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**Cc:** [Todorovich, Jessica L \(DOH\)](#)  
**Subject:** Department of Health Response on Contingency Planning  
**Date:** Monday, June 17, 2013 4:52:13 PM  
**Attachments:** [DRAFT Contingency Planning Data Collection Template \(3\).xlsx](#)

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Attached is our response to the Official of Financial Management memo dated June 17 for contingency planning.

In the attached spreadsheet, you will find two tabs. The first tab is a list of positions we believe meet one of the four criteria in the memo. We have listed the critical function, criteria, and justification for meeting the criteria. In the second tab, we have listed those functions that will continue with non-appropriated funding.

We are flexible if we find ways to create shared services and will continue to explore those options with the Department of Enterprise Services, Consolidated Technology Services, and others. We are also exploring working with another agency that is open to assist us with communications needs during the shutdown.

Below are two contracts I want to note as being especially critical and life-threatening if they are halted as a result of a government shutdown:

- Poisoning and overdose poses a serious threat to public safety. The Washington Poison Center (WAPC) provides 24/7 emergency telephone service to the public and health care providers. Every day the center handles approximately 155 emergency poisoning calls. Over half of these calls are related to the poisoning of children. Medical toxicologists at the WAPC provide lifesaving advice to the public, emergency physicians, and other health care providers for the treatment of individuals who are at immediate risk of death or serious disability due to poisoning and overdose. We provide a significant portion of the Poison Center's funding.
- The pre-hospital Emergency Medical Services (EMS) and Trauma system cannot operate without the continuous medical direction of the Medical Program Director (MPD). Certified EMS personnel are not independent practitioners. The MPD provides EMS personnel with direction regarding the emergency medical care provided in the field over the telephone or two-way radio while the EMS provider is on scene with the patient. Care provided in critical emergencies is provided away from the hands and eyes of the doctor. The ability to provide "real time" voice consultation between the physician and the EMS provider is essential to safe patient care. This occurs multiple times in a 24-hour period. Medical direction is essential to assure patient and public safety. Our contracts provide those services and there is no other funding source.

Jessica Todorovich, Acting Deputy Director, will be your primary point of contact for this

work. Please contact her at 236-4012 for questions or concerns.

Thanks.

-John

*Always working for a safer and healthier Washington*

**John Wiesman, DrPH, MPH | Secretary of Health**

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Exemption Criteria

	Division	Program	Function	Criteria	Number of Staff Needed	Justification for Meeting Criteria Identified
1	OS	Agency	Duty Officer	4	1 - on-call	This position will serve as the emergency responder across the agency on any major public health threat. They will oversee activities needed to respond to life and death public health emergencies.
2	OS	Agency	Executive on Call	4	1 - on-call	This position will be on-call only and intended to serve in the role of incident commander if a major public health disaster or threat to life occurs....ESF 8
3	OS	IT	Maintain data center, mission critical online renewing system which allows practitioners to be licensed, and monitoring alarms and equipment.	4	3 staff	
4	Financial Services	Procurement Unit	Procure vaccines for non-appropriated funding activities	2	1 - on-call	This position will directly support the non-appropriated work of our immunizations office, necessary to purchase vaccines for vulnerable populations.
5	Financial Services	Payroll Unit	Payroll Processing	3	2 for one day only	July 10 payroll processing
6	EPH	Environmental Public Health Division	Monitor division emergency notification systems	4	1	Environmental Public Health has several programs where emergencies could have immediate threat to life. One staff person would monitor various reporting systems including radiological and nuclear emergencies, poisoning from shellfish toxins, E coli contamination of drinking water, foodborne illness, and zoonotic disease outbreaks. They will assess if emergency response is necessary and take appropriate action.
7	EPH	Radiation Protection	On-call staff person	4	1 - on-call	Respond to "immediate life threat" event associated with nuclear and radiological emergencies, as a regulating authority.

### Exemption Criteria

	Division	Program	Function	Criteria	Number of Staff Needed	Justification for Meeting Criteria Identified
8	HSQA/MQ AC/NQAC	Health Professions & Facilities	Investigate Imminent Harm complaints against health care professionals or facilities	4	1 - Complaint Intake position 1 - on call Chief Investigator 1 - on-call facilities investigator	Some complaints received are related to alleged incidents that pose an immediate threat to public health and safety. Complaints would be received through one central line and only those referred for concern of imminent harm would be referred to an on-call investigator for assessment of risk.
9	DCHS	Communicable Disease Epidemiology plus DIRM: PHRED & PHIMS	Monitor disease reporting for cases or outbreaks that immediately threaten lives.	4	1 Medical Epidemiologist in office; 1 on call after hours	Incidents of disease that threaten populations can happen at any time. Monitoring is needed should an outbreak occur. Local health jurisdictions do not have access to state resources and expertise to address communicable disease emergencies (e.g., arrival of MERS-CoV infection in Washington State, CDC is now in incident command or other outbreaks.
10	DCHS	Public Health Laboratories	Testing for: fatal biological threats (e.g. anthrax). Bioterrorism Response Network; fatal chemical exposures, chemical terrorism emergency response work; Rabies testing; fatal chemical exposures. Chemical Terrorism Emergency Response work; Novel Influenza testing	4	3 microbiologists, 1-Responsible Official-on call	The PHL is a level one Select Agent Facility. It tests and identifies suspicious white powders and other bioterrorism materials to confirm or rule out suspected select agent. Federal select agent requirements mandate two staff present so the work is not performed alone. State law enforcement rely on the PHL to test white powder samples. Fatal exposure could occur. Rabies is a rare but extremely dangerous and fatal disease. The PHL is the only lab that tests for Rabies in the state. By federal law, the verification process for a positive test requires two people. Testing for novel influenza (e.g. H7N9) to determine if it is present in Washington.

## Exemption Criteria

	Division	Program	Function	Criteria	Number of Staff Needed	Justification for Meeting Criteria Identified
11	DCHS	Public Health Laboratories	Newborn Screening/Newborn Screening: providing metabolic treatment product	4	18 staff	Every child born in WA undergoes newborn screening at the PHL. Specimens submitted are tested to detect for dangerous and potentially life threatening conditions that can be treated. This testing assures rapid clinical diagnosis and treatment of abnormal results. Without testing disability or death could result. / Metabolic treatment products address special nutritional needs so people affected do not suffer from permanent disability or death.
12	DCHS	Public Health Laboratories	Lab specimen receiving	4	2 Lab Technicians	Specimens for newborn screening and other potentially life threatening conditions need to be logged in, unpacked, sorted, assigned numbers, verified and tracked. Federal safety laws requires 2 technicians for safe handling of volatile specimens.
13	DCHS	Public Health Laboratories	Lab maintenance and support to keep the PHL operational so critical tests can occur. DIRM support for LIMS	4	3 staff	Equipment must function, lab waste must be decontaminated, media prepared, and supplies replenished in order for essential tests to occur. Necessary for life threatening testing to be completed properly.

## Non-Appropriated Fund Impacts

Division	Program	Short Description of the Work	Number of Staff Performing the Work
HSQA	Nursing Resource Center - Fund 09L	Provides grants to Washington's Nursing Resource Center.	0.05
HSQA	Temporary Worker Housing - Fund 214	Administers temporary worker housing licensing and inspection program.	0.53
HSQA	Ambulatory Surgical Facilities - Fund 14J	Administers ambulatory surgical facilities licensing and inspection program.	2.31
HSQA	Impaired Physician Account - Fund 821	Funds the impaired practitioner monitoring program for physicians. Pass thru.	0
Prevention and Community Health (PCH)	Immunizations (OICP)	<p>OICP supports provider vaccine ordering. Purchase and distribute vaccines to public and private providers for children birth through age 18.</p> <p><b>Daily Operations:</b> Reviewing and approving vaccine orders from local health and WA health care providers. Submitting orders to CDC. Providing technical assistance and consultation to local health and providers. Addressing any distribution or delivery issues with the vendor responsible for vaccine delivery. Assuring provider enrollment and reenrollment functions are completed to retain provider's ability to place vaccine orders. Addressing any vaccine financing issues or needs with CDC and the WA Vaccine Association to assure funds available to order and distribute vaccines.</p>	<p><b>Essential staff:</b> 2 FTEs essential for skeleton staffing to support this work; Current staffing level: 8 staff in the Vaccine Management Unit of the Office of Immunization and Child Profile</p>