MADISON COUNTY EMERGENCY OPERATIONS PLAN ANNEX H

HEALTH AND EMERGENCY MEDICAL SERVICES

Updated: April 16, 2009

Primary Agencies:	Health Department
	Emergency Medical Services
Support Agencies:	Hospital
	Medical Examiner's Office
	Fire Marshal
	Sheriff
	Administration
	Emergency Management
	Others as required or requested
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I. PURPOSE

This annex provides for protection of the public health and provisions for Emergency Medical Services during natural and technological emergencies and disasters.

II. CONCEPT OF OPERATIONS

A. General

- 1. Emergency operations for public health and medical services will be an extension of normal agency and facility duties.
- 2. Coordination between Health/Medical providers is necessary to ensure emergency operational readiness.

B. Health

1. The primary concern of public health is disease control. The County Department of Health will implement effective environmental health and also nursing and health education practices to minimize the incidence of disease.

C. Emergency Medical Services (EMS)

- 1. EMS will provide field medical care as needed during emergency situations and coordinate necessary medical transportation.
- 2. EMS capabilities will be expanded by volunteer first aid personnel and fire departments.
- 3. During mass casualty incidents, EMS will establish patient triage, holding, treatment and transportation areas.
- 4. When necessary an EMS official will be located at an established command post to coordinate responding medical units and establish communication links with hospitals (medical center) and the County Communications Center or EOC.
- 5. Transfer of authority on-scene will be in established procedures and follow the Incident Command structure.

D. Mortuary

- 1. The Medical Examiner will identify and take charge of the proper recovery of human remains.
- 2. The Medical Examiner will take charge of notification of family of deceased individuals.

E. Mental Health

- 1. Mental Health will have the responsibility of proving counseling services to both the public and to Emergency Services personnel.
- 2. Provide trained personnel to visit or staff shelters as needed.
- F. Within the National Response Framework, health and medical services, including Emergency Medical Services, is an emergency support function (ESF-8).

III. ORGANIZATION

A. Organization

- 1. The County Health Director will coordinate, organize and supervise emergency Public Health operations.
- 2. The EMS Director, or their designee, will coordinate Emergency Medical Service operations.
- 3. The Medical Examiner will coordinate activities relating to the identification of the dead and mortuary services.
- 4. Emergency health and medical teams will be provided with safety and health equipment for response to hazardous materials incidents.
- 5. The County EMS Director will make provisions for evacuating and/or sheltering of patients, staff, equipment, supplies and vehicles as necessary.

IV. DIRECTION AND CONTROL

- A. Emergency Public Health operations will be directed from the EOC by the Health Director.
- B. The EMS Director will direct and control EMS operations. For on-scene incidents, the senior medical officer will assume direction and control within the Incident Command structure.
- C. The Medical Examiner will direct and control all activities connected with identification of the dead and mortuary services.
- D. The Health Director and EMS Director will maintain communications with their field forces and will keep the EOC informed of activities performed along with personnel to maintain adequate response and recovery efforts.

V. CONTINUITY OF GOVERNMENT

A. Health

The line of succession is:

- 1. County Health Director or designee
- 2. County Nursing Supervisor
- 3. Preparedness Coordinator

B. Emergency Medical Service

The line of succession is:

- 1. EMS Director
- 2. Assistant EMS Director
- 3. Senior Duty Paramedic

C. Mortuary

The line of succession is:

- 1. Medical Examiner
- 2. Assistant Medical Examiner
- 3. 2nd Assistant Medical Examiner

VI. ADMINISTRATION AND LOGISTICS

A. General

- 1. The County Department of Public Health will arrange for the collection and processing of vital statistics and other documentation.
- 2. Data related to disease outbreaks will be collected and forwarded to appropriate state and federal officials.
- 3. The Public Health Director and EMS Director will determine what operating records will be essential for post disaster analysis and will require maintenance of these records.

B. Logistical Support

- 1. Arrange for mutual aid medical response teams.
- 2. Provide for augmentation personnel to support medical response teams.
- 3. Provide for the acquisition of medical/health equipment and supplies.
- 4. Inventory transportation resources and patient care facilities:
 - a. Hospitals (none in Madison County), nursing homes, medical centers, doctors offices.

- b. Private and public ambulance companies.c. Mortuaries (including emergency temporary facilities).

Attachment 1 Public Health Preparedness/Response Checklist

Dire	ector of Public Health or designee
	When notified, report to the Emergency Operations Center and serve until relieved or the incident is terminated.
	Receive a situational briefing. Ask questions and address public health concerns.
	Receive mission or specific assignments.
	Advise the EOC of the availability of response resources, including the number of personnel and equipment that may be available.
	Advise the EOC of any special equipment, medications to dispense to the public or personnel needs that are immediately known.
	Coordinate closely to provide support to shelter and mass care operations, Emergency Medical Service, etc.
	Review mutual aid agreements to ensure such agreements are formalized.
	Implement mutual aid as necessary, requested or required.
	Survey local hospitals to determine what (if any) resources may be available to support Public Health.
	Survey local pharmacies to determine if they have ample supplies of medications.
	Survey other agencies and organizations to determine actual or potential public health needs.
	Review and prepare to implement other annexes to the Emergency Operations Plan relative to Public Health (i.e. Terrorism, etc.).
	Prepare information and give a situational briefing to Public Health supervisors.

Puk	ic Health Supervisors			
	When notified, report to a designated briefing area (not the EOC) and receive a situational briefing from the Director of Public Health or designee.			
	Receive mission or specific assignments.			
	Ask questions and address public health concerns.			
	Advise the Director or designee of the availability of equipment and supplies, including the number of personnel and their qualifications that may be available.			
	Advise the Director or designee of any special equipment / medications to dispense to the public or personnel needs that are immediately known.			
	Prepare your department, division or section according to the information received during the situational briefing.			
	Prepare your own situational briefing to give to personnel in your department, division or section and include at least the following: Procedures, policies or guidelines specific to any assignment received during the situational briefing. Maps of affected areas.			
	Specific areas of concern to Public Health.			
	Forms that may be necessary.			
	Safety.			
	Location of security checkpoints, roadblocks, etc.			
	☐ Location of fuel, food, other supplies.			
	Telephone numbers of key public health personnel.			
	Specific assignments.			
	Ensure personnel are advised to accurately record vehicle mileage of county-owned vehicles used by Public Health.			
	Ensure personnel are advised to accurately record overtime and file reports with their immediate supervisor.			
	Ensure personnel are advised to accurately record expenses incurred in the performance of their duty and file reports with their immediate supervisor.			
	Issue equipment or supplies (i.e. gloves, face shields, etc.).			
Mer	al Health			
	When requested, report to the Emergency Operations Center and serve until relieved or the incident is terminated.			
	Receive a situational briefing from the Health Director and/or the EOC. Ask questions			

	Receive mission or specific assignments from the Health Director and/or the EOC.		
	Advise the Health Director and/or EOC of the availability of response resources, including the number of personnel and equipment that may be available.		
	Be familiar with locations of shelters/mass care facilities that may be in operation or may need to be placed in operation.		
	Implement plans for personnel to be at shelters and other designated locations.		
	Review mutual aid agreements to ensure such agreements are formalized.		
	Implement mutual aid as necessary, requested or required.		
	Prepare a briefing for Behavioral Healthcare personnel. That briefing should include, but not necessarily be limited to: Procedures, policies or guidelines specific to any assignment received during the situational briefing. Maps of affected areas. Maps to shelters/mass care facilities. Specific areas of concern to Behavioral Healthcare. Forms that may be necessary. Safety. Location of security checkpoints, roadblocks, etc. Location of fuel, food, other supplies. Telephone numbers of key personnel. Specific assignments.		
Med	dical Examiner		
	When requested, report to the Emergency Operations Center and serve until relieved or the incident is terminated.		
	Receive a situational briefing from the Health Director and/or the EOC. Ask questions and address concerns.		
	Receive mission or specific assignments from the Health Director and/or the EOC.		
	Advise the Health Director and/or EOC of the availability of response resources, including the number of personnel and equipment that may be available.		
	Advise the Health Director and/or EOC of any special equipment, supplies, facilities or personnel needs that are immediately known.		
	Prepare to direct and control mobile mortuary.		
	Request, through the Health Director and/or EOC, additional resources such as DMORT (Disaster Mortuary Operations Response Team).		
	Other specific duties may be anticipated by reviewing additional annexes to the Emergency Operations Plan, such as Terrorism, etc.		

Attachment 2 Emergency Medical Services Checklist

Em	ergen	cy Medical Services Director:			
	Upon	notification report to the Emergency Operations Center.			
	Receive a situational briefing from the EOC. Ask questions and address concerns during the briefing.				
	Brief	the EOC and/or the Incident Commander regarding:			
		Number of BLS and ALS units available			
		Number of personnel available to operate both BLS and ALS units			
		Status of hospitals and number of beds available or total persons that may have to be evacuated by EMS			
		Status of other medical or care facilities that may require EMS			
		Status and number of medical personnel that may be on call (EMS/Rescue/First Responders, etc.)			
	Based upon briefing anticipate the number of units that will be necessary to carry out the EMS mission.				
	Request mutual aid assistance if warranted.				
	If mutual aid is not available from surrounding jurisdictions, request additional resources through the Emergency Management Coordinator/Incident Commander.				
	Brief EMS supervisors.				
Em	ergen	cy Medical Service Supervisors:			
	Receive a situational briefing from the EMS Director and/or Incident Commander. Ask questions and address immediate concerns.				
	Prepa	are a briefing for BLS and/or ALS personnel and include:			
		Number of BLS and ALS units available.			
		Number of personnel available to operate both BLS and ALS units.			
		Status of hospitals and number of beds available or total persons that may have to be evacuated by EMS.			
		Status of other medical or care facilities that may require EMS.			
		Safety.			
		Location of replacement medical supplies if different from normal locations.			
		Special instructions, maps, charts or other information (i.e. evacuations are occurring or about to occur). Current and forecasted weather.			

each shift.
Carry out other duties that are "normal" day-to-day functions of a supervisor.
Ensure accurate mileage records and personnel time records are kept, and during a disaster ensure copies are made and appropriate reports filed regarding overtime.
Prepare and submit required or necessary reports to the Director in a timely manner.
Immediately report any death or injury of personnel to the Director.
Immediately report any unit damaged or in need of repair that may take it out of service.
Establish and maintain communications with all units at all times.
If not already established, prepare a staging area for EMS units that will be coming to assist and appoint a staging officer if one has not already been appointed.
If staging has been established maintain communications with the Staging Officer and dispatch relief or additional units from the staging area as required.
Ensure you or the Staging Officer briefs all units that will be coming to assist, and that they have a clear understanding of their mission assignments.
Do not hesitate to inspect credentials of assisting personnel and/or equipment and supplies. Relieve any personnel that are not properly trained for the assignment or remove any unit from service that does not meet BLS or ALS standards.
If, upon arrival at the scene of any emergency where multiple agencies are involved and Incident Command has not been established, establish Incident Command and assume the command function until relieved or the circumstances no longer require Incident Command.
Carry out other functions as the circumstances dictate or by instruction of the Director and/or Incident Commander.