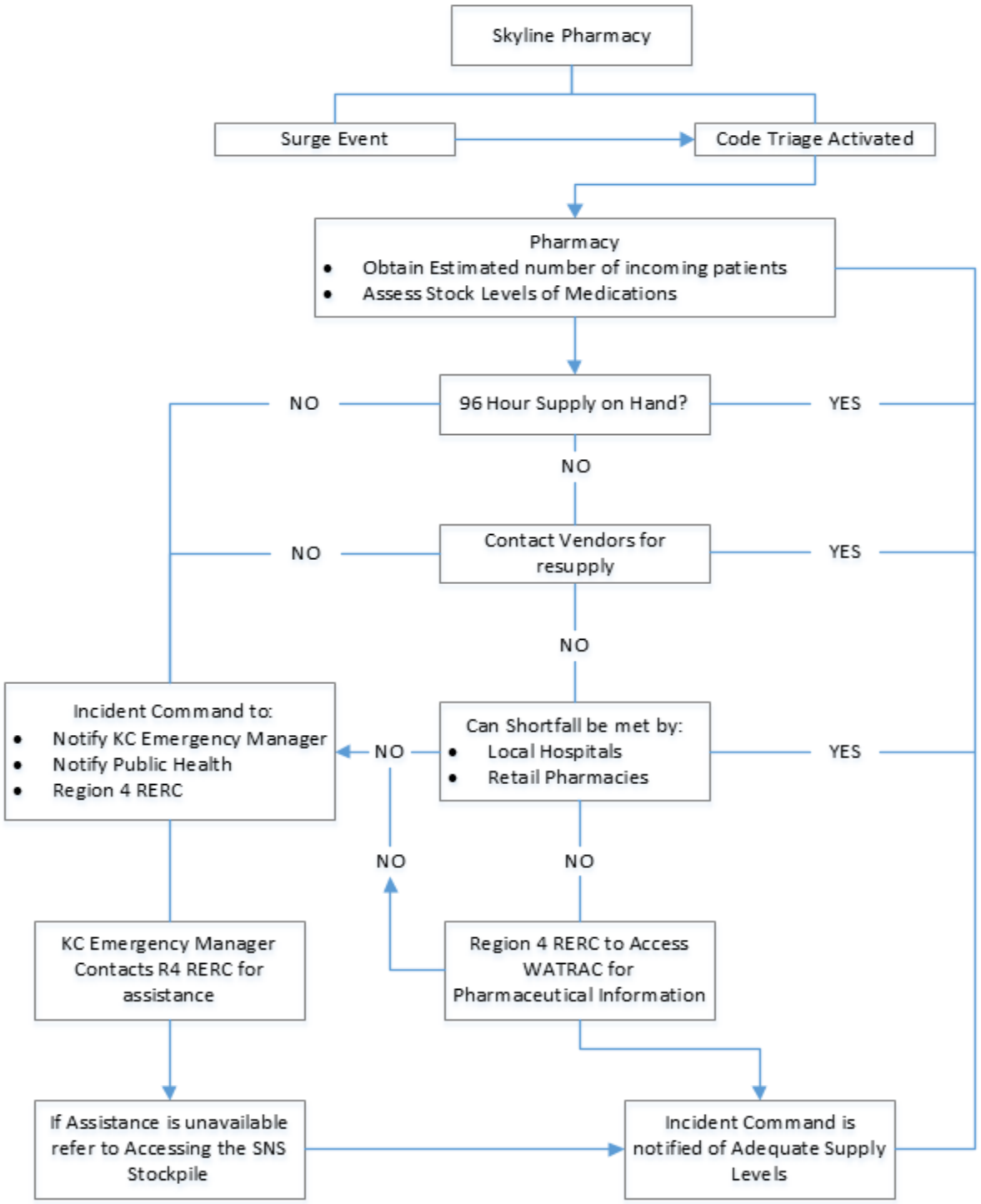
Hospital Incident Command

Activation Levels – Staffing and Suggested Actions

I. Campus Sustainability

1. Pharmacy
   a. Pharmacy has the capacity to maintain supply of pharmaceuticals for 96 hours based on normal operating conditions. National drug shortages remain and ongoing issue and may reduce capacity if alternate drugs cannot be acquired. As the hospital is stressed by an emergency or disaster it is incumbent on the pharmacy to assess the current and predicted patient load and flex accordingly.
      i. Vendor support will allow for overnight shipping in an intact transportation infrastructure.
      ii. Aid agreements with regional hospitals can support Skyline's shortfalls but may not be a viable option if the emergency or disaster is region-wide.
      iii. Retail Pharmacies may also become an option.
   b. Incident Command would support Pharmacy Operations by providing early notification of an emergency or disaster to County and Regional Support partners.
      i. Klickitat County Emergency Management
      ii. Klickitat County Health Department
      iii. Region 4 Coalition
   c. With the assistance of the Region 4 RERC the Strategic National Stockpile (SNS) may be accessed: The Strategic National Stockpile is a cache of select pharmaceuticals, vaccines, and medical supplies to assist states in their response to localized biological or chemical terrorism incident or other public health emergencies. A local initiative, the local health jurisdictions prepare for SNS activities by annually staging a mass vaccination clinic, participating in exercises and undergoing a local technical assistance review.

      See Accessing Pharmaceuticals Flow chart next page.



Accessing Pharmaceuticals

2. Maintenance & Engineering Services

   Generators can provide power to essential functions within the hospital to insure continued operations. The Medical Clinic and Rehabilitation Clinic buildings are not supplied with generator power.
   a. With Capacity at 100% of normal, the generator can run thirteen days (full fuel tank) burning approximately 6 gallons of Diesel fuel per hour. (At a 5/8 full fuel tank they can still last eight days).
   b. Fuel storage is maintained at approximately 2000 gallons.
   c. Fuel resupply is managed locally, Skyline by agreement is a preferred customer in an emergency or disastrous event.
   d. The Generator is maintained and tested on a monthly basis.

3. Material Management

   The hospital has durable and consumable supplies that are available for 96 hours of operations at 100% of normal capacity. As the hospital is stressed by an emergency or disaster it is incumbent on Incident Command to assess the current and predicted supply load and flex accordingly.
   a. Ordering with an intact infrastructure occurs weekly. Other ordering may be through online distributors such as Amazon.
   b. Incident Command can supplement some consumable supplies such as paper sheets for the disaster trailer as a stop-gap measure.
   c. It is also incumbent on Incident Management to recognize when shortfalls may occur and provide some contingency solutions. The most important steps are to notify and provide regular status updates (ICS Form 209) to the County Emergency Manager, the Public Health Department and to our Region 4 RERC.

4. Dietary

   Capacity to serve patients, Staff and visitors at normal capacity is at the five day mark without resupply. Services can be compromised by other utility outages such as a failure of gas supply. Freezer storage capacity is limited. Kitchen is not connected to the generator, use alternate power source(s) and appliances as necessary.

   In the event of a larger scale emergency or disaster, Incident Command would need to evaluate and manage food/meal services appropriately, possibly controlling access to the cafeteria.

J. Ongoing Plan Management and Maintenance

Following an incident response or exercise, the Emergency Management Team will review and take action on proposed recommendations, recommend further revisions to the emergency and/or HICS plan as needed, and provide an After Action Report to the Emergency Preparedness Committee. The Summary Report will be formatted to share with staff regarding outcomes of the disaster/drill. Evidence of implementation and performance is located in subsequent procedures, policies, records and other documents; through training; emergency preparedness, surveillance during building tours, planning and implementing exercises and drills; and monitoring as part of the ICES (information, collection, evaluation system).

The Emergency Preparedness Committee, in conjunction with the Safety Committee and the HICS Subgroups, are responsible for developing, implementing and monitoring all aspects of the Emergency Management Program at the Hospital, including hazard vulnerability analysis, mitigation, preparedness, response and recovery.

a. Implementation of the hospital's Emergency Management Plan will be conducted at least semiannually either in response to an emergency or as a planned drill. One (1) exercise per year shall include an influx of volunteer or simulated patients for organizations that offer emergency services or are designated receiving stations. If applicable, the hospital will participate in at least one community drill annually that is relevant to the priority of emergencies identified in the hazard vulnerability analysis.
b. This hospital cooperates with all local, county and state emergency management drills. The Emergency Management Coordinator is a member of the countywide emergency management system and coordinates with other agencies for any large-scale drills.

Annex 1: Communications

1. Telephone Systems
   Skyline uses a Voice over Internet (VOIP) system campus wide.

2. Cell Phone
   a. Use of cell phones is an acceptable line of communication using both voice and messaging, however Skyline cannot mandate the use of personal phones.
   b. Skyline paging system may send out text messages and/or emails to:
      i. Request personnel for call back
      ii. Provide situational updates

3. FAX Machines
   FAX Machines are "hard wired" thus providing an alternate method to communicate outside of the facility if cell phone and internet capability is not present. Contact IT for phones.

4. Satellite Phones
   Skyline Health has the phone and infrastructure in place to conduct Satellite phone operations but does not have an active contract. The phone is available and may be activated but the available coverage services available are less than optimal.

5. Public Address System
   Skyline has an overhead paging system that is accessed by dialing 4000 / 4911 from any phone in the hospital. For clarity of messaging, all messages should be well thought-out, short and concise. Speak slowly and clearly, repeat the message.

6. Handheld Radios
   a. Skyline Health has many UHF/VHF portable radios that can be utilized for day-to-day and emergency communications within the hospital.
   b. Common Channels for hospital operations are: KVH 1, KVH 2, and OPS 1 through OPS 5.
   c. Channel assignments will be made by the Incident Commander, Operations Section Chief or designee.
   d. Persons operating the Handheld Radios should be familiar with the radio functions and correct radio etiquette.
   e. For those employees that are licensed HAM radio operators, the handhelds have some basic HAM capabilities. Use of the HAM Band shall be assigned. Note: in an emergency non-licensed operators may be assigned to utilize communications on the HAM radio bands.

7. Hospital Emergency Area Radio
   The Emergency Department has a VHF Radio that is used primarily for hospital to ambulance communication via the HEAR System. Adhere to HIPAA rules and regulations when using this radio as it is an open frequency that can be monitored by the public.

8. Public Safety Radio (911 System)

a. The Handheld radios have the capability of transmitting and receiving messages on numerous Public Safety Channels. These include Fire Dispatch, Fire Tactical Channels and National Interoperability Channels (V-Call and V-TACs).
b. The Fire Dispatch Channel, "Fire DI" may be used as an EMERGENCY method to contact dispatch when telephones may not be accessible.
c. Other Public Safety frequencies are not to be used unless directed to do so.

9. HAM Radio System

The HAM Radio system utilizes a UHF and VHF base station that is contained in a portable shelving system designed to be placed on a table top for greater mobility. The antenna cable is located in Basement East of the main hospital. The Radio:

a. Will be staffed by members of the Klickitat County ARES/Races Group, members of the Radio Amateurs of the Gorge (RAGS), and/or approved HAM certified Skyline staff.
b. Operators are orientated for Skyline Health facilities.
c. Assign Skyline ID badges as needed for identification and to provide key-card access.
d. The HAM Radio system is tested at a minimum quarterly.
e. The HAM Radio system has the ability to converse regionally with the other three hospitals (Providence Hood River, Adventist Health Columbia Gorge and Klickitat Valley Health), and Emergency Management.
f. Staff, in an emergency, when directed may utilize HAM Radio frequencies programmed into the Emergency handheld radios.

10. E-mail

a. For emergency use when the HCC is functional, position specific e-mail addresses should be used. This will ensure that all section specific people will receive pertinent e-mails and that Group e-mail 'box' can be accessed by more than one person at a time. Note that the email addresses may require activation by IT. Verify prior to use.

SKYCMD@skylinehospital.org – Command Group
SKYCMO@skylinehospital.org – Medical Officer Group
SKYSOFR@skylinehospital.org – Safety Officer Group
SKYOPS@skylinehospital.org – Operations Section
SKYPLAN@skylinehospital.org – Planning Section
SKYLOGS@skylinehospital.org – Logistics Section
SKYADMIN@skylinehospital.org – Administration & Finance Section

11. Runners

Runners shall be utilized when other systems are inoperable such as phone and internet service. ICS Form 213 should be utilized by the runner system and to support general communication. The use of Form 213 assists in incident documentation and should be utilized to provide a clear and trackable form of communication.

Annex 2: Contacts

A detailed list of first line contact information is included in the supporting documents at the end of this document. Each Department head is responsible for maintaining an up to date list of their personnel contact information. This also applies to vendors. The information beyond printed hardcopies is stored digitally within the Skyline Campus at two differing locations. Information is backed up to both of these locations every fifteen minutes.

For emergency or disaster use, general phone numbers for immediate needs are available. Those include personnel, other facilities regionally, Emergency Management, 911 Dispatch Centers, County Public Health and Regional Emergency Coordinators.

Annex 3: Skyline Medical Clinic

Skyline's Medical Clinic maintains an integrated relationship with Skyline Health whereby the Clinic recognizes and participates in the Skyline Health Campus Emergency Plan with exceptions that are Clinic specific. The Clinic adheres to CMS requirements as outlined in CFR section 491.

a. Clinic Emergency / Disaster
    i. If an emergency or disaster occurs within the Clinic that cannot be mitigated internally alert the hospital CNO and the administrator and follow their direction.
    ii. If an emergency / disaster can be mitigated internally, advise the CNO and administrator.
b. County Emergency / Disaster including weather emergencies
    i. The Skyline Campus may not be under emergency operations, but if Clinic patients may be affected out in the county the following should occur:
        1. The administrator on-call and/or CNO should be advised.
        2. A Level 1 Code Triage should be considered to monitor and document this "unusual activity."
c. Patient Accountability:
    i. The Clinic will maintain an up to date list of all Clinic patients that remains HIPAA compliant.
    ii. In the event of a County Emergency, Patient identifying information including address and family contacts of scheduled patients may need to be shared if requested with:
        1. The Hospital Emergency Operations Center
        2. The County Emergency Manager (The County Emergency Manager is the conduit to City Police and County Sheriff services).
d. Staff Accountability for call back purposes
    i. Clinic Staff residences and contact database should be updated regularly by Clinic administrators.
    ii. A work schedule detailing times and days worked should be readily accessible.
e. Hospital Disaster Activation
    i. Upon plan activation all available staff not committed to Home Health Visits shall report to the Labor Pool as designated by the Emergency Operations Center.

Annex 4: Credentialing – Emergency

Skyline Health Campus in an emergency or disaster can credential medical personnel to assist with operations when needed. Personnel seeking temporary privileges shall be evaluated for suitability and then if deemed suitable, are screened (See form in "Supporting Documents for detail).

Annex 5: Employee Contact / Paging System

Employees may be requested to return to work in an emergency or disaster. This may be accomplished in several ways. First it is incumbent upon each department manager to maintain an up to date list of all employees including:

1. Phone Number (Landline)
2. Cell Phone
3. Physical Address
4. E-mail address

Managers or designees may be directed by Incident Command to call personnel back in to assist in the incident management, provide care or support services. At the lowest level this may be accomplished by a phone, if personnel can be contacted it is beneficial that a count of personnel availability be determined relatively quickly.

Utilize a mass alert system as available and applicable. The database is maintained by the Emergency Preparedness Coordinator as personnel are hired or as they terminate.

In the event of a total communications disruption, a messenger may physically contact personnel that live close by to ascertain availability.

Annex 6: Hazard Vulnerability Analysis (HVA)

Data from annual review of hazards and risks associated with hospital operations along with a list of incident or occurrence actions is summarized to show the hospital responses relationships over a one year time frame.

Components:

Evaluate potential for event and response among the following categories using the hazard specific scale.
Note: Each category has a "0" value for Not Applicable (N/A)

1. Probability, Human, Property and Business impacts are rated 1 = Low Risk to 3 = High Risk
2. Preparedness, External and Internal Resources are all related to our level of preparedness
   1 = Most or well prepared (high) to 3 = Least or not Prepared (low)

Issues to consider for **probability** include, but are not limited to:

1. Known risk
2. Historical data
3. Manufacturer/vendor statistics

Number of **Alerts** and **Activations** details incident occurrences and the number of times the Incident Command Center or the Incident Command is activated.

Issues to consider for **response** include, but are not limited to:

1. Time to marshal an on-scene response
2. Scope of response capability
3. Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

1. Potential for staff death or injury
2. Potential for patient death or injury

Issues to consider for **property impact** include, but are not limited to:

1. Cost to replace
2. Cost to set up temporary replacement
3. Cost to repair

Issues to consider for **business impact** include, but are not limited to:

1. Business interruption
2. Employees unable to report to work
3. Customers unable to reach facility
4. Company in violation of contractual agreements
5. Imposition of fines and penalties or legal costs
6. Interruption of critical supplies
7. Interruption of product distribution

Issues to consider for **preparedness** include, but are not limited to:

1. Status of current plans
2. Training status
3. Insurance
4. Availability of back-up systems
5. Community resources

Issues to consider for **internal resources** include, but are not limited to:

1. Types of supplies on hand
2. Volume of supplies on hand
3. Staff availability
4. Coordination with suppliers

Issues to consider for **external resources** include, but are not limited to:

1. Types of agreements with community agencies
2. Coordination with local and state agencies
3. Coordination with proximal health care facilities
4. Coordination with treatment specific facilities

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.

Annex 7: Hospital Codes – Quick Reference Guide

NOTE: Multiple overhead page numbers exist for individual buildings. Dial 4911 for emergency notifications for entire Skyline Campus. Dial 4000 for hospital only.

Provided is an overview of each page in the guidebook and the referenced Policy and/or Procedure

Emergency Contacts

1. The current list of Emergency contact numbers is displayed.
2. The four digit number to access the overhead paging system prominently displayed.
   a. A list of all Hospital Employees including Providers shall be maintained and obtainable from:
      i. Digital copy in Emergency Preparedness Cart (Thumb Drive) – Secure Access
      ii. The Emergency Preparedness Paging Database – Secure Access
   b. Departments shall be responsible for maintaining an accurate list of their staff contacts.
   c. Departments shall provide a list of contractor and material/equipment suppliers.

Code BLUE – Life Threatening Emergency

Anyone may page a "Code Blue"

1. Code Blue: Patient, staff or visitor has stopped breathing, having a possible heart attack or a Life Threatening Emergency.
2. Code Blue is used to communicate a risk and mobilize the immediate arrival of emergency equipment and specialized personnel to an adult or child whose heart or respiration has stopped or has a condition that cardiac or respiratory compromise is imminent.

Medical Clinic Specific

1. Call 911
2. Dial 4911 Announce Code Blue stating your department and location of person requiring assistance.
   (This will be announced at the Hospital, Clinic and Rehab).

Rehabilitation Clinic Specific

1. Call 911
2. Dial 4911 Announce Code Blue stating your department and location of person requiring assistance.
   (This will be announced at the Hospital, Clinic and Rehab).

Hospital

1. Dial 4000 and announce to the Hospital that a Code Blue is in progress, giving a location.
   (This will be announced within the Hospital only).

Employees, Volunteers, Physicians

1. Determine if the person needs medical assistance.
2. Anyone may overhead page a Code Blue.

3. Dial 4911 or 4000 for Hospital only; Announce "Code Blue" and location of the person requiring assistance.
4. Stay with the person until specialized team has arrived.
5. Provide CPR if trained.

1. When activating a "Code Blue" good communication is essential.
2. When the phone system is down,
    a. Code Carts may be obtained from the ED or Acute Care Floor.
    b. Runners to activate the "Code" by alerting the ED and staff at the Acute Care nurse's station.

Code GRAY – Combative Person

Anyone may page a "Code Gray"
Code Gray: Used to initiate response of specially trained individuals to protect patients, visitors, staff and property from a combative person. Specially trained staff* will go to the paged location. (*Staff that have had "de-escalation" or "Security" training). There may be limited personnel able to respond in the Clinic, it becomes important to advise the Hospital as soon as possible.

Employees, Volunteers, Physicians
1. Go to a safe area
2. Hospital/Rehab/Clinic: Dial 4911. Announce "Code GRAY" and location.

Security
1. Respond to paged location with CAUTION
2. Follow directions of team leader
3. If needed, call 911 for Law Enforcement assistance

Code SILVER – Weapon / Active Shooter

(See "Code Silver – Active Shooter" in PolicyStat for full plan)

Call 8 – 911 or 911 from a house phone to connect with Emergency Services Dispatch Center

Hospital/Rehab/Clinic: DIAL 4911. Announce "Active Shooter and give shooter's location" - Repeat three times

If an Active Shooter is in your immediate area, quickly determine the most reasonable way to protect your life.

1. RUN
    a. Have an Escape Route and plan in mind
    b. Leave your belongings behind
    c. Keep your hands visible

d. Go to a safe location and await further instructions

2. HIDE
   a. Hide in an area out of the active shooter's view
   b. Block the entry to your hiding place and lock all the doors
   c. Silence any pagers or cell phones
   d. Identify weapons that may be used to fight the shooter

3. FIGHT
   a. As a last resort and only when your life is in imminent danger
   b. Attempt to incapacitate the active shooter
   c. Act with physical aggression, throw items at the active shooter

Employees, Volunteers, Physicians

Verbally or physically guide others to a safe location. Patients and visitors are likely to follow the lead of employees and managers during an active shooter situation.

How to respond when Law Enforcement arrives on scene

1. Remain calm, and follow officers instructions
2. Immediately raise your hands and spread your fingers
3. Avoid pointing, screaming and/or yelling
4. Avoid making quick moves towards officers such as attempting to hold on to them for safety
5. Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which the officers are entering the premises

Information you should provide to Law Enforcement or 911 Dispatcher

1. Location of shooter
2. Number of shooters
3. Physical description of shooters(s)
4. Number and type of weapons held by the shooter(s)
5. Number of potential victims at the location

Code AMBER – Missing Infant / Child

Anyone may page a "Code Amber"

Code Amber: Used to alert employees, volunteers and physicians of a possible infant or child abduction in progress. Activation of a Code Amber indicates the necessity for hospital employees to begin a search for the possibly abducted or missing infant/child.

Employees, Volunteers, Physicians

1. Hospital/Rehab/Clinic: Dial 4911. Announce "Code Amber", last seen location and description of child.

2. Look for an infant/child fitting paged description. Infants may be carried in arms, in a blanket or in a container, such as a box or stroller.
3. Check closest restrooms and other possible hiding places.
4. Stand by nearest exit until "Code Amber All Clear" is announced.
5. Ask anyone with infant/child or container large enough to hide an infant to wait while you call Security.
6. If the person chooses not to wait, get a detailed description of the person and the car, including license plate number and direction headed.
7. Call 9-1-1, notify Supervisor.

Code WHITE – Missing Adult

Anyone may page a "Code White"

Code White: Used to alert employees, volunteers and physicians of a possible missing adult after a cursory search has been conducted. Activation of a Code White indicates the necessity for Hospital and or Clinic employees to begin a thorough search and possibly calling 911.

Employees, Volunteers, Physicians.

1. **Before Initiating a Code White:**
   Search all areas and rooms in close proximity to patient room. This includes patient rooms, washrooms, closets, offices, lobbies, stairwells, common areas including the Cafeteria, and behind and under all furniture.

2. **Initiating a Code White:**
   a. Hospital/Rehab/Clinic: Dial 4911, announce "Code White" give a description and last known location of patient.
   b. If missing person is "High Risk" consider calling 911 immediately.
   c. If you suspect the person has been abducted, call 911 immediately.
   d. Conduct a thorough search of the hospital, out-buildings and the grounds.
   e. If you have not located the patient within 30 minutes consider calling 911.
   f. Be prepared to conduct a secondary search.

Code TRIAGE – Internal or External Disaster

Senior Administrator, CNO or Designee may page "Code Triage" (Dial 4911)

1. **Incident Command Center**
   a. "Code TRIAGE Level 1" Hospital Incident Command Center will be activated in "Monitoring Mode"
   b. "Code TRIAGE Level 2" Hospital Incident Command Center will be activated in "Partial Mode" This is determined an incident of lesser complexity.
   c. "Code TRIAGE Level 3" is a full command center activation to address a more complex incident that may extend into multiple operational periods.

2. **Labor Pool: Non-Clinical Staff**
   a. Report to Labor Pool, according to your department's policy.
   b. Sign in. You will be re-assigned or asked to return to your own department.
   c. Labor Pool shall be under the direction of person(s) designated by hospital Incident Command.

3. **Incident Commander will give emergency briefing at a location and time announced by the Operator**
   a. Nursing Departments: Report staff numbers, beds and equipment to nursing staff office or hospital specified department.
   b. Non-nursing departments: Report available numbers and skills of on-campus employees to Labor Pool or hospital-specified department.
   c. Initiate department call tree, or emergency off duty paging, if needed. Give situation, where to report, parking location and building entry door.
   d. Call nursing staff office, Labor Pool or hospital specified department for additional staff.
   e. Provide direction and support during event.

4. **Employees on Duty**
   a. Follow directions of manager or designee.
   b. Perform assigned jobs or report to Labor Pool, according to department policy.
   c. Wear identification at all times.

5. **Volunteers**
   a. Follow directions of department manager where assigned or return to volunteer resource area.

6. **Physicians**
   a. Report to a designated area to be determined by the Incident Commander.

7. **Employees and/or Physicians called in**
   a. Enter hospital grounds by designated road. Park where directed.
   b. Wear Identification.
   c. Report for duty in own department or where assigned.
   d. If not immediately needed, report to Labor Pool. Physicians report to designated location.

Code RED – Fire Response

Operator pages a Code Red when the Fire Alarm sounds.

Code Red is used to alert employees, volunteers and physicians to a possible fire.

The acronym "RACE" describes the initial actions that can be taken when a fire is discovered.

Rescue	Remove patients and visitors from immediate danger.
Alarm	Hospital: Pull Fire Alarm; then notify ER Admitting who will page location. Call 911, Evacuate the facility to a safe location. Clinic/Rehab notify Hospital by Dialing 4911 or notification can be by runner to Hospital admitting (Note no pull stations in Medical Clinic or Rehab Clinic).
Contain	Close doors and windows, including non-patient rooms.
Extinguish/Evacuate	Extinguish the fire if it can be done **SAFELY.** Use the **P.A.S.S.** procedure: **P**ull the pin, **A**im nozzle at base of fire, from 8–10 feet away, **S**queeze the handle, **S**weep side to side. Be prepared to relocate patients and/or visitors to a safe place: (i.e. for the hospital: a separate smoke compartment – Clinic: Evacuate to a safe location).

1. **Managers or Designees**
   a. Assess the situation.
   b. Determine the direct response.
   c. Prepare to evacuate if necessary.

2. **Employees**
   a. Clear hallways; place equipment and furniture into designated locations.
   b. Close all doors and windows.
   c. Do not use elevators; use stairwells for essential movement; keep stairways clear.
   d. If movement through a door is necessary, touch it with **back of hand;** Do not open if door is hot to touch; know department's usual/alternate evacuation routes.
   e. Limit telephone use to essential procedures.
   f. Do not begin any new non-essential procedures.
   g. Be prepared to evacuate if ordered.

3. **Volunteers**
   a. Follow directions of managers where assigned.

4. **Physicians**
   a. Follow directions of managers of departments where assigned.
   b. Prepare to assist in the evacuation of patients.
   c. If movement through a door is necessary, touch it with back of hand: Do not open if door is hot to touch.

Code ORANGE – Hazardous Materials Spill

Anyone can page a "Code Orange"

Code Orange is used to alert employees, volunteers and Physicians to hazardous material spill or vapor release in a work area.

1. **Employees, Volunteers, Physicians**
   a. Hospital/Rehab/Clinic: Dial 4911. Give Location of spill or vapor release
   b. All persons in spill location must evacuate area.
   c. Call 911 if necessary.

2. **Managers or Designees**
   a. Train employees on clean-up and disposal of chemicals used by their department. Refer to MSDS located on the Intranet.
   b. Enforce use of PPE appropriate for the chemical spilled.
   c. Enforce evacuation of the spill or vapor release area until you are notified it is safe to return.
   d. Contact Safety Officer for any questions and support.

3. **Employees**
   a. Receive training on clean-up and disposal of chemicals used by your department. Read MSDS (go to *MSDS Online* on the Intranet).
   b. Clean up only those chemicals for which you are trained. For all others, Hospital/Rehab/Clinic: dial 4911 – Announce "Code Orange" and the location.
   c. Wear required PPE for clean-up and disposal.
   d. If not doing clean-up evacuate the area until you are told it is safe to return.

4. **Volunteers**
   a. Participate in your department training.
   b. Do not clean up chemicals.
   c. Hospital/Rehab/Clinic: dial 4911 – Announce "Code Orange" and the location

5. **Physicians / Providers**
   a. Do not clean up chemicals unless trained to do so.
   b. Hospital/Rehab/Clinic: dial 4911 –Announce "Code Orange" and the location

6. **Employees**
   a. **Maintenance Operations:**
      i. Respond to spill location. Secure the area.
      ii. Ensure evacuation of effected areas. Collect event information for report; obtain MSDS.

   b. **Responders:**
      i. Contact Safety Officer or designee for any questions.
      ii. Respond to location with clean-up cart.
      iii. Collect information about the spill: What chemical? How much volume?
      iv. Wear PPE.
      v. Clean up according to training and MSDS.
      vi. If chemical or volume spilled exceeds training or cannot be done safely, do not clean up. Contact Safety Officer, House Supervisor or Administrator for approval to contact external hazardous materials team for clean-up and disposal.

Utility System Failure

In all cases of system failure, notify Department Manager / Supervisor

Failure Of:	What to Expect:	Contact:	Responsibility of User:
Computer Systems	System Down	Information Services	Use back-up system, manual/paper forms, and telephone calls.
Electrical Power	Failure of Electrical Systems	Maintenance: Report all outages	Use flashlights, turn off electrical devices not needed, and close down operations as necessary.
Elevator Out of Service	Use Stairs for movement within facility	Maintenance	Notify Maintenance, Use Stairwell
Elevator Stopped between Floors	Elevator Alarm Bell Sounding	Maintenance and Call 911	Keep in verbal contact with people in elevator; let them know help is on the way.
Fire Alarm	When Activated Alarms Sound (Excludes Clinic)	911 and Call Maintenance	Initiate Fire Watch, minimize fire hazards. Use 9-1-1 and/or runners to report a fire.
Natural Gas failure or leak	Odor similar to Rotten Eggs	Maintenance, Safety Officer and Utility Provider	**Internal Event** – Open doors/windows to ventilate area. Do not use spark producing devices, electric motors, switches etc. **External Event:** Keep doors closed. Evacuate if necessary; pull fire Alarm (Hospital) and proceed to safe area.
Patient Care equipment	Not functional or unacceptable condition	Supervisor	Take equipment out of service; tag and replace it with accompanying work order; define problem on tag. Fill out SMDA if failure involves a patient.
Sewer Stoppage	Drain(s) Backed-up	Maintenance	Do not use water, sinks or flush toilets. As needed use Red Bags to collect waste in toilets.
Telephone	No Phone Connectivity	Information Services	Coordinate with manager/designee, cellular phones, faxes and/or runners.
Ventilation	No Ventilation. No heating, No cooling	Maintenance	Provide blankets or fans. Open closed doors as needed.
Water	Sinks of Toilets Not Operating	Maintenance	Initiate fire Watch. Conserve water; use waterless hand cleaner; use bottled water for drinking. Turn off water in sinks, use red bags in toilets.

EARTHQUAKE

During the Earthquake

1. **All Employees, Volunteers, Providers, Visitors and Patients (Where able)**
   a. Protect yourself first
      i. Stay in the building: watch for falling lights, ceiling tiles, etc.
      ii. If outside, stay away from building walls, overhangs and power lines
   b. DUCK, COVER and HOLD ON!
      i. Take shelter under a desk, table or counter; hold on until shaking stops **OR**
      ii. Get into a corner or sit against an inside wall (never an outside wall) with your head between your knees, place hands over head and top of spine for protection

After the Earthquake

1. **Managers or Designees**
   a. Page "Code Triage – Level 3" Set up Command Post in a safe location (Refer to Code Triage).
   b. Call 9-1-1 if anyone needs rescue, provide medical attention as needed.
   c. Quickly assess damage to your department using Building Evaluation Checklist in this flip chart. Report findings to Incident Command.
   d. Label Hazardous areas and conditions.
   e. If chemical spill occurred, follow the "Code Orange" procedures.
   f. Contact Incident Command Center to see if labor assistance is needed and assign staff to report to labor Pool as appropriate.

2. **Employees, Volunteers and Providers**
   a. Follow directions of Manager or House Supervisor in Manager's absence.
   b. Do not evacuate unless ordered to do so by Manager or designee.
   c. Evaluate damage using Building Evaluation Checklist and Utility System Failure sheet in this flip chart if not already done; report findings to incident command – Maintenance should take the lead.
   d. Check for persons trapped; report to Manager, House Supervisor or Emergency Responders.
   e. Move patients away from windows to interior walls.
   f. Close drapes to protect from breaking glass.
   g. Turn off and unplug all unnecessary equipment.
   h. Clear hallways/evacuation routes; check for hazards before opening a closed door.
      i. Kneel or squat near floor; open the door slowly
      ii. Look to see if any unsafe conditions exist on the other side
      iii. Use an alternate escape route when conditions prevent exit
   i. Prepare for potential aftershocks; stabilize/move items that may fall in an aftershock.
   j. Use telephones for emergency purposes only.
   k. Report for assignment as directed.

Bomb or Bio-terrorism Threat

ACTION: If suspicious package arrives by mail or delivery

1. **Employees**
   a. Do not handle, open or disturb the item.
   b. Contact your manager.
   c. Secure the area to prevent through traffic.
   d. Wash hands immediately and thoroughly with warm water and soap.
   e. Follow instructions as given by your manager.
   f. Record the names, phone numbers, and addresses of all persons who might have handled the item or been in close proximity to the item for potential follow-up.

2. **Managers or Designees**
   a. Call the following for all suspected on-site incidents and take action as directed:
      i. Local Emergency Authority 9-1-1
      ii. Safety Officer
      iii. Infection Prevention
      (Numbers are located on the front of this flip chart)
   b. Call staff due to report to work; instruct them to remain on-call until further notice.
   c. Instruct employees based on directions received from emergency responders.
   d. Allow staff to return to work as advised by Emergency Responders or Incident Command.

ACTION: If a threat is called in by Phone

1. **Employees**
   a. Record the conversation if possible or put the caller on speaker phone so Manager or another staff member can listen in.
   b. Obtain as much information as possible from the caller.
   c. Refer to and complete the “Bomb Threat Record” in this flip chart.
   d. Alert Manager, using a separate phone if possible and follow their directions.

2. **Manager or Designee**
   a. Notify police 9-1-1 Dial 8 for an outside line. Follow their instructions.
   b. Instruct employees not to touch any suspicious items; report anything unusual (i.e. equipment out of place, unfamiliar items found) and leave the area.
   c. Follow Emergency Responders’ instructions.
   d. Remain available to answer authorities’ questions.

See “Supporting Documents” for the Bomb Threat Record FORM

Evacuation & Building Evaluation

Incident Commander, Commander's Designee or Emergency Responders are only ones authorized to order building evacuation

1. **Managers or Designees**
   a. Direct the evacuation procedure using department's Emergency Plan.
   b. Direct the evacuation using the following triage order:
      i. Persons in immediate danger
      ii. Ambulatory patients
      iii. Patients who can be moved by wheelchair or other conveyance: emergency patient transport devices available.
      iv. Same day surgery, Main Lobby, and Emergency Department
   c. Evacuate in this order as available:
      i. Exit the building through the nearest appropriate unaffected area.
      ii. Evacuate to designated Collection point outside the building as designated by Incident Command.
   d. Designate one employee to accompany each patient or group of patients to the safe area; No patient shall be left to evacuate on their own.

3. **Employees and Volunteers**
   a. Follow Manager or designee's directions.
   b. Clear exit routes of obstacles or debris; use an alternate route if any portion of the primary route is obstructed.
   c. Assume hazards exist on the other side of all closed doors; open doors slowly; assess for hazards necessitating an alternate route.
   d. Move patients as instructed by area personnel using available transport devices, i.e. stair-chairs, if needed.
   e. Move patients, staff and visitors to safe area outside the building as appropriate.
   f. Carry extra blankets and gowns to safe area.
   g. Remain in safe area until "all clear" is announced by Incident Command or Emergency Responders.

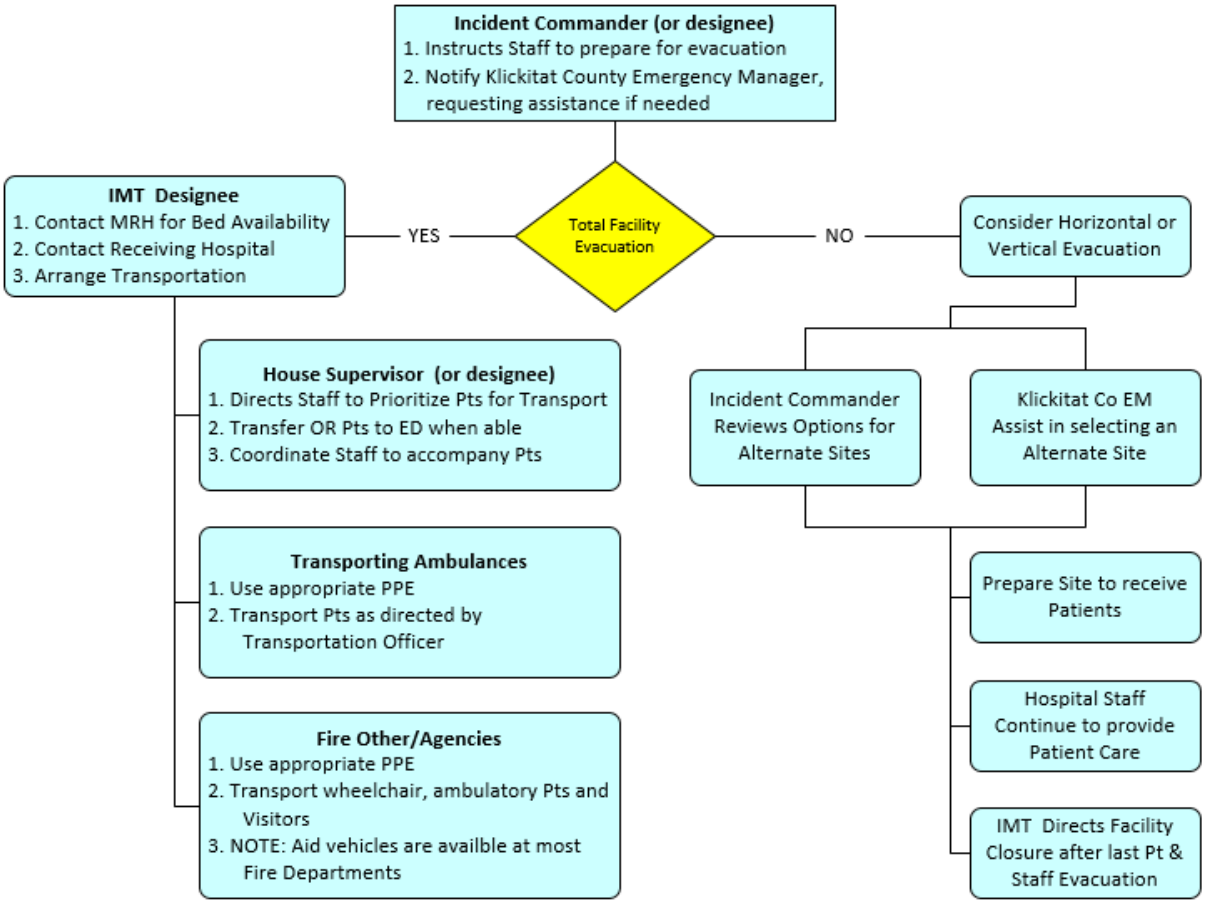
See "Supporting Documents" for the Building Evaluation Checklist and Evacuation Form

The need to evacuate any or all of the buildings in Skyline's campus may come with little or no warning. It is incumbent on all staff to recognize the need and understand priorities when conducting an evacuation. Hazards may be presented in the form of natural, man-made or technological events. During the annual Hazard Vulnerability Analysis, many hazards are identified and the consequences examined and mitigating actions planned for.

Actions may include:

a. Horizontal Evacuation whereby staff and/or patients are moved horizontally to another area of the facility that is not impacted.

b. Partial Evacuation whereby portions of the hospital or clinics are moved to another building on campus or further afield.
c. Full Evacuation where by all personnel and staff are moved to another facility and the damaged building is closed while the damage is mitigated. This could be, for example Clinic to Hospital, Hospital to Clinic or to an alternate care site.



Evacuation Decision Matrix

Annex 8: Identification of Personnel

1. All personnel including Volunteers shall prominently display their Skyline ID badge on their person at all times.
2. During a disaster or other emergency temporary workers shall be issued a Skyline ID badge.
3. Vendors working within the Skyline Campus will be issued a temporary ID Badge that is issued by either Maintenance of Materials Management.
4. Other persons conducting business should be badged or escorted while in any of the facilities.
5. When a "Code Triage" dictates the standing up of the Hospital Incident Command, personnel assigned tasks within Emergency Operations shall be identified with a vest. The color of vests will differ, in most cases the position title will be predominantly displayed.

Annex 9: IT Downtime Procedures

Campus wide IT systems failure / Downtime procedures.

1. Each department is responsible for developing and maintaining plans to continue operations without the use of a computer system and the inability to utilize the Voice Over Internet phone system. The IT department should always be contacted to be appraised of malfunction or outage. This can be accomplished in one of many ways depending on the level of services impacted.
   a. By e-mailing: support@myskylinehealth.org from the internal e-mail system
   b. By Phone Call to: 2911 Internal or (509) 637-2911
   c. After Hours Call: (509) 637-2911 option #2

   Both the e-mail and phones are monitored 24/7 by IT staff
2. If the system malfunction is catastrophic a call may be made to the IT Department Manager's Cell.
3. Should the system outage be related in Cerner, utilize your downtime procedures and Paper Charting.
4. If Registration is unable to complete patient registration within the computer system, downtime procedures would be utilized. This would include paper registration utilizing patient numbers that are backward compatible with Cerner.

Annex 10: Labor Pool

The Labor Pool is designed to gather all personnel arriving at Skyline in response to a disaster or other emergency. There will be a designated person that will become the Labor Pool Manager that will liaise with the Incident Command Center and assign persons as requested.

The Labor Pool Manager will:

1. Gather communications equipment, specifically a handheld radio.
2. Provide regular updates to the Incident Command Post.
3. Keep a log of all personnel arriving and when/where they are assigned.

The Labor Pool will be location will be determined by Incident Command.

Annex 11: Skyline Health - Mass Fatality Plan

OVERVIEW

The Prosecutor/Coroner Office has legal jurisdiction and responsibility for the examination and disposition of human remains from deaths known or suspected to be due to unnatural causes, homicides, and from deaths involving known or suspected contagious disease(s) that constitutes a public health hazard. Deaths due to bioterrorism are homicides. However, in the event of a catastrophic public health event resulting in a larger number of deaths than can be managed by Skyline Health and community stakeholders, it may be several days before the Prosecutor/Coroner Office can respond process and recover deceased.

In the event of a Mass Fatality Incident (MFI) including but not limited to disease outbreak, bioterrorism, natural disaster or large accidental incident, the Medical Examiner's (ME) office is responsible for the recovery and identification of deceased persons, investigation to determine cause and manner of death including collection of forensic evidence and legal disposition of the remains. Many decisions, such as handling of remains, decontamination of bodies, clothing, bedding or other surfaces as well as safety of the ME staff will need to be made collaboratively with the Skyline Health and Klickitat County Public Health Officials. Therefore, the hospital role in handling mass fatalities is one of collaboration and consultation with the Prosecutor/Coroner Office and other Klickitat County stakeholders.

This protocol includes procedures to provide public health and medical advice to Skyline Health personnel concerning the spread of disease from corpses. The Skyline Health Safety & Emergency Management Planning Committee has been assigned the responsibility of maintaining and implementing the hospital's Mass Fatality Plan. Utilizing the Hospital Incident Command System (HICS) one of these people or assigned staff will be assigned the "Mass Fatality Incident Management Unit Leader" position.

Members of this committee may include:

a. Hospital Administration (CNO, House Supervisor)
b. Emergency Room Coordinator
c. Quality Assurance and Improvement Coordinator/Infection Control
d. Emergency Department Lead Physician (Klickitat County MPD)
e. Employee Health
f. Human Resources
g. Environmental Services
h. Material Management
i. Medical Records
j. Other Klickitat County Stakeholders

OBJECTIVES

Consultation and collaboration with the Medical Examiner's Office, Klickitat County / Washington State Public Health
Support recovery of human remains.

PRE-EVENT ACTIONS

The Safety & Emergency Management Planning Committee of Skyline Health will review the plans and procedures for the proper handling, storage and sanitary management of mass fatalities and will provide medical feedback as appropriate.

INFECTION CONTROL

1. Body substance precautions
2. Appropriate personal protective equipment (PPE) for staff (as deemed appropriate by Infection Control, Public Health and/or ME).
3. A properly documented PPE program (OSHA 1910.134(a)(2) A respirator shall be provided to each employee when such equipment is necessary to protect the health of such employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program, which shall include the requirements outlined in paragraph (c) of this section. The program shall cover each employee required by this section to use a respirator.
4. Specimens needed for determining cause of death.
5. Disposition of deceased requirements for each of the five CDC Category A Agents as identified in the table below:

DISEASE	PRECAUTIONS FOR HANDLING BODIES	SPECIMENS FOR DETERMINING CAUSE OF DEATH	DISPOSITION OF DECEASED
Inhalation Anthrax	Body Substance Precautions; Minimal Contact	Blood, CSF for culture or other tests	Cremation
Brucellosis	Body Substance Precautions; Minimal Contact	Blood for culture or other tests	Cremation
Pneumonic Plague	Body Substance Precautions; Minimal Contact	Sputum, blood or lymph node aspirate for culture or other tests	Cremation
Smallpox	Body Substance Precautions; Minimal Contact	Initial vesicular/ pustular fluid/scabs; then clinical history and picture	Cremation
Tularemia	Body Substance Precautions; Minimal Contact	Blood for culture or other tests	Cremation

Skyline Health's Medical Records and Laboratory staff collaborate with the ME's Office on methods/procedures for data sharing.

MASS FATALITIES PLAN OF OPERATION

1. **MASS FATALITY - Definition**

   A mass fatality incident is defined as any occurrence of multiple deaths that overwhelms the routine capability of Skyline Health and local funeral homes. In the event of a MFI, the hospital's Incident Commander will determine the need to activate Skyline Health Incident Command System. The definition of a mass fatality incident will be based on many factors, which may include:
   a. The number of bodies involved
   b. Time frame of deaths
   c. Number of cases requiring forensic identification
   d. Condition of remains
   e. Cause of death or type of agents involved
   f. Length of time required to recover remains from the scene
   g. Number of pathologists/death investigators available
   h. Availability of refrigerated body storage spaces and
   i. Existing coroner/funeral home director's workload

2. **PROCEDURES:**

   a. Skyline Health's Operations Section Chief is responsible for the following:
      i. Decedent Identification (if not already done upon admittance, for patients dying in the hospital): The deceased will not be arriving here.
      ii. Coroner and/or mortuary notification/contact
      iii. Acting as a liaison managing surge morgue capacity

   b. Operations Section Chief will designate appropriate staff for the following tasks:
      i. Decedent Identification (if not already done upon admittance)
      ii. Assist with Family/Next of Kin Notification
      iii. Death Certificate Coordinator (a physician with responsibility to coordinate with other physicians to ensure death certificates are signed to expedite decedent processing)
      iv. Local funeral home contacts and capacity (Operations Section Chief or designee will act as liaison)
         1. Anderson's Tribute Center (Hood River): 541-386-1000 Capacity: 22 bodies
         2. Columbia Hills Memorial Chapel (Goldendale): 509-772-2636 Capacity: Call*
         3. Gardner Funeral Home (White Salmon): 509-493-1323 Capacity: 15 bodies
         4. Spencer Libby & Powell Funeral Home (The Dalles): 541-296-3234 Capacity: 50 bodies
         *Special arrangements can be made for high capacity needs.
   c. Tracking decedents who die in the hospital to disposition outside of the hospital
      Emotional Assistance for Families:
      i. Central Washington Comprehensive Mental Health: 509-493-3400
      Crisis Line: 1-800-572-8122
      ii. Skamania County Mental Health: 509-427-3850 (also serves as 24 hour Crisis Line)

8. LOGISTICS (Personnel, Equipment and Supplies)

Skyline Health staff member(s) to handle logistics, notify required personnel, monitor supplies (log in and out), order supplies as necessary and arrange transport of supplies where needed.

Food and beverages for morgue personnel and recovery teams may be handled by hospital Dietary Services personnel. Ensure teams are taken care of in this regard since they often follow the primary responders and EMS personnel and may be overlooked.

a. Records:

It is the responsibility of the hospital Incident Commander to ensure appropriate personnel are assigned to provide accurate recording of all times, reported events, requests, and personnel in and out, etc. A running log shall be maintained.

b. Preliminary Organization

Organize your personnel and equipment prior to recording and moving bodies*

* If the body(s) or area is contaminated with radiological, biological or chemical agents, the recovery function must be performed by personnel equipped with and trained in the use of appropriate personal protective equipment.

* Arrange with logistics personnel for all necessary equipment to document and effect the removal(s) prior to making any removals.

* Use departmental guidelines for necessary personal protective equipment (masks, gloves, etc.).

c. Body Numbering

i. All numbers will be assigned at the scene. Use simple numbers, i.e., 1, 2, 3, ... Body part numbers should be P1, P2, P3, ... Personal effect numbers should be El, E2, E3, ...
ii. In the event of multiple fatality scenes, a block of numbers may be assigned to each scene for tracking purposes, (i.e. #1 - #100 for White Salmon area fatalities, #101- #200 for Bingen area fatalities, etc.). All cases will be assigned permanent case numbers at a later time.
iii. The Medical Examiner or designee will assign the appropriate numbering system.
iv. Body bags should be numbered with the appropriate number at least 12 inches high in white or other contrasting paint on the exterior of the body bag for visibility.

d. Body Tagging/Marking

Place an appropriately marked “toe tag” on the body and on the bag zipper* Personal effects recovered with the body should be packaged in marked clear “zip-lock” baggies (marked with the corresponding body or body part number) and placed inside the body bag with the body.

Tags should minimally have the following information:

i. Name (if known)
ii. Race/Sex/Age (if known or approximate age)
iii. Hair/Eye Color
iv. Height/Weight/Build
v. Location Recovered From
vi. Date/Time Recovered
vii. Recovery/Case No.

9. HOSPITAL MORGUE (TEMPORARY)

a. Supervision

The morgue operation will be supervised by Operations Section Chief designee.

b. Security

Morgue security will be strictly maintained. All assigned personnel will prominently display issued identification. Absolutely no unauthorized personnel will be allowed into the morgue facility. Temporary site location: Physical Therapy room adjacent to the CNO Office.

If fatalities are the result of radiological, biological or chemical contamination and the bodies are contaminated, they will not be received into the central morgue without complete decontamination procedures being completed. In the event decontamination cannot be performed, contaminated bodies will be removed to and stored at a designated site with appropriate storage facilities and security. Appropriate storage facilities and methods will be determined by the Coroner and designated State and Local Public Health officials.

Region 4 Resources: Regional coordination of resource sharing.
Region 8 Resources: Coroner Emergency Response Trailer—Benton Franklin Health District as the lead health jurisdiction for Region 8 Public Health has provided the Benton County Coroner's Office with a cargo trailer and supplies. This trailer and supplies are referred to as the Region 8 Coroner Emergency Response Trailer.

i. Region 8 Coroner Emergency Response Trailer is stored in Benton County and contains supplies to respond to a mass fatality event involving up to 100 bodies.
ii. Benton and Franklin County Coroners have the keys to this trailer and maintain the inventory of supplies.
iii. Requests for trailer and supplies are made by contacting the Benton County Emergency Dispatch. The name of this resource is Region 8 Coroner Emergency Response Trailer.
iv. The requesting county agency is responsible for providing trailer and vehicle insurance and will replenish any supplies used.

10. DISASTER MORTUARY OPERATIONAL RESPONSE TEAM (DMORT)

(Initiated only by County Emergency Manager)
The Federal Response Plan tasks the National Disaster Medical System (NDMS) under Emergency Support Function #8 (ESF #8) to provide victim identification and mortuary services. These responsibilities include:

i. Temporary morgue facilities
ii. Victim identification
iii. Forensic dental pathology
iv. Forensic anthropology methods
v. Processing
vi. Preparation
vii. Disposition of remains

DMORTs are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster. During an emergency response, DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims. The

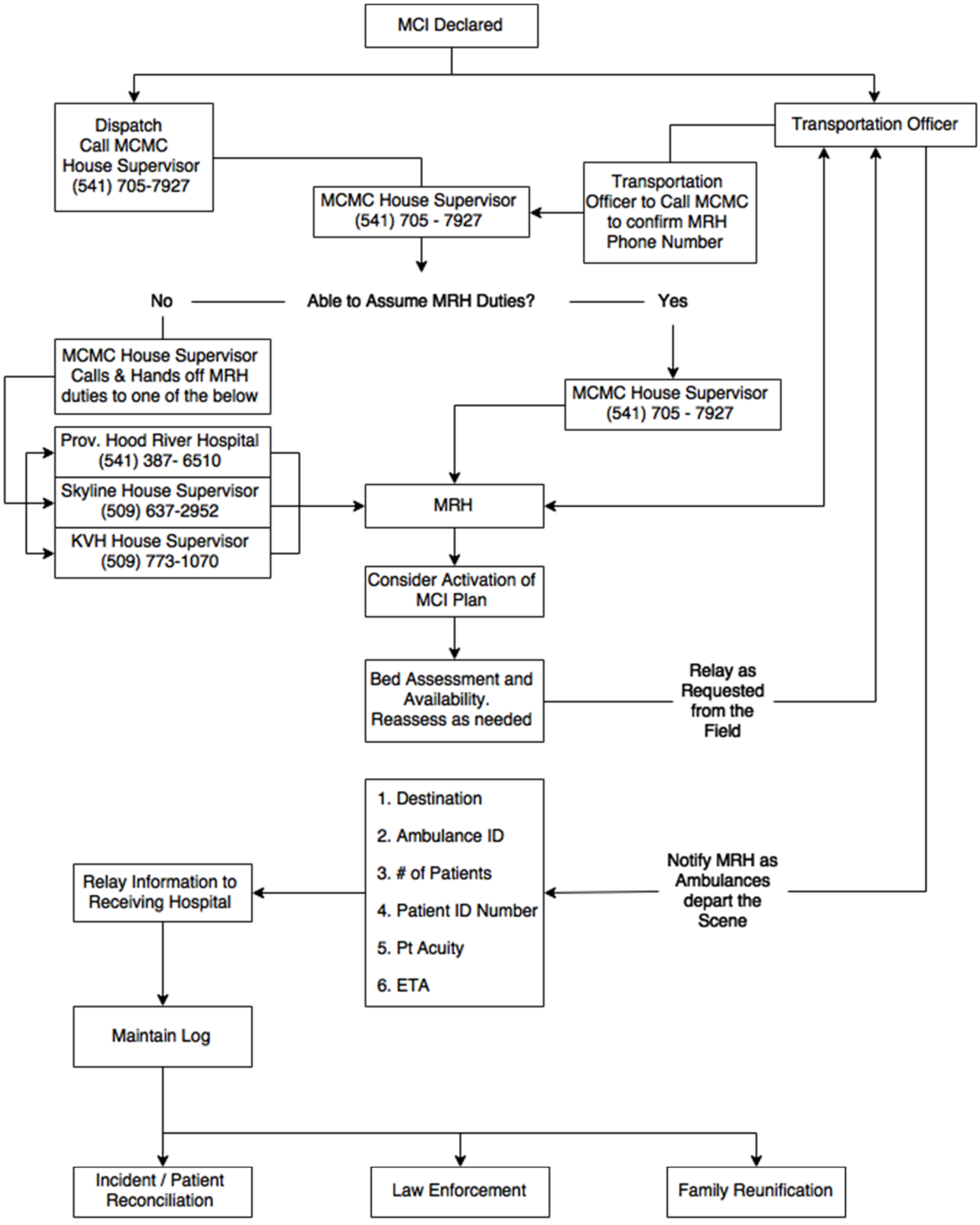
Department of Health and Human Services (HHS)/United States Public Health Service (USPHS) Office of Emergency Preparedness (OEP)/National Disaster Medical System (NDMS), in support of the DMORT program, maintains a Disaster Portable Morgue Unit (DPMU). The DPMU is a depository of equipment and supplies for deployment to a disaster site. It contains a complete morgue with designated workstations for each processing element and prepackaged equipment and supplies.

Annex 12: Medical Resource Hospital

The concept of the Medical Resource Hospital (MRH) originates from within the pre-hospital Regional Mass Causality Incident Plan. This plan was originally designed and compiled by members of the Area Trauma Advisory Board in Region 6 (ATAB-6). ATAB-6 is based on Oregon's Trauma boundaries but is adapted to include both Klickitat and Skamania County as regional response partners.

Of the four regional Hospitals, Adventist Health Columbia Gorge as the largest hospital is designated as the primary lead for MRH functions. Each of the other three hospitals can assume those duties if needed.

The following algorithm details a pre-hospital response with the key field person being the Transportation Officer. This algorithm can be easily adapted should any hospital need additional resources to evacuate one of their facilities. The Transportation Officer would function within the Hospital Command structure working closely with Discharge Planners.



ATAB-6 Medical Resource Hospital Flow

Annex 13: Staff - Dietary Support

Dietary functions without immediate compromise will be able to sustain operations for 1 week given average demands. Increased patient, staff, family and visitors in the times of a surge or disastrous event will increase consumption beyond normal. It is incumbent upon the Dietary Manager or designee to recognize these situations and appraise the Incident Command Team.

The Incident Command Team will evaluate patterns and may limit access to the cafeteria if the situation arises. Firstly we are a community Hospital and the desire to limit access to food services will be evaluated day to day.

In the event of a disaster the Dietary Manager or designee shall provide a status report to the Incident Commander detailing:

1. Estimated capacity to sustain operations at 100% of capacity in days based on the stock on hand
2. Next order delivery
3. Any capacity that is compromised
    a. Closure of roads – Inability for supplies to reach Skyline
    b. Loss of gas utility detailing effects
    c. Loss of electricity detailing effects
    d. Loss of water utility
    e. Other

Dietary Staff, when the Emergency Command Center is activated will need to ensure that there are snacks, coffee and water available at the following locations:

1. Emergency Operations Center
2. Labor Pool Staging Area
3. Medical Clinic
4. Other areas as identified by the Incident Commander

Annex 14: Surge Plan

The purpose of this Surge Plan is to develop a systematic approach toward providing patient care services during surge events that may affect our community and hospital. As a leader in patient care services, we are in the best position to respond to a community-wide medical crisis. For this reason, we have developed a surge plan that outlines how we intend to respond to support such an event. Skyline Health shall work directly with Klickitat County Health Department to plan and coordinate medical disaster response, operations and recovery activities during times of medical crisis.

Our goal is to assess, plan and implement operational strategies and processes outlined within this document that would enable us to support a Surge event. This document is predicated on the fact that a surge will gradually build and require adjustments to match the increasing activity. For example, a Mass Casualty Incident is generally finite and can be adjusted to quite readily. Other events may not come with an advanced warning.

The procedure outlined below will examine actions sequentially. Actions should match and stay ahead of the severity of the event. For smaller events not all actions will need to be considered and/or implemented.

ASSUMPTIONS:

The development and implementation of this plan is based on the following assumptions:

1. Surge occurs when we have achieved maximum census for either Inpatient or Emergency Department Services.
2. A Surge event, rising at least to the level of "Initial Local Surge" as defined below, will require Skyline Health to declare an internal Disaster. NOTE: A "surge" in patients presenting to the ED is not in and of itself an "Initial Local Surge."
3. The Klickitat County Health Officer will acknowledge the surge and declare a local Medical Disaster/Emergency for Regional Impact Surge events.
4. Standards that outline Life Safety Codes and other Environment of Care will be deviated from in order to set up Alternative Patient Care Sites. **NOTE: The intent of assumption 4 is not to degrade patient care services, but to provide exceptions that would allow lifesaving medical services to be provided during emergency crisis situations.**
5. Skyline Health is not directly affected by an emergency event (fire, bomb, etc.) and is physically capable of providing basic utility services (Water, Sewage and Electricity).
6. Adequate staffing is available as determined by Nursing Administration.
7. The hospital may exceed the surge plan levels reflected within this plan only if capable before declaring a Regional Impact Surge.

Surge Plan Guidance:

1. **Triggers:**
   a. **Local Surge**
      i. >30 minute delay in Emergency Department Triage; or
      ii. >30 minute delay in Ambulance turn-around times at ED; or
      iii. Determination by the House Supervisor and on-call Administrator (CNO or CEO) that Initial Local Surge declaration is necessary.
   b. **Ongoing Local Surge**
      i. Administrator on-call (CNO, CEO, or designee) determines that multi-agency; or multi-county coordination is necessary to mitigate the impact on the facility; or
      ii. Facility has met or exceeded its licensed bed capacity.
   c. **Regional Impact Surge**
      i. Determination by the Incident Commander that the hospital has reached maximum surge levels and is unable to meet the medical needs of the public without mitigation or assistance from regional or state resources.
      ii. Facility has met or exceeded both its licensed bed capacity and surge bed capacity.
   d. **Major Regional / Statewide Surge**
      i. Determination by the HCC and PHDOC that implementation of alternative care protocols is needed in order to provide the most good to the most people in need of medical care.

2. **Activation:**
   a. **Local Surge**
      i. The ED RN shall immediately notify the House Supervisor when any of the above triggers have been met.
      ii. The House Supervisor shall assume the role of Incident Commander, and notify the CNO or CEO of the Initial Local Surge.
      iii. Only the Incident Commander, CNO, or CEO are authorized to activate a "Code Triage" - Ongoing Local Surge level.
   b. **Ongoing Local Surge**
      i. The Incident Commander shall activate the HCC and notify the Klickitat County Emergency Manager, and Klickitat Public Health Officer (through 911 Dispatch).
      ii. The Incident Commander or Safety Officer (if designated per HICS) shall determine the risk and need for facility-wide access control, and work in collaboration with Maintenance to possibly Control Access.
   c. **Regional, Major Regional/Statewide Surge**
      i. Only the Public Health Officer, Klickitat County Emergency Manager, or designee is authorized to request regional or state resources.
      ii. The HCC shall be fully activated and Command and General Staff positions filled as necessary.
      iii. The Hospital may be required to send a Liaison Officer to the Klickitat County EOC to plan for the activation of external Alternative Care/Triage Sites within Klickitat

County.

iv. If an external Alternative Care/Triage Site is established, the Hospital may be required to furnish a Hospital Incident Management Team to the site.

v. If an external Alternative Care/Triage Site is established, the Hospital may be required to furnish a Task Force to manage operations – minimum positions:
   1. TF Leader
   2. Medical
   3. Logistics
   4. Security
   5. Administration

3. Size and Scope

a. Local Surge

i. The House Supervisor shall work with the CNO or CEO to complete a high level assessment of the potential operational impact on the facility and determine the need to activate the Hospital Command Center (HCC), and subsequently the need to fill additional HICS Command or Staff positions;

ii. House Supervisor or designee shall determine the risk and need for facility wide access control, and work in collaboration with Maintenance to ensure implementation of the Controlled Access Plan;

iii. The House Supervisor shall conduct regular scheduled meetings with Acute and Emergency Department nurses to address patient issues and assess needs.

b. Ongoing Local Surge

i. The Incident Commander shall develop an Incident Action Plan, assign HICS positions as necessary, and activate staff call back as necessary.

c. Regional Impact Surge

i. The Incident Commander, or Planning Section Chief, shall regularly communicate situation reports to all hospital departments as needed.

d. Major Regional / Statewide Surge

i. Alternative sites for victim families, worried well, and media should be established.

ii. Liaison Officer should be assigned to PHDOC and/or Klickitat County EOC.

iii. Public Relations Officer should be assigned to the JIC if established.

4. Internal Alert

a. If a surge is declared, the Incident Commander or designee shall request that Reception or designated staff page all departments declaring the appropriate "Code Triage".

i. Code Triage Level 1 - Hospital Incident Command Center will be activated in "Monitoring mode."

ii. Code Triage Level 2 – Hospital Incident Command Center will be activated in a "Partial Mode." Some positions will be activated.

iii. Code Triage Level 3 – Hospital Incident Command Center will be fully activated. In addition to the Code Triage Level announce pertinent information i.e. that an Initial Local Surge level has been declared, that the HCC has or has not yet been

established, and any other necessary information.

b. The Incident Commander and Command or General Staff will distribute Situation Reports to all departments within the facility regarding the Surge Impact.

5. Staffing

a. The CNO or designee shall immediately assign available staff to support the Emergency Department.
b. Consider activation of staff call-back.
c. Consider implementation of staffing ratio flex.
d. Incident Commander shall initiate staff call-back of available personnel as necessary.
e. Implement staffing ratio flex plan to meet the needs of the patient population.

6. Bed Capacity

a. Available gurneys shall be brought to the Emergency Department by auxiliary staff as designated by the House Supervisor.
b. The Incident Commander or Operations Chief shall work in collaboration with Surgery and other assigned departments to assess the need for cancellation of non-essential or elective surgical or interventional services.
c. If services are to be delayed or canceled, the Surgery or other assigned department managers/supervisors shall be responsible for immediately notifying the physicians of impacted patients.
d. Consider external triage point.
e. Consider utilization of long-term care facilities for non-critical patients.
f. Participate in Operational Area/PHDOC planning sessions.
g. Regional Impact Surge
    i. Consider setting up alternate site(s) for victim families, worried well, and media.
    ii. Consider redirecting MINOR (GREEN) to outpatient sites (e.g. clinics, surge tents or alternate care sites if established).
h. Major Regional / Statewide Surge
    i. Reassign inpatient care areas according to patient needs (expanded isolation areas, ICU or surgical care).

7. Communicate Status

a. See notifications under Activation heading.
b. House Supervisor, or designee, shall notify 911 dispatch of the Initial Local Surge.
c. ATAB-6 Mass Casualty event.
    i. The Medical Resource Hospital (MRH) will be in contact regularly assessing Bed Status.
    ii. MRH will coordinate available bed capacity regionally.
    iii. MRH will advise on incoming Ambulances. Patient capacity will not exceed stated bed capacity.
d. Non-ATAB-6 Event: House Supervisor, or designee, shall contact neighboring hospitals to assess levels of saturation and communicate the current hospital status.

e. House Supervisor, or designee, shall update WATrac and/or HOSCAP within 1 hour of Surge declaration, and continue updating WATrac and/or HOSCAP at least every two hours as status changes.
f. Incident Commander, or designee, shall notify the Medical Resource Hospital of current status.
g. Command or General Staff will contact associated clinics and surrounding hospitals informing them of the Regional Impact Surge status.

8. Communicate Resource Needs

a. The Incident Commander, or designee, shall work in collaboration with PHDOC, and the Klickitat County Emergency Manager, to ensure that adequate resource needs are being assessed on an ongoing basis, and that necessary resources are acquired to address the needs. Any resources requests must be specific.

9. Accelerated Discharge

a. The House Supervisor, in collaboration with Discharge Planner shall identify patients who can potentially be discharged and make the appropriate discharge arrangement with the attending physician and other applicable patient care service providers.

10. Participate in Operational Area/Regional Planning Sessions

a. Coordinate any public information with the county EOC, PHDOC and/or JIC if established;
b. Consider implementing a disaster hotline for the public (e.g. triage, nurse call line).

14.1 Personnel Notification and Recall

1. Upon direction from the Senior Administrator, CNO or Designee a Code Triage can be called.
   a. "Code TRIAGE Level 1" Hospital Incident Command Center will be activated in "Monitoring Mode"
   b. "Code TRIAGE Level 2" Hospital Incident Command Center will be activated in "Partial Mode" This is determined an incident of lesser complexity.
   c. "Code TRIAGE Level 3" is a full command center activation to address a more complex incident that may extend into multiple operational periods.

2. Announcing a "Code Triage"
   a. At the level of code TRIAGE Level X, Hospital Operators will announce, twice, the appropriate statement:

DRILL

"ATTENTION IN THE HOSPITAL. THIS IS A DRILL. THE SIMULATED CODE TRIAGE DRILL HAS BEEN INITIATED. STAFF NOT DIRECTLY INVOLVED WITH PATIENT CARE ARE TO REPORT TO THE LABOR POOL LOCATED [SPECIFY LOCATION]. THIS IS ONLY A DRILL."

(Repeat)

ACTUAL DISASTER

"ATTENTION IN THE HOSPITAL. DISASTER PREPAREDNESS PLANS HAVE BEEN IMPLEMENTED. THIS IS NOT A DRILL. A (NATURE OF DISASTER, TORNADO, FLOOD, EXPLOSION, FIRE ETC.) HAS BEEN REPORTED. STAFF NOT DIRECTLY INVOLVED WITH PATIENT CARE ARE TO REPORT TO THE LABOR POOL LOCATED [SPECIFY LOCATION]. THIS IS NOT A DRILL."

(Repeat)

   b. Upon direction from the Administrator in charge or the Chief Nursing Officer, the medical staff, key personnel, and department supervisors will be recalled as needed. Senior Leaders will initiate the Administrative recall for their respective departments.

   c. Each department shall have a pyramidal system to recall individuals who are off duty or otherwise out of the building.

   d. It shall be the responsibility Senior Leaders and department managers to ensure that staff have a current listing of phone numbers for departmental personnel. It is imperative that these listings be kept current at all times.

14.2 Department Reporting

1. The following departments are not listed specifically and should report directly to the Labor Pool.
   a. Business Office

b. Information Services (Non-essential Personnel)
c. Quality Office
d. Human Resources (Excludes Director)
e. Medical Records

14.3 Emergency Department – and Major Treatment Areas

1. Plan - Major Components
   a. Emergency Department – Triage
   b. Emergency Department – Major Resuscitation
   c. Disaster Victim Admission and Pre-Surgical Holding
   d. Minimal Care Family (Medical Clinic)
   e. Morgue

2. Registered emergency patients will continue to be seen until notification that disaster patient arrival is immanent. At that time, all rooms will be cleared of non-acute patients to the Medical Clinic.

3. All personnel working in the Emergency Department during a "Code Triage" must wear the appropriate identification and vest which is available in the Disaster Box, located in the ED Supervisor's office, and distributed by ED personnel.

4. All doors leading to the Emergency Department shall be secured from within. Only those personnel having legitimate business in the Emergency Department will be admitted. Admissions to the Emergency Department will be arriving from the triage area only.

5. Emergency Physician on Duty Will:
   a. Designate non-acute Ambulatory patients (already registered in Emergency Department) to be sent to the Clinic.
   b. Ensure the preparation of the ED to receive patients from the triage area – Move patients to floor, Clinic or discharge.

6. ED Manager or Supervisor Will:
   a. Upon arrival, assume duties of Triage Nurse or assign those duties.
   b. Assume control of nursing functions in Triage until relieved. Assign nurses to trauma room to attend to high priority victims.
   c. Coordinate with Admissions to ensure disaster supplies from Admission's Supervisor's Office have been distributed per instructions in the box.
   d. Ensure that the Ambulatory non-acute, already registered patients are sent to the Clinic (If Clinic is not open, hold patients until someone is there to receive patients).
   e. Upon termination of "Code Triage" or when Resuscitation Area patient load enables, ensure all patients not associated with the disaster have been treated.

7. CNO or Supervisor
   a. Will advise staff to dispense with Cerner patient documentation and utilize paper if the situation dictates.
   b. Evaluate Staff – Patient ratio, adjust as the situation dictates.

8. ED CNA Will:
   a. Immediately notify:
      i. Life Flight
   b. Activate additional ED personnel when instructed. Instruct to enter through Ambulance entrance.
   c. Obtain vest from disaster supplies and distribute to all personnel working in Emergency Department.
   d. Collect records of non-acute, already registered ED patients, and prior to their departure, set aside for recall and completion of examination/treatment as time permits.

14.4 Emergency Department – Triage

1. Function
   a. In order to maximize efficiency, the TRIAGE AREA will be located in the hospital lobby and/or the Ambulance bay.
   b. Traffic problems should be minimized at the entrance by strict control from Security. Security will direct all patients to the ambulance entrance for triage.
   c. Rescue vehicles should not be left unattended. Delivery of patients into the hospital by EMS personnel not only occupies them and their equipment but also results in congestion. Therefore, hospital staff should receive victims from EMS personnel and be responsible for transporting them inside using hospital equipment.
   d. Aiding the nurses will be clerical personnel from business office whose job will be to assign and initiate a pre-numbered Disaster Plan admission packet to each patient. The pre-numbered packets are located in the locked disaster box.
   e. After triage, one copy of the treatment records goes to Admissions, one copy to the Disaster Control Center, and the original stays with the patient.
   f. Personnel from Labor Pool assigned to triage will bring stretchers, wheelchairs to this area and will act as transporting agents to the different treatment areas.
   g. The Disaster Control Center, located in Cafeteria Meeting Room or designated alternate location, will obtain a copy of all treatment records.

2. Triage Categories.
   Patients will be triaged into four basic categories and transported to areas pre-designated to handle their patient breakdown. The priorities and locations area as follows:
   a. High Priority (red tag): Immediate
      Serious but salvageable and needs immediate attention. These include:
      i. Airway and breathing difficulties;
      ii. Cardiac arrest, **if resources allow**. If resources are insufficient, then these are resurveyed when all red tags are cleared and/or more help arrives (In hospital setting, however, most cardiac arrests will be triaged to morgue as imminent death patients);
      iii. Hemorrhage;
      iv. Severe head injuries;
      v. Open chest or abdominal injuries;
      vi. Severe medical problems;
      vii. Severe shock - multiple etiologies.
   b. Middle Priority (yellow tag): Delayed
      Urgent and need care rapidly:
      i. Burns;

ii. Major multiple fractures;
iii. Back and neck injuries without cord damage;
iv. Acute psychiatric problems;
v. Imminent delivery.

c. Low Priority (green tag): Ambulatory
Walking wounded:
i. Minor fractures;
ii. Minor injuries;
iii. Anxiety;
iv. Minor medical complaints;
v. Medication Refill;
vi. No evidence of medical, emotional or surgical care needed (may be utilized as volunteers if deemed appropriate).

d. No Priority (black tag): Deceased / Expectant
No treatment indicated:
i. Dead;
ii. Imminent death.

3. Locations Post-Triage.
After sorting the patients at the TRIAGE AREA, they will be directed to different treatment areas within the hospital:

a. HIGH PRIORITY Immediate
(RED TAG) victims will be directed to the Emergency Department where they will be stabilized and redirected to Surgery, Air-evacuated out to a higher level of care, or to the Morgue. Only if the initial triage was ineffectively performed will victims be directed to minimal care or discharge stations.

b. MIDDLE PRIORITY Delayed
Patients will generally be directed to the Resuscitation Area but will be seen only after high priority patients have been attended to. They will be initially stabilized and ongoing monitoring will ensue. The psychiatric patients must be immediately triaged to the nearest available area away from the main flow of casualties, accompanied at all times by a medical person. The Emergency Department Unit Secretary should be instructed to notify the Psychiatric Resident on call to report to Triage.

c. LOW PRIORITY Ambulatory
Victims will generally be directed to Minimal Care Area (Clinic). Here stabilization and treatment will be instituted and, if possible, completed. From this treatment area, most patients can be discharged. Some patients may be admitted from this location; however, many will be instructed to make necessary follow-up appointment(s) in the appropriate clinic or with their personal physician.

4. Triage Responsibilities
a. Emergency Room Physician
i. Primary function is to provide patient care.
ii. Work with ED Supervisor to ensure patient needs are being met.

b. Nurse Supervisor or ED Nurse Manager
   i. Assume control of Department.
   ii. Assign an Area Manager to:
      1. Ensure that Labor Pool is sending adequate personnel and supplies to help with transport.
      2. Ensure that Surgery Personnel have immediately mobilized all available carts and stretchers from their area to Triage.
   iii. Begin evaluating patient injuries, record briefly on the treatment record and assign treatment category.
   iv. Delegate a second triage team if needed, and if staffing allows.
   v. Insure that the triage team, along with clerical and transporter, begins rapid, but orderly triage of patients.
   vi. Command Center will communicate with the Triage Supervisor, as necessary, for patient tracking and patient information.

c. Admitting Personnel
   i. Obtain the Disaster Plastic Box located in the Admissions Supervisors area and give the Disaster vests for distribution to the members of the team.
   ii. Upon arrival of the patients, assist on the Triage Team(s) by assigning a pre-numbered Disaster Admission Packet to each patient, along with a triage clipboard.
   iii. Record victim's name (if known) on the ID bracelet and affix to patient's right wrist.
   iv. Record the victim's name (if known) in the Disaster Registration/Treatment Record along with the triaged destination. If identification of the patient is not available, record race, sex, and approximate age on the record.
   v. If patient arrives with a field triage tag, record the number of this tag on the hospital Disaster Registration/Treatment Record. The tag should stay with the original copy of the treatment record.
   vi. After triaged, notify Administrative Conference Room of patient's number and name (if known) and priority.

14.5 Emergency Department – Trauma Bay

1. Function
   a. From the triage location most, if not all, of the high priority patients will be sent to the Trauma Area. The Trauma area will be located in the Emergency Department. Initially, victims will be treated in these Trauma Rooms but as the incoming load increases, and back-up staff arrive, victims can be managed in several of the "routine" treatment rooms.

2. Responsibilities
   a. Emergency Room Physician
      i. Ensure that treatment rooms are being prepared for the types of victims expected.
      ii. Provide victim stabilization.

   b. Emergency Room Nurse
      i. Assume control of nursing functions in the Trauma Area.
      ii. Make room assignment to on-duty nursing staff and to off-duty personnel as they arrive.
      iii. If additional staffing is needed request resources through the ED Manager. Do not call the Labor Pool unless directed to do so.

iv. Ensure that nursing staff is preparing treatment rooms for the types of patients expected.

14.6 Disaster Victim Admission & Pre-Surgical Holding Recovery

1. Function
   a. Most patients stabilized in the Emergency Department will be sent to the waiting room.
   b. In this area, the Nursing Supervisor will work directly with nursing administration to find beds in the hospital for patients not in need of immediate surgery or needing continued observation and therapy non-surgically related.
   c. The general surgeons will continually review arriving patients to prioritize the disaster surgical schedule.

14.7 Minimal (Green) Care, Clinic

1. Function
   a. At a minimum the Clinic should be staffed with:
      i. One Mid-level or higher
      ii. Two Administration persons – 1 x Admitting, 1 x Discharge
   b. In a true disaster situation, a great percentage of victims will be classified as the "walking wounded" or low priority (green) patients. These low priority patients will be sent directly to the minimal care area in the Clinic for definitive care including:
      i. Splinting
      ii. Laceration repair after extensive debridement (or delayed primary closure in three days)
      iii. Tetanus prophylaxis
      iv. Mild to moderate emotional support
   c. Minimal X-rays will generally be needed along with sparse lab requisitions.
   d. The Manager of the Clinic, or their designee will assume control of the Minimal Care area. Additional assistance may be requested from the Command Post. Do not call the Labor Pool directly.
   e. During evenings or weekends, the manager or director will open the department as soon as they enter the building. The person in charge or designee will call the Command Center as soon as the department is ready to receive patients.

2. Personnel
   a. The Clinic manager or designee will begin the recall process for their department.
   b. Personnel will report to Clinic for further instructions and probable utilization in providing emergency patient care, such as "Minimal Care".
   c. All personnel must have their Skyline photo ID card to be admitted into the hospital.

3. Responsibilities
   a. Clinic Manager
      i. Assume control of the Clinic.
      ii. Ensure appropriate provider support.

iii. Assess staff nursing needs, request additional help from Command Center if necessary.
iv. Contact Radiology requesting technologist support as needed.
v. Establish appropriate locations for assigned Admission personnel and an operational system for the arrival of new patients received in the area.
vi. Ensure Admitting or volunteer personnel notify tracking of new patients received in the area.

b. Admitting
   i. Be assigned to Minimal Care.
   ii. Call Command Center when a patient is admitted and/or dismissed.
   iii. Serve as messengers to pick up and deliver registration forms.
   iv. Assist with bed assignment if necessary.

c. Rehabilitation Clinic may:
   i. Provide support to Minimal Care.
   ii. Quickly inventory wound care and splinting supplies available; requisition and retain additional supplies as needed.
   iii. Post signs directing transport of victims to Minimal Care.
   iv. Provide transport services from minimal care to Lobby Level Radiology and/or the Discharge Area as requested.
   v. Rehab Clinic will evaluate the wheel chairs and provide additional chairs as needed.

d. Medical Clinic – Front Door / Lobby
   i. The front lobby in Clinic will be utilized as a minor secondary triage area.
   ii. Walking wounded will be sent to clinic rooms for treatments bases on priority.
   iii. Admitting will perform registration at front door and set up individual packets.

14.8 Morgue

1. Function
   a. All victims who are dead or imminently dead will be triaged to the Morgue area, located temporarily in the Patient and Family waiting room. If patients are imminent they can be put on cots in an area behind the nurse's station. Staffing will be designated and supervised by Infection Prevention Nurse.
   b. Since some victims maybe triaged directly to the morgue as imminently deceased (major head injuries with no response), overseeing of these patients until deceased is critical. A family physician for the Medical Clinic may be assigned to supervise and pronounce patients. Arrangement for transportation can await the concluding hours. Security is a must in this area.
   c. In the event that refrigerated space is needed the Klickitat County Medical Examiner can be called at (509) 773-5838 and/or Columbia Hills Memorial Chapel at (509) 773-4646.
   d. Contact Sheriff's office at (509) 773-4545 to help identify bodies if necessary.

2. Responsibilities
   a. Infection Prevention
      Infection Prevention nurses will oversee the morgue and the imminent death area
      i. Assist with receiving and processing of deceased victims.
         1. Ensure they have an armband on.
         2. Maintain a log of patient name and medical number if known.
         3. Notify Life Net Health Northwest Tissue Donation at (888) 266-4466.
      ii. Consult Incident Commander in charge prior to releasing any "sensitive" information.
      iii. Notify Command Center for patient tracking upon arrival of any victims.
      iv. Request a physician to be assigned from the Medical Clinic for any victim's imminent but not dead.
      v. Ensure tight security in the area with no entry of unauthorized personnel.
      vi. Attempt to locate family that will be located in the lower level family areas to identify victims and/or notify of death.
      vii. Deceased patients will be placed in body bags. Belongings bags will be put with the bodies and labeled with name and medical record number.

14.9 Admissions

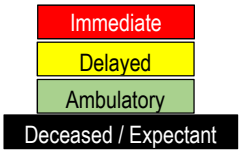
1. Function
   a. Admitting Personnel, Business Hours (Monday - Friday 7:00am - 4:30pm)
      i. Assign 2 Admitting Staff to ED Registration to assist with victim registration.
      ii. Assign 2 Admitting Staff to Minimal Care (Clinic) if needed.
      iii. Assign one Admitting Staff to Front Triage Area.

   b. Admitting Personnel, Between 4:30pm - 7:00am Monday-Friday.
      i. Weekends and holidays admitting manager/designee will initiate the call-back for both Code Triage drill or actual Code Triage disaster.

   c. Additional call-back staff not needed will report to Labor Pool.

2. Responsibilities

a. Personnel Assigned to Triage
   i. Obtain the Disaster Plastic Box, located in the ED Registration Area which contains the Disaster Packets and vests.
   ii. Upon arrival of victims, take the Disaster Plastic Box and contents to the Triage area. Assist the Triage Team by assigning a pre-named and pre-numbered Disaster packet to each victim.
   iii. IF KNOWN, record the victim's actual name on the Disaster Registration/Treatment Record and identification band and affix to victim's right wrist.
   iv. IF UNKNOWN, the victim's name will be assigned an ALPHA, DOE name (Alpha (last name), Doe (first name)).
   v. If identification of victim is not available, record the race, sex, and approximate age of the victim on the Disaster Registration/Treatment form.
   vi. The original treatment form will stay with the patients, one copy will be retained by Admitting, and one copy is forwarded to Command Center.
   vii. If the victim arrives with a Field Triage Tag, record the number of this tag on the Hospital Disaster Registration/Treatment Record. The Field Tag will remain with the Patient Copy of the Form.
      1. Field Triage Priority
         a. Red High Priority
         b. Yellow Middle Priority
         c. Green Low Priority
         d. Black No Priority



b. Admissions
   i. Register each victim.
   ii. Call the Command Center when a victim is registered in Minimal Care, give the name if known and medical record number. Otherwise give Doe name.
   iii. Distribute the Disaster Registration/Treatment copies according to instructions for ER Admitting.

c. Command Center
   i. As needed will receive the BED LIST which will be delivered by Nursing Units and summarize the available beds, transfer, impending discharges on the Admitting "Disaster Bed Control Sheet".
   ii. Categorize the available beds, transfers and impending discharges.
   iii. Document name/medical record number, physician, diagnosis, and type of admission on XZY.

14.10 Public Relations

1. A Public Information Officer person shall be assigned by Incident Command:
   a. Upon arrival of media all media personal will be placed in an area away from Patient care, the temporary Morgue and the Expectant area.
   b. Provide or coordinate media updates in Administrative Conference Room.
   c. Media personnel shall be escorted at all times. This will include any area permitted by Incident Command.

2. Employee from Social Work or Pastoral Care will serve as attendant in to greet family members, visitors, etc., and have them escorted to appropriate areas of hospital.

14.11 Discharge Areas

1. Function
   a. To ensure that patients with or without family members are discharged from either the Clinic or from the hospital to, examples may include:
      i. Patient's Home
      ii. In care of a Family Member
      iii. A Care facility
      iv. A shelter
   b. To facilitate transportation to another facility for definitive or recuperative care.

2. Structure
   a. A transportation Officer and/or a Social Worker shall be assigned to both discharge areas.
   b. A pod in the Clinic will be designated as the Discharge Area. This area will be utilized to discharge in-hospital patients and victims of the disaster. In this way, victims can be directed to one final common location. One Social Worker will staff this area in order to screen discharged patients, coordinate rides and to ensure paperwork is complete.
   c. It is important that all patients and families of patients being discharged be screened by social workers to ensure that adequate discharge planning is completed and that, as necessary, available community resources are utilized.
   d. An alternate Hospital Discharge area under the control of the Operations section will be responsible for relocation of patients requiring further medical treatment or non-ambulatory patients requiring specialized transportation.

14.12 Maintenance Services

1. During a "Code Triage", all available Maintenance personnel will secure entrances, unless the disaster is internal and services are needed elsewhere.
   a. All exit doors will be locked but shall remain accessible per Fire Code for immediate egress.
   b. Some exit doors may be staffed with Maintenance or Volunteers to control access/egress.
      i. Front Entrance into triage area

ii. Emergency Department
iii. Clinic Entrance
iv. Basement entrance to be used family and community members

c. Radios should be set to the Maintenance channel, unless otherwise advised.

14.13 Family Waiting Area

1. Function

a. During the disaster operation, families will continue to arrive seeking information and solace. These family members may be directed to the Basement East or other designated Family Waiting Area. Dietary Services will provide coffee to this area.
b. It is imperative that pastoral services and/or designee constantly inform families as to the condition and location of their family members involved in the disaster. This can be managed by updating lists, general announcements, or personal verbal updates.
c. Staffing of this area besides pastoral care should be Maintenance or a volunteer for security access to the area.

2. Responsibilities

a. Maintenance will unlock the exterior door to the area and set up tables and chairs at the announcement of the disaster.
b. Pastoral Care or designee will provide adequate personnel to provide spiritual support to family members, counseling, along with crisis intervention for casualties, in-patients, and families.

14.14 Dietary Services

1. In the event of a Disaster, all personnel on duty should remain in their assigned work area. When the situation warrants assistance from persons in Dietary Services Department, the Senior Leader will be notified. Those designated by the Senior Leader will report to the Labor Pool.
2. Coffee will be distributed to key waiting areas throughout the hospital during a disaster.
3. Dietary Services staff will provide food and/or supplies depending on the nature and duration of the disaster.
4. Food will be provided to the Employee Rest Area (Labor Pool) as needed throughout the disaster situation.
5. Control access to Cafeteria.
6. Immediate Coffee Distribution.
   a. Family Waiting Area (Rehab Clinic Gym)
   b. Media and Public Information Center (Administrative Conference Room)
   c. Employee Rest Area (Labor Pool)
   d. Command Center

14.15 Laboratory

1. All laboratory personnel shall report to their respective departments upon notification and await further assignment.

2. The lab personnel on duty will ensure the disaster recall system has been initiated.
3. Sufficient phlebotomy personnel will be dispatched immediately to triage, the emergency department and/or Medical Clinic.
4. It will be the duty of the lab technician to:
   a. Inventory the blood components on hand;
   b. Contact the American Red Cross or current blood supplier to inform them of the disaster and to determine their capabilities and delivery timelines.
5. TO BE NOTED:
   a. Essential diagnostic procedures requested for the patients in the hospital at the time of the disaster will be completed STAT but non-essential procedures may be delayed until time and personnel allow.
   b. A messenger from the Labor Pool may be used to hand deliver results to the appropriate location.

14.16 Imaging Services

1. All Imaging personnel will report directly to the Diagnostic Radiology Department for assignment. During the treatment of disaster casualties, it may be necessary to perform unusual numbers of portable radiographs in the district. The Department Manager should be prepared to dispatch radiographers to perform these duties outside the Imaging Department.

2. All X-rays taken on a given disaster patient will be identified by issuing the patient's I.D. number found on the patient Disaster Registration/Treatment form, which is assigned to each patient received at the hospital. All X-rays should stay with the patient.

14.17 Environmental / Housekeeping Services

1. Housekeeping must be prepared for a high level of clean-up requirements throughout the hospital. The traffic flow through the various treatment stations to eventual room assignments will require curtailment of non-patient area cleaning to provide adequate cleaning coverage for the duration of the emergency, and for post-emergency clean up.

2. Housekeeping will provide for heightened activity in the following areas:
   a. Surgery post-care clean up
   b. Emergency Department clean up
   c. Increased bed-making
   d. Triage area
   e. X-ray facilities
   f. Nursing areas
   g. Entrances
   h. News media briefing area
   i. Family waiting area in Rehab Clinic Gym

3. Evaluate the need for switching to paper linen products and distribute as indicated.

14.18 Medical Staff

1. The Chief Medical Officer will report to the Emergency Control Center located in the Administration Board Room.
2. Providers who work in the Clinic will report to the Clinic.
3. All other providers shall report to the Labor Pool in designated location.

14.19 Nursing Administration

1. Nursing Unit Responsibilities.
    a. The following tasks should be completed for all Code Triage regardless of time of day or night:
    b. Complete "personnel list"
        i. When instructed, call in additional staff as needed.
    c. Upon request inform Command Center of available beds and staffing concerns.
    d. Maintain a list of all Admissions and Discharges.
    e. Provide regular updates of patient activities to Incident Command.

14.20 Respiratory Care Services

1. During a disaster, Respiratory Care Services will operate at maximal potential once called in by nursing personnel. The respiratory therapists will assess the respiratory needs of the patients, primarily for triage, the Emergency Room and other patient care areas.

14.21 Pastoral Care

1. Pastoral Care will report to the family waiting area in the Rehab Clinic Gym to provide spiritual support, family counseling, along with crises intervention for casualties, inpatients, and families. They will also assist families to determine if their relatives have been brought to the Skyline Health Campus.

14.22 Patient Movement

1. Precursors to patient movement is the notification of the:
    a. Klickitat County Emergency Manager
    b. Klickitat County Public Health
    c. Notification of Healthcare Regions 4 & 8 in Washington and Region 6 in Oregon
2. Activation of the ATAB-6 MCI plan
3. Following the transportation plan outlined in the MCI plan will assist adequately in an emergency / disaster that has had minimal impact to other areas in the region.
    a. Assign a patient movement coordinator (Transportation Officer)
    b. Assign a registration person and a discharge planner
    c. Contact the Medical Resource Hospital to assess bed availability
4. When the disaster is a regional event it is imperative that the Klickitat County Emergency Manager is advised early and kept up to date. Only the Emergency Manager working with Public Health can request resources from out of the area beyond our regular mutual aid resources.

14.23 Pharmacy

1. Pharmacy personnel shall report to the Inpatient Pharmacy Department.
2. As on-hand supplies are depleted in the Emergency Department and other involved areas, replacement supplies shall be ordered from suppliers.
3. The Pharmacy will maintain direct communications with various pharmaceutical supply houses in the community to ensure an adequate supply of pharmaceuticals.
4. In the event the telephone communications system is out of order, all pharmacy medication requests shall be made using Handheld Radios.

14.24 Surgery & Anesthesia

1. If there is an available surgeon, personnel assigned to the Operating Room and Anesthesia will make preparations to begin surgery on casualties sent from the triage and or ED area. If the surgery schedule is in progress, cases underway will be completed and the remainder postponed until the emergencies have been cared for. If there isn't an available surgeon staff will report to Labor Pool.
2. Casualties will be taken to the OR from triage or acute care according to the urgency of their condition as judged by physicians.

14.25 Victim Tracking

1. It is imperative that the Command Center be aware at all times where a victim is within the hospital once he has left the Triage/Emergency Department. Therefore, the following procedure shall be strictly adhered to. There shall be no deviation from this procedure:

2. At the time a disaster is announced, personnel in charge of each of the following areas shall designate one person to call the Command Center and inform them when a victim is received in their area. Notification shall include patient name or, in absence of a name, the number found on the patient registration form.
   a. Surgery (Operating Room)
   b. Nursing Unit where patient is admitted
   c. Medical Clinic (Minimal Care)
   d. When body is received in morgue or released to a funeral home

3. In addition, the Command Center will be notified under the following conditions:
   a. Transferred to another facility
   b. Discharged

4. The Command Center shall record this information on the Victim Tracking form. If this information is reported and recorded properly, the Disaster Command Center will have ample information available to deal with the news media, and will have an overall picture of how the victims are being moved as well as any bottlenecks that might develop.

14.26 Volunteer Services

1. Volunteers working the hospital at the time of a disaster or during the event shall report immediately to the Labor Pool for use on an as needed basis.
2. If the disaster occurs at a time other than the normal shift, volunteers are requested NOT to return to the hospital unless called by the Manager of Volunteer Services.

Annex 15: Visitors During an Emergency

Once the Incident Commander Declares an Emergency Situation

According to Skyline Health District Emergency / Disaster Preparedness Plan, it is suggested that only one family member or visitor per patient will be allowed to stay in the hospital during the event. The patient's visitor should bring bottled water and any additional supplies that may be needed, such as medications, personal hygiene items, snacks, linens, etc.

Upon arrival to Skyline Health, the patient's visitor will identify themself to the incoming greeter. The greeter will confirm that there are no other visitors currently with the patient. Once cleared, the visitor may be issued a unique identifier.

In the event of unsafe situations, visitors will not be granted entry.

The greeters will be stationed main lobby. The remainder of entrances will be secured and locked. The greeter will also ensure that the main lobby entrance remains secure and enforce the lockdown policy in effect.

Annex 16: Pre-Hospital Mass Causality Incident Plan

Mass Casualty Incident Plan

Initial Response Guide

Oregon State Area Trauma Advisory Board # 6 (ATAB 6)

Hood River County,

Wasco County,

Sherman County,

Gilliam County,

Washington State

Southwest Regional EMS

Klickitat County,

Skamania County.

Introduction

The Region 6 Area Trauma Advisory Board (ATAB 6) recognizes the need for a standard approach to trauma incidents involving multiple patients that require coordination between more than one pre-hospital agency and more than one hospital. ATAB 6's goal is to ensure that the victims of mass casualty incidents are transported as quickly as possible, to hospitals that are prepared to provide definitive care.

This is considered a "Living Document" and is subject to review at any time by the ATAB-6 MCI Sub-

Committee. As such the document can be amended when the interest of improving Patient care and Emergency Response is best served.

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Section 1

DEFINITIONS

ATAB 6 MASS CASUALTY INCIDENT PLAN

Definitions

AIR AMBULANCE LANDING ZONE (LZ): Area where air ambulances are loaded with patients from the treatment area. The Transport Group Supervisor and EMS Branch Director should work together on designating the location for the LZ. If possible, the LZ should be close enough to the treatment area to carry patients to awaiting aircraft. If not possible a ground ambulance may be necessary to shuttle patients from the treatment area to the LZ.

AMBULANCE LOADING ZONE: Area where patients are transferred from the Treatment Area into ambulances for transport. When possible, it should be arranged so ambulances can drive through, without backing up. The Staging Area Manager should direct incoming ambulances to the Ambulance Loading Zone and advise them to contact the Transportation Group Supervisor when they reach the zone.

ASSIGNED: Performing an active assignment.

AVAILABLE: Ready for assignment.

BRANCH: A grouping of divisions and/or groups to limit span of control in larger operations.

CASUALTY COLLECTION POINT: A facility or location of convenience where victims may be transported for initial evaluation and treatment.

COMMAND POST (CP): The physical location from which the Incident Commander exercises direction over the entire incident.

DIVISION: A division of an incident into geographical areas of operation.

EMS BRANCH DIRECTOR: The individual responsible for managing all the activities in the EMS Branch. The EMS Branch Director functions as a member of the Operations Section and may have three direct subordinates: Triage Group Supervisor, Treatment Group Supervisor, and Transport Group Supervisor. They should formulate a plan of action for the triage, treatment, and transport of all patients.

EXTRACTION: Removing patients from the scene to the Treatment Area by porter teams.

EXTRACTION GROUP SUPERVISOR: Individual responsible for managing all the activities in the Extraction Group. Functions as a member of the Rescue Branch. They should formulate a plan of action for the immobilization and removal of all patients from the scene to the Treatment Area.

EXTRICATION: Removing patients from entanglements that hinder their extraction.

EXTRICATION GROUP SUPERVISOR: Individual responsible for managing all the activities in the Extrication Group. Functions as a member of the Rescue Branch. They should formulate a plan of action to extricate all victims on the scene.

FATALITY MANAGER: The individual responsible for the morgue area until relieved by the medical examiner or designee. Reports to the EMS Branch Director.

FIRE SUPPRESSION GROUP: Group responsible for the suppression of fires and the mitigation of fire hazards on the scene. Reports to the Operations Section Chief.

GROSS DECONTAMINATION: The process of removing potential contaminants using water, a combination of soap and water, or other decontamination solutions.

HAINES (High Arm IN Endangered Spine) MODIFIED RECOVERY POSITION: A variant of the lateral recumbent position designed to minimize movement of the cervical spine. It is characterized by one arm being raised above the head (in full abduction) and used to support the patient's own head and neck.

IMMOBILIZATION: Securing patients to a backboard in the HAINES modified recovery position or using standard spinal immobilization precautions.

IMMOBILIZATION TEAM: Team of two rescuers that carry back boards to patients and immobilize them. Supervised by the Extraction Group Supervisor.

INCIDENT: An occurrence or event, either human-caused or natural phenomena, that requires action by emergency service personnel to prevent or minimize loss of life or damage to property and/or natural resources.

INCIDENT COMMANDER: The individual responsible for the overall management of all incident operations.

JUMPSTART TRIAGE: An objective system of triage which reduces both the over triage and under triage of pediatrics during an MCI. JumpSTART recognizes key differences between adult and pediatric physiology and uses appropriate pediatric physiologic parameters at decision points.

MASS CASUALTY INCIDENT (MCI): Any incident in which the emergency medical services personnel and equipment at that scene are overwhelmed by the number and severity of casualties at that incident.

MEDICAL SUPPLY CACHE: A storage location in the treatment area for medical supplies that are acquired from MCI vehicles, ambulances, disaster kits or deliveries from resource hospitals.

MEDICAL SUPPLY MANAGER: The individual responsible for acquiring and maintaining appropriate medical equipment and supplies in the Medical Supply Cache. Supervised by the Treatment Group Supervisor.

MASS CASUALTY INCIDENT PLAN (MCIP): A plan which coordinates the response of multiple agencies to assure the delivery of adequate care and orderly distribution of patients to appropriate hospitals. The MCI plan may be implemented for any incident in which the emergency medical services personnel and equipment at that scene are overwhelmed by the number and severity of casualties at that incident.

OPERATIONS SECTION: The section responsible for all tactical action and all resources on scene.

OPERATIONS SECTION CHIEF: Individual responsible for the Operations Section. Reports directly to the Incident Commander. Responsible for directing all tactical resources to accomplish the goals and objectives developed by the Incident Commander.

OUT-OF-SERVICE: Not ready or available for assigned status.

PORTER TEAM: Team of four rescuers that move immobilized patients from the scene to the Secondary Triage Corridor via stretcher. Supervised by the Extraction Group Supervisor.

PRIMARY TRIAGE: A rapid initial treatment and triage of patients where they are found. Using the Simple Triage and Rapid Treatment (START) or JumpSTART (for pediatrics) algorithms, first responders provide for the correction of simple airway and circulation problems, and the initial classification of the severity of patient injuries. During Primary Triage patients are tagged with surveyors flagging tape.

RECEIVING HOSPITAL: Any hospital that will be receiving patients from the incident.

RESCUE BRANCH: The branch responsible for the extrication, immobilization, and extraction of all patients from the scene to treatment area.

RESCUE BRANCH DIRECTOR: The individual responsible for managing all the activities in the Rescue Branch. The Rescue Group Supervisor functions as a member of the Operations Section and may have two direct subordinates: Extraction Group Supervisor and Extrication Group Supervisor. They should formulate a plan of action for the extrication, immobilization, and extraction of all patients from the scene to the treatment area.

SAFETY OFFICER: Individual responsible for assessing hazardous and unsafe situations and developing measures for assuring personnel safety.

SECONDARY TRIAGE: Performed in the Secondary Triage Corridor. Patients will be re-triaged using START or JumpSTART and given a numbered triage tag.

SECONDARY TRIAGE CORRIDOR: Corridor leading to treatment area. Secondary Triage is performed in the corridor prior to entering the treatment area. After secondary triage is performed, patients are then carried to the appropriate section of the treatment area, according to the triage priority they are assigned.

STAGING AREA MANAGER: The individual assigned the various tasks related to the arrival of emergency vehicles and personnel. Works directly with the Incident Commander or Operations Chief.

STRETCHER: Army style stretcher made of canvas stretched between two poles with handles. Designed for four rescuers to carry injured patients on.

TRANSFER CENTER: (MRH) Mid-Columbia Medical Center **(**541)-705-7927. The transfer center is the central contact point for the EMS Branch Director or Transport Group Supervisor. They are to be

contacted via phone line to determine the receiving capabilities of area hospitals. The transfer center is also responsible for relaying patient information to receiving hospitals.

TRANSPORT GROUP SUPERVISOR: The individual responsible for the coordination of patient transportation and maintaining records related to patients, injuries, mode of transportation, and destination. Reports to the EMS Branch Director.

TRANSPORTATION RECORDER: The individual responsible for recording patients, injuries, mode of transportation and patient status. Coordinate patient information and movement.

TREATMENT GROUP SUPERVISOR: The individual responsible for proper secondary triage management, treatment, and coordination of all casualties in the Treatment Area. Reports to the EMS Branch Director.

TRIAGE GROUP SUPERVISOR: The individual responsible for supervising triage teams and ensuring patients are properly triaged and tagged. Reports to the EMS Branch Director.

TRIAGE TAGGING: ATAB 6 will use surveyor's flagging tape for identifying priorities of patients during primary triage. Upon secondary triage patients will receive a numbered triage tag. Patients will be prioritized based on START or JumpSTART during primary triage and ATAB 6 trauma criteria during secondary triage.

UNIFIED COMMAND: When there is an overlap of jurisdiction for the incident or there is more than one agency sharing the management responsibility, officials from EMS, Fire, Police, and other agencies may serve in a Unified Command. A Unified Command structure should consist of all the involved agency officials contributing to the command process, but there should be one key official that is recognized as the Incident Commander for communications purposes.

Section 2

GUIDELINES

ATAB 6 MASS CASUALTY INCIDENT PLAN

GENERAL GUIDELINES

The Mass Casualty Incident Plan should be implemented on any incident that cannot be normally handled by the first responding ambulance service. The following guidelines are designed to give responders and facilities an action plan for mitigating a Mass Casualty Incident. If there are 5 or more patients that require transport or the Incident Command or qualified personnel determines it will exceed the capability of the local resources, an MCI will be automatic.

MASS CASUALTY INCIDENT MANAGEMENT GOALS

1. Do the most amount of good for the most amount of people.
2. Make the best use of personnel, equipment, and facility resources.
3. Do not relocate the disaster.

This is a time where the responders need to fall back on their MCI training and know that the response may well be at the BLS level. If resources are present ALS interventions are acceptable if patient movement is not slowed or needed manpower resources are assigned at the expense of any patient care

FIRST ARRIVING UNIT

Upon arrival at a scene involving multiple patients the first unit on scene gives a visual size-up, establishes and announces command, confirms location, and performs:

1. **Safety Assessment.** Assess the scene for:
   - Traffic hazards
   - Electrical hazards
   - Flammable liquids
   - Hazardous materials
   - Other life-threatening situations
   - Be aware of potential secondary explosive devices.

2. **Size Up.** Survey the incident scene for:
   - Type and/or cause of incident
   - Approximate number of patients Severity level of injuries
   - Area involved, including problems with scene access.

3. **Send Information:**

- Contact dispatch with your size-up information
- Establish Command
- Declare an MCI
- Description of the incident including the number of patients
- Report any critical hazards of the scene
- Identify access and egress routes
- Identify main radio frequency and tactical frequencies
- Identify staging area
- Request additional resources as available:
- Fire Department
- MCI Trailers
- Hazmat Team
- Law Enforcement
- Oregon Department of Transportation
- Search and Rescue
- Local Transportation
- Specific Needs

4. **Setup** the scene for management of the casualties:
   - Establish a command post.
   - Implement the MCI plan
   - Secure the scene with law enforcement.
   - Identify adequate work areas for Triage, Treatment, and Transport
   - Assign Triage and EMS Branch to the next arriving units.

RESPONDING UNITS

Upon arrival, the second and third arriving units should report to the Incident Commander for briefing and assignment. Assignments should include:

1. **Establish** Triage Group
   - Use START or JumpSTART
   - Begin where you are.
   - Ask anyone who can walk to move to a designated area.
   - Use surveyor's tape to mark patients.
   - Move quickly from patient to patient.
   - Maintain patient count.

- Provide only minimal treatment.
- Consult Field Guide for further responsibilities, worksheets, and checklist.

2. **Establish** EMS Branch / Transportation Manager
   - Contact the Medical Resource Hospital (**MRH**) Mid-Columbia Medical Center at (541-705-7927)
   - Obtain receiving capabilities for area hospitals.
   - Consider the activation of alternative care sites.
   - Consult Field Guide for further responsibilities, worksheets, and checklist.

3. **Establish** Treatment Group
   - Consult Field Guide for responsibilities and checklist.

4. **Establish** Transport Group (**High Priority Position**)
   - Obtain receiving capabilities for area hospitals from EMS Branch.
   - Consult Field Guide for further responsibilities, worksheets, and checklist.

5. **Establish** Staging Area
   - Assign Staging Area Manager
   - Consult Field Guide for further responsibilities, worksheets, and checklist.

MUTUAL AID RESPONDING UNITS

Mutual aid units responding to the scene should get general directions from their dispatch. Units responding should contact the Staging Area Manager for the location and/or directions to the staging area on V-Tach 11. Responding units should review the MCI Field Guide while responding.

INCIDENT SCENE

- Locate all victims
- Direct ambulatory patients (Green) to a safe place
- Assign an EMT to manage the Green Treatment Area
- Self-treatment supplies should be distributed
- Quickly triage patients using START or JumpSTART and apply triage ribbons
- Start extricating trapped patients
- Patients are decontaminated (as needed) prior to arrival in the treatment area
- Start moving non-ambulatory patients by porter from scene to treatment area
- Deceased victims are left where they lie unless movement is required to access live patients

DECONTAMINATION

- Set up the decontamination corridor before the secondary triage corridor and before contaminated patients are moved.
- Contaminated patients must be decontaminated before entry into the treatment area.
- Gross decontamination with rapid clothing removal is the best option.
- Request Hazmat team if further decontamination is necessary.

TREATMENT AREA

- Patients arriving from the scene are re-triaged at the entrance to the treatment area (secondary triage corridor) and tagged with a numbered triage tag.
- Separate areas should be created in the treatment area for Immediate (Red), Delayed (Yellow), and Minor (Green). A separate isolated area (Temporary Morgue) should be created for victims who die in the treatment area.
- Give stabilizing or definitive care based on triage priority (Red, then Yellow, then Green)
- Assign providers, equipment, and supplies to patients based on triage priority.
- Consider use of special procedures teams to perform common treatments (airway, IV, splinting, etc.)
- Continuously reevaluate (re-triage) patients and move to other treatment areas as necessary.
- Move patients who die to the temporary morgue.
- Establish a Medical Supply Cache and stock with supplies from MCI vehicles, ambulances, and supplies received from hospitals.
- Do not delay transport for treatment except for ABCs.
- Select patients to transport based on severity (Red, then Yellow).

TRANSPORT AREA

- Set up a one-way in / one-way out “round robin” ambulance loading zone at the exit of the Treatment area.
- EMS Branch Director and Transport Group Supervisor are the only personnel allowed to talk with the Resource Hospital.
- All communications should be used in the following order:
  - Cell phone
  - HEAR frequency or other available radio frequency if cell reception is unavailable.

- Designated relay platform (Aerial/Ham Radio)

- Notify the resource hospital as soon as possible.
  - Request receiving capabilities of all receiving hospitals.
  - Activate alternative care sites if necessary.
  - Assign patients to ambulances and helicopters based on severity and most appropriate vehicles available.
  - Move Minors (Greens) as soon as possible to vehicles such as buses.
  - Have porter teams move patients from treatment to the ambulance loading zone.
  - Load patients and direct ambulance to the appropriate hospital

TRANSPORTING AMBULANCES

- Ambulances will report to the Staging Area. Any unit arriving on scene prior to the establishment of a staging area must receive assignment from the IC or their designee.
- The driver of the vehicle MUST STAY WITH THE VEHICLE AT ALL TIMES. None of the crew should get involved in the Treatment Area during their patient loading.
- Ambulances may need to leave equipment at the scene for use in the treatment area.
- Transporting ambulances will receive patients from the transport area. The Transport Group Supervisor or designee will assign each ambulance to a receiving hospital.
- **AMBULANCES ARE NOT TO COMMUNICATE DIRECTLY WITH RECEIVING HOSPITAL UNLESS ABSOLUTELY NECESSARY**
- The patients Triage Tag is considered a sufficient prehospital care report form until a follow up report can be written.
- Ambulances may need to restock from hospital supplies as well as be shuttles for equipment from the hospital to the treatment area.
- After delivering the patient(s), the ambulance should return to the MCI staging area in serviceable condition until released from the scene by the IC or designee.

RECEIVING HOSPITALS

- Should quickly collect their receiving capability for Immediate (Red) and Delayed (Yellow) patients and report to the Resource hospital.
- Will receive the following information on ambulances en-route to their facility:
- Unit #
- Triage tag # and triage level
- Estimated time of arrival

TERMINATION

An MCI may not be terminated for several hours to days after all patients have been treated and transported. As the incident winds down all resources committed to the incident will no longer be needed. At the discretion of the Incident Commander in coordination with the Operations Section Chief, units should be demobilized based on the following considerations:

- Units which have been on scene longest
- Units traveling the furthest.

During the termination phase, also consider the following:

- At least one ambulance should remain on scene until all emergency operations have ceased.
- Notifying the resource hospital when the transportation of the last patient is complete.
- Attempt to return equipment to the agency it belongs to
- Consider the need for an immediate critical incident stress defusing followed by a debriefing a few days after the incident.

Section 3

Communications

ATAB 6 MASS CASUALTY INCIDENT PLAN

COMMUNICATIONS

GENERAL GUIDELINES

- The main operational frequency will be the assigned primary command channel unless Incident Command assigns a different frequency for the MCI.
- The primary command channel should be kept clear for operational radio traffic.
- Units responding should contact the Staging Area Manager on V-Tach 11, the primary command channel unless otherwise directed.
- Tactical Frequencies should be assigned to Branches and Groups as necessary to minimize radio traffic.

MCI DISPATCHING

- The primary responding agency's dispatch center will be the dispatch center having jurisdiction.
- The primary dispatch center will be responsible for notifying mutual aid agencies and other dispatch centers of the need for a mutual aid response.
- Structural Task Forces if available for activation to an MCI.
- These resources should be requested by the Incident Commander as needed through the primary command channel.
- Dispatch should attempt to activate the closest resources.
- Dispatch will relay the location of the incident, general directions to the scene if necessary, and the frequency which all units should contact the staging area manager.
- If an agency is unable to fulfill their task force obligation, dispatch should request additional resources from another agency to insure a complete task force response.
- Consult Dispatch Guide for further responsibilities and checklist.

RADIO CALL NAMES:

INCIDENT COMMANDER	Command
OPERATIONS CHIEF	Operations
STAGING AREA MANAGER	Staging
EMS BRANCH DIRECTOR	EMS
TRIAGE GROUP SUPERVISOR	Triage
TREATMENT GROUP SUPERVISOR	Treatment

TRANSPORT GROUP SUPERVISOR	Transport
RESCUE BRANCH DIRECTOR	Rescue
EXTRACTION GROUP SUPERVISOR	Extraction
EXTRICATION GROUP SUPERVISOR	Extrication
FIRE SUPPRESSION GROUP	Suppression
LANDING ZONE	LZ

Communication Frequencies / Phone Contacts

Primary Contact for incoming Ambulances in both Oregon and Washington is V-TAC 14

	FREQUENCY USE	Rx Freq.	Rx PL	Tx Freq.	Tx PL	Band
Primary Frequencies - COMMON TO ALL RESPONDING AGENCIES						
V-Call 10	Command	155.7525	CSQ	155.7525	156.7	N
V-Tac 11	Staging	151.1375	CSQ	151.1375	156.7	N
V-Tac 12	Tactical	154.4525	CSQ	154.4525	156.7	N
V-Tac 13	Tactical	158.7375	CSQ	158.7375	156.7	N
V-Tac 14	Tactical	159.4725	CSQ	159.4725	156.7	N

OERS (Oregon Emergency Response System)	Nationwide	(800) 452-0311
	Oregon	(503) 378-6377
	Duty Officer (Cell phone)	(503) 931-5732
Washington State Office Emergency Management	Duty Officer	(800) 258-5990
Clackamas County	Clackamas County	(503) 655-8911
Gilliam County	Frontier Regional 911	(541) 384-2080
Hood River County	Dispatch (SO & PD)	(541) 386-2711
Jefferson County	Frontier Regional 911	(541) 475-2201
Frontier Regional 911		(541) 384-2080
Morrow County	Morrow County SO	(541) 676-5317
Sherman County	Frontier Regional 911	(541) 384-2080
Umatilla County	Hermiston	(541) 567-5519
	Pendleton PD	(541) 276-4411
	Umatilla PD	(541) 276-0855

Union County	Union Co Comm. Center	(541) 923-5112
Wasco County	Wasco Co Comm. Center	(541) 298-5508
Wheeler County	Frontier Regional 911	(541) 384-2080
Klickitat County	Klickitat Co Dispatch	(509) 773-4545
Skamania County	Skamania Co Dispatch	(509) 427-9490

Section 4

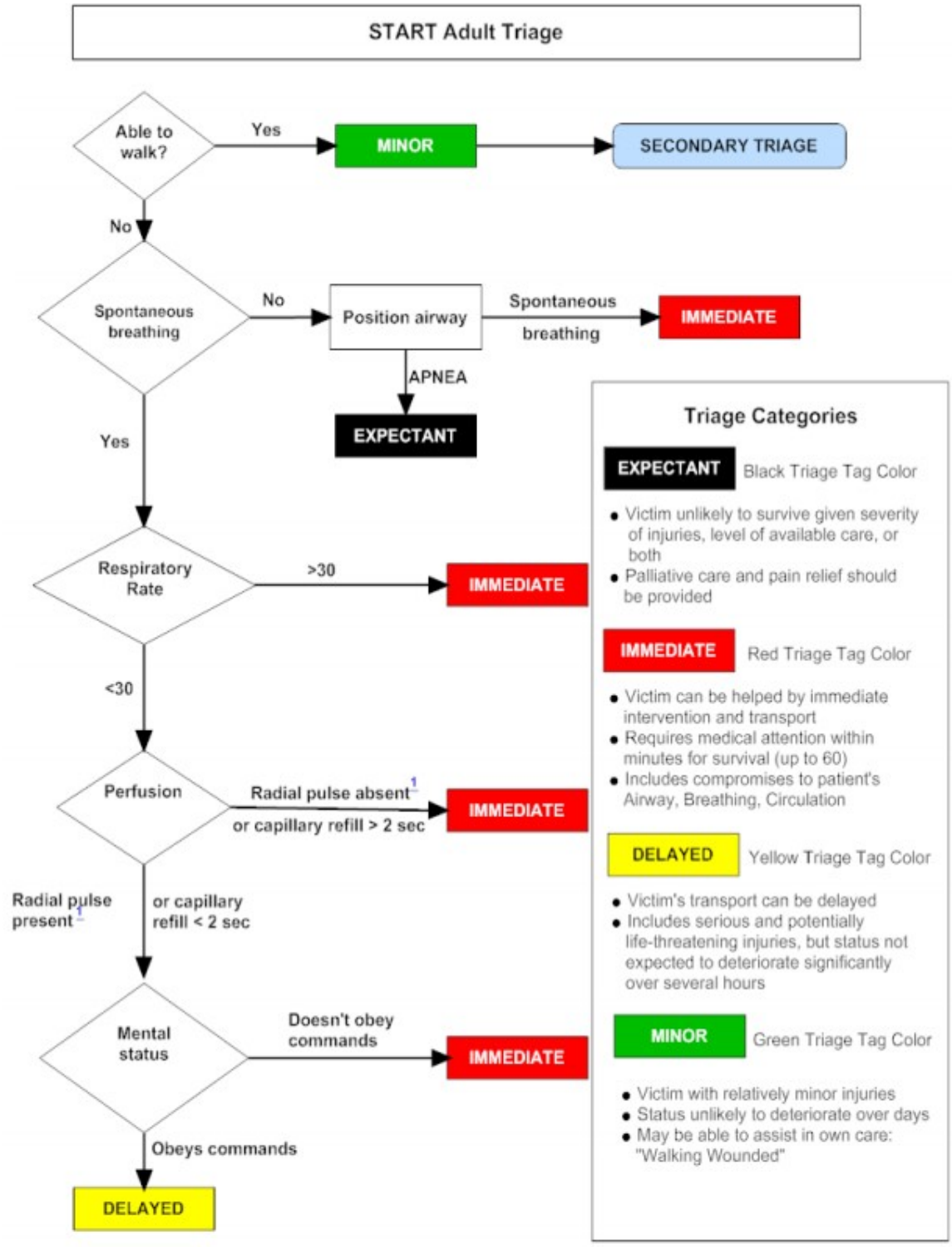
Triage System & Patient Flow

ATAB 6 MASS CASUALTY INCIDENT PLAN

TRIAGE SYSTEM

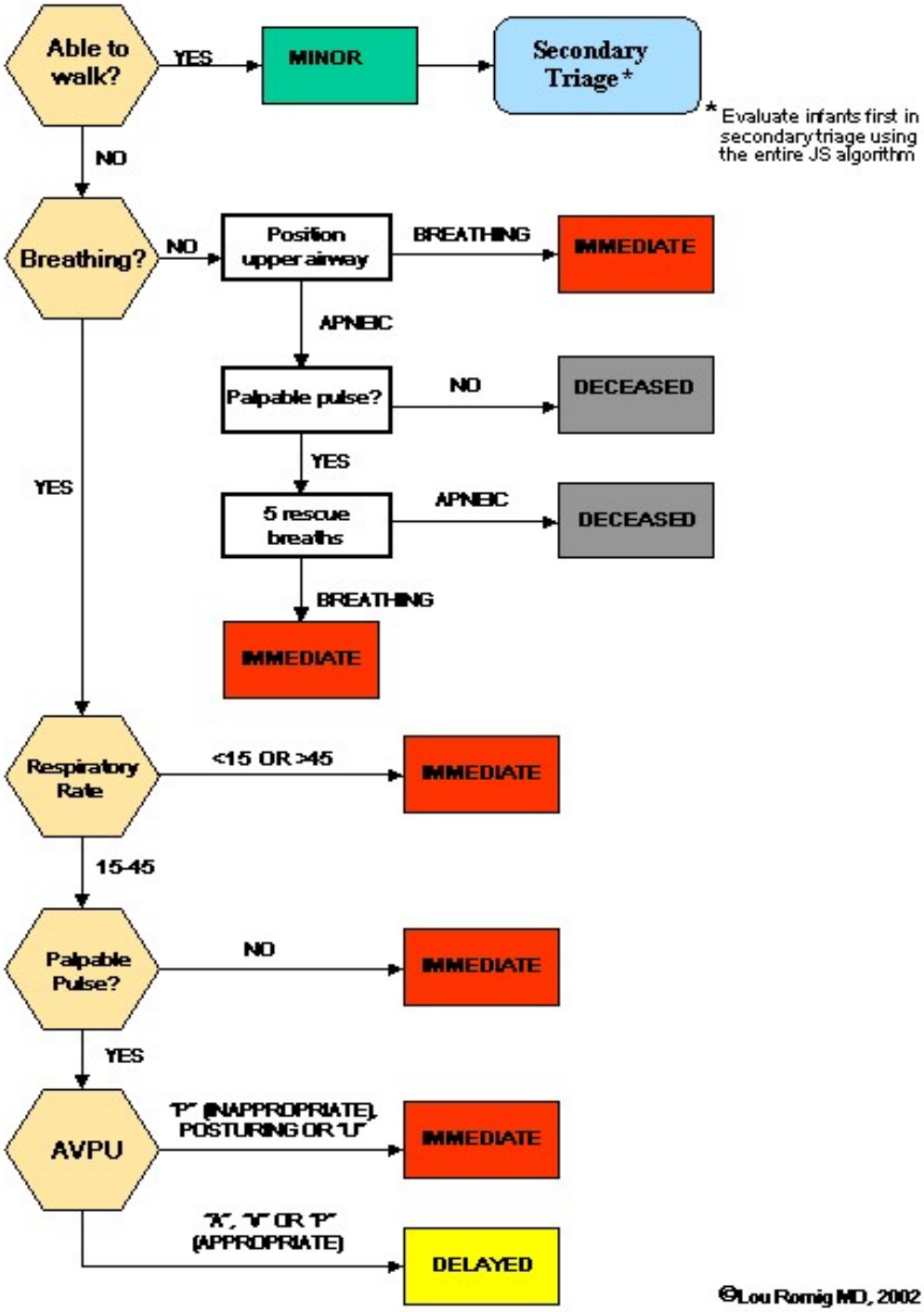
Triage should consist of:

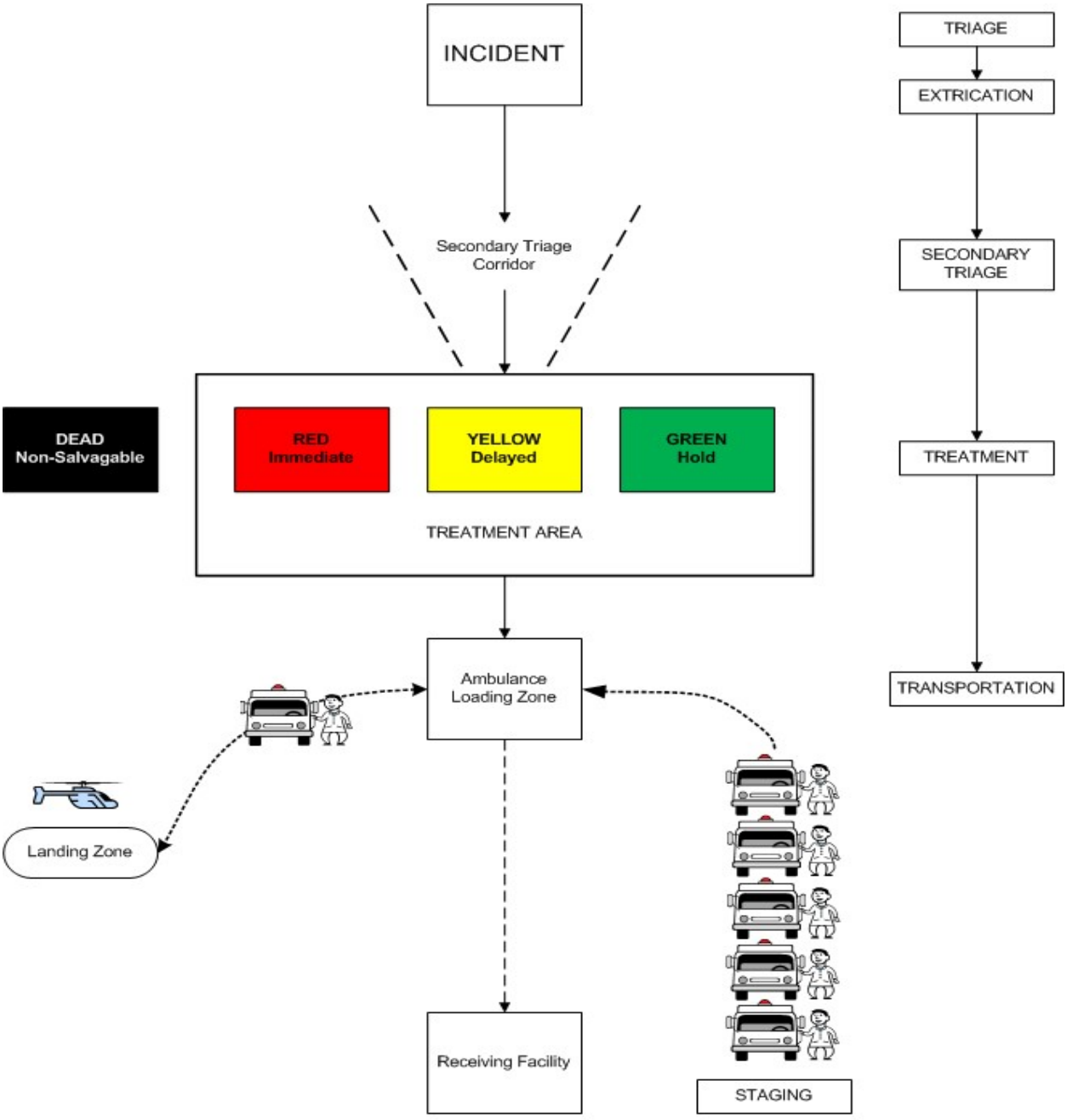
1. **Primary Triage**
   - Patients are triaged where they are found using START or JumpStart and marked using surveyors flagging tape. Patients should be placed in High Arm IN Endangered Spine (HAINES) positioning when necessary.
2. **Secondary Triage**
   - Patients are triaged in the Secondary Triage Corridor at the entrance to the Treatment Area. Patients are triaged again using START or JumpSTART. Patients will receive a numbered triage tag indicating their color. The triage tag will serve as the record of patient care.



Adopted from http://www.start-triage.com

JumpSTART Pediatric MCI Triage©





PATIENT FLOW

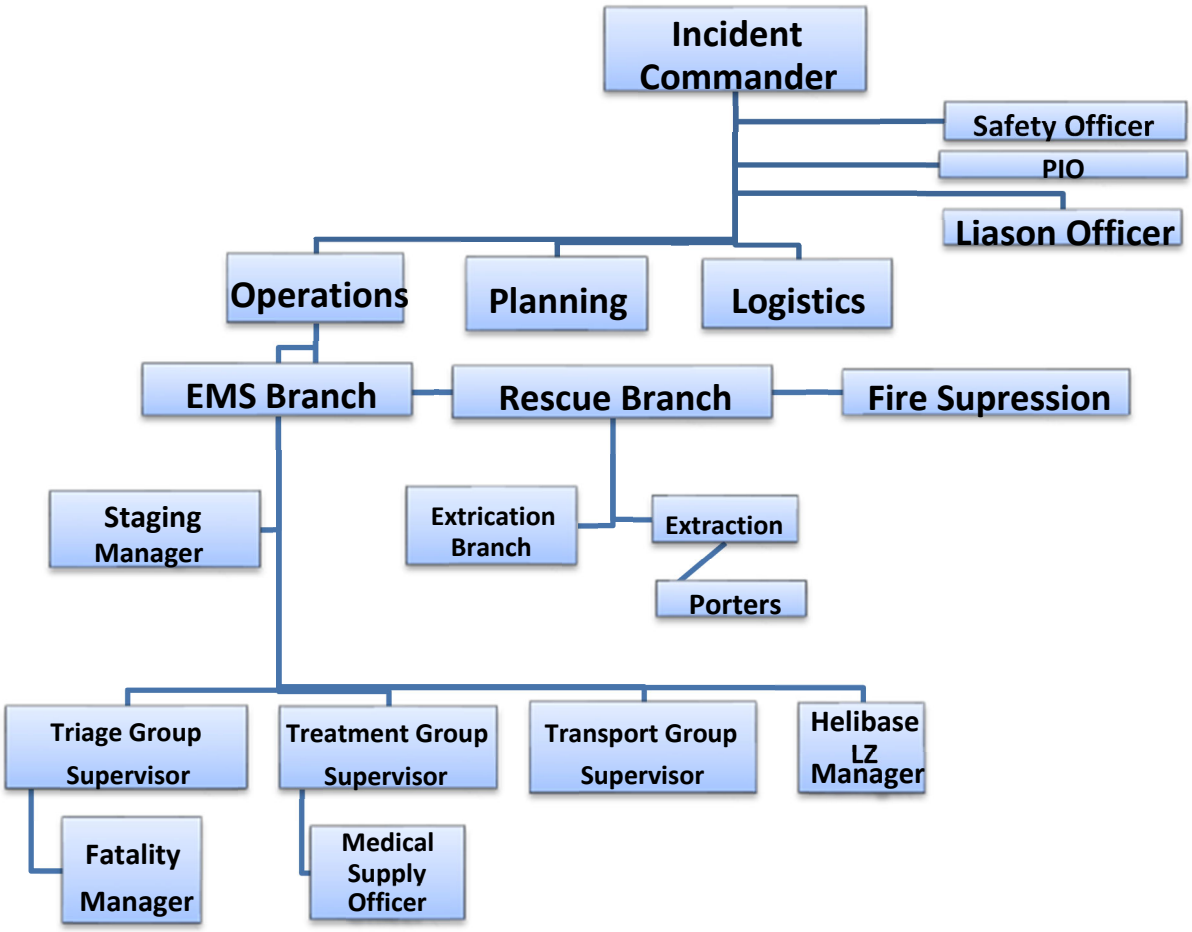
Section 5

Command Structure

ATAB 6 MASS CASUALTY INCIDENT

COMMAND STRUCTURE

The following command structure is intended to assist the Incident Commander in setting up an appropriate structure for the mitigation of an MCI. It is not the intent of this section to limit the structure being set up, or the number of personnel to involve, but merely to serve as a model when pre-planning and training. It is strongly advised however, that sound ICS principles of unity of command and span of control be observed when designing the command structure for an incident.



Section 6

Medical Resource Hospital

ATAB 6 MASS CASUALTY INCIDENT PLAN

Medical Resource Hospital Defined (MRH)

The "Medical Resource Hospital." (MRH) shall be Mid-Columbia Medical Center (541) 705-7927

Facility/Agency	Trauma Designation	Location		Phone	Line to
Good Shepherd Medical Center	III	Hermiston	Oregon	(541) 667-3400	Main
Kadlec Regional Medical	III	Richland	Washington	(509) 946-4611	Main
Klickitat Valley Hospital	IV	Goldendale	Washington	(509) 773-4022	Main
Lourdes Medical Center	IV	Pasco	Washington	(509) 546-2366	ED
Mid-Columbia Medical Center (MRH)	III	The Dalles	Oregon	(541) 705-7927	Sup
Multnomah County MRH	I - IV	At OHSU	Oregon	(503) 494 7333	MRH
PMH Medical Center	IV	Prosser	Washington	(509) 786-6662	ED
Providence HR Hospital	III	Hood River	Oregon	(541) 387-8550	ED
Providence St Mary	III	Walla Walla	Washington	(509) 525-3320	Main
Skyline Hospital	IV	White Salmon	Washington	(509) 637-2952	ED
St Anthony's Hospital	III	Pendleton	Oregon	(541) 276-5121	Main
St Charles Medical Center	IV	Madras	Oregon	(541) 475-3882	Main
St Charles Medical Center	III	Redmond	Oregon	(541) 548-8131	Main

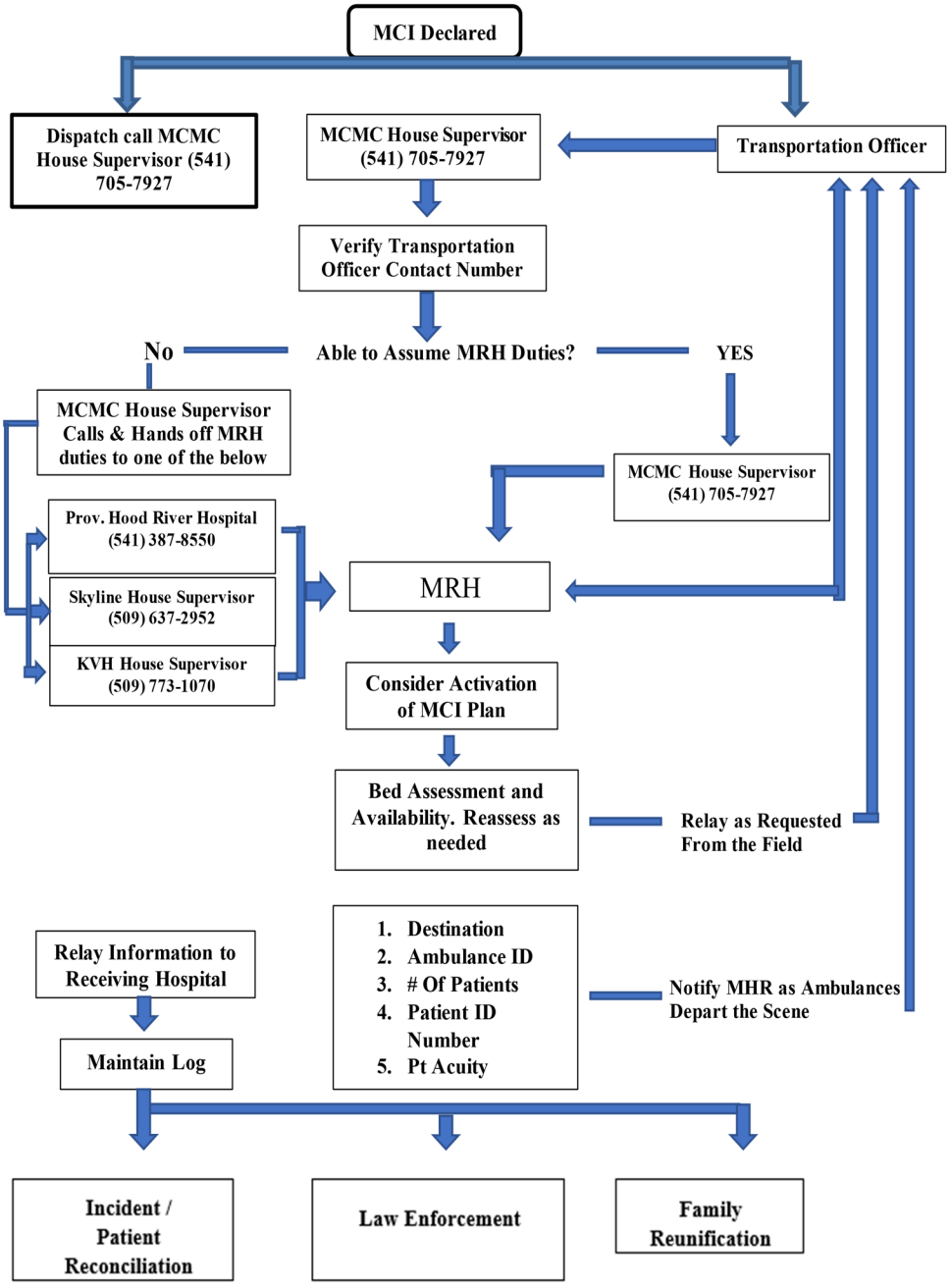
St Charles Medical Center	II	Bend	Oregon	(541) 382-4321	Main
Sunnyside Community Hospital	IV	Yakima	Washington	(509) 837-1500	Main
SW Washington Med Center	II	Vancouver	Washington	(360) 514-2064	ED
Toppenish Community Hospital	IV	Toppenish	Washington	(509) 865-3105	Main
Trios Health	III	Kennewick	Washington	(509) 221-7200	ED

Should MCMC not have the ability to act as the resource facility those duties by mutual agreement may be handed off to Providence Hood River Hospital (541) 387-8550 or another area hospital by mutual agreement.

Additional Hospital Contact Information, Hospital team needs to confirm correct #'s

Walla Walla General Hospital	III	Walla Walla	Washington	(509) 525-0480	Main
Yakima Regional Med & Cardiac Ctr.	III	Yakima	Washington	(509) 575-5000	Main
Yakima Valley Memorial Hospital	III	Yakima	Washington	(509) 575-8000	Main

ATAB-6 Medical Resource Hospital Flow Chart



Section 7

Air Medical Resources

ATAB 6 MASS CASUALTY INCIDENT PLAN

Air Medical Resources

Life Flight	(800) -232-0911
Air Link Bend	(800) -621-5433
Air Lift NW	(800) -426-2430
OERS (Oregon Emergency Response System)	(800) -452-0311
WA STATE OEM	(800) -258-5990

Activating Helicopter Air Resources Checklist

Notify local dispatch to:

- Launch 1 air asset to a designated LZ near the MCI.
- Place 2nd on standby
- Have them relay back ETA and location they are coming from.
- Instruct helicopter to contact LZ manager on Air to Ground frequency on approach.

Information needed by air resource dispatch:

- Lat/Long coordinates
- Or Street Address
- Or specify a pre-determined LZ that your Dispatch has the coordinates for
- Ground Contact will be “LZ Manager”
- Radio Frequency

- Nature of Event

- Scene Weather
- Further Information
    - MPS/MCI
    - Multiple Helicopter Request

Landing Zone Checklist

1) **Landing Zone Manager**

☐ _____

☐ **Advise Dispatch – Benchmarks**

☐ Notify IC, EMS Branch Director, and/or Transport Group Supervisor of LZ location

2) **Landing Zones**

☐ **Always Have Alternate(s) LZ**
- ☐ **Consider Day vs Night Landings**

☐ **Area 100' x 100'**

☐ **Less Than 10 Degree Slope**

☐ **Type of LZ**
- ☐ **Asphalt**
- ☐ **Grass**
- ☐ **Gravel/Dirt**
- ☐ **Concrete**
- ☐ **Logging Desk**

☐ **Identification**
- ☐ **Cones**
- ☐ **Smoke**
- ☐ **Light Pods**
- ☐ **Apparatus (Overheads ONLY for Initial Approach, then turn off)**
- ☐ **Use of Flares is Not Advised**

☐ **Secure LZ & Deny Access**

3) **LZ Manager (or Designee) is only person to Contact Helicopter by Radio**

☐ **Local Air to Ground Frequency**

4) **LZ Safety**

☐ **Turnouts, Helmet strap in place, Goggles and Hearing Protection**

☐ **No Baseball Caps**

☐ **No Debris in LZ**

☐ **No Headlights especially towards LZ**

☐ **Do Not Approach Helicopter until Directed to do so**

☐ **Always Approach no greater than 45 deg either side of the front of the Helicopter**

☐ **Follow Crew Directions at all Times**

☐ **LZ Manager is prime contact with crew while on the ground**

5) Landing	☐	**Contact Helicopter on predesignated Radio Frequency**
	☐	**Advise Crew**
	☐	**Wind Speed**
	☐	**Wind Direction**
	☐	**Slope/Surface**
	☐	**Overhead Wires**
	☐	**Trees**
	☐	**No Radio Traffic on Final Approach**
	☐	**LZ Manager has the Power to "Abort "the Landing**

Section 8

Considerations

ATAB 6 MASS CASUALTY INCIDENT PLAN

Considerations

Probably the single most important decision beyond the call to initiate an MCI response is to SET the scene to manage the incident most effectively. This, for example will remain dynamic as a response to a freeway incident would require different planning than that of a response to school etc. One-way traffic flow, road or freeway closure, funnel point to secondary triage/treatment – See "Patient flow – Scene setup."

With the MCI training, each level of MCI response is recognized by dispatch and an appropriate number of Ambulances/transport vehicles will be dispatched. The dispatch center will follow their current ambulance matrix and contact the appropriate agencies until the number of requested ambulances has been dispatched.

Backfilling remains a very dynamic issue and is largely dependent on how the initial response is filled. It is incumbent upon the responding Ambulance providers to consider coverage of their primary response area before committing to the MCI response. The Incident Commander or designee should provide oversight and assure that backfilling needs are being met.

Staging area should be set very early to help direct incoming apparatus. Incomplete consideration will hinder operations if not well thought out and is not an easy change once established.

Consideration of the duties of the "Transportation Officer" should remain a high priority. This can be an area where patient movement will be restricted. It is recommended that at least three senior people are assigned to transportation duties.

The Mass Casualty Incident Field Guide is intended as supporting documents that will back up the response and provide guidelines from which to base training on. Every attempt has been made to provide the right phone numbers and radio frequencies. It will be incumbent upon each agency to verify that information.

Activating Helicopter Air Resources
Checklist

Notify your local Dispatch to
- ☐ Put Lifeflight on Standby
- ☐ Activate Lifeflight
- ☐ To relay back ETA and where helicopter is flying from.
- ☐ Instruct Lifeflight Helicopter to contact LZ Manager on Air to Ground Frequency on approach

Information Needed by Lifeflight Dispatch
- ☐ Lat / Long Coordinates - Degrees, Minutes & Seconds (WGS Datum)
- ☐ or Street Address
- ☐ or Specify a pre-determined LZ that your Dispatch has the Coordinates for.
- ☐ Ground Contact
  - ☐ Utilize Your Call Sign or Apparatus number
- ☐ Radio Frequency

	RX	TX
☐ Air to Ground Frequency	154.265 CSQ	154.265 CSQ

- ☐ Nature of Event
- ☐ Scene Weather
- ☐ Further Information
  - ☐ MPS / MCI
  - ☐ Multiple Helicopter Request

Staging Area Manager

Function:	Staging Area Manager
Objective:	Manage incoming apparatus and personnel that report to a predesignated location

Duties per Assignment — Radio Call Designation: "Staging"

- ☐ Reports to: Incident Commander
  or if Operations is staffed, the Operations Section Chief
- ☐ Acquire radio equipment that allows constant and direct communications and monitoring V-TAC 14
- ☐ Establish a Staging Area which is accessible and easy to identify, relay location to Command
- ☐ Establish radio communications and direct incoming units to staging area on V-TAC 14
- ☐ Log type of resource (ALS/BLS ambulance, rescue, crew etc.) with number of personnel and apparatus
- ☐ Coordinate ambulance flow to ambulance loading zone with Transport Group Supervisor
- ☐ Send supplies and personnel to Treatment Area and other areas of operations as requested
- ☐ Update command with staged resources as needed and/or before resources become critically low.
- ☐ Ambulances will contact Staging upon initiating patient transfer and relay the following:
  - Destination and ETA back to incident (staging area)
  - That they are being released after completing patient transfer

- ❖ Fill out and Maintain a UNIT LOG (ICS Form 214)

Transporting Ambulances

Reports To:	Staging Area Manager
Objective:	To Transport Patients to Designated Hospitals
Duties per Assignment	Radio Designation: "County & Medic #"

- ☐ Upon Arrival on Scene Report to Staging Area Manager
  - Contact "Staging" on V-TAC 14 for both Oregon and Washington Events
- ☐ Crews are to STAY with their Ambulance at all times unless Otherwise Directed by the Staging Area Manager
- ☐ All Patient Care Provided on scene shall be at the BLS Level
- ☐ When Staging sends an Ambulance to Pick up Patients, Report to the Transportation Officer
  - No Radio Traffic is needed
- ☐ Expect to Transport More than ONE Patient
  - No more than One RED
- ☐ Expect a minimal Hand-off Report, if any.
  - See Triage Tag
- ☐ Load Patients as Quickly as Possible and Receive Destination Assignment
- ☐ Receive Instructions (ASK) if you are to return back to the scene after Transporting your Patients or are you being Released
- ☐ Contact Staging Area Manager and relay your expected return or that if you are Released
- ☐ The Transportation Officer will Relay Patient and Transportation information including ETA to the Receiving Hospital
- ☐ Do not contact Hospital - NO HEAR REPORT IS REQUIRED
- ☐ While en route to the Hospital provide the highest level of care that you are able
- ☐ At the Hospital
  - Provide a Hand-off Report, Leave one copy of the "MCI Field Notes" if possible, Transfer Patient(s) and Return to the Scene ASAP (or back to Home Station)
  - Document Unnecessary Delays
  - Face sheets are NOT Required
- ☐ When Back in Quarters Contact the INCIDENT Dispatch to Advise them of the Time you are Back in Service
- ☐ One Copy of the "MCI Field Notes" if completed will need to be Provided to the Agency having Jurisdiction over the MCI
- ❖ Fill out and Maintain a UNIT LOG (ICS Form 214)

Transportation Manager

Function:	Transportation Manager
Objective:	Communicate with Medical Resource Hospital to facilitate transportation of all Patients
Reports to:	EMS Group Supervisor or Incident Commander or Operations

Duties per Assignment — Radio Designation: "Transportation"

- ☐ Receives briefing from and reports to: Incident Commander or EMS Group Supervisor or EMS Branch

- ☐ Contacts Medical Resource Hospital for available patient receiving capabilities
  - Need number of Red, Yellow and Green beds available
  - Recheck bed availability as needed
  - Primary means of contact – Cell Phone
  - Hear Network may be utilized if there is no cell phone service
  - Record each hospital Phone Number and name of contact

- ☐ Maintain radio contact with Staging Area Manager
  - Contact Staging on V-TAC 14

- ☐ Coordinates with "Staging" Officer for move up of Ambulances to loading zone

- ☐ Coordinates with "Landing Zone" Manager for patients being transported by air resources

- ☐ Selects the appropriate Hospital to Transport Patients based on Injury Severity

  Maintains Patient Transportation Log:
  - Patient(s) Age and Gender
  - Chief Complaint
  - Triage Color
  - Patient ID Number
  - Location of receiving hospital
  - Ambulance ID
  - Time en route to receiving hospital
  - Estimated time of arrival at receiving hospital

- ☐ Notify MRH that an ambulance is en route to XXX hospital (Give patient details from log)

- ☐ Coordinates with Incident Commander or EMS Branch on needed Air Evacuation Resources

- ❖ Fill out and Maintain a UNIT LOG (ICS Form 214)

Annex 17: Business Continuity Plan

Skyline Health & Medical Clinic

Business Continuity Plan

Approval Page

Policy

It is the policy of Skyline Health & Medical Clinic to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, the facility will give priority to providing or ensuring patient access to healthcare.

Plan Authorization

This Business Continuity Plan (BCP) has been developed for use by Skyline Health & Medical Clinic. By affixing the signature indicated below, this BCP is hereby approved for implementation and intended to supersede all previous versions. This BCP was established to promote a system to: save lives; protect the health, ensure the safety of the hospital environment; alleviate damage and hardship; and, reduce future vulnerability within the facility. Further, this document indicates the commitment to ongoing planning, training, and exercise activities in order to ensure the level of preparedness necessary to respond to emergencies or incidents affecting the facility.

Chief Executive Officer

Date

17.1 Business Continuity Program Overview

Skyline Health & Medical Clinic recognizes the importance of continuity planning to ensure the continuity of performing essential services across a wide range of emergencies and incidents, and to enable our organization to continue functions on which our customers and community depend.

Overall, internal objectives are to protect life and property (including vital information), and external objectives are to support customers and the community with providing essential services until normal operations can resume.

1. Business Continuity Planning Team

The Business Continuity Planning Team as part of the Safety & Emergency Preparedness Committee meets monthly and includes the following members:

a. Facility Senior Management / Executive (CEO, CFO, CNO)
b. Nursing Manager
c. Emergency Management Coordinator
d. Facilities / Safety Manager
e. Human Resources Manager
f. IT Manager
g. Risk Management

2. Business Continuity Planning Team Key Activities include:

a. Conduct a business impact analysis and business process analysis for each department
b. Identify mission-essential services or departments
c. Develop the facility-wide business continuity plan (BCP)
d. In partnership with facility departments, develop department-specific BCPs
e. Conduct trainings and exercises to evaluate the plans

3. Regulations

The Skyline Health Campus Business Continuity Program and BCP help to satisfy the following regulations and guidance:

a. US DHHS ASPR Healthcare Preparedness Capability 2: Healthcare System Recovery
b. NFPA 1600: Standard on Disaster/Emergency Management and Business Continuity Programs
c. National Security Presidential Directive-51/Homeland Security Presidential Directive-20 (NSPD-51/HSPD-20), National Continuity Policy

17.2 Business Continuity Plan Purpose and Overview

4. Purpose

The Business Continuity Plan (BCP) describes the implementation of coordinated strategies that initiate activation, relocation, and/or continuity of operations and recovery for the facility. The BCP is an all-hazards plan that addresses the full spectrum and scale of threats from natural, manmade, and technological sources.

Department-specific BCPs have the same purpose with additional details on the interdependencies the department has on others in order to their essential functions, as well as the departments and functions that are dependent on the department in order for others to do their essential function.

5. Objectives

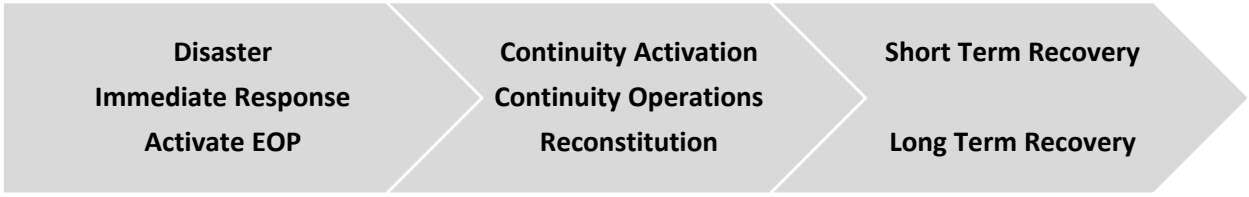
a. Facilitate immediate, accurate and measured service continuity activities after emergency conditions are stabilized.
b. Reduce the time it takes to make some critical decisions that personnel will need to make when a disaster occurs.
c. Minimize the incident's effect on daily operations by ensuring a smooth transition from emergency response operations back to normal operations.
d. Expedite restoration of normal services.

6. Pre-Incident Risk Assessment

A hazard vulnerability analysis (HVA) is conducted annually, and these top five threats have been identified. For detailed results, see the 2023 HVA document.

Rank	Hazard	Type	Risk %	Comments
1	Workplace Violence	Human	40%	
2	IT System Outage	Technological	36%	
3	Inclement Weather	Natural	33%	
4	Air Quality Issue	Natural	32%	
5	Power Outage	Technological	32%	

BCP Activation: <u>The BCP is activated after emergency conditions are stabilized.</u>



Facility-wide and department BCPs are secondary to the EOP and department Emergency Response Plans. This BCP will be implemented only after the facility has implemented emergency response procedures outlined in the EOP which are directed by the Hospital Command Center (HCC) using the Hospital Incident Command System (HICS).

The HICS Business Continuity Branch Director will coordinate continuity activities, including:

a. Facilitate the acquisition of and access to essential recovery resources, including business records (e.g., patient medical records, personnel records, purchasing contracts).
b. Support the Infrastructure and Security Branches with needed movement or relocation to alternate business operation sites.
c. Coordinate with the Logistics Section Communications Unit Leader, IT/IS Unit Leader, and the impacted area to restore business functions and review technology requirements.
d. Assist other branches and impacted areas with restoring and resuming normal operations.

The HICS Business Continuity Branch Director Job Action Sheet can be found in Appendix D as well as in the Hospital Command Center, Operations Section materials.

7. Most Impact on Overall Operations

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on overall operations. Each disaster will have different impacts on the facility, however focusing initial response and recovery actions on the following areas may expedite overall continuity activities.

Rank	Service	Department	Comments
1	Power	Maintenance & Engineering	
2	Water	Maintenance & Engineering	
3	Sanitation	Maintenance & Engineering	
4	Natural Gas	Maintenance & Engineering	
5	Resupply	Materials Management/Pharmacy	

8. Most Impact on Patient Care

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on patient care.

Rank	Service	Department	Comments
1	Water	Maintenance & Engineering	Austere water management rationing
2	Staffing	ALL	Family home / impacts, unable to physically reach work
3	Timely Resupply	Materials Management / Pharmacy / Dietary Services	Physically unable to get materials and supplies to our campus
4	Power	Maintenance & Engineering	Loss of HVAC systems
5	Outpatient / Surgeries	Nursing / Clinic	Being forced into cancelling out-patient services, including surgeries

9. Most Impact on Financial Functions that Drive Revenue

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on financial functions that drive revenue.

Rank	Service	Department	Comments
1	Staffing	All	Staff unable to physically get to work. Family limitations necessitate staying at home
2	Timely Resupply	Materials Management / Pharmacy / Dietary Services	Physically unable to get materials and supplies to our campus
3	Power	Maintenance & Engineering	Loss of HVAC systems
4	Outpatient / Elective surgeries	Surgery / Clinic	Cancelling out-patient services, including surgeries

10. Most Impact on Patient Satisfaction

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on our ability to ensure patient satisfaction.

Rank	Service	Department	Comments
1	Sanitation	Maintenance & Engineering	Decreased frequency of showering and process changes in bathroom
2	Water	Maintenance & Engineering	Decreased frequency of showering. Changes in diet options.
3	Supplies	Materials Management / Pharmacy / Dietary Services	May be on short rations, sandwiches instead of hot meals

17.3 Orders of Succession

Continuity of leadership during an emergency situation is critical to ensure continuity of essential functions.

Skyline Health has established and maintains Orders of Succession for key positions in the event leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal's death, incapacity, or resignation.

All persons (by position) listed will have full, unlimited authority to operate in the position they are assuming to the fullest extent possible until such person is relieved by the next highest-ranking individual or as identified in the Delegations of Authority.

1. Business Operations Succession Plan

Key Position	Successor 1	Successor 2	Successor 3
Chief Executive Officer	CNO	CFO	Controller
Chief Financial Officer	Controller	Med Records Mgr.	
Public Relation Director	CEO	Foundation Assistant	

2. Clinical Operations Succession Plan

Key Position	Successor 1	Successor 2	Successor 3
Chief Medical Officer	Senior ED MD	ED MD	Hospitalist
Chief Nursing Officer	ED Mgr. / Med-Surg Mgr.	ED Mgr. / Med-Surg Mgr.	Supervisors

17.4 Delegations of Authority

In Orders of Succession, a successor will typically take on all of the duties of the position they are replacing. Delegations of Authority allows certain duties of one individual/position to be divvied up and assigned/delegated to multiple individuals if the designated Successor is not available or based on the expertise of other facility personnel.

Skyline Health has established Delegations of Authority to provide successors the legal authority to act on behalf of Skyline Health for specific purposes and to carry out specific duties. Delegations of Authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished.

Delegation of authorities for making policy determinations and for taking necessary actions at all levels of an organization ensures a rapid and effective response to any emergency requiring the activation of a continuity plan.

Authority	Triggering Conditions	Position Holding Authority	Delegated Authority
Close and evacuate the facility	When conditions make coming to or remaining in the facility unsafe	Chief Executive Officer	1. CNO 2. Safety Officer 3. Maintenance & Engineering Director
Represent facility when engaging government officials	When the pre-identified senior leadership is not available	Chief Executive Officer	1. Orders of Succession 2. Emergency Prep Coordinator 3. Public Information Officer 4. Risk Management
Activate facility MOUs	When the pre-identified senior leadership is not available	Chief Executive Officer	1. Orders of Succession

17.5 Mission-Essential Services Assessment

Mission-essential services and functions are important and urgent. Essential functions are the activities that cannot be deferred during an emergency. These activities must be performed continuously or resumed quickly following a disruption.

The recovery timeframe of all services, departments and functions are assessed and prioritized to assist in planning and recovery implementation. They serve as key continuity planning factors necessary to determine appropriate staffing, communications, essential records, facilities, training, and other requirements.

Each department should maintain a plan that identifies their essential functions, staffing, vital records, and key applications, equipment, and supplies. Implementation of a department's continuity plan will be based on the needs

and considerations of the actual incident and resources available, and may be implemented on a different schedule than identified below.

Any function which does not need to be performed for 3 days is not considered essential.

The reason the organization defers activities until later is to free up resources that allow it to focus on those things that cannot be deferred. Thus, it is just as important to identify non-essential functions (which can be deferred) as it is to identify essential functions (which cannot be deferred).

The Maximum Tolerable Downtime is the maximum length of time (in hours or days) that the service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations.

Tier 0	**Recovery Time Objective** **Immediate**	**Criticality** **Immediately needed; presents life threatening or catastrophic impact if interrupted**	**Maximum Tolerable Downtime**
Tier 0	**Department**	**Essential Service / Function**	
Tier 0	Engineering	Facility Safety and Life Safety: fire suppression	Minutes
Tier 0	Security	Security, especially during Active Threat situation	Minutes
Tier 0	Engineering / ES	HAZMAT (Large) Facility Safety and Life Safety	Minutes
Tier 1	**Recovery Time Objective** **4 hours or less**	**Criticality** **Needed in less than 4 hrs., or it may present threat to life safety if downtime extends beyond**	**Maximum Tolerable Downtime**
Tier 1	**Department**	**Essential Service / Function**	
Tier 1	Emergency	Mass Casualty patient care	4 hrs

Tier 2	Recovery Time Objective 12 hours or less	Criticality Needed in same shift or < 12 hrs., or likely to impact operations and/or patient satisfaction	Maximum Tolerable Downtime
Tier 2	**Department**	**Essential Service / Function**	
Tier 2	Human Resources	Get staff needed for response; Staff notification	12 hrs

Tier 3	Recovery Time Objective 3 days or less	Criticality Minimal impact or risk; needed in 1 to 3 days	Maximum Tolerable Downtime
Tier 3	**Department**	**Essential Service / Function**	
Tier 3	Outpatient Clinics	Referrals to decrease patient load on hospital	1 Day
Tier 3	Engineering	Seek alternate potable water supply	1 Day

Tier 4	Recovery Time Objective 3 days or more	Criticality Need in long term, beyond 3 days	Maximum Tolerable Downtime
Tier 4	**Department**	**Essential Service / Function**	
Tier 4	Admin / Med Records	Medical Records / Billing	4 – 5 Days
Tier 4	Materials Management/ Pharmacy	Need to explore resupply alternatives	4 – 5 Days

17.6 Staffing

Skyline Health & Medical Clinic employs approximately 200 staff and 40 additional contractors (Medical Staff) who provide a variety of clinical and non-clinical services. Details of the number, type of staff and functions is maintained by the Human Resources Department.

HICS Positions that can be staffed will be at the discretion of Incident Command.

1. Essential Staff to Maintain Operations

In order to maintain the viability and overall operation of the facility, the following personnel are identified that have been deemed essential to their specific role in maintaining mission critical services and operations. Essential staff positions or classifications include:

a. Chief Executive Officer
b. Chief Nursing Officer
c. Safety Officer
d. Finance
e. Dietary Services
f. Pharmacy
g. Maintenance & Environmental Services

2. Incident Response Staffing

According to existing policies and procedures found in the Emergency Operations Plan, Emergency Staffing Procedures, and Human Resources Policies, following an incident that may impact staffing levels, the HICS Resource Unit Leader may be tasked to:

a. Tabulate and categorize on-duty stuff that can be reassigned.
b. Coordinate staff call back and provide instruction on where they are to report.
c. Coordinate the registration, orientation, and supervision of community members volunteering to assist during the incident.
d. Verify credentials, including licensure of all volunteer personnel.

Staff support activities (e.g., food service, employee health, sheltering, etc.) will be implemented by the appropriate HICS position.

3. Department Business Continuity Staffing

The Department Manager (or designee, or successor) will work with the HCC to minimize the impact to departmental operations by maintaining, resuming and recovering critical functions to the service levels identified the department's Emergency Response Plan, and the Recovery Time Objectives defined in the department's BCP.

Each departmental BCP identifies staff that have been deemed essential to their specific role in maintaining mission critical services and operations. Staff who will be assigned to the HCC and unavailable to perform departmental duties are also identified.

4. Staffing Considerations

As the emergency response phase winds down, facility leadership will determine whether to maintain the activation of the HICS Logistics Section / Support Branch / Labor Pool & Credentialing Unit Leader or transition duties directly to the Human Resources Department.

a. Evaluation of current staffing levels and resource deployment.
b. Notification of human resources, managers, union representatives and other key personnel as to status and plan implementation.
c. Notification of employees regarding plan activation and process.
d. Implementation of alternative staff resource options.
e. Evaluation of immediate and ongoing staff needs based on existing and predicted levels of human resources available.
f. Identification of contractors or other staff options that may alleviate problems resulting from staff loss.
g. Identification of work options available through telecommuting or other off-site possibilities.
h. Assessment of flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan where feasible.
i. Assessment of union issues surrounding overtime issues and disaster support/sharing of responsibilities among workers.
j. Evaluation of potential health and safety issues that may arise through diversion of staff to new job roles and loss of critical staff in various operational positions.
k. Liability assessment by general counsel.

17.7 Continuity Communications

Skyline Health maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and community response and recovery partners.

See Communication & Contacts

17.8 Vital Records Management

Another critical element of a viable continuity plan and program is the identification, protection, and ready availability of electronic and hardcopy documents, references, records, information systems, and data management software and equipment (including HIPAA-protected and other sensitive data) needed to support essential functions during an emergency response, service continuity, and recovery.

Skyline Health personnel, vital records, and storage locations have been pre-identified. Staff will be deployed during an emergency to ensure the protection and ready availability of these essential records to support essential functions under the full spectrum of emergencies.

In addition to departmental records identified in their respective BCPs, the following records are deemed critical to Skyline Health. Records are categorized into two general categories:

a. Emergency Operating Records: essential to the continued functioning or reconstitution of the organization.

b. Rights and Interests Records: essential to carrying out the organization's essential legal and financial activities.

1. Vital Records: Emergency Operating Records

Essential to the continued functioning or reconstitution of the organization.

Vital Records:	**Location**			
Emergency Operations	**Electronic Copy**	**Hard Copy**	**Mobile Copy**	**Remote Back-Up**
Standard Operating Procedures Plan (SOPs)	Web Based	No	No	With Vendor
Emergency Operations Plan (EOP)	Network	Yes, various locations	Thumb Drive	2 x Network hard drives at two separate locations
HCC / HICS Resources	Network	Yes, various locations	Thumb Drive	2 x Network hard drives at two separate locations
Business Continuity Plan	Network	Yes, various locations	Thumb Drive	2 x Network hard drives at two separate locations
Orders of Succession	Network	Yes, various locations	Thumb Drive	2 x Network hard drives at two separate locations
Delegations of Authority	Network	Yes, various locations	Thumb Drive	2 x Network hard drives at two separate locations
IT Disaster Recovery Plan	Network	Yes, various locations	Thumb Drive	2 x Network hard drives at two separate locations

2. Vital Records: Rights and Interests Records

Essential to carrying out the organization's essential legal and financial activities.

Vital Records:	**Location**			
Essential Business	**Electronic Copy**	**Hard Copy**	**Mobile Copy**	**Remote Back-Up**
Contracting and acquisition files	Some	Maintenance		2 x Network hard drives at two separate locations
Official personnel files		Human Resources		
Payroll records	Web Based	Human Resources		
Insurance forms with policy numbers	Web Based	Administration		
Property management and inventory records	Some	Maintenance		2 x Network hard drives at two separate locations
Lease agreements		Administration		
Personnel and payroll records including employment applications and employee manual		Human Resources		

Vital Records:	**Location**			
Corporate	**Electronic Copy**	**Hard Copy**	**Mobile Copy**	**Remote Back-Up**
Incorporation documents		Administration		
Bylaws	Network	Administration		2 x Network hard drives at two separate locations
Board meeting documents including agendas, minutes, and related documents	Network	Administration		2 x Network hard drives at two separate locations

Vital Records:	Location			
Corporate	**Electronic Copy**	**Hard Copy**	**Mobile Copy**	**Remote Back-Up**
Conflict of Interest and Nondisclosure statements		Administration		
Correspondence with legal counsel and/or accountants not otherwise listed	Network	Administration		2 x Network hard drives at two separate locations
Tax-exemption documents		Administration		
State charitable registration documents		Administration		

Vital Records:	Location			
Financial	**Electronic Copy**	**Hard Copy**	**Mobile Copy**	**Remote Back-Up**
Audit and management letters	Network	Administration		2 x Network hard drives at two separate locations
Audit work papers	Network	Administration		2 x Network hard drives at two separate locations
Equipment files and maintenance agreements	Network	Maintenance		2 x Network hard drives at two separate locations
Bank statements, canceled checks, check registers, investment statements and related documents going back seven years	Network (From August 2017 only)	Administration		2 x Network hard drives at two separate locations
Signed contracts with vendors		Administration & Materials Management		

Vital Records:	Location			
Donor and Fund Records	**Electronic Copy**	**Hard Copy**	**Mobile Copy**	**Remote Back-Up**
Fund files including fund agreements and fund statements	Network			2 x Network hard drives at two separate locations
Gift documentation	Network			
Grant documentation	Network	Foundation / Administration		2 x Network hard drives at two separate locations

Vital Records:	Location			
IT-Related	**Electronic Copy**	**Hard Copy**	**Mobile Copy**	**Remote Back-Up**
Commercial software licenses	Network	No	On portable Hard Drive	2 x Network hard drives at two separate locations
Copies of installation CDs	Network	No	On portable Hard Drive	2 x Network hard drives at two separate locations
Product keys	Network	No	On portable Hard Drive	2 x Network hard drives at two separate locations
Serial numbers	Network	No	On portable Hard Drive	2 x Network hard drives at two separate locations
End User License Agreements	Network	No	On portable Hard Drive	2 x Network hard drives at two separate locations

17.9 Continuity Facilities, Department Closure and Devolution

1. Continuity Facilities

Planning with the Business Continuity Planning Team, each department will identify at least three evacuation locations (on the same floor, vertical evacuation, and outdoor collection area), and determine if services (clinical and non-clinical) can be continued in this location. If services can be continued, then resources needed will be identified.

Each department maintains its own BCP which details its continuity facilities, closure, devolution, and evacuation plans.

Additional surge and alternate care planning is documented in the EOP.

2. Department Closure

If a primary department location is deemed to be inoperable or unsafe, the Department Manager, or designee, will initiate department closure procedures, and, in coordination with the HICS Business Continuity Branch Director, will activate the alternate location which may provide full or limited operational capability. Relocation will be the decision of the HICS Incident Management Team and coordinated with the HCC.

3. Devolution

Devolution takes place when an organization's primary and alternate facilities, staff, or both are unavailable and essential functions must be transferred to someone else at a different facility.

If we are unable to provide patient care (to a single department up to the whole facility), the devolution plan is to work with our sister facilities and community response partners to transport patients to another healthcare facility. Our Evacuation Plan details the procedures for patient movement, information and resources that need to accompany the patients, and our Communication Plan identifies key contacts.

Once it is safe to do so, Reconstitution activities will commence.

17.10 Reconstitution: Recovery and Resumption of Services

Reconstitution is the process by which surviving and/or replacement organization personnel resume normal operations in the primary operating space (a single department, floor, or the entire facility). In some cases, extensive coordination may be necessary to backfill staff, procure new operating space or facility, and re-establish communications, IT infrastructure, and essential records.

The four key phases of reconstitution for any type of operating space are:

1. Re-enter the physical space - ensure safety
2. Re-open the physical space - replenish supplies, equipment, and staff
3. Repatriation of patients, if a patient care area
4. Resumption of normal service delivery



Prioritization

An orderly return to the new or restored facilities will be established based on the safety of the facility and the resources available. Because the facility may be reopened in phases, a staggered staff schedule may be implemented. A detailed communication plan will be implemented to ensure that staff are notified accordingly.

An overview of steps include:

1. Inform all personnel that the emergency no longer exists.
2. Implement a priority-based phased approach to reconstitution.
   a. Inspect and repair/replenish affected areas.
   b. Get approvals to re-open.
3. Notify employees of reconstitution and when to report.
4. Provide instructions for resumption of normal operations.
5. Verify all systems, communications, and other required capabilities are available and operational.
6. Identify vital records affected by the incident and ensure an effective transition or recovery of records.
7. Most critical functions transferred last.
8. Notify stakeholders of reconstitution.
9. Prepare After-Action Report, Corrective Action and Improvement Plans.

17.11 Reconstitution: Hierarchy of Repopulation Approvals

Dependent upon circumstances, the following sequential steps should be expected prior to the repopulation of evacuated hospital facilities.

Steps	Date Completed
A. Local government agencies have removed restrictions, if any, related to the environmental quality in the area or facility for the types of patients to be moved back into the facility.	
B. Local Fire Department and/or Law Enforcement agency representative allows re-entry to the specific evacuated neighborhood in which hospital is located and/or allows re-entry to evacuated facilities, as applicable.	
C. If structural integrity or any major building system is compromised, OSHPD inspects and repopulation cannot occur until any red and yellow building tags are removed from the impacted building by OSHPD.	
D. If required, due to prolonged loss of power and refrigeration or breach of pharmaceutical security, State Pharmacy Board may conduct a site visit to approve measures taken to restore Pharmacy capacity and safety.	
E. The CEO/IC oversees an assessment of environmental safety, facilities, operations and resources, including the factors identified in the General All Hazards Repopulation Factors checklist, and prepare the facility for repopulation.	
F. The CEO/IC maintains communication with the L&C District Office regarding facility status, progress and estimated timeframes for reopening of facility. Depending upon the circumstances, L&C may schedule a reportable event visit.	
G. Once the CEO/IC makes a determination, based on best judgment, that the facility is ready to repopulate, L&C is notified and: 1) If necessary, an L&C repopulation inspection is scheduled, or, 2) Repopulation is initiated.	
H. If an L&C repopulation visit is required: 1) If necessary, additional actions or agency reviews may be requested by L&C; and/or, 2) The determination is made that hospital facilities are safe for patients, staff and visitors, programs and services can be resumed, and repopulation can be initiated.	

17.12 Reconstitution: General All-Hazards Hospital Re-Population Factors

The following factors/steps should be considered as appropriate to the type of evacuation.	Status/ Date
A. Facilities are determined to be structurally sound and safe, and systems are not compromised, for occupancy. If not safe, may require repairs/retrofits/replacements that need to be approved by OSHPD, fire marshal and L&C.	
B. Air particulate exposure levels (e.g., smoke, chemicals) in buildings are documented to be reduced to acceptable/safe levels as defined by Cal/OSHA permissible exposure limits (PELS) and local Air Quality Management District Standards using available methods (e.g., air scrubbers, open windows, blowers, HAZWOPER response, etc.), if needed. Only test equipment appropriate to the hazard should be used to determine safe levels of habitability and may require an outside testing laboratory service.	
C. Hospital shall have a plan to prepare for and implement repopulation.	
D. All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc.).	
E. All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed.	
F. Replace or clean linens, drapes, and upholstery, if needed.	
G. All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested and repaired/replaced/quarantined, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.).	
H. Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are returned to operational status. The facility's ability to provide essential services should be sustainable for the long term. Program Flex may be an option subject to L&C District Office approval (e.g., contracted food or pharmacy services).	
I. Vandalism and/or looting damage, if applicable, is repaired and alleviated.	
J. Full & non-abbreviated generator & smoke detector tests are completed, if needed.	
K. HVAC systems are tested and operational, if needed.	
L. Utilities are tested & operational (electricity, water supply & quality, plumbing, etc.).	
M. Dietary Services are operational and sustainable for the long term; in the case of damage to kitchens/equipment, program flex approval from L&C may be requested for contract services during repairs.	

17.13 Business Continuity Coordinator Job Description Sample

1. General Description

The dedicated Business Continuity Coordinator will coordinate business continuity activities for the facility which include the development, documentation, maintenance, and implementation of plans and procedures for business continuity and healthcare continuity and recovery strategies and solutions; coordinate business continuity trainings and exercises; act as a coordinator for continuity and recovery efforts after a disruption; and implement all business continuity / healthcare continuity and recovery grant requirements for the facility.

2. Responsibilities

a. Planning
   i. Coordinate the implementation of all business continuity program activities, including:
      1. Conduct a business impact analysis and business process analysis for each facility department.
      2. Identify mission-essential services or departments.
      3. Develop the facility-wide business continuity plan (BCP).
      4. In partnership with facility departments, develop department-specific BCPs.
   i. Facilitate regular Business Continuity Planning Team meetings, and maintain meeting minutes.
   ii. Identify and implement the BCP update schedule.
   iii. Maintain business continuity / healthcare continuity and recovery HPP grant documentation, and ensure that documentation is complete and available for yearly review by the EMS Agency and other regulatory agencies (coordinate with Emergency Management Coordinator).
   iv. Maintain all hospital accreditation & licensing emergency management standards and requirements as it pertains to business continuity.

b. Training and Exercises
   i. Develop annual training and exercise schedule.
   ii. Conduct trainings and exercises to evaluate the plans (can be in coordination with the Emergency Management Coordinator).
   iii. Practice the HICS role of Business Continuity Branch Director. Identify and train additional staff members to fulfill the Branch Director and Branch Unit Leader positions.
   iv. Maintain all training and exercise records.

c. Response
   i. If activated, participate in the Hospital Command Center as the Business Continuity Branch Director, and manage the Branch and its Unit Leaders.

d. Recovery
   ii. Facilitate the implementation of facility-wide and/or department BCPs and other business continuity / healthcare continuity and recovery activities.
   iii. Ensure recovery documentation is maintained for facility records, and other agencies.
   iv. Contribute to the After-Action Report.

3. Knowledge, Skills and Abilities

a. Demonstrates fluency in English communication to include reading, writing and verbal communication.

b. Ability to establish positive interpersonal skills with facility staff to engage their support and cooperation in developing, updating and implementing the business continuity program.
c. Understands knowledge and skills in leadership and management.
d. Teaching and training experience preferred.
e. Computer knowledge of business applications (Microsoft Word, Excel, PowerPoint, Outlook).
f. Working knowledge of Federal (National Incident Management System, NIMS) State (Standardized Emergency Management System, SEMS) and local emergency management systems.

4. Qualifications

a. Required Experience
    i. Knowledge of hospital operations and interactions
    ii. Experience with the coordination of preparedness, response and recovery processes associated with healthcare emergency management
a. Preferred Experience
    i. Three years of professional experience in business continuity, emergency management/disaster preparedness, the field of risk management, or related field
    ii. Experience conducting BIAs, BPAs, interviews, and writing BC plans
    iii. Hospital Disaster Management Training (HDMT)
    iv. Experience with Emergency Medical Services/Hospital Preparedness Program/Assistant Secretary of Preparedness and Response (EMS/HPP/ASPR) audits
b. Required Certifications
    i. ICS 100, 200 and 700 courses
c. Preferred Certifications (one or more of the following)
    i. Certified Business Continuity Professional (CBCP)
    ii. Certified Healthcare Provider Continuity Professional (CHPCP)
    iii. Associate Emergency Manager (AEM) Certification
    iv. Certified Emergency Management (CEM) Certification
    v. Certified Healthcare Safety Professional (CHSP)
    vi. Certified Healthcare Emergency Professional (CHEP)
    vii. ICS 800 (within 3 months of hire)
d. Physical Demands and Working Conditions
    i. Intact vision, speech and hearing sufficient to perform essential job responsibilities
    ii. Ability to work under rapidly changing and stressful conditions
    iii. Physical activities may be performed as necessary

17.14 Business Continuity Branch Director Job Action Sheet

A copy of this Job Action sheet is also available in the Hospital Command Center, Operations Section materials.

Mission: Ensure business functions are maintained, restored, or augmented as needed to minimize the financial or other impact of business interruptions.

Position Reports to: **Operations Section Chief** Command Location: _____		
Position Contact Information: Phone: ( ) - Radio Channel: _____		
Hospital Command Center (HCC): Phone: ( ) - Fax: ( ) -		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Operations Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Business Continuity Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Provision of time sensitive data, records, and information (e.g., patient records, contracts, payroll, etc.) • Intranet and internet capabilities and functionality		

Immediate Response (0 – 2 hours)	Time	Initial
• Data and business function recovery operations, including server, computer, application support, and virus removal • Expansion or relocation of business functions, including server, computer, and application support • Data access and security • Access to business interruption insurance, in coordination with the Finance/Administration Section • Provide information to the Operations Section Chief of the status		

Determine the incident objectives, tactics, and assignments
 	
• Document branch objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine which Business Continuity Branch functions need to be activated:
  ▪ IT Systems and Applications Unit
  ▪ Service Continuity Unit
  ▪ Records Management Unit
  ○ Make assignments, and distribute corresponding Job Action Sheets and position identification
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities
 	
• Participate in the Operations Section planning meeting and incident action planning; obtain and provide key information for operational activities
• Implement branch plans and monitor activities
• Communicate between Hospital Incident Management Team (HIMT) to determine business recovery objectives and timeframes based on recovery capability, risk, and recovery priorities
• In conjunction with the Finance/Administration Section, assess financial implications of interruption; consult legal counsel and the hospital's business insurance carrier as needed
• Ensure implementation of the hospital's Business Continuity Plans
• Support department-level recovery operations (e.g., radiology, pharmacy, purchasing, payroll, business office)
• Determine the ability to meet any recovery objectives for all impacted business functions, and develop alternate systems to meet needs
• Ensure a system to access essential business records (e.g., patient medical records, purchasing contracts)
• Assure activation of plans for expansion or relocation to alternate business operation sites as needed, including:
  ○ Occupancy permits
  ○ Contractors for building modifications, communications and information technology (IT) networking, and acquisition and transportation of furniture, equipment, and supplies
  ○ Staffing plan (employees or vendor supplied)
  ○ Building security, housekeeping, and trash removal services
• Assure activation of hospital-wide Information Technology (IT) Support Plan, including:
  ○ Support the Hospital Command Center (HCC) with equipment and software; coordinate with the Logistics Section Information Technology/Information Services (IT/IS) and the Equipment Unit Leader on equipment issues
  ○ Expansion of computer help-desk services
  ○ Vendor agreements to support operations		

Immediate Response (0 – 2 hours)	Time	Initial
○ Utilization of downtime paperwork, and post event transfer of information from hard copy to computer after system restoration when applicable ○ Evaluation of existing applications to include projected needs for additional licenses, password permissions, storage, and hardware to support existing operations as well as those in an alternate location ○ Virus removal operations • Obtain information and updates regularly from the Operations Section Chief • Maintain current status of all areas • Inform the Operations Section Chief of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs • Monitor and support as needed Infrastructure Branch, and the Logistics Section Information Technology/Information Services (IT/IS) and the Equipment Unit Leader • Consider development of a branch action plan; submit it to the Operations Section Chief if requested • Provide regular updates to branch personnel and inform of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, review and document information in appropriate sections of the Facility System Status Report • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief • Assess issues and needs in branch areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2-12 hours)	Time	Initial

Activities
 	
• Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Communicate regularly with the Operations Section Chief
• Designate times for briefings and updates with Unit Leaders to develop or update the Business Continuity Plans
• Schedule planning meetings with Unit Leaders to update the action plan and demobilization procedures		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial

Activities
 	
• Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Business Continuity Branch to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Continue to assist in maintaining the HICS 257: Resource Accounting Record to track equipment used during the response
• Conduct regular situation briefings
• Meet with unit leaders to address ongoing issues		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	Time	Initial

Activities
 	
• Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return branch personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Operations Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes, as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 251 - Facility System Status Report ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes

Documents and Tools
❑ Business Continuity Plans ❑ Data Recovery Plan ❑ Access Control policies and procedures ❑ Information and Data Security Plan ❑ Records Management Plan ❑ Business interruption insurance documentation ❑ IT Application Support Plan ❑ Computer with intranet and internet connection ❑ Hospital schematics, blueprints and maps ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

17.15 Appendix: References and Resources

Los Angeles County Emergency Medical Services (EMS) Agency

The EMS Agency has funded several business continuity planning activities and resources. These are available at: http://ems.dhs.lacounty.gov/. Choose Disaster Medical Services then the Resource Documents tab.

Assistant Secretary for Preparedness and Response, US Dept. of Health and Human Services

Hospital Preparedness Program Guidance, Reports and Research

http://www.phe.gov/Preparedness/planning/hpp/reports/Pages/default.aspx

- Healthcare COOP and Recovery Planning: Concepts, Principles, Templates and Resources
- NIMS Implementation for Healthcare Organizations and Guidance

California Association of Health Facilities

http://www.cahfdownload.com/cahf/dpp/COOP_Template.docx

- Continuity of Operations Plan Template

California Hospital Association

http://www.calhospitalprepare.org/continuity-planning

- Hospital Continuity Program Checklist
- Business Continuity Planning Toolkit
- How to Conduct a Hospital Business Impact Analysis

Federal Emergency Management Agency, Continuity of Operations Guidance & Directives

http://www.fema.gov/guidance-directives

- Continuity Guidance Circular 1: Continuity Guidance for Non-Federal Governments (2013)
- Continuity Guidance Circular 2: Continuity Guidance for Non-Federal Entities: Mission Essential Functions Identification Process (2013)

Federal Emergency Management Agency, Independent Study Program

http://training.fema.gov/is/

- IS-546: Continuity of Operations Awareness Course
- IS-547: Introduction to Continuity of Operations
- IS-548: Continuity of Operations (COOP) Program Manager

Harvard School of Public Health Emergency Preparedness and Response Exercise Program

http://www.hsph.harvard.edu/eprep/resources-and-tools/

- Essential Functions and Considerations for Hospital Recovery

Accrediting Agencies: Increasingly, business continuity planning is becoming a requirement for accreditation. You should verify with relevant agencies such as TJC, DNV, CMS, etc.

17.16 Appendix: Financial Sustainability

Financial Sustainability

The concepts of continuity of operations and financial sustainability are intertwined.

- *Financial sustainability* refers to an entity's ability to remain economically viable during and after a disaster by maintaining a revenue stream during the disaster.
- *Business continuity and continuity of operations* refers to a broader plan to maintain business operations during a disaster, which includes assuring an organization's financial stability. **Financial sustainability is an integral part of ensuring business continuity.**

Examples of direct financial impact that result from responding to an incident may include:

- lost revenue from cancelled scheduled procedures
- lost revenue due to discharging patients early
- costs due to staff time required for planning for an impending incident
- costs due to overtime or additional staff
- costs due to the purchase of additional supplies
- costs due to the need to purchase from non-usual vendors
- costs due to the support of on-duty (and possibly off-duty) staff such as meals, shelter

Failure to plan for financial sustainability during a disaster could expose hospitals and other healthcare providers to various liabilities including:

- medical malpractice
- failure to respond
- failure to plan and prepare
- breach of contract (both vendor and employment)
- violation of certain federal and state laws and regulations related to claims submission
- loss of facility licensure

There is no one uniform solution or approach to assuring financial stability and continuity of operations in a disaster. Healthcare providers must adopt a multi-faceted strategy to maximize their coverage and reimbursements from both governmental and private sources. Plans need to be flexible as the options and resources available to address an organization's financial sustainability will vary with the nature and scope of a given disaster.

This Appendix provides information and additional resources on the following:

- Planning
- Documentation
- Insurance Strategies for Disaster Recovery

- Prompt Payment of Claims
- Medicare / Medicaid Waivers During Disasters, Claims Submission, Accelerated Payment
- FEMA Reimbursement
- Small Business Administration Loans

Planning

Create a Financial Disaster Plan Work Group

Executive leadership, finance department officials, legal counsel, risk management, and the Business Continuity Planning Team should engage in discussions to develop and implement a Financial Disaster Plan to protect against losses and help ensure business continuity and recovery.

Considerations include:

- Consequences of closure by government order
- Cancellation of services due to a lack of staff
- Activation of Crisis Standards of Care plans
- Lack of reimbursement for services provided
- Loss of power, water or communication
- Disruption of electronic payment system
- Disruption/failure of healthcare supply chain

Work Group Members may include:

- Chief Financial Officer
- Business Continuity Coordinator / Healthcare Continuity and Recovery Coordinator
- Emergency Management Coordinator
- Risk Management
- Insurance Specialist
- Legal Counsel
- Human Resources
- Compliance

Financial Disaster Plan Work Group Key Activities include:

- Identify mission-essential services or departments that have the most impact on financial functions that drive revenue and those that hinder revenue
- Identify and complete the documents that need to be in place prior to an incident
- Identify the forms and documents that need to be completed during the response
- Identify the forms and documents that need to be completed after the response

- Develop the Financial Disaster Plan

The following Documentation checklist can be used as a guide to develop your facility's Financial Disaster Plan, and guide the activity of a Financial Disaster Plan Work Group.

Documentation

Pre-Incident Documentation

- ❑ Establish a written policy that outlines how the hospital will capture disaster related expenditures, including labor and materials, through cost centers or purchase orders.
    - *Note: In some cases, having a policy in place prior to a disaster may result in more comprehensive reimbursement.*

- ❑ Pre-disaster procedures should be created to track "normal" usage in your institution.
    - *Note: Policies and procedures should provide a means to justify disaster related costs above and beyond normal operating expenses. FEMA does not reimburse for normal operating expenses prior to or after a disaster.*

- ❑ Ensure that contracting and procurement practices are follow FEMA guidelines (if you expect to apply for FEMA reimbursement).

- ❑ Establish a written policy that describes how payment will be made during the incident response that includes, at a minimum, emergency purchase orders, petty cash, and credit.
    - *Note: During an incident, a vendor may require payment in cash only. A priority ranking procedure may need to be established to identify what types of supplies and services have preferred payment status.*

- ❑ Document emergency protective measures and other preparation activities performed within a reasonable and justified time in advance of the incident, as they may be eligible for reimbursement.

- ❑ Identify and inventory offsite facilities, including physician offices.
    - *Contents and operations may be eligible for reimbursement depending on the terms of the lease, insurance and ownership.*

- ❑ Set-up zero dollar cost centers (2 or more) to capture disaster related charges.
    - *Cost codes within the cost center should include labor, supplies, pharmaceuticals, equipment, etc.*

- *Establish cost centers to track human assets and other expenses at the start of planning for an imminent incident (such as a labor strike) to allow for a true assessment of incident-related expenses.*
- *Actuate expenses at the beginning. This allows you to go back in time and compare cost estimates to actual spend during continuance activities.*

❑ In your HICS Finance Section, ensure that financial and record keeping policies and processes are understood and available to be activated to capture all disaster related expenditures.

- Pre-designate a dedicated person (by title) to coordinate the completion and filing of financial related costs once the response phase has ended and the HICS Finance Section has been deactivated.

Documentation During Response and Recovery

The HICS Finance Section Chief will have over responsibility to account for incident-related expenses while the HICS Incident Management Team is activated. A pre-designated position should take over the overall documentation responsibility during recovery.

Documentation will include:

- The use of HICS documents, including:
  - HICS 252: Section Personnel Time Sheet (use for ALL staff who respond to the incident)
  - HICS 253: Volunteer Registration
  - HICS 256: Procurement Summary Report
  - HICS 257: Resource Accounting Record
- Operating costs
- Costs from increased use
- Lost revenue through disruption of services
- Accurate disbursement
- Inventory damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory
- Replacement of capital equipment
- Repairing or replacing incident damages to property owned by the business
- Permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facilities)
- Construction related expenses

Insurance Strategies for Disaster Recovery

After documentation is complete, the hospital files the appropriate claims with its insurance companies for damage to the hospital. The hospital will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

Types of Insurance for Contingencies

Business Interruption Insurance: Compensates the healthcare facility for lost income if the facility has to vacate the premises due to disaster related damage that is covered under its property insurance policy. Policies typically cover profits the facility would have earned based on financial records had the disaster not occurred. The policy will cover operating expenses that are continuous through the disaster event.

Civil Authority Insurance (CAI): An extension of business interruption coverage, and compensates a healthcare facility for lost income and additional expenses arising out of suspension of the insured's operations necessitated by an order of civil authority ("closure order") which prevents access to the insured's property.

Ingress/Egress Insurance: Similar to CAI coverage except that closure order from a civil authority is not necessary. To trigger coverage, many ingress/egress polices require, because of the damage to the property, that the property be completely inaccessible.

Contingent or Dependent Business Interruption Insurance: Protects the earnings of the insured following physical loss or damage to the property of the insured's suppliers or customers, as opposed to its own property.

Dependent property is frequently defined as property operated by others upon whom you depend to:

- Deliver materials or services to you or to others for your account (not including utilities)
- Accept your products or services
- Manufacture products for delivery to your customers under contact for sale
- Attract customers to your business

Accounts Receivable Insurance: protects healthcare facilities against their inability to collect their accounts receivable because of the loss of supporting records that have been destroyed by a covered-cost cause of

loss. This type of insurance also covers "the extra collection expenses that are incurred because of such loss or damage and other reasonable expenses incurred to re-establish records of accounts receivable after loss or damage."

Prompt Payment of Claims

Ensuring payment from third party payers during a disaster is key to continued operations and financial sustainability. During a disaster, payers may find it difficult to comply with the "prompt payment" rules and regulations. Federal and state prompt payment laws and regulations govern the manner and timing in which payers must pay providers or beneficiaries for properly submitted claims. If payers fail to comply with prompt payment rules during a disaster, healthcare providers' revenue streams could be seriously diminished, creating a host of problems for providers, their vendors, employees, and, above all, patients.

Many providers receive electronic payments from payers. During a non-traditional disaster, such as a cyber-attack, or a more traditional disaster that results in a power outage, the electronic payment process may be inoperable or inaccessible for a prolonged period of time.

Healthcare providers should discuss and plan for alternative mechanisms to receive and make payments during a disaster.

Medicare/Medicaid Waivers in Disasters

Section 1135 Waiver

The Social Security Act authorizes Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and social services programs of DHHS. It authorizes the Secretary, among other things, to temporarily modify or waive certain Medicare, Medicaid, CHIP, and HIPAA requirements when the Secretary has declared a public health emergency and the President has declared an emergency or a major disaster under the Stafford Act, or a national emergency under the National Emergencies Act.

Sanctions may be waived under Section 1135 for the following requirements:

- Conditions of Participation
- Licensure Requirements
- EMTALA
- Physician Self-referrals
- HIPAA Regulations
- Out-of-network payments

Examples of requirements waived/modified under section 1135 waivers:

- Hospitals—recordkeeping requirements, certification for organ transplants
- Inpatient beds—modifications to expand the number of beds
- Critical Access Hospitals—waiver of classification requirements for critical access hospitals, inpatient rehabilitation facilities, long term care facilities, and psychiatric units
- EMTALA sanctions—waiving EMTALA sanctions for transferring patients to other facilities for assessment if the original facility is in the area where a public health emergency has been declared (other provisions of EMTALA remain in full effect)
- HIPAA—waiving certain HIPAA privacy requirements so that healthcare providers can talk to family members (other provisions of HIPAA remain in full effect)

Additional information:

EMTALA Medical Treatment and Labor Act (EMTALA) Requirements and Options for Hospitals in a Disaster: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf

Information on Requesting a Section 1135 waiver:

https://www.cms.gov/about-cms/what-we-do/emergency-response/how-can-we-help/waivers-flexibilities

Section 1115 Medicaid Waivers

Section 1115 authorizes the DHHS Secretary to conduct demonstration projects that further the goals of Medicaid, Medicare and CHIP. This waiver has been used to ease some of the statutory requirements during a disaster for persons eligible for Medicaid, Medicare and CHIP.

The CMS template for the Section 1115 disaster waiver program noted the following “Standard Features” regarding healthcare provider reimbursement issues:

https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/section-1135-waiver-flexibilities/index.html

Claims Submission during a Disaster

Healthcare facilities may experience operational circumstances that may impede their ability to meet many of the Medicare requirements, including conditions of participation, certification, and proper claims submission procedures.

Federal and state laws, as well as actions by CMS and DHHS during past disasters, offer some expectation that waivers of regulatory requirements related to claims and coverage issues will be available during future disasters. CMS’ pandemic influenza guidance offers examples of how that agency may treat claims and

coverage requirements during a pandemic, yet these are subject to change in the future. Healthcare providers should understand what requirements payers have and have not waived during past events to begin their financial continuity planning, but should realize that such waivers may or may not be available in the future.

Healthcare facilities should:

- Monitor and report staffing issues that may affect claims submission.
- Alert authorities on medical surge conditions that may overwhelm the healthcare system and create a backlog of claims submissions for both Medicaid/Medicare and private payer submissions.
- Monitor and document volunteer and out-of-state personnel who are working with the facility to assess if they will impact the hospital's ability to be reimbursed by Medicare.
- Monitor the impact of any declaration of Crisis Standards of Care in the region as it relates to claims submission and reimbursement.
- Monitor and report issues relating to the facility's ability to maintain records, submit electronic claims, and process checks to pay employees, contractors, and vendors.

Accelerated Payment/Advanced Payment from Medicare

CMS has the authority to relax or waive certain billing and claims submission requirements to help providers impacted by a disaster. CMS can supplement the relaxation or waiver of requirements through the use of accelerated payments or advance payments. Medicare accelerated payment provisions allow healthcare providers to receive payment for services before the provider submits a claim to CMS.

There are three situations that may justify accelerated payment:

1. A delay in payment from the Fiscal Intermediary (FI) for covered services rendered to beneficiaries whereby the delay causes financial difficulties for the healthcare provider;
2. Highly exceptional situations where a healthcare provider has incurred a temporary delay in its bill processing beyond the healthcare providers normal billing cycle; or
3. Highly exceptional situations where CHS deems an accelerated payment is appropriate.

Medicare Financial Management Manual: Chapter 3, Page 64, Section 150, Accelerated Payments:

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/fin106c03.pdf

FEMA Reimbursement

Federal Disaster Declaration: Robert T. Stafford Disaster Relief and Emergency Assistance Act

At the request of the Governor, the President may declare a major disaster or emergency if an incident is beyond the combined response capabilities of the State, Tribal, and jurisdictional governments. Among other things, this declaration allows Federal assistance to be mobilized and directed in support of State, Tribal, and jurisdictional response efforts. In addition, in the absence of a specific request, the President may provide accelerated Federal assistance and Federal support where necessary to save lives, prevent human suffering, or mitigate severe damage, and notify the State of that activity.

FEMA administers disaster relief funding allowed under the Stafford Act.

Reimbursement eligibility rules apply for certain aspects of emergency medical care including:

- Treatment and monitoring of disaster victims requiring medical care
- Vaccinations for disaster victims, emergency workers and medical staff
- Only private nonprofit healthcare facilities may directly apply for FEMA assistance grants
- For-Profit entities may be indirectly eligible through established mutual aid agreements, emergency operations plans or memorandums of understanding with other nonprofit entities
- **FEMA's role as "payer of last resort" requires entities like hospitals and other medical facilities to exhaust all other forms of insurance and reimbursement before seeking assistance from FEMA**
- To the extent that other forms of payment are received in addition to FEMA funds, the recipients must off-set the amount paid out by FEMA and refund monies to FEMA. As a result, healthcare providers should not rely on the availability of FEMA grants as a primary source of reimbursement and funding during or after a disaster.
- All FEMA subgrantees are subject to audit (after the funds have been distributed, and if fault is found, those funds may need to be paid back to FEMA). The following are common areas for concern:
    - Contracting practices: improper contractor selection and monitoring
    - Claims: not supported by detailed and source documentation; ineligible work is performed and claimed; duplicate claims requested

FEMA Reimbursement for Acute Care Hospitals

"A Quick Guide: FEMA Reimbursement for Acute Care Hospitals" provides an overview of FEMA's reimbursement process and outlines the tasks and corresponding timelines that must be met by acute care hospitals to successfully apply to FEMA for reimbursement of disaster related expenses incurred as a result of the event.

Guide available at: www.calhospitalprepare.org/FEMA_Reimb

FEMA Reimbursement for Emergency Medical Care and Medical Evacuations

FEMA's "Disaster Assistance Policy on Emergency Medical Care and Medical Evacuations" identifies the extraordinary emergency medical care and medical evacuation expenses that are eligible for reimbursement under Category B, Emergency Protective Measures of the FEMA Public Assistance Program following an emergency or major disaster.

Policy available at: www.fema.gov/pdf/government/grant/pa/9525_4.pdf

FEMA Reimbursement for Pandemic Influenza

FEMA's "Disaster Assistance Policy on Emergency Assistance for Human Influenza Pandemic" establishes the types of emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.

The policy may cover additional reimbursement costs related to the management, control, and reduction of immediate threats to public health and safety. Specific health and social service expenditures that may be reimbursable include:

- Purchase and distribution of food, water, ice, medicine, and other consumable supplies
- The movement of supplies and personnel
- Emergency medical care in a shelter or temporary medical facility
- Temporary medical facilities when existing facilities are overloaded
- Sheltering for safe refuge of patients when existing facilities are overloaded
- Communicating health and safety information to the public
- Storage and internment of unidentified human remains
- Mass mortuary services

Policy available at: www.fema.gov

Additional information:

"**Payment for Care at Hospital Alternative Care Sites**" - Fact sheet for hospitals that find it necessary to establish alternate care sites to expand the ability of the facility to care for patients: www.cms.gov/About-CMS/

Small Business Administration (SBA) Loans

SBA provides low-interest disaster loans to businesses of all sizes, private non-profit organizations, homeowners, and renters. SBA disaster loans can be used to repair or replace the following items damaged or destroyed in a declared disaster: real estate, personal property, machinery and equipment, and inventory and business assets.

Business Physical Disaster Loans

If you are in a declared disaster area and have experienced damage to your business, you may be eligible for financial assistance from the SBA. Businesses of any size and most private nonprofit organizations may apply to the SBA for a loan to recover after a disaster.

Loan Amounts and Use

SBA makes physical disaster loans of up to $2 million to qualified businesses or most private nonprofit organizations. These loan proceeds may be used for the repair or replacement of the following:

- Real property
- Machinery
- Equipment
- Fixtures
- Inventory
- Leasehold improvements

The SBA Business Physical Disaster Loan covers disaster losses not fully covered by insurance. If you are required to apply insurance proceeds to an outstanding mortgage on the damaged property, you can include that amount in your disaster loan application.

If you make improvements that help reduce the risk of future property damage caused by a similar disaster, you may be eligible for up to a 20% loan amount increase above the real estate damage, as verified by the SBA.

You may not use the disaster loan to upgrade or expand a business, except as required by building codes.

Eligibility and Terms

- A business of any size or most private nonprofit organizations that are located in a declared disaster area and have incurred damage during the disaster, may apply for a loan to help replace damaged property or restore its pre-disaster condition.

- The interest rate will not exceed 4% if you cannot obtain credit elsewhere. For businesses and nonprofit organizations with credit available elsewhere, the interest rate will not exceed 8%.
- SBA determines whether the applicant has credit available elsewhere. Repayment terms can be up to 30 years, depending on your ability to repay the loan.

Economic Injury Disaster Loans (EIDL)

If you have suffered substantial economic injury and are one of the following types of businesses located in a declared disaster area, you may be eligible for an SBA EIDL:

- Small business
- Small agricultural cooperative
- Most private nonprofit organizations

Loan Amounts and Use

Substantial economic injury means the business is unable to meet its obligations and to pay its ordinary and necessary operating expenses. EIDLs provide the necessary working capital to help small businesses survive until normal operations resume after a disaster.

The SBA can provide up to $2 million to help meet financial obligations and operating expenses that could have been met had the disaster not occurred. Your loan amount will be based on your actual economic injury and your company's financial needs, regardless of whether the business suffered any property damage.

Eligibility and Terms

- The interest rate on EIDLs will not exceed 4% per year. The term of these loans will not exceed 30 years. The repayment term will be determined by your ability to repay the loan.
- EIDL assistance is available only to small businesses when SBA determines they are unable to obtain credit elsewhere.
- A business may qualify for both an EIDL and a physical disaster loan. The maximum combined loan amount is $2 million.

SBA Disaster Loan Application: https://www.sba.gov

SBA Disaster Loan Fact Sheets for Businesses of All Sizes:

https://www.sba.gov

Financial References and Resources

Continuity of Operations: Financial Sustainability for Healthcare Facilities in Disasters

www.calhospitalprepare.org/continuity-planning

ASPR Healthcare COOP and Recovery Planning: Concepts, Principles, Templates and Resources

http://www.phe.gov/Preparedness/planning/hpp/reports/Pages/default.aspx

FEMA Reimbursement for Acute Care Hospitals Guide

http://www.calhospitalprepare.org/FEMA_Reimb

Glossary and Acronym List

A

AAR: See After-Action Report.

After-Action Report: In conjunction with an Improvement Plan (AAR/IP), an AAR is the final product of an incident response or exercise. The AAR captures observations and recommendations based on the incident or exercise objectives as associated with the capabilities and tasks. The IP identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

Altered Standards of Care: Guidelines for triage and patient care that can be enacted when Skyline Hospital Staff and resources are overwhelmed in response to public health emergencies.

ASPR: See Assistant Secretary for Preparedness and Response.

ASPR Healthcare Preparedness Capability 2: Healthcare System Recovery: Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Assistant Secretary for Preparedness and Response: The Office of the Assistant Secretary for Preparedness and Response in the US Department of Health and Human Services was created under the Pandemic and All Hazards Preparedness Act in the wake of hurricane Katrina to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR administers the HPP grant.

B

BCP: See Business Continuity Plan.

BIA: See Business Impact Analysis.

BPA: See Business Process Analysis.

Business Continuity: To ensure that critical business functions are maintained, restored, or augmented to meet the designated Recovery Time Objective (RTO), and recovery strategies outlined in the business continuity plan.

Business Continuity Plan: The BCP lists critical processes by departments, essential applications, Recovery Time Objectives (RTO), and the resources needed to ensure continuity of operations (i.e., staff, supplies, information technology (IT) applications, etc.). The ultimate goal of business continuity is to resume business functions to a normal state after a

period of time following an emergency event. It also lays the steps for how a facility will recover should the disaster be catastrophic.

Business Impact Analysis (BIA): The purpose of the BIA is to identify essential services, identify impacts if these essential services are interrupted, and determine the priority to bring these services back to full operational status.

Business Process Analysis: The purpose of a BPA is to understand how the essential services and functions (identified in the BIA) are performed by identifying their interdependencies and identifying needed resources (staffing, supplies, facilities) to perform the essential services (not necessarily all services).

C

CBRNE: Abbreviation for types of WMD incidents: chemical, biological, radiological, nuclear, and explosive.

CDC: See Centers for Disease Control and Prevention.

CDPH: See California Department of Public Health.

Centers for Disease Control and Prevention: The CDC is a US Federal government agency based in DHHS. For over 60 years, the CDC has been dedicated to protecting health and promoting quality of life through the prevention and control of disease, injury, and disability. The CDC is committed to programs that reduce the health and economic consequences of the leading causes of death and disability, thereby ensuring a long, productive, healthy life for all people. http://emergency.cdc.gov/

CEO: Chief Executive Officer.

CFO: Chief Financial Officer.

CHA: See California Hospital Association.

CIO: Chief Information Officer.

CMO: Chief Medical Officer.

CNE / CNO: Chief Nursing Executive / Chief Nursing Officer.

Continuity Facilities: Sites where essential functions are continued or resumed during a continuity event. Alternate sites are locations, other than the primary facility, used to carry out essential functions by relocating ERG members following activation of the continuity plan. These sites refer to not only other facilities and locations, but also work arrangements such as telework and mobile work concepts.

COOP: Continuity of Operations Program.

D

Delegation of Authority: Identification, by position, of the authorities for making policy determinations and decisions at administrative and departmental levels. Generally, pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished.

Department of Health and Human Services: DHHS is the US government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. DHHS also administers the Hospital Preparedness Program through the Office of the Assistant Secretary for Preparedness and Response (ASPR), and the Public Health Emergency Preparedness and Response Program through the Centers for Disease Control and Prevention.

Department of Homeland Security: DHS is the United States government's principal agency to secure the nation from the many threats we face. Five main areas of responsibility: Guarding against Terrorism, Securing our Borders, Enforcing our Immigration Laws, Improving our Readiness for, Response to and Recovery from Disasters, and Maturing and Unifying the Department.

Devolution: Devolution takes place when an organization's primary and alternate facilities, staff, or both are unavailable and essential functions must be transferred to someone else at a different facility.

DHHS: See Department of Health and Human Services.

Disaster: A situation or event, natural or manmade, which overwhelms a community's or hospital's ability to respond with existing resources. Disasters are responsible for producing human death, suffering and change in the community environment.

DRC: See Disaster Resource Center.

E

Emergency: Absent a Presidentially declared emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Management Coordinator: The individual within facility that has oversees emergency management program activities including preparedness, mitigation, response and recovery.

Emergency Medical Services: A branch of emergency services dedicated to providing out-of-hospital acute medical care and/or transport to definitive care, to patients with illnesses and injuries which the patient, or the medical practitioner, believes constitutes a medical emergency.

Emergency Operations Center (EOC): Generally refers to the Klickitat County Emergency Operations Center.

Emergency Operations Plan (EOP): The plan that each facility has and maintains for responding to appropriate hazards.

EMS: See Emergency Medical Services.

EOP: See Emergency Operations Plan.

F

Federal Emergency Management Agency: FEMA's mission is to support citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.

FEMA: See Federal Emergency Management Agency.

Finance/Administration Section: The Section responsible for all incident costs and financial considerations. Includes the Time Unit, Procurement Unit, Compensation/Claims Unit, and Cost Unit.

G

H

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Hazard Vulnerability Analysis: The HVA process is a key element for developing an Emergency Operations Plan and drives incident-specific planning. It helps identify, prioritize, and define threats that may impact business operations. With this knowledge, specific steps may be taken to reduce the impact caused by threat occurrence and, subsequently, better ensure ongoing business function.

HAZWOPER: Hazardous Waste Operations and Emergency Response.

HCC: See Hospital Command Center.

HCR: See Healthcare Continuity and Recovery.

Healthcare Continuity and Recovery: The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

HICS: See Hospital Incident Command System.

Hospital Command Center: Location where the hospital's incident management team is convened to coordinate response activities, resources. The activities at the HCC are directed by the Incident Commander, who has overall responsibility for all response activities. May also be considered the hospital incident command post.

Hospital Incident Command System: HICS is a comprehensive incident management system intended for use in both emergent and non-emergent situations. HICS is designed to enable effective and efficient incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to enable effective and efficient incident management.

Hospital Preparedness Program: HPP provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness. HPP is managed at the Federal level by ASPR

HPP: See Hospital Preparedness Program.

HR: Human Resources.

HSPD-5: Homeland Security Presidential Directive 5: The purpose is to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system (NIMS).

HSPD-20: Homeland Security Presidential Directive 20 (with NSPD-51): It is the policy of the United States to maintain a comprehensive and effective continuity capability composed of Continuity of Operations and Continuity of Government programs in order to ensure the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions under all conditions.

HVA: See Hazard Vulnerability Analysis.

I

IAP: See Incident Action Plan.

IC: See Incident Commander.

Incident: An occurrence or event, natural or human-caused that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan (IAP): An oral or written plan containing objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods. Use HICS Forms 201, 202, 203, 204 and 215A.

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Initial Local Surge: Surge in patients presenting to the Emergency Department resulting in significant stress to hospital resources, and generally not requiring waivers for normal patient care services. CAUTION: ED overcrowding alone should not lead to declaring an Initial Local Surge. A declared surge should be based upon a significant or catastrophic event, which has the potential to continue for a significant period of time, or for outpacing hospital capabilities.

J

JAS: Job Action Sheet:

Job Action Sheet: A document to provide the user with a series of action options to consider when serving in a particular role in the Incident Management Team.

Joint Information Center (JIC): Usually established collaboratively with Klickitat County EOC and PHDOC

K

L

Labor Pool: A physical location or virtual list established where personnel resources can be placed while awaiting an assignment. The HICS Logistics Section / Service Branch / Labor Pool & Credentialing Unit Leader manages the Labor Pool.

Logistics Section: The HICS Section responsible for providing resources (staffing and supplies), facilities, and services for the incident, and supporting the staff on duty.

M

MAC: See Medical Alert Center.

MACC: Multi Agency Coordinating Center.

Major Regional/Statewide Surge: A surge in patients requiring EMS and Hospital standards of care be recalibrated using pre-approved alternate care protocols and less-acute hospital patients be triaged from hospitals to appropriate alternate care providers. Regional/statewide coordination is necessary.

Mass Casualty Incident: Incidents resulting from man-made or natural causes resulting in illness or injuries that exceed or overwhelm the EMS and hospital capabilities of a locality, jurisdiction, or region. A mass casualty incident is likely to impose a sustained demand for health and medical services rather than the short, intense peak demand for these services typical of multiple casualty incidents.

Mass Fatality Incident: A mass or multi-fatality incident (MFI) results in a surge of deaths above what is normally managed by normal medical systems.

Mass Casualty Surge: A surge in patients from an external hospital event that may pose significant intense stress upon hospital staff and services. Generally such an incident is of a short duration that may last hours but rarely extends beyond twenty four hours. Services and standards of care will need to be rapidly evaluated and matched to the surge event. Many of the services and standards are outlined in Local, Regional and Major surge guidelines.

Maximum Tolerable Downtime: The maximum length of time (in hours or days) that a service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations. Can be used in conjunction with Recovery Time Objectives to prioritize activities to resume service and functions.

MCI: See Mass Casualty Incident.

Medical Resource Hospital (MRH): The hospital that incident officials will coordinate with to determine the receiving capabilities of area hospitals.

Memorandum of Understanding: A document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It most often is used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

MFI: See Mass Fatality Incident.

Mission Essential Services: Services and functions that must be continued throughout, or resumed rapidly after, a disruption of normal activities.

Mitigation: The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

MOA: Memorandum of Agreement.

MOU: See Memorandum of Understanding.

N

National Incident Management System (NIMS): NIMS provides a systematic, proactive approach guiding departments and agencies at all levels of government, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or

complexity, in order to reduce the loss of life, property, and harm to the environment. HSPD-5 requires that all Federal Departments and agencies make adoption of NIMS a condition to receive Federal Preparedness assistance. To that end, the DHHS requires that healthcare organizations implement NIMS in order to be eligible to apply for preparedness funding through the ASPR HPP grant program.

NFPA 1600: National Fire Protection Association 1600 is the Standard on Disaster / Emergency Management and Business Continuity Programs. It has been adopted by the US Department of Homeland Security as a voluntary consensus standard for emergency preparedness. It addresses the development, implementation, assessment, and maintenance of programs for prevention, mitigation, preparedness, response, continuity and recovery.

NIMS: See National Incident Management System.

NSPD-51: National Security Presidential Directive 51 (with HSPD-20): It is the policy of the United States to maintain a comprehensive and effective continuity capability composed of Continuity of Operations and Continuity of Government programs in order to ensure the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions under all conditions.

O

Ongoing Local Surge: A surge in patients affecting all local medical providers, that may require regularly scheduled planning sessions or conference calls in order to strategize, coordinate, collaborate and communicate among all community medical/health providers, EMS agencies, Public Health, Fire Department(s), and/or other community partners.

Operational Period: The period of time scheduled for execution of a given set of actions as specified in the Incident Action Plan.

Operations Section: The HICS Section responsible for all tactical operations at the incident.

Orders of Succession: Formal, sequential listing of organization positions (rather than specific names of individuals) that identify who is authorized to assume a particular leadership or management role under specific circumstances.

P

PIO: See Public Information Officer.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

Public Health Department Operations Center (PHDOC): The center established by Klickitat County Health and Human

Services Department for coordination of medical and health operations during a disaster or state of emergency.

Public Information Officer: A member of the Command Staff responsible for interfacing with the public, media and/or with other community response agencies with incident-related information requirements.

Q

R

Reconstitution: The return to normal operations once leadership determines that the actual emergency, or the threat of an emergency, is over. Leadership determines priorities and supervises the orderly return to normal operations. Organizations assess the status of affected facilities and transition back into the primary operating facility or a new facility.

Recovery: The development, coordination, and execution of service- and site-restoration plans required to return a facility's processes and support functions to operational stability following an interruption or disaster.

Recovery Time Objective: An RTO is considered the maximum amount of downtime that is allowable for a critical process before the impact becomes severe enough to drastically hinder patient safety and/or stop the continuation of business services.

Regional Impact Surge: A surge in patients countywide and in neighboring counties resulting in a lack of capacity to provide impacted service or services. State of Emergency has been declared or is being sought. Regional coordination is necessary in order to meet the medical and health needs of the public.

Repopulation: The act of resuming services and returning patients to a facility after a partial or complete evacuation.

RTO: See Recovery Time Objective.

S

T

V

Vital Records: Computerized or paper records that are considered essential to the continuation of the business following an incident.

W

WMD: Weapon of Mass Destruction.

Supporting Documents

1. Bomb Threat Record
2. Building Evaluation Checklist
3. Contacts
4. Disaster Privileges
5. Evacuation Form
6. Handheld Radios
7. Hazard Vulnerability Analysis

BOMB THREAT RECORD

	Caller ID	Call Received By:	
		Department:	
1.	When is the bomb going to explode?	Number on which the call was received	
2.	Where is it located?	Caller's Voice:	
		☐ Nasal	☐ Calm
3.	What does it look like?	☐ Stutter	☐ Angry
		☐ Lisp	☐ Excited
4.	What kind of bomb is it? Describe it.	☐ Raspy	☐ Slow
		☐ Deep	☐ Rapid
5.	What will cause it to explode?	☐ Ragged	☐ Soft
		☐ Clearing Throat	☐ Loud
6.	Did you place the bomb? Why?	☐ Deep Breathing	☐ Laughter
		☐ Cracking Voice	☐ Crying
7.	Where are you now?	☐ Disguised	☐ Normal
		☐ Pleasant	☐ Accent/Dialect
8.	Please repeat the message	☐ Clear	☐ Slurred
		☐ Approx. Age ____	☐ Sex _____
9.	What is your name?	☐ Familiar. If so who does the voice sound like?	
10.	What is your address?		EXACT WORDING OF THREAT
Threat Language			
☐ Coherent	☐ Rational	☐ Foul	
Background Sounds:			
☐ House Noises	☐ Animal Noises	☐ PA System	**REMARKS:**
☐ Voices	☐ Music	☐ Office Machine	
☐ Traffic	☐ Aircraft	☐ Long Distance	
☐ Static	☐ Local	☐ Other	
☐ Clear	☐ Phone Booth		
DATE: _____	**TIME: _____**		
LENGTH OF CALL:			

BUILDING EVALUATION CHECKLIST

Inspect building for conditions listed below; use answers generated to help make decisions as to whether the building is safe to occupy. Items **1 – 12** are critical life-safety issues. Pull alarm if there is fire or smoke; evacuate as instructed by Manager/designee, Incident Command or Emergency Responders

Critical Life Safety Issues

1.	☐ Yes ☐ No	Fire …. If "yes" pull Fire Alarm and call 9-1-1
2.	☐ Yes ☐ No	Smell Natural Gas or overturned LPG tanks
3.	☐ Yes ☐ No	Building is collapsed, partially collapsed, moved off foundation
4.	☐ Yes ☐ No	Roof or floor framing is separated from vertical supports or broken open
5.	☐ Yes ☐ No	Arcing wires or equipment
6.	☐ Yes ☐ No	Large diagonal or stepped cracking in un-reinforced masonry walls
7.	☐ Yes ☐ No	Collapsed, out of plumb or tilted floors/walls
8.	☐ Yes ☐ No	Collapsed suspended ceiling, lights or ducts
9.	☐ Yes ☐ No	Significant cracks in beams or supports
10.	☐ Yes ☐ No	Dislodged or buckled columns, support posts or roof trusses
11.	☐ Yes ☐ No	Danger of falling hazards from adjacent buildings that are damaged
12.	☐ Yes ☐ No	Facades, windows or parapets have fallen from building or are dislodged

Continue the Evaluation Checklist below when answers 1 – 12 above are all **"NO"** Evaluate items 13 – 24. No single issue below may be critical, but combined they are important in your evaluation decision. If all items 1 – 24 are all "NO", you do not need to evacuate

13.	☐ Yes ☐ No	Water leak(s)
14.	☐ Yes ☐ No	Chunks of fallen plaster or paint
15.	☐ Yes ☐ No	Other fallen debris in building
16.	☐ Yes ☐ No	Office furnishings have fallen or tipped over
17.	☐ Yes ☐ No	Light fixtures have come loose
18.	☐ Yes ☐ No	Office equipment is damaged
19.	☐ Yes ☐ No	Windows or mirrors have cracked
20.	☐ Yes ☐ No	Wall cracks more the ¼" wide
21.	☐ Yes ☐ No	Cracks extend clear through the wall
22.	☐ Yes ☐ No	"X" shaped cracks in exterior wall
23.	☐ Yes ☐ No	Sudden loss of phone or power
24.	☐ Yes ☐ No	Sticking doors

Inter Facility Contacts and Transport Mileage/Times

Facility Contact, Location and Drive Times

	Good Shepherd Medical Center	Kadlec Regional Medical	Klickitat Valley Health	Lourdes Medical Center	Mid Columbia Medical Center (MRH)	Multnomah County MRH	PMH Medical Center	Providence HR Hospital	Providence St Mary	Skyline Hospital	St Anthony's Hospital	St Charles Medical Center - Madras	St Charles Medical Center - Redmond	St Charles Medical Center - Bend	Sunnyside Community Hospital	SW Washington Med Center	Toppenish Community Hospital	Trios Health	Walla Walla General Hospital	Yakima Regional Med & Cardiac Ctr.	Yakima Valley Memorial Hospital	Trauma Level	Location	State	Phone Number	Phone Location
Good Shepherd Medical Center		37	94	35	101	187	48	122	56	120	32	174	200	217	64	186	80	33	57	99	99	III	Hermiston	Oregon	(541) 667-3400	Main
Kadlec Regional Medical	42		106	12	142	223	28	153	58	150	74	214	240	252	42	226	59	6	57	78	77	III	Richland	Washington	(509) 946-4611	Main
Klickitat Valley Health	94	106		115	33	119	82	55	152	45	119	106	132	149	65	118	49	106	153	71	71	IV	Goldendale	Washington	(509) 773-4022	Main
Lourdes Medical Center	35	11	115		134	219	36	145	49	142	70	207	232	249	51	218	68	11	49	86	86	IV	Pasco	Washington	(509) 546-2366	ED
Mid Columbia Medical Center (MRH)	101	137	34	134		88	116	27	160	24	127	87	112	129	98	87	82	132	161	104	104	III	The Dalles	Oregon	(541) 705-7927	Sup
Multnomah County MRH	186	221	118	218	87		200	65	245	70	211	122	147	176	183	14	167	217	245	188	188	I - IV	At OHSU	Oregon	(503) 494 7333	MRH
PMH Medical Center	46	27	81	36	115	201		129	82	126	81	188	214	231	17	200	34	27	83	53	53	IV	Prosser	Washington	(509) 786-6662	ED
Providence HR Hospital	131	158	45	155	24	65	137		181	5	148	100	125	142	119	64	103	153	182	125	125	III	Hood River	Oregon	(541) 386-6510	ED
Providence St Mary	56	58	158	49	166	245	84	182		178	42	233	258	275	97	244	114	61	1	133	133	III	Walla Walla	Washington	(509) 525-3320	Main
Skyline Hospital	120	155	45	152	24	69	127	5	179		145	107	127	144	110	67	94	151	179	116	116	IV	White Salmon	Washington	(509) 637-2952	ED
St Anthony's Hospital	24	73	118	70	126	212	84	149	42	146		218	225	237	110	211	116	68	42	135	135	III	Pendleton	Oregon	(541) 276-5121	Main
St Charles Medical Center - Madras	174	209	106	207	87	122	198	100	233	103	199		26	43	171	121	155	205	233	176	176	IV	Madras	Oregon	(541) 475-3882	Main
St Charles Medical Center - Redmond	199	234	131	232	112	145	213	125	258	128	225	26		18	196	146	180	226	258	201	201	III	Redmond	Oregon	(541) 548-8131	Main
St Charles Medical Center - Bend	217	252	149	249	130	177	231	143	270	145	242	43	18		214	164	197	248	276	219	219	II	Bend	Oregon	(541) 382-4321	Main
Sunnyside Community Hospital	72	52	65	51	98	184	17	113	97	110	108	171	196	213		182	18	41	97	37	37	IV	Yakima	Washington	(509) 837-1500	Main
SW Washington Med Center	183	220	115	217	86	13	199	63	244	65	210	121	146	163	182		166	216	244	187	187	II	Vancouver	Washington	(360) 514-2064	ED
Toppenish Community Hospital	89	59	49	67	82	167	34	97	113	94	124	155	180	197	18	166		58	114	23	22	IV	Toppenish	Washington	(509) 865-3105	Main
Trios Health	31	5	106	4	127	215	36	139	50	140	67	203	229	246	50	216	58		50	86	86	III	Kenniwick	Washington	(509) 221-7200	ED
Walla Walla General Hospital	57	58	147	49	160	245	83	181	1	172	42	233	258	275	98	244	114	61		133	133	III	Walla Walla	Washington	(509) 525-0480	Main
Yakima Regional Med & Cardiac Ctr.	108	77	70	86	103	190	53	118	132	115	143	176	202	218	36	187	21	76	133		2	III	Yakima	Washington	(509) 575-5000	Main
Yakima Valley Memorial Hospital	108	77	71	86	104	189	53	125	132	116	144	177	203	219	37	188	22	77	133	2		III	Yakima	Washington	(509) 575-8000	Main

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
BENTON-FRANKLIN COUNTIES	**Benton-Franklin Health District** 7102 W Okanogan Place Kennewick, WA 99336	Phone: (509) 460-4200 Fax: (509) 585-1525	(509) 543-3851 after hours (509) 460-4502 Duty Officer	Emergency Operations Center EOC@bfhd.wa.gov
	Pasco Office 412 W Clark Pasco, WA 99301	Phone: (509) 547-9737 Fax: (509) 546-2990		
Health Officer		Phone: (509) 460-4550 Fax: (509) 460-4590	(509) 440-2372 cell	Amy Person, MD drperson@bfhd.wa.gov
Administrator		Phone: (509) 460-4567 Fax: (509) 460-4515	(509) 378-0420 cell	Jason Zaccaria, MHA jasonz@bfhd.wa.gov
LERC / Local Emergency Response Coordinator		Phone: (509) 460-4531 Fax: (509) 460-4535	(509) 440-2539 cell	VACANT Contact: Rick Edwards Email: richarde@bfhd.wa.gov
Communicable Disease		Phone: (509) 460-4232 Fax: (509) 585-1525	(509) 539-0416 cell	Heather Hill, RN, PHN Clinical Services Supervisor heatherh@bfhd.wa.gov
Environmental Health		Phone: (509) 460-4313 Fax: (509) 585-1537	(509) 539-1791 cell	Rick Dawson Surveillance and Investigation Senior Manager rickd@bfhd.wa.gov
Environmental Surveillance		Phone: (509) 460-4323 Fax: (509) 585-1537	(509) 539-1790 cell	Jessica Davis Food Safety Supervisor jessicad@bfhd.wa.gov
RERC / Regional Emergency Response Coordinator	Region 8 Public Health Emergency Preparedness & Response	Phone: (509) 460-4531 Fax: (509) 460-4535	(509) 440-2539 cell (254) 204-0951 satellite phone	Rick Edwards richarde@bfhd.wa.gov
Regional Leads	Region 8 Public Health Emergency Preparedness & Response	Phone: (509) 460-4532 Fax: (509) 460-4535	(509) 820-8817 cell	Cristian Gonzalez cristiang@bfhd.wa.gov Regional Learning Specialist
	Region 8 Public Health Emergency Preparedness & Response	Phone: (509) 460-4530 Fax: (509) 460-4535	(509) 212-1702 cell – Work (509) 366-9319 cell - Personal	Melissa Lantz melissab@bfhd.wa.gov Emergency Preparedness Specialist SNS Coordinator

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
HOSPITALS	Kadlec Regional Medical Center 888 Swift Blvd Richland, WA 99352-3542 *Benton County*	Phone: (509) 946-4611 (Main) Command Center & Fax Phone: (509) 946-9519 Fax: (509) 946-9449	(509) 946-4611 ED (509) 946-4911 X4359 Lead (509) 946-4611 X 4476 Triage Fax: (509) 942-2757 Regional DMCC Phone: (509) 943-5700 Fax: (509) 943-2979	Beki Hammons, Planning Group Phone: (509) 942-2751 Cell: (509) 531-0827 Fax: (509) 942-2757 beki.hammons@kadlecmed.org
	Kadlec Free Standing Emergency Department in Kennewick 3209 W. 19th Ave. Kennewick, WA 99337 *Benton County*	Phone: (509) 946-4611 (Main)		
	Trios Health 3810 Plaza Way Kennewick, WA 99337 *Benton County*	Main Phone: (509) 221-7000 Emergency Preparedness Phone: (509) 221-7200 Fax: (509) 2217299	ED: (509) 221-7200 ED Fax: (509) 221-7298 Or (509) 221-7299 Office: (509) 221-7020 Cell : (509) 948-1233 (House Supervisor 24/7) (509) 221-7742 Cmd. Center (863) 203-0351 satellite phone	Debi Nelson, Planning Group Debi.nelson@trioshealth.org Office: (509) 221-7024 Cell: (509) 540-9335 Fax: (509) 221-7049 Alternate: Christy Kuhn Christy.kuhn@trioshealth.org 900 S. Auburn St. Kennewick, WA 99336 Office: (509) 221-5809 Cell: (509) 948-0099
	PMH Medical Center 723 Memorial Street Prosser, WA 99350-1593 *Benton County*	Phone: (509) 786-2222 (Main) Fax: (509) 786-6610 Emergency Preparedness Phone: (509) 786-6659 Fax: (509) 786-6685	(509) 786-6662 ED (509) 786-6682 ED Fax (254) 387-5968 satellite phone	Steve Broussard, Planning Group Phone: (509) 786-6659 Fax: (509) 786-6685 sbroussard@pphdwa.org Alternate: Rusti Wilson Phone: (509) 786-6615 Cell: N/A Fax: (509) 786-6670 rwilson@pphdwa.org

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
	Lourdes Medical Center 520 N 4th Ave PO Box 2568 Pasco, WA 99301-2568 *Franklin County*	Phone: (509) 547-7704 (Main) Emergency Preparedness Phone: (509) 546-2295 Cell: (509) 619-9162 Fax: (509) 543-2485	(509) 546-2207 ED (509) 546-2366 ED Fax	Teresa Cauliflower, Planning Group Office: (509) 546-2295 Cell: (509) 619-9162 Teresa.cauliflower@lourdesonline.org Jean Schalasky Phone: (509) 546-2295 Glenna.Schalasky@lourdesonline.org
EMERGENCY MANAGEMENT	Benton County Emergency Management 651 Truman Ave Richland, WA 99352	Phone: (509) 628-2600 Fax: (509) 628-2621 Normal working hours	(509) 380-4522 cell (509) 371-9256 home	Deana Davis Phone: (509) 628-8092 (509) 380-4522 (cell phone) d.davis@bces.wa.gov
	Franklin County Emergency Management 1011 E. Ainsworth St Pasco, WA 99301	Phone: (509) 545-3546 Fax: (509) 545-2139 Normal working hours	(509) 545-3510 after hours (509) 492-1373 cell	Sean Davis, Director Phone: (509) 546-5846 sdavis@co.franklin.wa.us
CORONER	Benton County Coroner 7110 W. Okanogan Place Building A Kennewick, WA 99336	Phone: (509) 222-3720 Fax: (509) 222-3711	Coroner (509) 378-6228 cell	John Hansens, Coroner john.hansens@co.benton.wa.us Roy McLean - Chief Deputy Coroner (509) 736-2720 Dennis Morris - Deputy Coroner William Leach - Deputy Coroner
	Franklin County Coroner 1016 N. 4th Ave Pasco, WA 99301	Phone: (509) 546-5885 Fax: (509) 546-5812	Coroner (509) 727-3766 cell	Dan R. Blasdel, Coroner (509) 546-5885 dblasdel@co.franklin.wa.us Candace Hermanson (509) 546-5887 Harold Livingston (509) 546-5889 Phil Morton (509) 546-5895

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
COMMUNITY HEALTH CENTER	Tri-Cities Community Health 515 W Court St Pasco, WA 99301	Phone: (509) 547-2204 Fax: (509) 545-1843	(509) 543-1900 CEO (509) 543-1967 Brian direct (509) 528-6938 Brian Cell (509) 543-1968 Rick Direct (509) 528-7829 Rick Cell (863) 200-5328 satellite phone	Ryan Mahaffey, Planning Group rmahffey@mytcch.org Phone: (509) 543-1965 Alternate: Rick Ballard, RBallard@mytcc.org Phone: (509) 543-1968 Cell: (509) 528-7829 Fax: (509) 545-1843
	Columbia Basin Health Association Connell Family Clinic 661 S Coleman Ave Connell, WA 99326 *Main Office:* 140 E. Main Othello, WA 99344	Phone: (509) 234-0551 (Connell) (509) 488-5256 (Othello) Fax: (509) 488-9939 (Othello)	(509) 855-2204 Dulcye's cell	Dulcye Field, Planning Group dulcyef@cbha.org Phone: (509) 234-0551 Alternate: Curtis Andrews Phone: (509) 234-0551 curtisa@cbha.org
LAB	Tri-Cities Laboratory 7131 W Grandridge Blvd Kennewick, WA 99336	Phone: (509) 736-0114 Fax: (509) 736-1251	(509) 736-0100 TCL Client Services and ask them to contact the microbiology supervisor at home.	Christina Pettit, Planning Group cpettit@tricitieslab.com Cell: (623) 262-1299 Alternate: Kara Hanson, khanson@tricitieslab.com Phone: (509) 736-1234 Fax (509) 460-5118
BENTON-FRANKLIN COUNTY EMS	EMS Medical Director 8656 W. Gage Blvd. Ste. C-302 Kennewick, WA 99336	Phone: (509) 737-0911	(509) 392-2176 cell	Kevin Hodges, MD EMS Medical Director bfcountympd@gmail.com
TRI-CITIES FIRE CHIEFS ASSOCIATION		Phone: (509) 967-2496 Fax: (509) 967-5222	(509) 430-7993 cell	Bill Whealan, Chair Benton County Fire District #4 wwhealan@bcfd4.org
MID-COLUMBIA EMS / TRAUMA COUNCIL		Phone: (509) 585-4355	(509) 572-5086 cell	Eric Nelson, Chair Kennewick Fire Dept. Eric.nilson@ci.kennewick.wa.us

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
PRIVATE MEDICAL FACILITY	DaVita – NorthStar Region 8 6825 Burden Blvd Pasco, WA 99301	Phone: (253) 292-4600 x138423 Fax: (509) 545-0212		Vicki Meyer Vicki.meyer@davita.com
AMBULATORY SURGICAL CENTER	Proliance Surgeons, P.S. Tri-City Regional Surgical Center 1096 Goethals Dr. Richland, WA 99352	Phone: (509) 371-4334		Charles M. Huelsman, RN Nurse Manager C.Huelsman@proliancesurgeons.com
SOUTH CENTRAL REGION EMS / TRAUMA COUNCIL	South Central region EMS / Trauma Council PO Box 65158 Vancouver, WA 98665	Phone: (360) 576-8197 Fax: (360) 576-8485		Zita Wiltgen Executive Director Zitawiltgen@screms.org regionems@gmail.com
KLICKITAT COUNTY	**Klickitat County Health Department** Goldendale Office 228 W Main St MS CH-14 Goldendale, WA 98620	Phone: (509) 773-4565 Fax: (509) 773-5991	(509) 773-4545 (after hours) KCHD 24/7 Emergency Contact (509) 773-4545 (after hours) Klickitat County Sheriff's Office	
	Klickitat County Health Department White Salmon Office 501 NE Washington PO Box 159 White Salmon, WA 98672	Phone: (509) 493-1558 Fax: (509) 493-4025	(509) 773-4547 (after hours) KCHD 24/7 Emergency Contact (509) 773-4545 (after hours) Klickitat County Sheriff's Office	
Health Officer		Phone: (206) 930-1336 Cell: (206) 383-0474) Fax: (206) 675-0282	(206) 383-0474 cell	Chris Spitters, MD, MPH cspitters@seanet.com
Public Health Director		Phone: (509) 773-2366 Fax: (509) 773-5991	(509) 261-0693 cell	Kevin Barry, Public Health Director kevinb@co.klickitat.wa.us
LERC / Environmental Health Director	228 W Main St. MS CH-14 Goldendale, WA 98620	Phone: (509) 493-6211 Fax: (509) 493-4025	Cell (509) 637-0677	Matt Borden Phone (509) 773-2494 mattb@klickitatcounty.org

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
HOSPITALS	Klickitat Valley Health 310 S Roosevelt Goldendale, WA 98620	Phone: (509) 773-4022 Fax: (509) 773-6528 (ER) Emergency Preparedness Phone: (509) 773-1033 Fax: (509) 773-1054	(509) 773-1070 ED (509) 773-6528 ED Fax	Phone: (509) 773-4022 Cell: (541) 490-4558 Fax: (509) 773-1041 pmackwell@kvhealth.net Alternate: Paula Riley Phone: (509) 773-1033 Cell: (509) 250-0231 Fax: (509) 772-2566 priley@kvhealth.net
	Skyline Health 211 Skyline Drive PO Box 99 White Salmon, WA 98672-0099	Phone: (509) 493-1101 Main Phone: (509) 637-2919 CEO Admin Fax:(509) 493-4607 Emergency Preparedness Phone: (509) 637-2940 Fax: (509) 493-3270	(509) 637-2952 ED (509) 493-5103 ED Fax Nursing Station (509) 637-2900 Or (509) 637-2945	Keri Kelly, Planning Group Desk: (509) 637-2940 Cell: (541) 490-4558 petermackwell@skylinehospital.org Alternate: Diane Matthews dianematthews@skylinehospital.org Phone: (509) 637-2925
EMERGENCY MANAGEMENT	Klickitat County Emergency Management 199 Industrial Way Goldendale, WA 98620	Phone: (509) 773-0570 Fax: (509) 773-0362	(509) 773-4545	Jeff King, Director jeffk@klickitatcounty.org
CORONER	Klickitat County Coroner 205 S Columbus Ave MS-CH-18 Goldendale, WA 98620	Phone: (509) 773-5838 Fax: (509) 773-6696		David R. Quesnel davidq@klickitatcounty.org
WALLA WALLA COUNTY	Walla Walla County Community Health 314 W Main St (Rose St Entrance) PO Box 1753 Walla Walla, WA 99362-0346	Phone: (509) 524-2650 Fax: (509) 524-2678		
Health Administrator		Phone: (509) 524-2655 Fax: (509) 524-2678	(509) 730-3669 cell (254) 204-4494 satellite phone	Meghan Debolt mdebolt@co.walla-walla.wa.us
LERC / Local Emergency Response Coordinator		Phone: (509) 524-2657 Fax: (509) 524-2678		Jodi Ferguson jferguson@co.walla-walla.wa.us

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
Population Health Manager		Phone: (509) 524-2664 Fax: (509) 524-2678	(509) 730-0162	Susann Bassham sbassham@co.walla-walla.wa.us
Health Officer			(509) 539-1782 cell	Larry Jecha, MD drjecha@gmail.com
Environmental Health Manager		Phone: (509) 524-2682	(509) 520-0108 cell (509) 525-1446 home	Kevin Tureman ktureman@co.walla-walla.wa.us
	Jonathan M. Wainwright Memorial VA Medical Center 77 Wainwright Drive Walla Walla, WA 99362	Phone: (509) 525-5200 ext. 22848 Fax: (509) 527-3473	(509) 240-6991 cell	Guy Jessee, Planning Group, guy.jessee@med.va.gov
	Providence St. Mary Medical Center 401 W Poplar PO Box 1477 Walla Walla, WA 99362-0312	Main Phone: (509) 525-3320 Emergency Preparedness/ Administration/IC Phone: (509) 897-2290 Fax: (509) 897-5950	(509) 529-7608 ED 24/7 (509) 897-5541 ED Fax (509) 897-3401 24/7 * House Supervisor (254) 387-4321 satellite phone	Susan Leathers, Planning Group, (509) 897-8915 Fax: (509) 897-5950 Susan.Leathers@providence.org Alternate: Alysa Reynolds Phone: (509) 897-2515 Alysa.Reynolds@providence.org
	Walla Walla General Hospital 1025 S 2nd Ave PO Box 1398 Walla Walla, WA 99362-1398	Phone: (509) 525-0480 Emergency Preparedness Phone: (509) 527-8264 Fax: (509) 527-8222	(509) 525-0480 X1566 ED (509) 527-8222 ED Fax (509) 386-7737	Melissa Bowe , Planning Group, (509) 525-0480 ext. 1566 Cell: (509) 876-6308 Fax: (509) 527-8222 bowema@ah.org Alternate: Greg Russell Office: (509) 527-8000 ext. 1782 Cell: (509) 386-1785 Fax (in facilities office) (509) 527-8180 RusselGB@ah.org
EMERGENCY MANAGEMENT	Walla Walla County Emergency Management 27 N 2nd Ave Walla Walla, WA 99362	Phone: (509) 524-2900 Fax: (509) 540-2910	(509) 527-1960 after hours 24/7 number – dispatch	Liz Jessee, Director Phone: (509) 524-2902 Cell: (509) 520-2222 LJessee@co.walla-walla.wa.us
		Phone: (509) 524-2901	(253) 341-9250 cell	Patrick Purcell, Planner Phone: (509) 524-2901 ppurcell@co.walla-walla.wa.us

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
CORONER	Walla Walla County Coroner Public Services Building Basement 310 W. Poplar Street P.O. Box 1753 Walla Walla, WA 99362	Phone (509) 524-2845 Fax (509) 524-2848		Richard Greenwood rgreenwood@co.walla-walla.wa.us
COMMUNITY HEALTH CENTER	Family Medical Center 1120 West Rose Street Walla Walla, WA 99362	Phone: (509) 525-6620 Fax:		Matthew Davey, Clinic Director
WALLA WALLA COUNTY EMS	Walla Walla County EMS 310 Popular, Suite 8 Walla Walla, WA 99362	Phone: (509) 524-2700 Fax: (509) 524-2703	(509) 378-0386 cell	Heather Lee, Director hlee@co.walla-walla.wa.us
YAKIMA COUNTY	**Yakima Health District** 1210 Ahtanum Ridge Dr Union Gap, WA 98903	Phone: (509) 575-4040 Fax: (509) 575-7894	(509) 575-4040 X 1 or (800) 535-5016 X 1 24/7 Emergency Contact	
Health Officer		Phone: (206) 930-1336 24/7 Fax: (206) 675-0282	(206) 930-1336 cell	Chris Spitters, MD, MPH cspitters@seanet.com
Health Administrator		Phone: (509) 249-6666	(931) 302-7116 cell	Andre Fresco, MSEPH Andre.fresco@co.yakima.wa.us
LERC/ Chief Operating Officer Environmental Health Director		Phone: (509) 249-6521 Fax: (509) 249-6621	(509) 952-5923 cell	Ryan Ibach (509) 249-6521 Ryan.ibach@co.yakima.wa.us
Communicable Disease Control		Phone: (509) 249-6509 Fax: (509) 249-6609	(509) 952-2346	Marianne Patnode, RN, BSN marianne.patnode@co.yakima.wa.us
Community and Family Services		Phone: (509) 249-6517 Fax: (509) 249-6617	(509) 952-4389 cell	Sheryl DiPietro RN, MSRN, Director sheryl.dipietro@co.yakima.wa.us

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
HOSPITALS	Sunnyside Community Hospital 1016 Tacoma Ave PO Box 719 Sunnyside, WA 98944-0719	Phone: (509) 837-1500 main Emergency Preparedness Phone: (509) 837-1304 / 1312 Fax: (509) 837-1740	(509) 837-1707 ED (509) 837-1350 ED Fax	Alan VanBeek, Planning Group Cell: (509) 840-0719 Office: (509) 837-1547 Fax : (509)837-1533 Alan.vanbeek@sunnysidehospital.org Alternate: Ferial Khan Office: (509) 837-1517 Cell: (509) 643-6280 Fax: (509) 837-1350 marla.davis@sunnysidehospital.org
	Toppenish Community Hospital 504 W 4th PO Box 672 Toppenish, WA 98948-0672	Phone: (509) 865-3105 (main) (509) 865-1500 Hours: 24/7 Emergency Preparedness Phone: (509) 865-1570	(509) 865-1694 ED Direct (509) 865-1530 ED Fax (509) 961-3305 Cell (509) 865-1683 Nurse Supervisor 24/7	Rhonda Wellner , Planning Group Phone: (509) 865-1653 Cell: (509) 961-3305 Fax: (509) 865-1519 Rhonda.wellner@toppenishhospital.com
	Yakama Indian Health Center (Indian Health Service) 401 Buster Road Toppenish, WA 98948	Phone: (509) 865-2102 Fax: (509) 865-6237	(509) 952-2918 cell	John Pulsipher, Planning Group Phone: (509) 865-1716 Cell: (509) 952-2918 John.pulsipher@ihs.gov
	Yakima Regional Medical and Cardiac Center 110 S Ninth Ave Yakima, WA 98902-3397	Phone: (509) 575-5000 Fax: (509) 454-6185 Fax: (509) 225-3091 Emergency Preparedness Phone: (509) 573-3483 Fax 1: (509) 225-3091 Fax 2: (509) 454-6185	(509) 575-5000 X 5061 ED (509) 454-6152 ED Fax Fax: (509) 225-3091 Cell: (509) 728-4317 Command Center: (509) 575-5134 PIO: (509) 575-5282	Darrin Cook, Planning Group Cell: (509) 654-2645 Phone: (509) 573-3454 Fax: (509) 454-6193 Darrin.cook@yakimaregional.com Alternate: Brian McCann Phone: (509) 595-5086 Brian.mccann@yakimaregional.com

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
	Virginia Mason Memorial Hospital 2811 Tieton Drive Yakima, WA 98902-3761	Phone: (509) 575-8000 Emergency Preparedness: Emergency Preparedness: Phone: (509) 249-5285 Phone: (509) 574-5938 Fax: (509) 574-5800 After business Hours/Weekends/Holidays, contact House Manager: (509) 823-9866	(509) 575-8100 ED (509) 575-8745 ED Fax	Gene Medeiros, Planning Group Eugenemedeiros@yvmh.org Office: (509) 249-5285 Cell: (509) 853-6909 Fax: (509) 574-5800 Alternate: Mike McMullen MikeMcMullen@yvmh.org Office: (509) 574-5938 Cell: (509) 528-5833
EMERGENCY MANAGEMENT	Yakima Valley Office of Emergency Management Union Gap, WA 98901	Phone: (509) 574-1900 Fax: (509) 574-1901 Phone: (509) 574-1908	Main number: (509) 547-1900 After hours emergency – Yakima County Sheriff (509) 574-2500 Ask for emergency management after-hours on-call person.	Jeff Emmons, Director Phone: (509) 574-1904 Cell: (509) 379-1093 Fax: (509) 574-1901 jeff.emmons@co.yakima.wa.us
	City of Yakima Fire Department Emergency Management Division 401 North Front Street Yakima, WA 98902	Phone: (509) 576-6732 Fax: (509) 576-6356	Main Number 509-575-6060	Charles Erwin, Emergency Management Specialist Charles.erwin@yakimawa.gov
CORONER	Yakima County Coroner 128 N 2nd Street Yakima, WA 98902	Phone: (509) 574-1610		Jack Hawkins, Coroner (509) 574-1610 jack.hawkins@co.yakima.wa.us Marshall Slight, Chief Deputy Coroner marshall.slight@co.yakima.wa.us Jackie Mora, Office Specialist
COMMUNITY HEALTH CENTER	Community Health of Central WA 501 S. 5th Ave. Yakima, WA 98902	Phone: (509) 574-6137 Fax: (509) 573-6273	(509) 574-6134 cell	Judy O'Neal, Planning Group Phone: (509) 574-6134 Fax: (509) 573-6263 judy.oneal@chcw.org

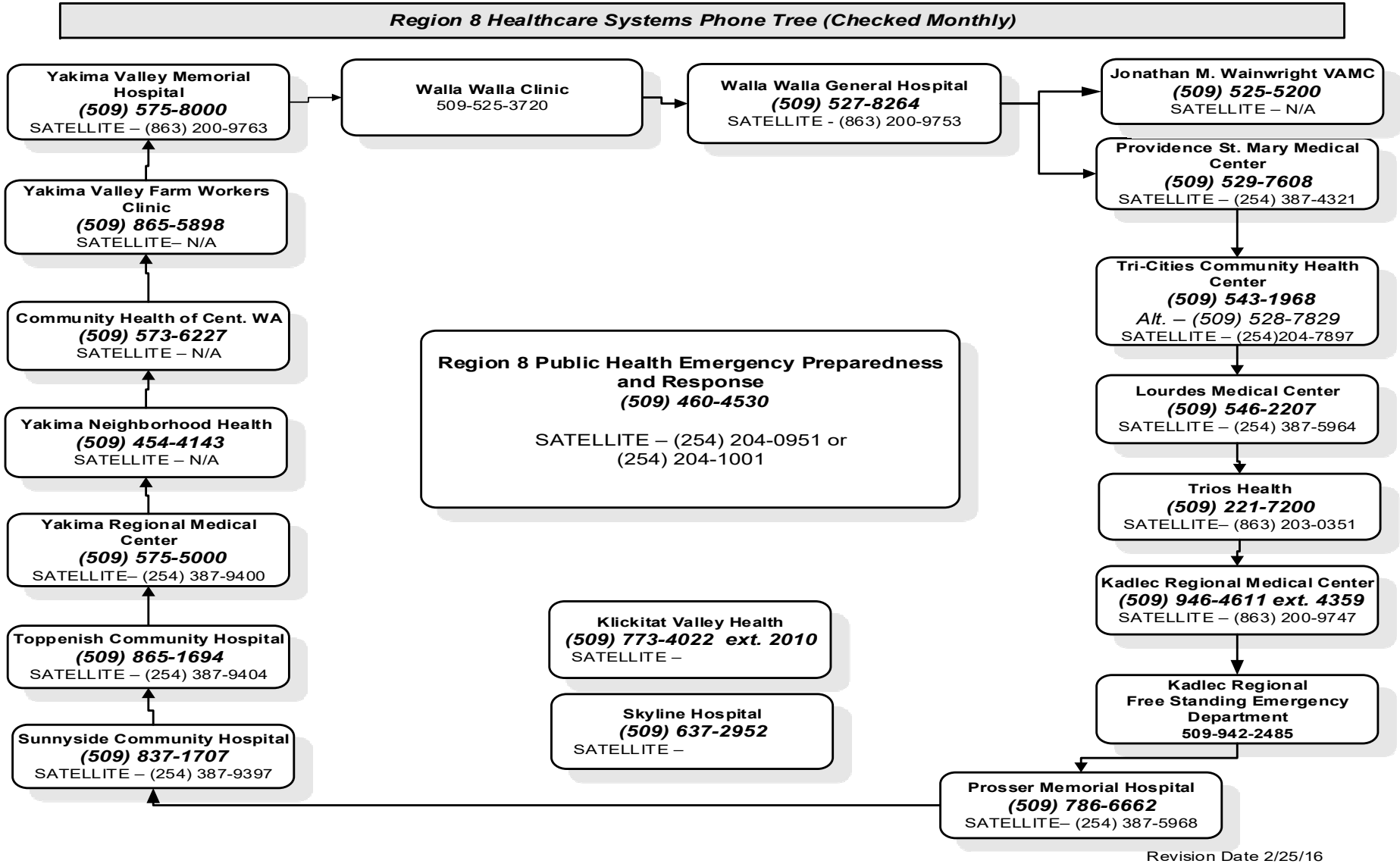
Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
	Yakima Neighborhood Health Services 12 South 8th Street PO Box 2605 Yakima, WA 98907-2605	Phone: (509) 454-4143 Fax: (509) 853-2365 Admin . Mon-Fri 7:45am – 6:30 pm Saturday 8:30am – 6:00 pm	Diane Keith (509) 945-0996 cell Anita Monioan (509) 952-1894 cell	Diane Keith, Planning Group Diane.keith@ynhs.org Phone: (509) 945-0996 Fax: (509) 454-4115 Alternate: Anita Monioan Phone: (509) 574-5550 Fax: (509) 454-4115 Anita.monioan@ynhs.org
	Yakima Valley Farm Workers Clinic 518 W First Ave PO Box 190 Toppenish, WA 98948	Phone: (509) 865-5898 Emergency Preparedness: Phone: (509) 865-6175 X 2124 Fax: (509) 865-2891	Jose Macias Cell: (509) 930-7819 Angie Caulfield Cell: (509) 388-5464	Jose Macias josema@yvfwc.org Office: (509) 865-6175 Ext. 3612 Cell: (509) 930-7819 Fax: (509) 865-2891 Alternate: Angie Caulfield angelac@yvfwc.org Office: (509) 865-5898 x 3604 Cell: (509) 388-5464 Fax: (509) 865-2891
YAKIMA COUNTY EMS	Yakima County EMS 5110 Tieton Dr Suite 372 Yakima, WA 98908	Phone: (509) 966-5174 Fax: (509) 966-5176		
WA DOH PO Box 47890 Olympia WA 98504-7890	Deputy Chief - EPR	Phone: (360) 236-4068 Fax: (360) 586-7424	DOH Duty Officer (360) 888-0838	Michael Loehr Michael.loehr@doh.wa.gov (360) 742-8275 cell
	Tribal Emergency Preparedness Coordinator	Phone: (360) 236-4071		Gina Yarbrough Gina.yarbrough@doh.wa.gov
	Health Preparedness Lead, Surge Coordinator	Phone: (360) 701-7532		Erica Henry Erica.henry@doh.wa.gov
	State Epidemiologist		(206) 718-2664 cell	Scott Lidquist Phone: (206) 418-5406 Scott.lindquist@doh.wa.gov
	State Health Officer		(206) 465-8042 cell	Kathy Lofy Phone: (206) 418-5510 Kathy.lofy@doh.wa.gov

Region 8 Contact list – With Klickitat County

County / Categories	Agency	Phone / Fax / Hours	Emergency Contact	Contact/E-Mail
WA EMD 20 Aviation Dr. Building 20, MS TA-20 Camp Murray, WA 98430-5112	Washington Military Department Emergency Management Division	Phone: (800) 854-5406 / (253) 912-4900 EOC when activated Phone: (800) 562-6108 / (253) 512-700 Main Switchboard Fax: (253) 512-7203 State EOC	(800) 258-5990 State Emergency Operations Officer	
COMMUNICATIONS	SECURES Administrator HAN Coordinator WATrac Administrator DOH Office of Emergency Preparedness and Response	101 Isreal Road, SE Tumwater, WA 98501 Phone: (360) 236-4086	(360) 280-7652 cell	TJ Edwards System Administrator tj.edwards@doh.wa.gov
	Amateur Radio Emergency Services	Phone: (509) 529-7237	(509) 529-7237 cell	Heidi Hoffer, District Emergency Coordinator Kc7ccl@gmail.com
	WebEOC Administrator Washington Military Department Emergency Management Division	Phone: (253) 512-7020	(253) 507-6185 cell	Debbie Bostwick System Administrator Debbie.bostwick@mil.wa.gov
WASHINGTON STATE HOSPITAL ASSOCIATION 300 Elliott Avenue West Suite 300 Seattle, WA 98119		Phone: (206) 216-2864 Fax: (206) 577-1951		
WASHINGTON ASSOCIATION OF COMMUNITY AND MIGRANT HEALTH CENTERS 510 Plum Street SE Suite 101 Olympia, WA 98501-1587	(360) 786-9722	Phone: (360) 786-9722 ext 234 Fax: (360) 786-9723		Gretchen O'Connor Emergency Preparedness Coordinator Goconnor@wacmhc.org

Region 8 Contact list – With Klickitat County



Revision Date 2/25/16

Emergency Disaster Privileges Request

Date of Disaster:

I attest that the information submitted by me in this application is correct and complete.

I hereby offer my professional services to Skyline Health during this emergency/disaster. I agree to abide by the hospital's Policies and Procedures, Incident Commander or any other hospital or medical staff leader.

I also acknowledge that my emergency/disaster privileges at Skyline Health shall immediately terminate once the emergency/disaster has ended, as notified by the hospital.

I authorize Skyline Health to consult with any individual(s) or organization(s) who may have information bearing on my professional qualification, competency, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter bearing on my professional qualifications and competency to carry out the emergency/disaster privileges I am requesting. I authorize all individuals and organizations that are requested to provide such information to Skyline Health or its representative.

I release from any liability all representatives of Skyline Health and its Medical Staff for their acts performed in good faith and without malice in connection with their evaluation of me and my credentials. I release from any liability all individuals and organizations who provide information to Skyline Health in good faith and without malice concerning my competency, ethics, character and other qualifications including otherwise privileged or confidential information.

I agree that a photocopy or facsimile of this document with my signature may be accepted by any entity from which such information is sought, with the same authority as the original and I specifically waive written notice from any such entities or individuals who may provide information based upon this authorized request.

I certify that as of this date, I have no physical, medical or mental condition that would impair rendering care to the patients or meeting medical staff responsibilities. I further attest to having no impairment due to chemical dependency or substance abuse.

Practitioner Signature: _____ **Date:** _____

Practitioner Printed Name: _____

Emergency Disaster - Practitioner Credentialing

During a disaster in which the Emergency Operations Plan, and the Hospital Incident Command System (HICS), has been activated, temporary clinical privileges may be granted to a practitioner, on a case by case basis, at the discretion of the CEO or designee.

PRACTITIONER NAME:	
PHOTO ID	YES / NO
ONE OF: (CHECK ONE) ☐ HOSPITAL OR HEALTH ORGANIZATION PICTURE ID ☐ US or CN LICENSE ☐ DMAT ID ☐ FED, STATE OR LOCALLY AUTH. ID TO PROVIDE EMERGENCY CARE ☐ PRIMARY SOURCE VERIF OF LICENSE ☐ PERSONAL KNOWLEDGE BY HOSP STAFF	YES / NO
INFORMATION REGARDING MALPRACTICE INSURANCE	YES / NO
FREE OF POTENTIALLY IMPAIRING DRUG USE AT THIS TIME	YES / NO
MENTALLY & PHYSICALLY FIT FOR ASSIGNED DUTIES	YES / NO

PROVIDE TO PRACTITIONER

COPY OF VERIFICATION	
TEMPORARY ID	
LIST OF ENCOUNTERS	

MEDICAL STAFF COORDINATOR TO COMPLETE WITHIN 72 HOURS OR AS SOON AS POSSIBLE

LICENSURE	
DEA LICENSE	
MALPRACTICE INSURANCE STATUS	
PRIMARY HOSPITAL AFFILIATION STATUS	
COMPLETED APPLICATION	
NO CURRENT OR PREVIOUSLY SUCCESSFUL CHALLENGE TO LICENSURE	
NO INVOLUNTARY LIMITATION, REDUCTION, DENIAL, OR LOSS OF PRIVILEGES	
CRIMINAL BACKGROUND CHECK	
OFFICE OF INSPECTOR GENERAL REPORT	
NPDB REPORT	
RELEVANT TRAINING/EXPERIENCE	
CURRENT COMPETENCE	
HEALTH STATUS	
BOARD CERTIFICATION IF APPLICABLE	

EVACUATION OF PATIENTS, VISITORS AND STAFF

In accordance with Skyline Health's Emergency Operations Plan, the person in charge shall assign staff to record the following information. The information must be called into the Incident Command Center if and when departments are instructed to evacuate the facility.

	In Immediate Danger	Ambulatory	Wheelchair	Gurney
# of Patients				
# of Visitors				
# of Staff				
Do you have enough wheelchairs to transport the number of people needing a wheelchair?				☐ Yes ☐ No
If "NO" how many additional wheelchairs do you need?				
Do you have enough gurneys to transport the number of people needing a gurney?				☐ Yes ☐ No
If "NO" how many additional gurneys do you need?				
Do you have enough staff to transport the number of people needing to be transported?				☐ Yes ☐ No
If "NO" how many additional staff do you need?				
Time of call to the Incident Command Center				
Name of person contacting the Incident Command Center				
Department of person contacting the Incident Commander				
Following the Emergency/disaster, send this completed form to the Safety Officer				

Handheld Radio Instructions:

Baofeng UV-82C FCC Complaint Dual Band Radio V09272016

1. **General Radio etiquette:**
   a. Keep your messages short. This is not the medium for full conversations.
   b. Compose your message in your head. The “Press to Talk” button is to initiate or respond to a call. (It is NOT Press to Think!)
   c. Before initiating a call listen to be sure you are not going to walk on others messaging?
   d. Be disciplined, follow these guidelines to initiate a call:
   e. Announce the person or group you are calling followed by your name or group. (Hey you, it's me.) For example: "Triage, this is "Green Treatment"
   f. Wait for a response, five – 10 seconds is not unreasonable, Call again if necessary. If no contact is made after the third attempt, state "No Contact, Green Clear."
   g. Keep messages short and to the point, others callers may need to use the radio.
   h. When receiving a call, acknowledge who you are talking with and initiate the exchange:
      i. "Green Treatment this is Triage, go ahead"
      ii. To provide clarity and to show that you understand what is being asked of you, acknowledge receipt of the message and repeat back the important information, you can paraphrase. For example "Received, understand we will be receiving four more patients within five minutes" – This could be further abbreviated "Received, Four more patients in five minutes."
      iii. Using "Copy" as an indicator the instructions have been received does not convey an appropriate understanding that the message is understood.
      iv. At the end of the conversation, simply state "Green Treatment Clear"

2. **Radio Use:**
   a. Turn the radio on with the large knob on top of the radio next to the antenna. This knob also serves to control the volume level.
   b. When turning the radio on, you will hear "Channel Mode" and see "Welcome" on the front panel before the screen changes to show which channel is operational. Below that the Radio inventory number is shown.
   c. Push to Talk Button on the Left side of the radio is depressed to initiate a transmission. When the radio is transmitting a red light will illuminate on the top of the Radio next to the Volume knob.
   d. The "M" button on the side when depressed will turn on a light located on the top of the radio, depressed again the light will move to a blinking pattern. Depressed again this will turn the light OFF. Using the light will reduce battery life. There is a battery charge indicator visible in the top right of the screen.
   e. The "F" button when depressed and held down will sound an alarm and initiate the flashing light on top of the radio. Press the "F" button once again to cancel the alarm function.

3. **Channel Selection and Use:**
   a. To change channels <u>make sure</u> that the “▯” is showing next to the upper display. (Operational Channel) If “▯” is showing, press the `EXIT/AB` button to toggle the arrow up or down.

   b. All channels are available for selection and use. By scrolling through the channels utilizing the “▯” or “▯” arrows you can make a selection. Be aware that the keyboard and other functions are available. If you

inadvertently select the wrong button or command, simply turn the radio "OFF" then turn it back on, this will most all of the time work.

c. If the Keyboard is locked, press and hold the  key – you will get a voice notification of the Keyboard status.

d. There are Public Safety Channels available. Do Not use channels beyond OPS-5 unless you have been assigned to use them.

e. Skyline Health has seven channels KVH 1, KVH 2 and OPS-1 through OPS-5, these will form the back bone of intra-hospital communications. Please be aware that Maintenance utilizes OPS-4

f. National Interoperability Channels are also present (V-Call and V-Tac) These should be utilized when talking with other agencies such as Public Works, Washington State Police and other Mutual Aid entities.

4. Caveats:

a. The more Channels utilized, the more complex tracking of transmissions becomes. While the radios provide the ability to "Scan" this feature many times can be overwhelming. Manage the incident utilizing as few channels as possible. This reinforces the necessity of having good radio etiquette and keeping messages short and concise.

b. Some of these channels are "Repeated" which means the radio transmits on one frequency and receives on another. When pressing the PTT button there is a delay while the frequencies are opened up – If you start talking too soon the initial part of your message will be lost.

c. At times when you hail a person to be sure that the conversation is understood to be on a specific channel, for example one could say: "Triage, this is Operations on OPS-2" If you are transmitting inadvertently on OPS-3, someone will let you know.

5. General Use:

a. Keep Antenna at or near Vertical when operating the Radio.

b. Speak three – four inches away from the Speaker/Microphone.

6. Skyline Radio Channels:

There are two levels of radio functionality:

a. General use will be limited to seven channels – KVH 1, KVH 2 and OPS-1 through OPS-5.

b. Command Staff and Supervisors may utilize/select more than one channel.

7. Common Radio Designators/Call signs:

This list is not intended to provide all designators but suggests the most common items:

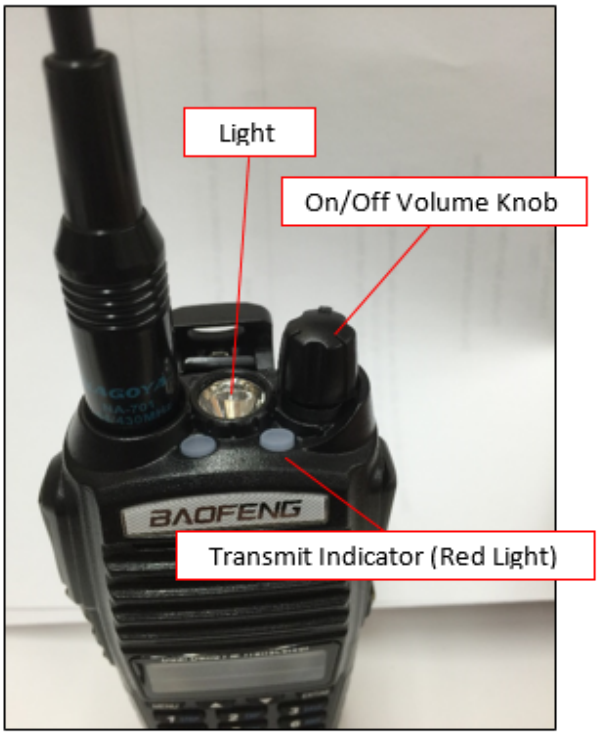
	Person or Department	Radio Designator
1	Incident Commander	IC
2	Admitting Front Desk	Admitting Front Desk
3	Admitting Triage	Admitting Triage
4	Business Continuity Branch Director	Business Continuity
5	Deputy Incident Commander	Deputy IC
6	Deputy Operations Section Chief	Deputy Operations
7	Deputy Planning Section Chief	Deputy Plans
8	Patient Family Assistance	Family Assistance
9	Finance Section Chief	Finance
10	Green Patient Area Supervisor	Green Supervisor
11	Hazardous Materials Branch Director	Hazmat Branch
12	Laboratory	Lab
13	Liaison	LNO or "XXXX" Liaison
14	Logistics Section Chief	Logistics
15	Maintenance Department	Maintenance
16	Operations Section Chief	Operations
17	Pharmacy	Pharmacy
18	Public Information Officer	PIO
19	Planning Section Chief	Plans
20	Safety	Safety
21	Security	Security
22	Staging Area Manager	Staging
23	Transportation Supervisor	Transportation
24	Triage Area Supervisor	Triage
25	X-Ray Department Manager	X-Ray
26	Yellow Patient Area	Yellow Supervisor

8. Radio Use Categories

Location	Name	Band	Description	Use Categories
1	KVH 1 P	UHF	SKY/KVH Intra Facility	All Open for General Daily Use - Generally Assigned
2	KVH 2 H	VHF	SKY/KVH Intra Facility	
3	OPS 1	UHF	SKY/KVH Intra Facility	
4	OPS 2	UHF	SKY/KVH Intra Facility	
5	OPS 3	UHF	SKY/KVH Intra Facility	
6	OPS 4	UHF	SKY/KVH Intra Facility	
7	OPS 5	UHF	SKY/KVH Intra Facility	
8	HEARMC	VHF	HEAR Network MCMC	
9	HEARSK	VHF	HEAR Network Skyline	
10	HEARHR	VHF	HEAR Network Providence Hood River	
11	HEARKV	VHF	HEAR Network KVH	
12	HEAR	VHF	HEAR Network ALL/OPEN	
13	FIRE DI	VHF	Klickitat County Fire Dispatch	ALL - FOR EMERGENCY USE ONLY 911 Dispatch
14	V CALL	VHF	Nat Interoperability - Hailing	ALL - As Assigned
15	VTAC 11	VHF	Nat Interoperability - TAC Channel	
16	VTAC 12	VHF	Nat Interoperability - TAC Channel	
17	VTAC 13	VHF	Nat Interoperability - TAC Channel	
18	VTAC 14	VHF	Nat Interoperability - TAC Channel	
19	EM TRAI	VHF	Klickitat County Emergency Trailer	
20	KCTAC 1	VHF	Klickitat County Fire TAC Channel	
21	KCTAC 2	VHF	Klickitat County Fire TAC Channel	
22	KCTAC 3	VHF	Klickitat County Fire TAC Channel	
23	JUNIP	VHF	Klickitat County Fire Repeater - Juniper	
24	BURD	VHF	Klickitat County Fire Repeater - Burdoin	
25	WSRPTR	HAM	HAM - Westside Repeater	
26	MTDEF	HAM	HAM - Mt Defiance	HAM Operators ONLY - By Assignment
27	MTDEF2	HAM	HAM - Mt Defiance	
28	KINGMTN	HAM	HAM - King Mountain	
29	NATSIM	HAM	HAM - Local Simplex	
30	LOCSIM	HAM	HAM - National Simplex	


Press to Talk Button
"F" Alarm Button
"M" Light Button
F
M


Speaker/Microphone
Battery Indicator
Operational Channel
Radio Inventory #
BAOFENG


Light
On/Off Volume Knob
Transmit Indicator (Red Light)
BAOFENG


Channel Changing Buttons
Toggle Display Button
Channel Unlock Button

2023 Hazard Vulnerability Assessment

Alert Type	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITGATION)						RISK
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	* Relative threat
SCORE	0 = N/A 1= Low 2 = Moderate 3 = High	Number of Alerts 2023	Number of Incident Command Activations	0 = N/A 1= Low 2 = Moderate 3 = High	0 = N/A 1= Low 2 = Moderate 3 = High	0 = N/A 1= Low 2 = Moderate 3 = High	0 = N/A 1= High 2 = Moderate 3 = Low	0 = N/A 1= High 2 = Moderate 3 = Low	0 = N/A 1=High 2 = Moderate 3 = Low	0 - 100%
Active Shooter	1	1	0	3	2	3	2	1	1	22%
Act of Terrorism	1	0	0	2	2	3	2	1	1	12%
Air Quality Issue	3	2	0	2	1	2	1	1	1	32%
Bomb Threat	1	0	0	1	1	3	2	2	1	11%
Building Move	1	0	0	1	1	1	1	1	1	7%
Chemical Exposure, External	1	0	0	2	1	1	2	2	1	10%
Chemical Exposure, Internal	1	0	0	2	1	1	1	2	2	10%
Chemical Spill	1	0	0	2	2	2	2	2	1	12%
Child Abduction	1	0	0	1	0	2	2	1	1	8%
Civil Unrest / Protesting	1	0	0	1	1	2	2	1	2	10%
Communication / Telephony Failure	3	1	0	1	1	3	1	1	1	30%
Dam Failure	1	0	0	1	1	2	2	2	1	10%
Drought	1	0	0	1	1	1	2	1	1	8%
Earthquake	1	0	0	2	3	3	1	2	1	13%
Epidemic	1	0	0	2	0	2	1	1	1	8%
Evacuation	1	1	1	1	1	3	2	2	2	26%
Explosion	1	0	0	3	3	3	1	1	1	13%
Fire, External	2	1	1	1	2	2	2	1	1	29%
Fire, Internal	2	1	0	1	3	3	1	1	1	28%
Flood, External	1	0	0	1	2	3	2	1	1	11%
Flood, Internal	1	0	0	1	2	3	2	2	2	13%
Forensic Admission	1	0	0	1	1	1	2	1	1	8%
Gas / Emmissions Leak	1	0	0	1	2	3	2	2	2	13%
Generator Failure	1	0	0	2	1	3	1	1	2	11%
Hostage Situation	1	0	0	2	1	2	3	1	2	12%
Hurricane	0	0	0	0	0	0	0	0	0	0%
HVAC Failure	1	0	0	1	2	2	1	2	2	11%
Inclement Weather	3	3	0	1	1	2	1	1	2	33%
Infectious Disease Outbreak	3	0	0	2	0	2	1	1	1	23%
IT System Outage	3	2	0	1	1	3	1	1	2	36%
Landslide	1	0	0	1	3	2	2	2	1	12%
Mass Casualty Incident - Hazmat	1	0	0	3	3	3	3	3	1	18%
Mass Casualty Incident - Medical	2	0	0	1	1	2	1	1	1	16%
Mass Casualty Incident - Trauma	3	1	0	1	1	2	1	1	1	26%
Medical Gas Disruption	1	0	0	1	1	3	2	2	2	12%
Natural Gas Disruption	1	0	0	1	1	3	2	2	2	12%

Pandemic	1	1	0	3	1	3	1	2	1	20%
Patient Elopement	2	1	0	1	0	2	1	1	1	17%
Patient Surge	3	0	0	1	1	3	1	1	1	27%
Picketing	1	0	0	1	1	2	3	2	1	11%
Planned Power Outage	2	1	0	1	1	2	1	1	1	19%
Power Outage	3	1	1	1	1	3	1	1	1	32%
Radiation Exposure	1	0	0	3	1	3	2	2	2	14%
Seasonal Influenza	3	1	0	2	1	2	1	1	1	30%
Sewage Failure	1	0	0	1	2	3	3	2	1	13%
Shelter in Place	1	0	0	1	1	3	3	1	1	11%
Strikes / Labor Action / Work Stoppage	1	0	0	1	1	3	3	2	2	13%
Suicide	1	0	0	1	1	2	2	1	2	10%
Supply Chain Shortage / Failure	2	0	0	1	1	3	1	1	1	18%
Suspicious Package / Substance	1	0	0	1	1	1	2	1	1	8%
Temperature Extremes	3	2	0	2	1	2	1	1	1	32%
Tornado	1	0	0	2	3	3	1	2	1	13%
Transportation Failure	1	0	0	1	0	3	3	2	1	11%
Tsunami	0	0	0	0	0	0	0	0	0	0%
Utility Failure	3	0	0	1	1	3	1	2	1	30%
VIP Situation	1	0	0	1	1	1	1	1	1	7%
Water Contamination	1	0	0	1	1	3	3	3	1	13%
Water Disruption	1	0	0	1	1	3	2	2	1	11%
Weapon	1	0	0	2	1	2	2	2	2	12%
Workplace Violence / Threat	3	2	0	2	1	2	1	2	2	40%
Volcano	1	0	0	1	2	1	2	1	1	9%

2023

TOP 10 HVA	RANK
Workplace Violence / Threat	1
IT System Outage	2
Inclement Weather	3
Air Quality Issue	4
Power Outage	5
Temperature Extremes	6
Utility Failure	7
Communication / Telephony Failure	8
Seasonal Influenza	9
Fire, External	10