

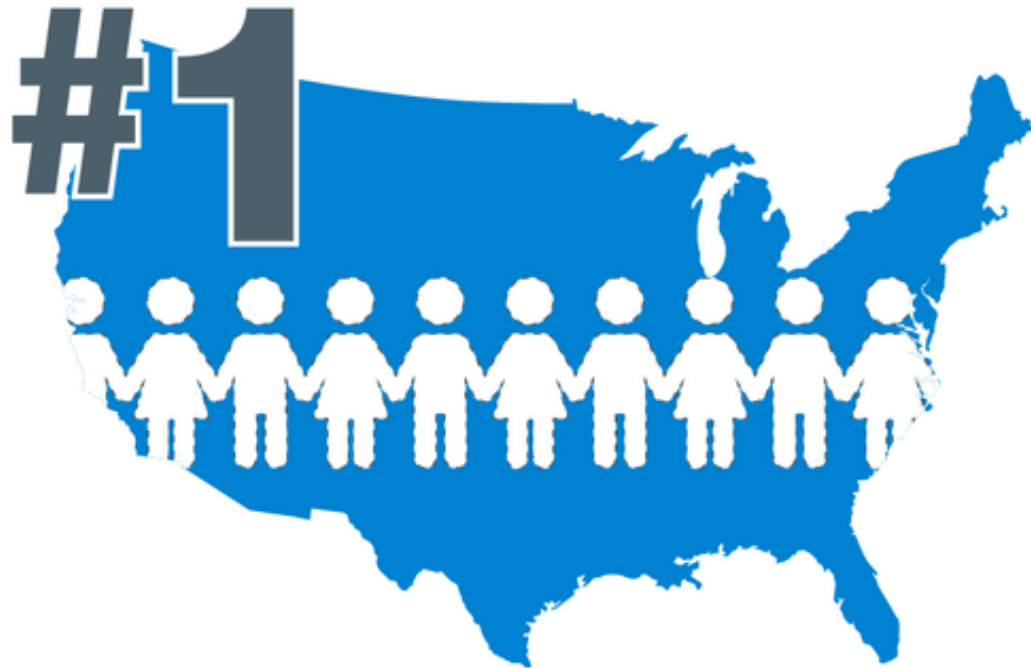


March 5th, 2026

Ben Thomas, MPA
Childhood Injury & Violence Prevention (CIVP) Coordinator
Benton-Franklin Health District



Safe Kids Benton-Franklin



**PREVENTABLE INJURIES ARE THE
#1 KILLER OF KIDS IN THE U.S.**

Mission Statement:

The mission of the Safe Kids Benton-Franklin Coalition is to reduce the number of unintentional, preventable childhood injuries and resulting deaths that occur in Benton and Franklin Counties.

Our Goals:

- Uniting diverse groups and individuals
- Developing and implementing educational programs
- Initiating public policy changes
- Increasing awareness within local and regional communities of the problem of childhood injuries



CIVP Programming

Child Passenger Safety, Head Injury
Prevention, & Safe Sleep

Child Passenger Safety

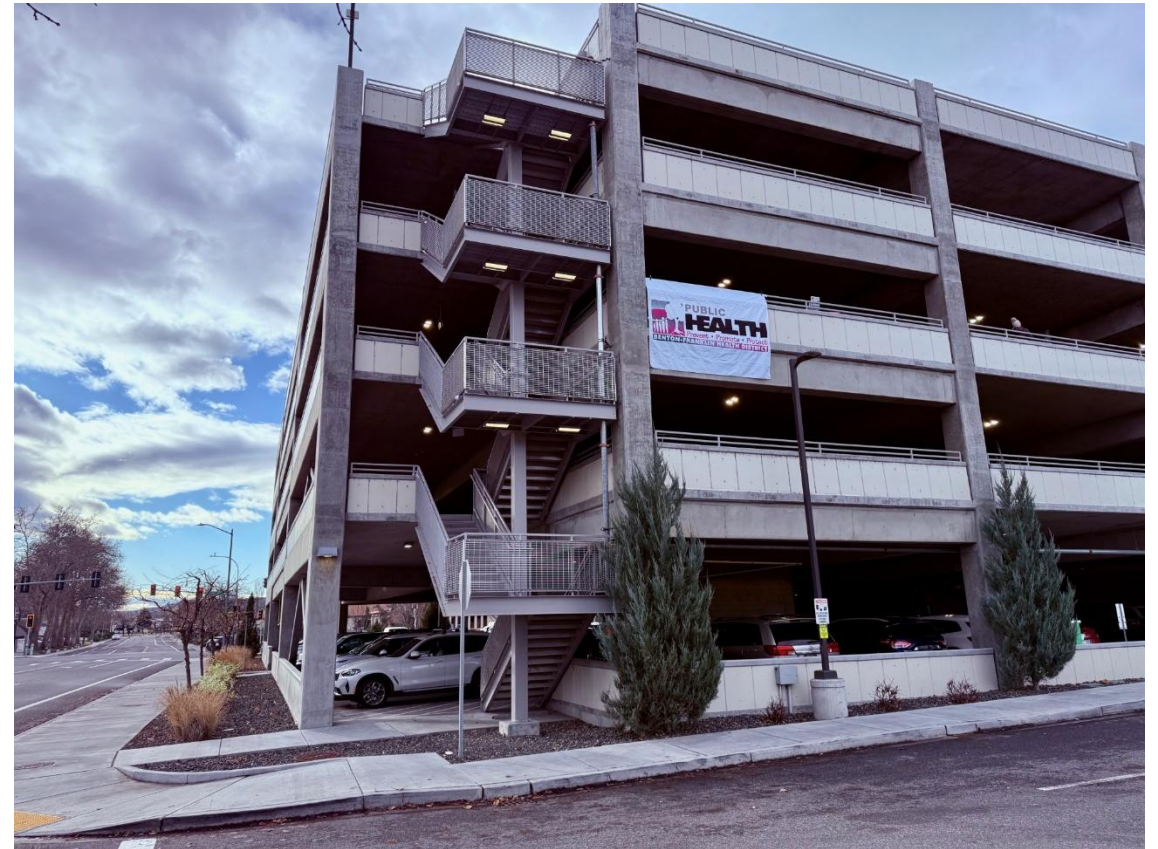
BFHD Car Seat Check form: [Booking Form](#)

Ben is now a certified CPST

- More availability on our Bookings calendar
- More flexibility with ad-hoc referrals/inquiries

Car Seat Check Clinics @ Kadlec

- Next Clinic: March 28th, 2026
 - Kadlec 10am - 2pm, parking garage 4th floor
 - 888 Swift Blvd, Richland, WA 99352
 - **The 4th Saturday of each month**



Car Seat Check Clinics @ Kadlec



Kelly checking a mother in



Baan working with a family

Child Passenger Safety



BFHD Summer 2026 CPST Training

- Dates: 6/2-6/5 classes + car seat clinic
- West Richland Police Department
 - Cmdr Coates gave a great tour





Toolkits & Inventory

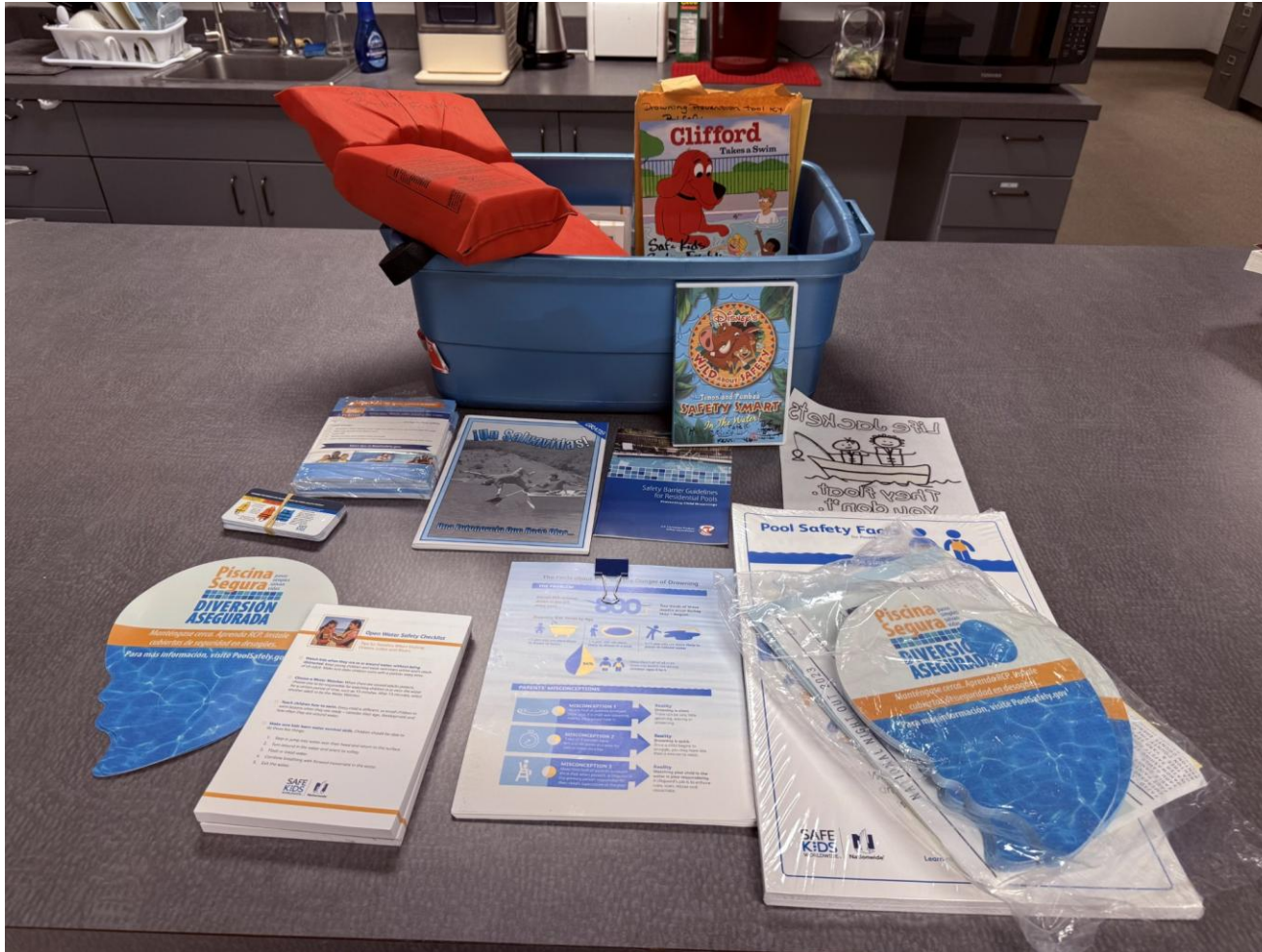
Head Injury Prevention

Bike Rodeo Trailer

- Working on inventory maintenance
- Spring/summer conversation with RPD and Fire
- Booked internally in August



Toolkits



Water Safety toolkit

Available to check-out for educational opportunities

- Water safety
- Gun safety
- Poison prevention
- Head injury prevention
- Pedestrian safety

Inventory Updates

Car Seats & Boosters

- Available for car seat checks/distribution

Pack N' Plays

- Still distributing to [Elijah Family Homes](#)
- Created internal partner with BFHD [Nurse-Family Partnership](#)

Safety Helmets

- Available for distribution, often when we table
- Still building out our elementary school distribution process – on standby



Questions?

Email Ben: ben.thomas@bfhd.wa.gov



MEASLES IN SCHOOLS

Brandi Williams, MPH, CE

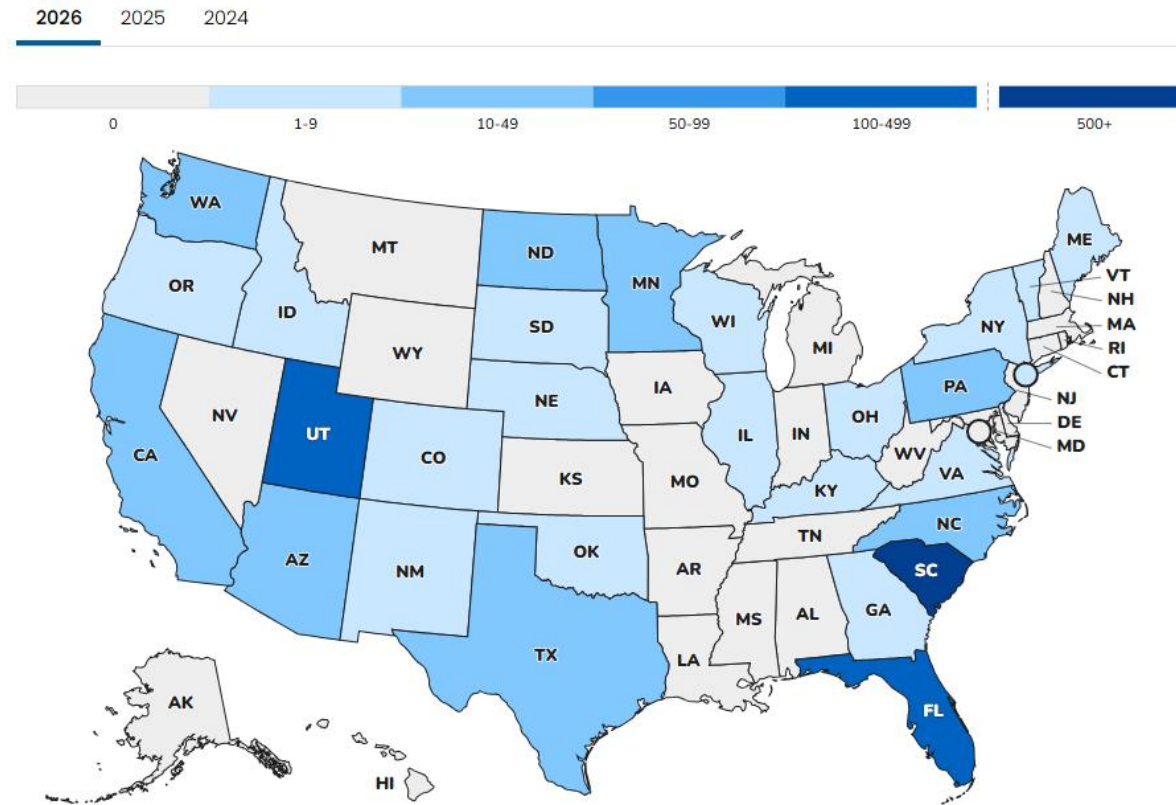
03/05/2026



Current situation

Map of measles cases among U.S. residents

as of February 26, 2026



Current situation

U.S. Cases

	2026 To date	2025 Full year
Total Cases	1136	2281
Age		
Under 5 years	278 (24%)	584 (26%)
5-19 years	653 (57%)	1012 (44%)
20+ years	198 (17%)	672 (29%)
Age unknown	7 (1%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	92%	93%
One MMR dose	4%	3%
Two MMR doses	4%	4%

Current situation

U.S. Hospitalizations

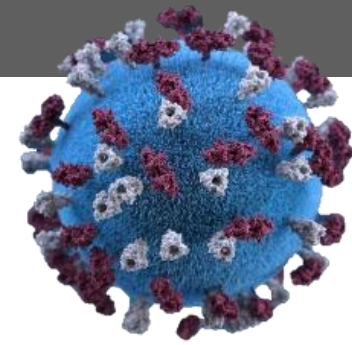
	2026	2025
Total Hospitalized	5% (58 of 1136 cases)	11% (242 of 2281 cases)
Percent of Age Group Hospitalized		
Under 5 years	7% (20 of 278)	18% (106 of 584)
5-19 years	3% (17 of 653)	6% (57 of 1012)
20+ years	10% (20 of 198)	12% (79 of 672)
Age unknown	14% (1 of 7)	0% (0 of 13)

U.S. Deaths

	2026	2025
Total Deaths	0	3



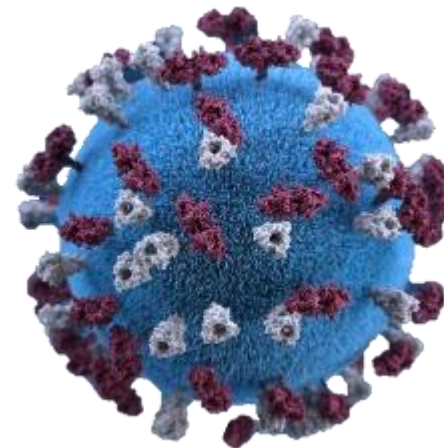
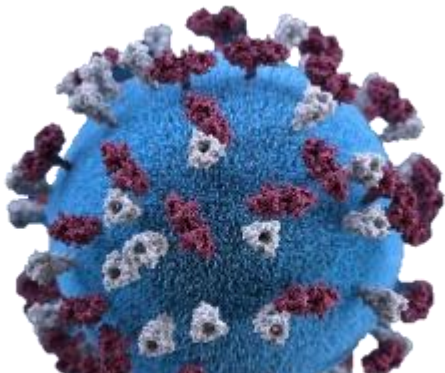
What is measles?



- Measles is highly contagious. If one person has it, up to 9 out of 10 people nearby will become infected if they are not protected.
- Spread by sneezes, coughs, airborne droplets.
 - Infectious aerosolized droplet nuclei can persist in a room for up to two hours
- Measles vaccine is usually combined with mumps and rubella (MMR), or combined with mumps, rubella and varicella (MMRV).
- Incubation is about 10 days from exposure for respiratory symptoms, about 14 days for rash to appear.
- Infectious from -1 day before respiratory symptoms and around 4 days after rash.

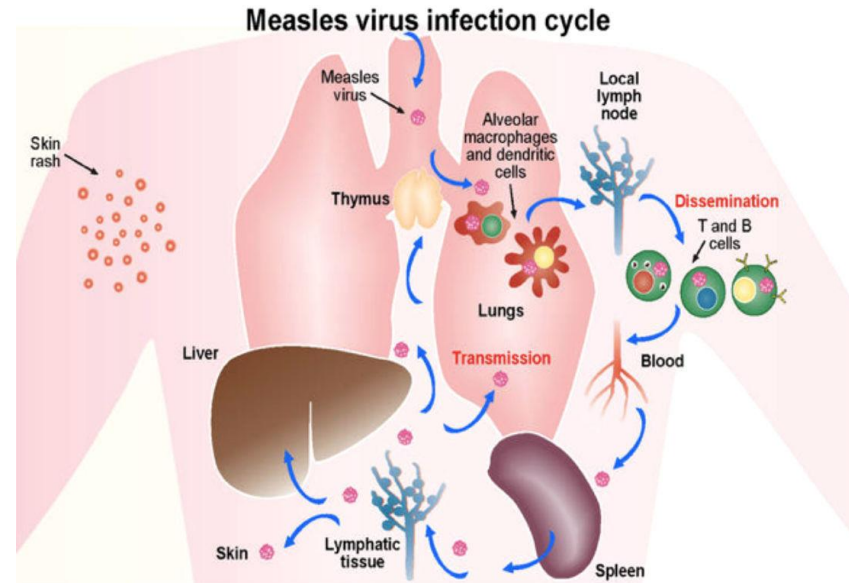
What is measles?

- Measles was declared eliminated from the US in 2000. Surveillance is key to maintaining elimination.
- Complications can occur years later, and measles can cause **immune amnesia**.
- The measles vaccine is extremely effective, but certain people cannot receive it.
- In WA, diagnostic testing should be done through the public health system



Complications

- High fever
- Ear infections
- Pneumonia
- Encephalitis
- Subacute sclerosing panencephalitis can occur up to a decade after acute measles infection, involving progressive neurological symptoms including cognitive, behavioral, and motor function changes eventually leading to coma.
- Measles infection during pregnancy can cause a premature or low-birthweight baby with potential long-term health consequences



DOH Criteria

Signs and Symptoms	Prodrome (fever AND cough <i>or</i> coryza <i>or</i> conjunctivitis) lasting 2-4 days followed by rash. Fever overlaps rash, and then drops 1-3 days or more after rash onset. Rash is maculopapular, typically begins on the head often along the hairline and spreads downward usually becoming a full body rash. Complications can include diarrhea, otitis media, pneumonia, encephalitis, and rarely death. Assess likelihood of measles using the Measles Assessment Checklist .	
Incubation	10-12 days (range 7-21 days). Rash starts 2-4 days after onset of prodrome.	
Case classification	Clinical definition: Illness characterized by a generalized rash lasting ≥ 3 days, a fever $\geq 101.0^{\circ}\text{F}$ (38.3°C), AND cough <i>or</i> coryza <i>or</i> conjunctivitis.	
	Confirmed case: Acute febrile rash illness with at least one of the following: isolation of measles virus from a clinical specimen <u>OR</u> positive PCR test <u>OR</u> IgG seroconversion or significant rise in measles IgG antibody <u>OR</u> positive IgM test <u>OR</u> epi-linked to a lab confirmed case.	Probable case (<i>not used in WA</i>): In the absence of a more likely diagnosis, meets the clinical case definition, has noncontributory or no measles laboratory testing, and is not epi-linked to a lab confirmed case.
Differential diagnosis	fifth disease, roseola, rubella, scarlet fever (also called scarlatina), adenovirus infections, influenza, certain vector-borne illnesses such as Rocky Mountain spotted fever, and antibiotic reaction.	
Treatment	No specific treatment, supportive as needed.	
Duration	Up to 10 days. Contagious at least from first symptom onset up to 4- 5 days prior to rash onset and remain contagious for at least 4 days after rash onset. See appendix A, Measles Worksheet	

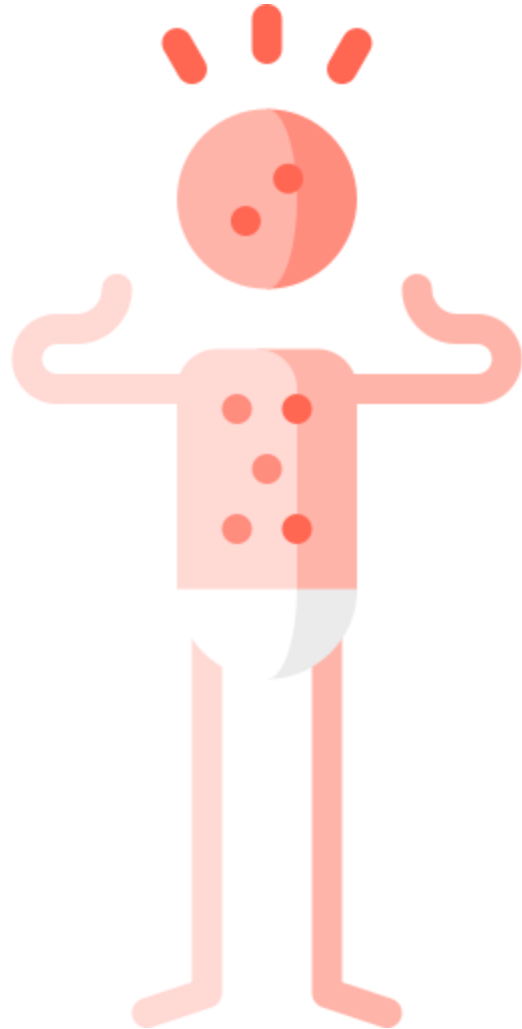
DOH Criteria

7. MANAGING SPECIAL SITUATIONS

A. Cases among Employees or Attendees at School/Childcare Facility

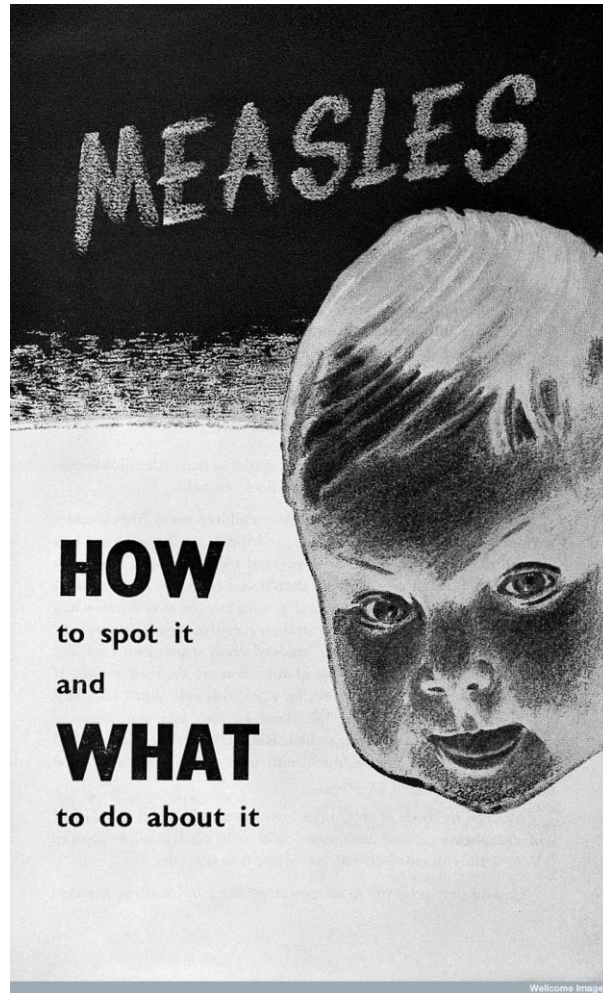
1. Exclude persons with suspected measles from school or childcare until 4 days have passed since rash onset (that is they can return on the 5th day after the day of rash onset) if not immunocompromised.
2. All students and school staff born in or after 1957 who cannot provide adequate evidence of immunity should be vaccinated. Vaccine should be offered, if possible, to those who are not up to date with age-appropriate vaccination. A first dose should be given to those who are unvaccinated. Recommend a second MMR to persons who have previously received only one MMR as long as 28 days have passed since the first dose.
3. Identify all persons at the school who were potentially exposed to the case.
 - a) Recommend that susceptible, unimmunized persons receive the MMR vaccine within 72 hours of exposure (or if immunocompromised, pregnant or under one year of age, immune globulin (IG) within 6 days). Exclude all exposed persons who were susceptible and unimmunized at the time of exposure regardless of whether or not they have received post exposure vaccine or IG.

So you might have a case- what do you do?



- It is required for healthcare providers to immediately notify and consult with LHJ
- LHJ must be consulted to be approved to send to PHL
- Preferred testing is a NP/OP or throat swab within 72 hours of rash onset.

So you might have a case- what do you do?



1. Isolate
2. Notify by phone
3. Test
4. Manage
5. Vaccinate

Exposure Control

PART A: Identifying Sources of Infection				PART B: Identifying Exposed Contacts and Sites of Transmission								
	DATE	DAY	LOCATIONS (with times)	CONTACTS		DATE	DAY	LOCATIONS (with times)	CONTACTS			
EARLIEST EXPOSURE DATE		-21			DEFINITELY CONTAGIOUS FROM HERE FORWARD							
		-20						-5				
		-19										
		-18							-4			
		-17										
		-16							-3			
		-15										
	Exposure Period		-14				Contagious Period			-2		
			-13							-1		
			-12								RASH ONSET	0
			-11								1	
		-10										
		-9								2		
		-8										
	-7							3				
RASH ONSET		0	See Part B for Contagious Period					4				

Exposure Control

Immunization Status →	Birth before 1957	2 doses	1 dose ⁶	0 doses		Unknown	
Risk assessment:	Presumed immune	Presumed immune	~95% effective	Susceptible!		Presume susceptible	
Prophylaxis:	None	None	MMR within 72 hours of exposure	MMR within 72 hours of exposure; Consider IG (if indicated ¹) within 6 days of exposure*		MMR within 72 hours of exposure; Consider IG (if indicated ¹) within 6 days of exposure*	
Recommendations:	No recommendations or restrictions	No recommendations or restrictions	Second MMR recommended even if >72 hours after exposure (but MMR within 72 hours preferred)	Close Contacts⁶ (Asymptomatic) Do not vaccinate if too late for prophylactic MMR (i.e. >72 hours after exposure) ²	Public Callers⁷ (Asymptomatic) Get a dose of MMR	Close Contacts⁶ (Asymptomatic) Draw blood for serum IgG titer and then give a dose of MMR.	Public Callers⁷ (Asymptomatic) Get a dose of MMR. Strongly encourage drawing blood for serum IgG titer.
Symptom Watch:	Yes Discuss date of exposure and symptom watch times.	Yes Discuss date of exposure and symptom watch times.	Yes Discuss date of exposure and symptom watch times. Adverse event a possibility 5-12 days after MMR received ³ • 5% get rash • 15% get fever	Yes Discuss date of exposure and symptom watch times. Explain what to do if symptoms: i.e. stay home Call PH/HC provider before going to HCF.	Yes Discuss date of exposure and symptom watch times. Explain what to do if symptoms: i.e. stay home Call PH/HC provider before going to HCF.	Yes Discuss date of exposure and symptom watch times. Explain what to do if symptoms: i.e. stay home Call PH/HC provider before going to HCF.	Yes Discuss date of exposure and symptom watch times. Explain what to do if symptoms: i.e. stay home Call PH/HC provider before going to HCF.
Exclusion:	None unless symptoms develop.	None unless symptoms develop.	None unless symptoms develop.	Yes! Quarantine ⁴ at home with no non-immune visitors and avoidance of all public settings from 21 days after exposure regardless of whether they received vaccine within 72 hours or IG within 6 days of exposure.	None unless symptoms develop If becomes symptomatic, during the 21 days after exposure, isolate ⁴ and test for measles if rash develops.	Stay home from day 7 after exposure until titer results available. If titer positive: no further restrictions and no MMR needed. If titer negative or not done: Quarantine at home ⁴ for 21 days after exposure.	None unless symptoms develop If becomes symptomatic, during the 21 days after exposure, isolate ⁴ and test for measles if rash develops. If titer positive: no further restrictions.
Follow-up:	None	None	None	Vaccinate after 21 days if measles did not develop.	None	Vaccinate after 21 days if no MMR was given and measles did not develop.	None

IDCG Requirements

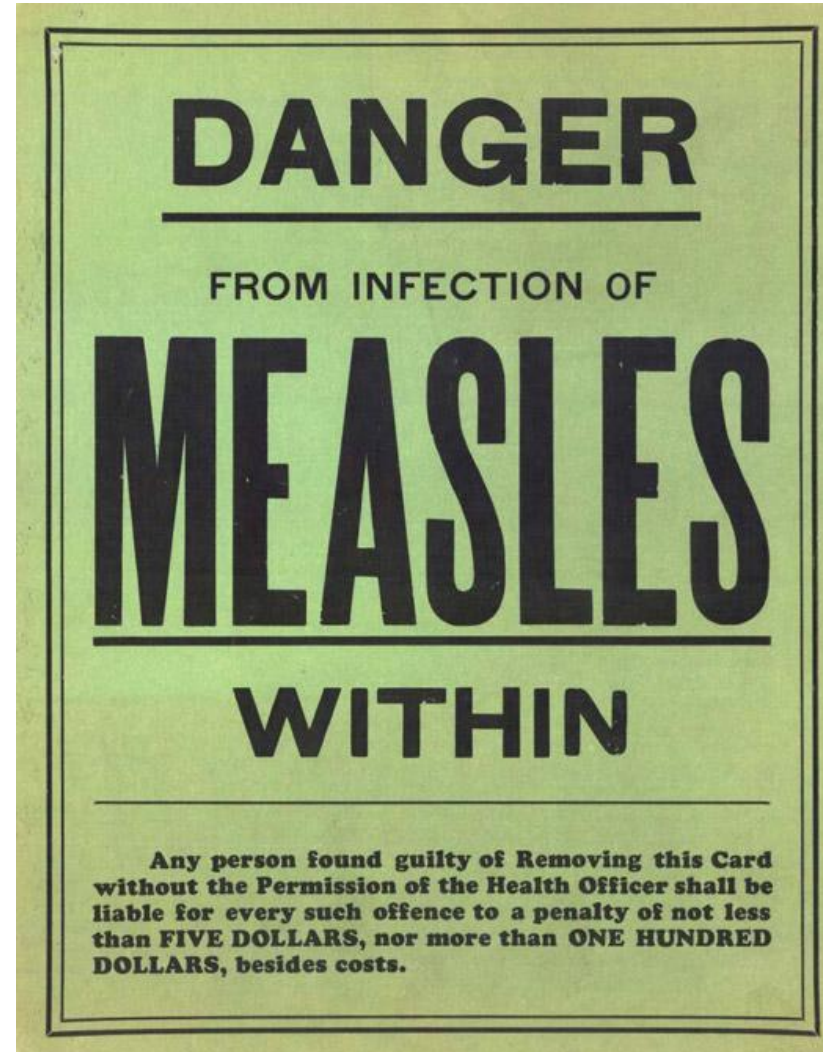
If a student or staff member in your school develops confirmed measles, your local health officer may require implementation of the following control measures:

- a. Exclude confirmed case from school until four full days have passed since the appearance of rash.
- b. Exclude students exempted from measles immunization or students without documentation of measles immunization for 21 days after last exposure, regardless of vaccine doses or immunoglobulin received after exposure.



IDCG Requirements

- Provide a second dose of measles vaccine to all students with a history of only one dose of measles vaccine. Students that do not receive a second dose of measles vaccine during an outbreak will be excluded from school.
- Instruct students never to share items that may be contaminated with saliva such as beverage containers.
- Clean or dispose of articles soiled with nose and throat discharges.



How can you be prepared?

Know who you will be communicating with


- Identify your Local Health Jurisdiction contacts
 - The Health Officer will direct and coordinate the response in the event of a suspected case or outbreak (WAC 246-110-020).
- Prepare your personnel
 - Districts may consider communicating with their staff that they may need to be prepared to show proof of immunity
 - Provide training to recognize measles symptoms

Have materials at-the-ready when a response begins

- Maintain documentation of measles immunity status for all students and staff, including any with medical or other exemptions from vaccination. [See sample documentation template.](#)
- Make sure your school has a supply of masks
- Identify an isolation holding space

Vaccine hesitancy is a public health crisis

MEASLES MEMO
— & ERADICATION PROGRESS REPORT
VOLUME 4, NO. 10 NOVEMBER 23, 1970



**HARD TO REACH
Who, Me?**
Well, I'd Be Easy To Reach

- If my parents could afford to take me to a private physician.
- If my parents knew that preventive immunizations would save me from a lot of sick days and not make them lose time from work.
- If I lived in a state that has a school entrance immunization law.
- If I go to a school with an active school health program.
- If I didn't live in a community that lets epidemics happen.
- If I lived in a community where the health officer had a deeper concern for us "hard-to-reach."
- If I lived in an area that had more active well-baby clinics.
- If I didn't live in the "inner city."
- If I didn't live so far away from the only immunization center.
- If I were BIG enough to speak out for my "RIGHT-TO-HEALTH."

And That's Why There Are 10 Million Hard-To-Reach Kids Like Me

- Combating MMR vaccine misinformation and hesitancy requires intersectoral and multifaceted approaches at various socioecological levels to address the social drivers of vaccine behavior.
- Fear of autism was the most cited reason for MMR hesitancy.
 - Andrew Wakefield 1998 study
 - License revoked; study removed from publications

Novilla MLB, Goates MC, Redelfs AH, Quenzer M, Novilla LKB, Leffler T, Holt CA, Doria RB, Dang MT, Hewitt M, Lind E, Prickett E, Aldridge K. Why Parents Say No to Having Their Children Vaccinated against Measles: A Systematic Review of the Social Determinants of Parental Perceptions on MMR Vaccine Hesitancy. *Vaccines (Basel)*. 2023 May 2;11(5):926. doi: 10.3390/vaccines11050926. PMID: 37243030; PMCID: PMC10224336.

Vaccines are our best tool!

How to talk about Vaccine Hesitancy

APPROACHES TO AVOID

- Discrediting of information sources
- Not asking what is important to the person
- Using medical jargon in place of plain language
- Shame people for being wrong
- Overstating certainty associated with any corrective information



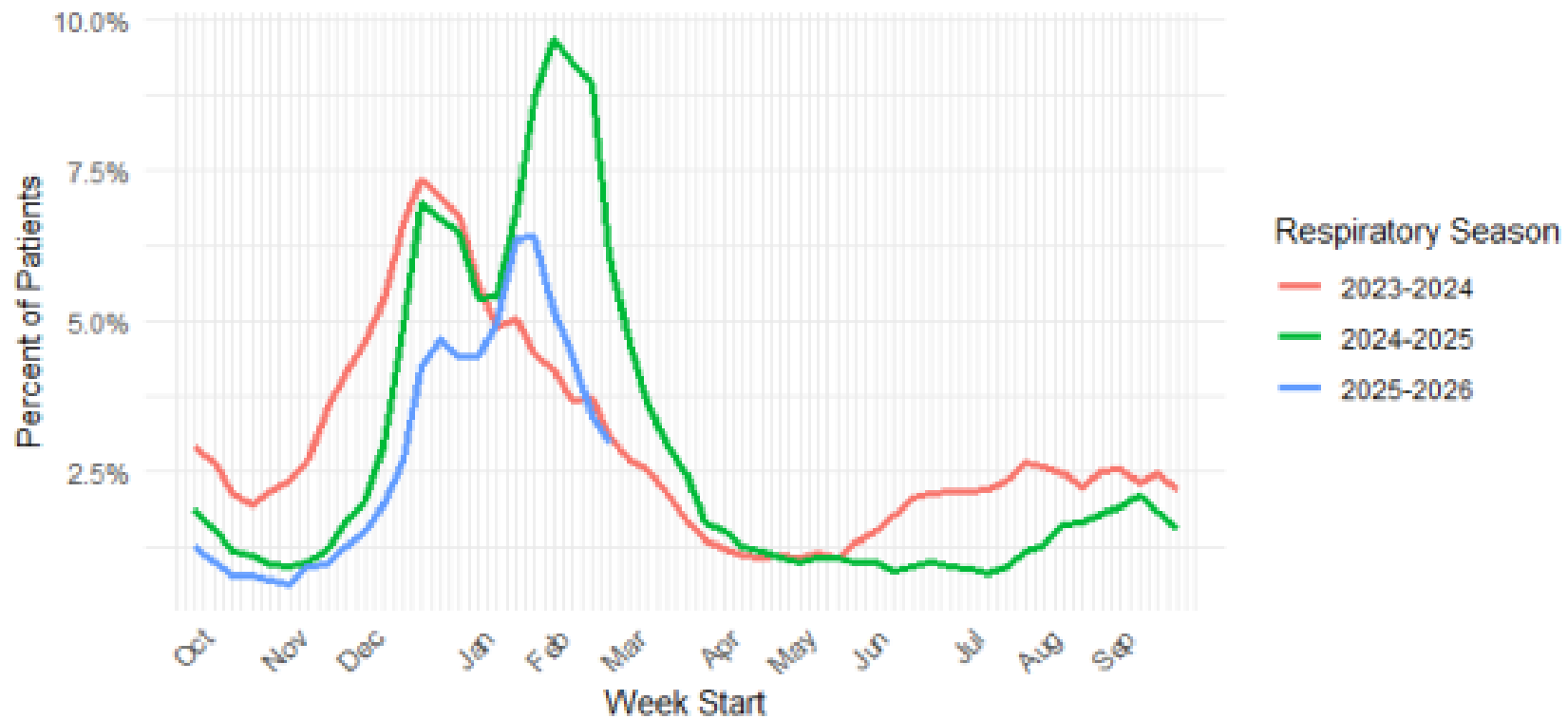
APPROACHES TO USE

- **Show care and openness with body language**
- Ask what the person has learned about topic
- Ask about concerns, e.g., “What worries you?”
- Listen, acknowledge, and empathize
- Assess patient openness to new information
- Refer to accurate information resources



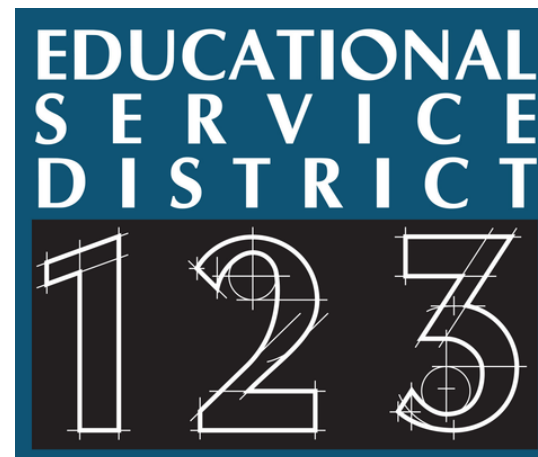
Current respiratory burden

Emergency Department Patients Diagnosed with Influenza, RSV, COVID-19



Regional School Safety Center

Scott Loar, Threat Assessment Coordinator
Victoria Guzman, Behavioral Health Navigator



SHB 1216 passed in 2019



- Create Statewide Network for School Safety.
- The Office of the Superintendent of Public Instruction (OSPI) must establish the State School Safety Center (state center), and the educational service districts (ESDs) must establish Regional School Safety Centers (regional centers).
- Together these centers form a statewide network to provide coordination of school safety efforts throughout the state and to provide school safety resources to the school districts in each ESD region.

Regional School Safety Centers

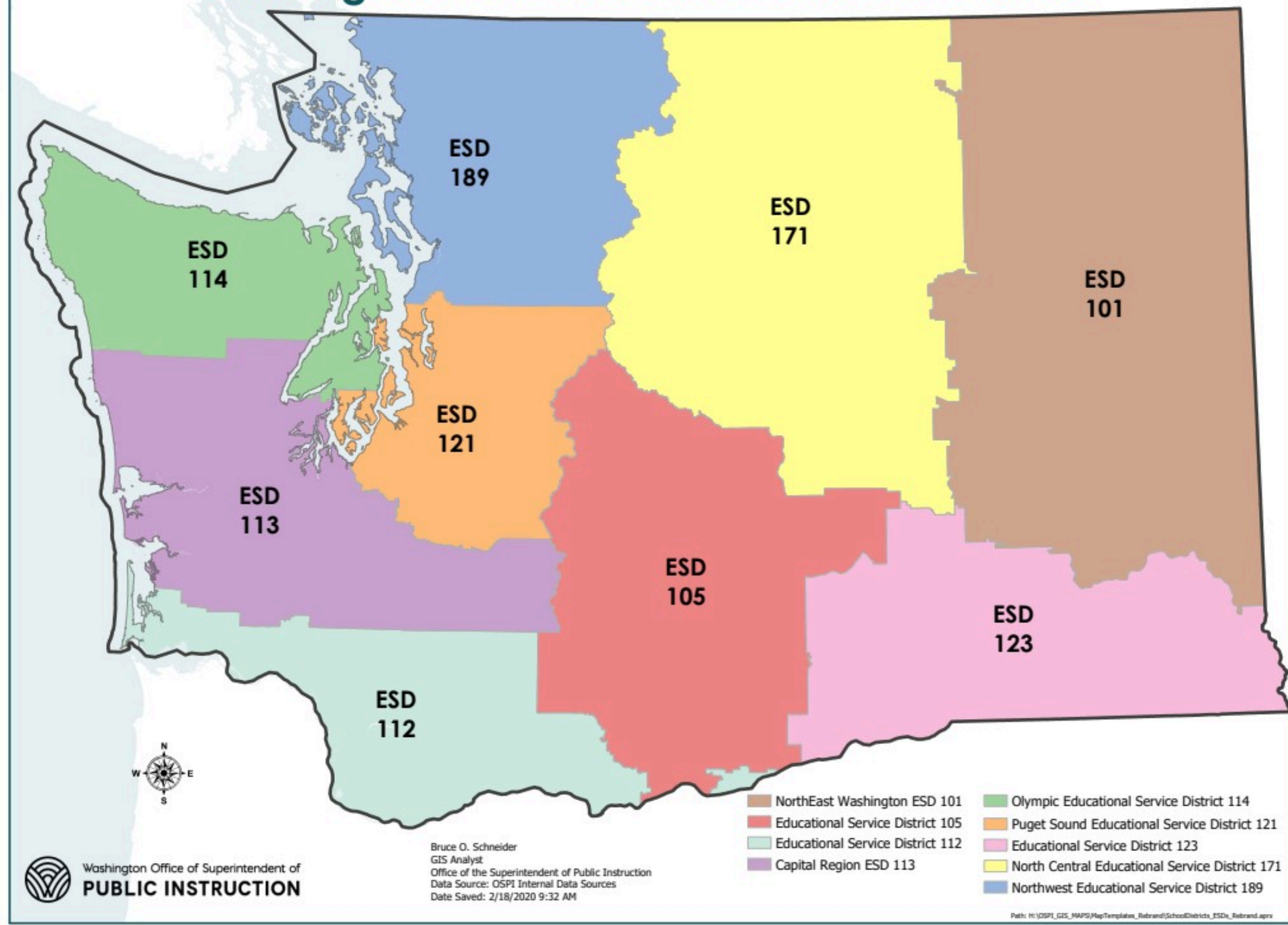
Behavioral Health Coordination

School-Based Threat Assessment

Comprehensive School Safety Planning

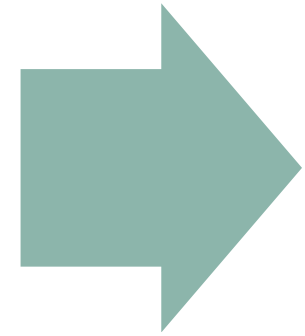
Partnerships and Collaboration

Washington State Educational Service Districts



School Safety Defined

In 2012–13, The Washington State School Safety Advisory Committee defined “school safety” as: the critical and necessary environment in which effective teaching and learning can take place.



A physically, emotionally, socially, and academically secure climate for students, staff, and visitors.

Washington State's HB 1214 (2021–22 session), codified into law, mandates training, data collection, and formal agreements for school safety and security personnel. It broadened the scope from just School Resource Officers (SROs) to include all security staff, emphasizing equity, restorative justice, and mandatory annual reporting of staff-involved incidents to the OSPI.

SCHOOL SAFETY – RCWs & WACs

School Safety Planning

- [RCW 28A.320.125](#), Safe school plans— Requirements—Duties of school districts and schools—Reports—Drills—Rules—First responder agencies.
- [RCW 28A.320.126](#), Emergency response system.
- [RCW 28A.320.128](#), Notice and disclosure policies—Threats of violence—Student conduct—Immunity for good faith notice—Penalty.
- [WAC 51-54-0400](#), Chapter 4—Emergency planning and preparedness.

Weapons on School Grounds

- [RCW 28A.600.420](#), Firearms on school premises, transportation, or facilities
- [RCW 28A.320.130](#), Weapons incidents—Reporting.
- [RCW 9.41.280](#), Possessing dangerous weapons on school facilities
- [RCW 9.91.160](#), Personal protection spray devices.
- [RCW 9.61.160](#), Threats to bomb or injure property—Penalty.

Searches at School

- [RCW 28A.600.220](#), School locker searches—No expectation of privacy.
- [RCW 28A.600.230](#), School locker searches—Authorization—Limitations.
- [RCW 28A.600.240](#), School locker searches—Reasonable suspicion.

Gangs In Schools

- [RCW 28A.600.455](#), Gang activity—Suspension or expulsion.
- [RCW 9A.46.120](#), Criminal gang intimidation.
- [RCW 9.94A.030](#), Definitions. (criminal street gangs, gang membership, gang-related offenses)

School Safety and Security Staff

- [RCW 28A.320.124](#) - School safety & security staff—P & P, Presentation to students.
- [RCW 28A.320.1241](#) - Collected agreements and information.
- [RCW 28A.320.1242](#) - Agreements with LEAs or security companies.
- [RCW 28A.310.515](#) - School safety and security staff—Training program—
- [RCW 28A.400.345](#) - School safety and security staff—Required training.

SCHOOL SAFETY – RCWs & WACs

Harassment, Intimidation, and Bullying (HIB)

- [RCW 28A.600.477](#), Prohibition of harassment, intimidation, and bullying.
- [RCW 9.61.260](#) Cyberstalking.
- [RCW 9A.46](#), Harassment.
- [RCW 9A.36.078](#), Hate crime offenses—Finding.
- [RCW 28A.600.480](#), Reporting of harassment, intimidation, or bullying—Retaliation prohibited—Immunity.
- [RCW 28B.10.900](#), "Hazing" defined.
- [WAC 392-405-020](#) School district rules defining harassment, intimidation and bullying prevention policies and

Threat Assessment

- [RCW 28A.320.123](#), School-based threat assessment program.
- [RCW 9A.04.110](#), Definitions. (including threat)
- [RCW 28A.320.128](#), Notice and disclosure policies—Threats of violence—Student conduct—Immunity for good faith notice—Penalty.
- [RCW 13.04.155](#), Notification to designated recipient of adjudication or conviction—Information exempt from

Response to Emotional & Behavioral Distress

- [RCW 28A.320.127](#), Plan for recognition, screening, and response to emotional or behavioral distress in students, including possible sexual abuse.
- [RCW 28A.320.290](#), School counselors, social workers, and psychologists—Professional collaboration

Behavioral Health Navigator

- RCW 28A.320.127 requires all school districts to have a plan for recognition, screening, and response to emotional and behavioral distress in students. This is to include suicide, substance use, violence, and sexual abuse.

Our Work Includes:

- Collaborate with community partners to assist schools with implementation of youth suicide prevention activities and behavior health supports
- Coordinate trainings for school district employees, parents, community members, and students in recognizing and responding to the signs of emotional behavioral distress in students
- Prioritize communities identified as high need
- Provide resources, outreach, and technical assistance to help schools meet the requirements of RCW 28A.320.127

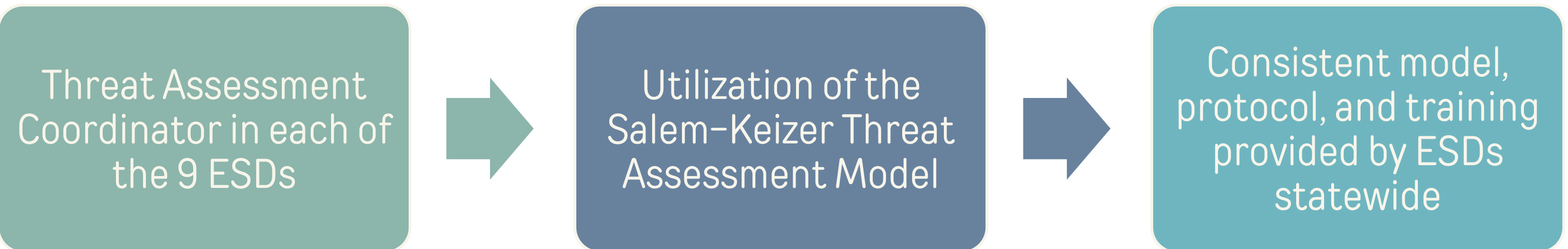
School-based Threat Assessment

RCW 28A.320.123

By the beginning of the 2020-2021 school year, districts must:

- Adopt policy & procedures (WSSDA [3143](#) and [3143P](#), [3225](#) and [3225P](#))
- Notification and dissemination of information about student offenses and notification of threats of violent harm
- Establish school-based threat assessment program

School-Based Threat Assessment in Washington



Our Work Includes:

- School Based Threat Assessment Training
- Leading Student Based Threat Assessments
- Consultation with districts to implement SK TA Model
- Level 2 Community Based Threat Assessment Teams

Comprehensive School Safety

- RCW 28A.320.125 requires all school districts and schools to have current comprehensive safe school plans and procedures, including EOPs (Emergency Operating Plans), Annex, Continuity of Operations Plan (COOP), and Reunification Plans. These are team developed living documents, that should be updated as things change.
- Students, parents, guardians, school employees, and school administrators have the safest possible learning environment.
- Schools can serve the community in the event of an emergency resulting from a variety of natural or man-made disasters.

School Safety Plans/EOPs



A living document outlining how a district or school addresses the Five mission areas of Presidential Policy Directive-8 (PPD-8): prevention, mitigation, protection, response, and recovery from emergencies resulting from all threats and hazards.



Based on assessed threats and hazards, describe the actions to be taken by students, teachers, and school staff before, during, and after emergency events.



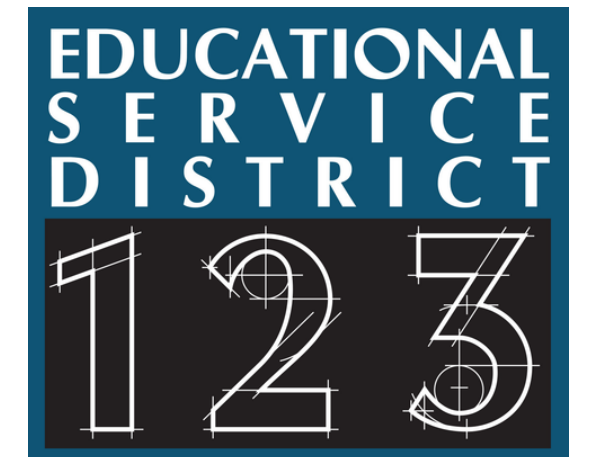
Training to ensure proper response and reduce time between the beginning and end of an incident.

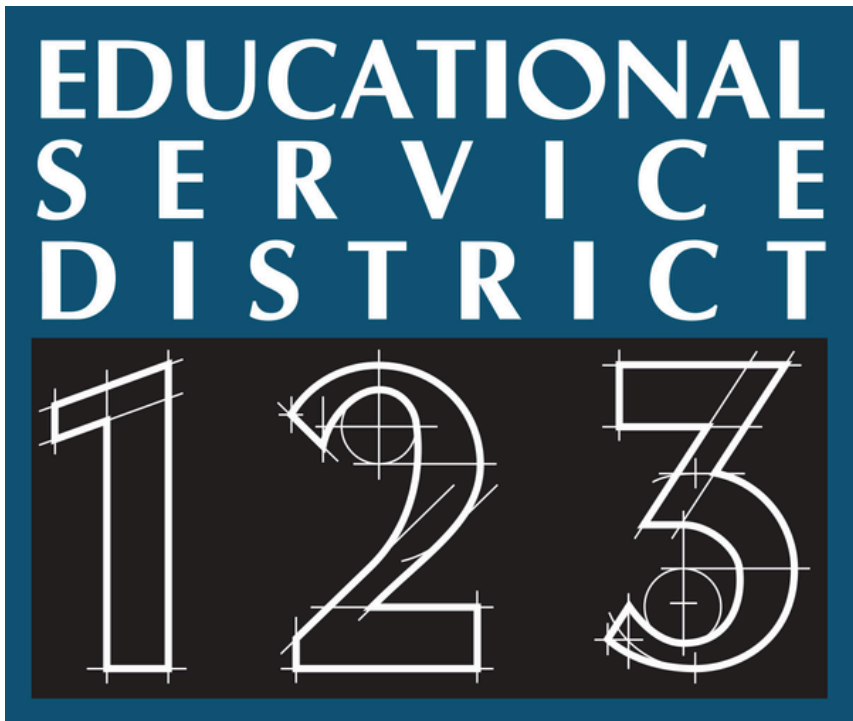
Our Work Includes:

- SRO/SSO training & certification (HB1214) requirement
- Gang Violence/Awareness Training
- Standard Response Protocol (I Love U Guys SRP) Training (Recommended leading practice emergency response)
- Emergency Operations Plan(EOP) technical assistance
- Consultation with school safety teams
- Harassment, Intimidation and Bullying (HIB) training for school staff
- Various ongoing workshops, trainings, and other professional development opportunities related to school safety

Partnerships and Collaborations

- Local (Regional) law enforcement agencies
- Local (Regional) emergency management departments
- Regional FBI Special Agents
- Benton/Franklin Health District
- Crisis Response
- Youth Mobile Outreach
- Regional First Responders
- Regional CISA Security Advisors
- Juvenile Justice
- Behavioral Health Providers
- Partner School Districts





Connect with us!



[ESD 123 Regional Safety Center](#)



facebook.com/ESD123



instagram.com/teamesd123



twitter.com/ESDteam123

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