

Emergency Support Function # 8 – Public Health and Medical Services**PRIMARY**

ESF 8 Coordinator – Deaconess, Emergency Medical Services and Public Health Department

LOCAL SUPPORT

Green River District Health Department/Henderson County Health Departments
Deaconess Henderson Hospital
Deaconess EMS
Henderson City Fire
Henderson County Fire
Henderson Law Enforcement

LOCAL RESOURCE

Henderson County Sheriff's Office
Henderson County Fire Departments
Henderson City/Regional HazMat Team(s)
Henderson County Road Department
Henderson County/Regional Airport
Henderson County Coroner
River Valley Behavioral Health
Local American Red Cross
Local Salvation Army
St. Anthony's Hospice
Medical Reserve Corps MRC
Community Emergency Response Teams CERT
Search and Rescue Teams

STATE RESOURCE

Department of Education
Department of Agriculture
Kentucky Army National Guard
Kentucky Division of Emergency Management
Justice Cabinet, State Medical Examiners Office
American Red Cross, Kentucky Chapter
Volunteer Organizations Active in Disaster
Kentucky Board of Emergency Medical Services
Environmental and Public Protection Cabinet
Transportation Cabinet
Kentucky Community Crisis Response Board

(Not all agencies are listed under this section, as it would vary and be difficult to include all 4/9/2010 2:36:00 PM agencies that could be affected by the impact of a disaster. This ESF will expand/collapse as needed during an

incident.)

I. Purpose

To provide a coordinated response for the protection of the County's public health and medical service needs in an emergency situation. It provides a structure to coordinate emergency medical services/mass medical activities to ensure the safety of life and property.

II. Situations and Assumptions

- A. A well-planned health, behavioral health, medical, and mortuary support network is essential at anytime, but becomes vital during emergency situations.
- B. A large-scale incident may significantly increase demand for public health, behavioral health, medical, and mortuary requirements in the County, and the surrounding municipalities.
- C. Depending on the nature of the incident, complications may include general health and mental problems, traumatic injury, communicable disease, food poisoning, and contaminated water ailments terroristic attacks or hazardous materials events.
- D. Residents or patients at health care facilities might be evacuated due to damage or the threat of damage from an incident.
- E. A disaster incident can give rise to secondary sources of infection and disease if proper precautionary steps are not taken in time.
- F. The number of beds in the Commonwealth for burns, pandemics, chemically contaminated casualties or radiologically contaminated casualties is not sufficient under normal conditions, and therefore will not suffice if there is a major disaster.
- G. The number of casualties and fatalities resulting from a major epidemic or incident might overwhelm medical and mortuary services. The facilities for caring for the dead and injured might also sustain physical damage. Emergency responders, medical and mortuary personnel might be among the casualties.
- H. Many injuries, both minor and relatively severe, will be self-treated by the public.
- I. Disruption of the County's communication systems will severely impede the timely delivery of emergency medical and roadway response services.
- J. A well-planned health support network is essential during emergency situations.
- K. Difficulties in identifying the deceased will necessitate the services of forensic specialists.

- L. Casualties and fatalities contaminated by a chemical/biological/ radiological/nuclear or explosive (CBRNE) incident will pose a health hazard to those trying to render medical aid or mortuary service to the victims.
- M. A major disaster may require activation of the National Disaster Medical System (NDMS) if state resources are overwhelmed.
- N. An emergency situation involving large areas of the County may both adversely affect local resource response capabilities, and damage the existing medical infrastructure.
- O. Under certain circumstances, it may be necessary to relocate hospital facilities and patients, including the seriously ill to Alternate Care Site locations.
- P. When local resources can no longer meet the demand of the situation, regional, State, and Federal resources may be requested. Additional resource requirements will be requested through the County Emergency Operations Center, which will request assistance through the State Emergency Operations Center.
- Q. EMS/Area hospitals in conjunction with the county health department and the district health department will follow regional mutual aid contracts.

III. **MISSION**

- A. To coordinate and direct health care related activities within the County.
- B. To provide emergency care and treatment of casualties resulting from an incident, including CBRNE incidents that could occur during a war or terrorist attack.
- C. To help continue provision of routine emergency and medical care for the general population.
- D. To provide emergency public health services that will prevent and/or mitigate the spread of infectious diseases.
- E. To provide mental health services for both victims and emergency responders.

IV. **DIRECTION AND CONTROL**

- A. During activation of the County EOC, the local Emergency Management organization will have on staff an ESF # 8 Coordinator to assist in providing necessary health and medical services to residents of the county.
- B. The Public Health Director, in conjunction with the Incident Commander, will direct and control public health services and operations in the County, and the surrounding municipalities.

- C. The Henderson County Coroner, in conjunction with the Incident Commander, will direct and control all activities connected with identification of the dead, causes of death, and emergency situation mortuary services. They will follow the new guidelines and SOP's under the task force auspices.

V. **CONCEPT OF OPERATIONS**

During an emergency situation in the county, health, behavioral health, medical, and mortuary requirements and outside assistance for health and medical emergency operations will be coordinated and prioritized in the County EOC.

- A. Counties are responsible for the coordination of the public health, medical care, and mortuary services. When needs exceed their capabilities, local jurisdictions will contact the Regional Partnership prior to requesting assistance from the state. If resources are not available locally, then the State EOC will be contacted to request assistance.
- B. The American Red Cross (ARC) and Salvation Army both undertake relief activities for the purpose of mitigating human suffering caused by disasters. Emergency assistance is provided to evacuees, disaster victims and emergency workers.
- C. The primary public health concern is disease control. The Henderson County Health Department will implement effective environmental health, nursing, and health education practices to minimize the incidence of disease and illness through disease surveillance and investigation and food and water safety.
- D. The Henderson County Health Department may order inspections of damaged housing, emergency shelters, and public facilities as necessary, to determine the need for emergency repairs, pest control, sanitation, or other health related protective procedures. If manpower is not available through the health department, these services will be requested through the EOC.
- E. If required, the Henderson County Health Department will establish/implement points of distribution (PODs) to dispense needed medication or vaccinations to emergency workers and/or the general public.
- F. If the Strategic National Stockpile (SNS) of Federal medicines are required, it will be requested from the State EOC via the Henderson County EOC, and coordinated, and distributed locally by the Henderson County Health Department, in conjunction with the Green River District Health Department.
- G. The Henderson County Coroner or designee in coordination with law enforcement officials and the Henderson County Health Department will identify and take charge of the proper recovery of the deceased and any human remains.
- H. In the event of a mass fatality incident, additional mortuary services may be required, and will be requested by the Henderson County Coroner from the State EOC via the Henderson County EOC.

Phases of Management

Preparedness

1. Identify and inventory all health and medical resources.
2. Prepare plans to discharge less seriously ill patients from various types of medical facilities and determine which facilities can be converted for temporary patient care.
3. Identify and plan for special medical needs to include, equipment, personnel, and space necessary to provide care to these individuals.
4. Plan for the utilization of essential public health personnel, supplies and equipment to provide health and environmental sanitation services. These services would include vector control measures and communicable disease surveillance.
5. Alert NDMS representative of situation that may require activation of NDMS.
6. Coordinate medical and health plans with surrounding counties.
7. Contact Region 3 Emergency Preparedness Partnership. If the event is larger than their regional resources allow, then requests for NDMS resources would be enacted through the State EOC.
8. Develop Standard Operating Procedures (SOPs) for rapid deployment of health personnel to disaster areas.
9. Develop assignment tasks and functions for volunteer medical personnel including physicians, nurses and dentists who would be available to augment the existing medical staffs.
10. Train and exercise staff on Regional Response Plan, NIMS, ICS, and DOC operations.

Response

1. Complete any procedures under Preparedness Phase not yet completed and commence life saving and damage limiting operations.
2. Review and update ESF-8.
3. Alert personnel needed to carry out tasks.
4. Take initial steps to establish temporary health care facilities which this region has established as Alternate Care Sites.

5. Ensure necessary supplies are available.
6. Provide emergency health care.
7. Coordinate all health and medical resources, to include activation of NDMS, if necessary.
8. Implement surveillance and control measures for communicable diseases. Ensure that proper sanitation is provided in the disaster area.
9. Coordinate mortuary services.
10. Discharge patients who are not seriously ill from health and medical facilities – which includes Long Term Care facilities - if bed space is needed for disaster victims to include cancellation of elective procedures.
11. Individual agencies are required to keep records on workers made available, work undertaken, and hours worked in compliance with EMAC and FEMA standards.

Recovery

1. Undertake operations as directed by EOC.
2. Continue to assist in provision of medical care if demand exceeds what local medical facilities are able to provide.
3. Continue to assist in monitoring for air and water pollution, potential health hazards due to contamination of food or water, and possible disease sources, if needed.
4. Provide and coordinate assistance to individuals, local jurisdictions and businesses suffering disaster losses.
5. Upon return to Preparedness Phase, survey organization for cost of preparing for and conducting recovery operations.
6. Each agency is required to develop After Action Reports (AAR) for updating plans and standard operating procedures. This includes the final EOC AAR.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The ESF 8 Coordinator will identify and coordinate local, state and federal agencies for health and medical services, as delivered by health service agencies.

A. GENERAL ORGANIZATION RESPONSIBILITIES

Operational control remains the same during emergency situations as during normal activities; however, operations may require 24-hour coverage, and a central point of overall coordination. The ESF 8 Coordinator must be prepared to assist in lengthy operations that start in response and continue through recovery and involve clean up activities and return of resources.

B. SPECIFIC KEY POSITION RESPONSIBILITIES

1. Primary – The ESF 8 Coordinator

The Health and Medical Coordinator's responsibilities are:

- Prepare and implement, in conjunction with participating organizations, a plan to provide health and medical services for resident population and the relocated population during a disaster. The plan will include provisions for providing this service directly to shelters.
- To establish liaison with neighboring county EM organization to insure joint planning efforts are conducted in regard to health and medical support.
- Maintain the proper disposal of all waste products, solid and liquid.
- Each agency will maintain a roster of health and medical service personnel and send to the EOC and appropriate officers within that establishment.
- To prepare and maintain a list of facilities that could serve a temporary health facilities and the patient capacity of each in conjunction with the EOC,
- To establish liaison with the Kentucky Cabinet for Health Services.
- To plan and coordinate, in conjunction with participating organizations, the augmentation of health and medical services in the county or transfer of patients and injured to other counties.
- To develop procedures for control and inoculation of the population during a disaster.
- Ensure medical services are available for workers remaining in evacuated areas.
- To initiate requests to the state for health and medical services support, as necessary.
- Identify shelters and make provisions for staffing and medical services during a disaster in conjunction with the EOC.
- Participate in planning for the allocation of health and medical

services, personnel, supplies and equipment.

- Assist in staffing and coordinating first aid stations.
- Establish plans for requesting additional support during an emergency.

2. Support

- Support Agencies will provide information and resources as required to ensure the proper functioning of ESF 8.
- Supporting Agencies will ensure their representative to ESF8 are properly trained and exercised on the plans and procedures relating to their work.

3. Specific Agency Duties

The Henderson County Health Department will:

- Develop a plan providing for the continuation of public health services during the emergency period.
- Identify and plan for any public health or sanitation requirements particular to the crisis event.
- Develop a health department Emergency Operations Plan EOP that describes how the health department will operate during an emergency. This is the Continuity of Operations Plan.
- Identify how health department personnel, supplies and equipment will be allocated during a disaster.
- Identify how available health resources transferred to the county will be used during an emergency.
- Establish procedures to request and receive additional support from the state and surrounding counties during the emergency.

Deaconess EMS shall provide:

- Basic and Advanced Life support services
- Provide a representative to the EOC as required and if possible.
- Assist in collecting information and compiling data for operational reports necessary to emergency operations.
- Establish procedures and agreements with surrounding EMS services to request additional support during system overload request for pre-hospital emergency medical services.
- Coordinate EMS operations with mutual aid ambulance services.
- Coordinate EMS operations with support agencies.
- Support response and recovery activities as required.
- Report to the Henderson County EOC any damage of department facilities, equipment or resources.
- Return department activities to normal levels unless involved with recovery activities.

Henderson County Coroner will:

- Coordinate, as necessary, mortuary service during disaster period.
- Organize use of mortuary services from other counties.
- Plan for the selection and use of emergency morgues during disasters.
- Work in conjunction with Henderson County EOC.

Deaconess Hospital (Henderson) will provide:

- Assistance in the provision of overall public health and wellbeing for the citizenry of Henderson and surrounding counties. Primary focus on life threatening emergencies. Provide safety and security to those patients in their care, employees and their immediate families.
- Provision of acute and emergency care in accordance to their mission statement.
- Provide Alternate Care Sites as needed for area in conjunction with the Regional Partnership.

City /County Fire Departments will:

- Provide fire protection, hazardous material response, first responder medical response and life- safety issues for the citizenry of Henderson and surrounding counties.
- They will provide assistance in area search and rescue, extraction, and stabilization of community life-safety events. See City/County fire annex.

Law Enforcement will provide:

- Provide security, life-safety, public protection, traffic control, crowd containment for Henderson and surrounding counties. See Law Enforcement annex.

VII. ADMINISTRATIVE SUPPORT

Administrative support will come from the EOC in the event of a situation taxing the resources within the Henderson and surrounding counties. The Representatives from the above mentioned local support and those resources listed all become the administrative staff to the event.

In addition the Administrative Staff of the City and County government of Henderson, Deaconess Hospital, Henderson County Public Health, and the Region 3 Emergency Preparedness Partners Group from Green River District Health Department (GRDHD) will all be major players in case of an event or natural disaster affecting Henderson County and it surrounding areas.

VIII. REFERENCES

- A. KRS 39A-G
- B. The National Response Plan
- C. The National Incident Management System
- D. Kentucky Division of Emergency Management, State Emergency Operations Center, Standard Operating Procedures

IX. APPENDICES

- 1.) Potential Helicopter Landing Zones with Layout of Field Helicopter Landing Zones