

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

### **ESF Coordinator:**

Grant County Health District

### **Primary Agency:**

Grant County Health District

### **Support Agencies:**

Emergency Management  
Grant Mental Healthcare  
American Red Cross  
Emergency Medical Services  
Grant County Coroner

## **I. INTRODUCTION**

### **A. Purpose**

This Emergency Support Function (ESF) provides Grant County government-coordinated assistance to local jurisdictions in response to public health and medical care needs resulting from a natural or human-caused emergency or disaster. Coordinated by Grant County Health District, primarily through the Health Officer.

### **B. Scope**

1. ESF 8 involves providing supplemental assistance to local jurisdictions in identifying and meeting the health and medical needs including behavioral health of victims of an emergency or disaster. This support is categorized in the following functional areas:
  - a. Assessment of health and medical needs
  - b. Public health surveillance
  - c. Medical care personnel
  - d. Health and medical equipment and supplies
  - e. Patient evacuation
  - f. In-hospital care
  - g. Food, drug and medical device safety
  - h. Worker health and safety
  - i. Radiological hazards
  - j. Chemical hazards
  - k. Biological hazards

- l.** Mental health
  - m.** Public health information
  - n.** Vector control
  - o.** Potable water, wastewater, and solid waste disposal
  - p.** Victim identification and mortuary services
  - q.** Veterinary services
- 2.** Grant County Health District directs and coordinates provisions of health and medical assistance to fulfill the requirements identified by the affected local jurisdiction authorities. Within the scope of ESF 8 are overall public health response and recovery, triage, treatment, and transportation of victims of the event, and the evacuation of patients from the area of the event to include veterinary and/or animal health issues when appropriate. (see *ESF 11: Agriculture & Natural Resources*) The intent of ESF 8, Health and Medical Services, is to supplement and assist the local jurisdictions affected by the disaster by utilizing resources primarily available from:
  - a.** Within Grant County Health District.
  - b.** Supporting departments and agencies to ESF 8.
  - c.** Trained volunteers registered with DEM as Emergency Workers.
  - d.** Other local health jurisdictions.
  - e.** National Disaster Medical System (NDMS) which is a nationwide medical mutual aid network between the federal and non-federal sectors includes medical response, patient evacuation, and definitive medical care. At the federal level it is a partnership between the U.S. Department of Health and Human Services (HHS), U.S. Department of Defense (DOD), U.S. Department of Veterans Affairs ("A), and Federal Emergency Management Agency (FEMA).
  - f.** Specific non-governmental sources such as major pharmaceutical suppliers, hospital supply vendors, the Washington State Funeral Directors Association, and certain other volunteer organizations.

## **II. POLICIES**

- A.** County coordinated health and medical assistance to local jurisdictions will be directed by the Grant County Health District through the Emergency Operations Center (EOC).
- B.** Local jurisdictions will activate mutual aid agreements when their resources are in danger of being depleted. Additional state and federal assistance will

- be requested when local public and private resources are in danger of exhaustion.
- C. The coordination and reporting of assessments, evaluations and essential health and medical information with WA State Dept. of Health will be coordinated through the EOC.
  - D. In the event of zoonotic disease outbreak, ESF 8 shall coordinate with ESF 11, Agriculture & Natural Resources.

### **III. SITUATION**

#### **A. Emergency/Disaster Conditions and Hazards**

1. A significant natural disaster or technological event that overwhelms the affected local jurisdiction would necessitate both state and federal public health and medical care assistance. For example, casualty estimates for a major event could range from 35 to more, depending on population density, quality of building construction, and the location, time, magnitude, and duration of the event. The sudden onset of a large number of victims would stress the local medical system necessitating time-critical assistance from the state and federal government. Such a natural disaster would also pose certain public health threats, including problems related to food, disease vectors, water, wastewater, solid waste, and mental health effects.
2. Hospitals, nursing homes, pharmacies and other medical/health care facilities may be structurally damaged or destroyed. Those facilities which survive with little or no structural damage may be rendered unusable or only partially usable because of damage to, or reduction of utilities (power, water, sewer), because staff are unable to report for duty due to personal injuries, and damage or disruption of communication and transportation systems. Medical and health care facilities which remain in operation and have the necessary utilities and staff will probably be overwhelmed by the "walking wounded" and seriously injured victims who are transported there in the immediate aftermath of the occurrence. In the face of massive increases in demand and the damage sustained, medical supplies (including pharmaceuticals) and equipment will likely be in short supply. Most health care facilities maintain inventory stock to meet their normal patient needs. Disruptions in local communications and transportation systems could prevent timely re-supply.
3. Uninjured persons who require daily maintenance medications (e.g., insulin) may have difficulty in obtaining them because of damage or destruction of normal supply locations and general shortages within the disaster area.

4. Although other disasters such as fires and floods do not generate the casualty volume of a major earthquake, there will be a noticeable emphasis on relocation, shelters, vector control, and returning water, wastewater, and solid waste facilities to operation.
5. An emergency resulting from an explosion, toxic gas, radiation, or biological release could occur that may not damage the local medical system. However, such an event could produce a large concentration of specialized injuries that would overwhelm the local jurisdictions' medical system, and/or result in the contamination of medical treatment personnel or medical facilities which could reduce or eliminate the ability of those personnel or facilities to continue providing aid.

## **B. Planning Assumptions**

1. Resources within the affected area may be inadequate to clear casualties from the scene or treat them in local hospitals. Additional medical capabilities will urgently be needed to supplement and assist local jurisdictions to triage and treat casualties in the affected area and then transport them to the closest appropriate health care facility. Additionally, medical re-supply will be needed throughout the event area. In a major event, operational necessity will require the further transportation of patients, by air, to the nearest area with sufficient concentrations of available hospital beds where patient needs can be matched with the necessary definitive medical care.
2. Damage to chemical and industrial plants, sewer lines and water distribution systems, and secondary hazards such as fires will result in toxic environmental and public health hazards to the surviving population and response personnel.
3. The damage and destruction caused by a natural or technological event will produce urgent needs for mental health crisis counseling for victims and emergency responders.
4. Assistance in maintaining the continuity of health and medical services will be required.
5. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury.
6. In a major catastrophic event (including but not limited to epidemics, pandemics, and bioterrorism attacks), medical resources will be insufficient to meet demand, specialized equipment and/or treatment materials may be unavailable, and transportation assets may also be

restricted due to contamination. No emergency plan can ensure the provision of adequate resources in such circumstances.

#### **IV. CONCEPT OF OPERATIONS**

##### **A. General**

1. With the potential for, or the occurrence of an event, the Emergency Operations Center (EOC) will notify the Health District, Emergency Medical Services Coordinator. This notification may be by telephone, facsimile, or alphanumeric pager, and etc. Such notification could be to advise of a potential event, announce an activation of the EOC, or to pass a request from local jurisdiction officials requesting assistance.
  - a. Health District also will make further notification in accordance with internal plans, procedures, or practices.
  - b. Health District will also notify ESF 8 supporting agencies for their assistance, as needed.
  - c. Supporting agency representatives will notify their parent agency and report to the appropriate location, as requested.
2. ESF 8 response and recovery activities will be coordinated from the EOC when it is activated and has become operational. The EOC will consist of a core staff supplemented by other local government and private organizations, as the situation dictates. During the initial activation the principal core staff, the ESF 8 staff will consist of designated officials or their representatives:
  - a. Health District representatives.
  - b. Administrative support.
3. All support agencies and organizations will be notified and tasked to provide 24-hour representation, as necessary. Each support agency and organization is responsible for ensuring that sufficient program staffs are available to support the EOC and to carry out the activities tasked to their agency or organization on a continuous basis. Individuals representing agencies and organizations who are staffing the EOC must have extensive knowledge of the resources and capabilities of their respective agencies or organizations, and have access to the appropriate authority for committing such resources during response and recovery operations.
4. Emergency Operations will be established at the EOC, and will maintain coordination with the appropriate local jurisdiction, medical and public

health officials, and organizations to obtain current medical and public health assistance requests. It is anticipated that most requests will be made by telephone, radio, or face-to-face conversations rather than by formally written requests. However documentation is essential to all emergency operations, the EOC staff will document request and actions taken in prearranged messages forms and checklist.

5. EOC staff will continuously acquire and assess information about the situation. The staff will continue to identify the nature and extent of health and medical problems, and establish appropriate monitoring and surveillance of the situation to obtain valid ongoing information. EOC will primarily rely on information from the disaster area that is furnished by the local agencies. Other sources of information may include assessment teams dispatched by Health District, supporting agencies and organizations, various county officials in the affected area, or broadcast media.
6. In early stages of a response, it may not be possible to fully assess the situation and verify the need for the level of assistance that is being requested. In such circumstances, it shall be the responsibility of the County Health District representative for the EOC to collectively decide whether to authorize assistance. Every attempt shall be made to verify the need before providing assistance. However, it may be necessary to proceed with assistance on a limited basis before verifications are obtained. In such a situation, EOC staff will use common sense, be flexible and responsive to meeting perceived time critical needs.
7. Because of the potential complexity of the health and medical response issues and situations, conditions may require special advisory groups or experts to be assembled by EOC staff. They would review health and medical intelligence Information, and advise on specific strategies to be employed in order to appropriately manage and respond to a specific situation.
8. By direction of the health officer, personnel or teams from the Health District will be deployed as needed to provide appropriate medical and public health (including environmental health) assistance.
9. Requests for information may be received at the EOC from various sources, such as the media and the general public. These requests will be referred to the appropriate agency. A Joint Information Center will coordinate information to the media or general public.
10. A journal of ESF 8 staff activities shall be maintained by the senior representative of each of the participating agencies. Entries should be made in the journal for each major action, occurrence, or event. EOC staff

will, upon completion of the event, review the separate journals and prepare a summary after action report. The after action report, which summarizes the major activities will identify key problems, indicate how they were solved, and make recommendations for improving response and recovery operations in subsequent activations. Support agencies and organizations will assist in the preparation of the after action report and endorse the final report.

11. EOC staff will also be assisted by other support agencies as identified in the ESF 8 and its appendices.
12. EOC staff will utilize available local health and medical resources to the extent possible to meet the needs identified by local jurisdictions.
13. Throughout response and recovery activities, EOC staff will evaluate and analyze medical and public health assistance requests and responses, and develop and update assessments of medical and public health status. All requests from appropriate local jurisdictions to the state for medical and public health assistance will be assumed to be valid.
14. ESF 8 agencies will develop and provide medical and public health situation reports to the EOC Decision Group, the public information officer, and organizations with a need for recurring reports of specific types of information including other ESFs, local jurisdictions and state agencies upon request.
15. The EOC will activate in accordance with internal plans and procedures based upon the evaluation of the event.

## **B. Organization**

### **1. Grant County Health District**

The Health District consists of 2 major divisions.

#### **a. Personal Health Services**

##### **1. Children with Special Health Care Needs, including Family Resource Coordination**

A program that offers services to children age 0-17 who have a health or developmental conditions which requires more than normal pediatric care.

##### **2. Maternity Support Services**

Preventive health program that offers services designed to supplement parental medical visits. Services Include: counseling,

childbirth/parenting education, nutritional guidance, resource referral, and home visits. Women who are eligible for Medicaid can receive these services free of charge during pregnancy.

### **3. Women Infants and Children Clinics (WIC)**

WIC clinics offer Information and guidance on nutrition and health, as well as supplemental food vouchers for eligible pregnant and breast-feeding women and children age 0-5. The Health District WIC program schedules clinic in various communities within Grant County.

### **4. Child Care Consultation**

Provides free on-site and over the phone consultation services covering a broad range of health related topics of interest to county child care providers. Area providers that wish to obtain information and improve/evaluate their procedures regarding controlling the spread of disease, maintaining safe playground equipment, preparing and handling food safely, having immunization records checked, or other health related topics.

### **5. HIV/AIDS Counseling and Testing, Education, and Case Management**

Counseling and testing is provided to individuals who want to know their exposure status to HIV. Education training classes and outreach about HIV/AIDS are also activities of the program.

### **6. Helping Hearts Volunteer Program**

Helping Heart is a volunteer program that provides practical and emotional support to individuals who are infected with HIV/AIDS. Support is also provided to partners, family members, care givers and friends of infected individuals.

### **7. Communicable Disease Prevention**

Activities include tuberculosis testing, treatment, and counseling. TB testing is available weekly at both agency offices. Preventing the spread of other communicable diseases, through such activities as providing educational information and tracking communicable disease cases to prevent further spread, is another function of the Health District. For more information contact the Ephrata or Moses Lake Office.

### **8. Immunization Services**

Immunization for children and adults are available weekly at both agency offices, as well as at various communities within the county. Travel immunizations research, regarding requirements, and travel Immunizations are also available. For more information contact the

Ephrata or Moses Lake Office.

### **9. Car Seat-Occupant Protection Program**

The car seat program offers safety seats for infants and children less than 40 pounds. Car seats are made available at a reasonable cost to parents or guardian of children within the weight limit guidelines.

## **b. Environmental Health Services**

### **1. Food Protection**

Plan review of new and remodeling food service establishments, licensing and inspection of both permanent and itinerant (traveling) food services establishments, and investigation of illness complaints related to food. Individuals who work in establishments that serve food and/or beverages are required to obtain a food handlers card. Food handler cards are issued weekly after applicants have completed an educational course consisting of watching a video and passing a test on safe food handling.

### **2. Drinking Water**

In partnership with the state Department of Health, the Health District monitor public water systems, coordinates and/or approves new water systems, investigates complaints related to waterborne illness, and provides materials for the collection of water samples for bacterial analysis. Technical assistance is available to private homeowner water systems.

### **3. On-Site Sewage Disposal**

Site review, plan preparation, final inspection of on-site sewage disposal systems, and Investigation of illness complaints related to sewage. Technical assistance is available to owners of on-site sewage disposal systems and other activities to assure the sanitary disposal of sewage.

### **4. Vector Control**

Providing educational information, investigation, and technical assistance to individual regarding disease carrying vector (for example, bats, deer mice, etc.) This includes testing animals for rabies and providing prevention oriented materials to the community to reduce the risk of contact with vector borne disease.

### **5. Solid Waste**

Working with public, city, county, and state agencies to develop and implement plans for the safe storage, collection, transportation, and final disposal of solid waste. The Health District is the

permitting and enforcement agency for all solid waste facilities within Grant County.

#### **6. Chemical and Physical Hazards**

In partnership with various agencies, the Health District responds to reported illnesses and complaints related to toxic chemical and/or physical hazards. Technical assistance is available regarding correct products storage and waste disposal. Other activities include investigating pesticide related incidents and participating with the Department of Emergency Management in situations that involve the public's health.

#### **7. Living Environment**

Providing technical assistance and information on a wide variety of environmental concern involving parks, camps, schools and land development.

### **C. Procedures**

#### **1. General**

- a. Basic Health District internal procedures are contained in the following Documents:

Grant County Health District Emergency Plan  
Tab A - Emergency Operations Center Activation  
Tab B - Emergency Procedures Plan  
Tab C - Notification Procedures  
Tab D - Notification Procedures for Bio-Terrorism  
Tab E - Training Plan  
Tab F - National Pharmaceutical Stockpile Procedures  
Tab G - Communicable Disease Master Plan

### **D. Mitigation Activities**

#### **1. Primary Agency**

##### **Grant County Health District**

- a. Provides a public vaccination program.
- b. Provides an inspection and licensing program for public health.
- c. Maintains a public education program.

## **2. Support Agencies**

- a. Support a public vaccination program.
- b. Support public education program.

## **E. Preparedness Activities**

### **1. Primary Agency**

#### **a. Community and Family Health**

Develops the composition of assessment teams based on hypothetical emergency or disaster situations.

#### **b. Environmental Health, Health Statistics, and Health Service Quality Assurance**

1. Develops procedures for the accomplishment of response and recovery activities.
2. Conducts and participates in tests to validate response and recovery procedures.
3. Revises procedures based on test or real event findings.

### **2. Support Agencies**

- a. Develops procedures and appendixes for the accomplishment of response and recovery activities.
- b. Conducts and participates in tests to validate response and recovery procedures.
- c. Revises procedures based on test or real event findings.

## **F. Response Activities**

### **1. Primary Agencies**

#### **a. Personnel Health Services**

Mobilizes and deploys assessment teams to the event area to assist in determining specific health and medical needs and priorities.

#### **b. Environmental Health Services**

1. Advises on protective actions related to direct human and animal

exposure and on indirect exposure through radiologically contaminated food, drugs, water supply, and other media.

2. Provides technical assistance and consultation on medical treatment of radiologically injured victims.
3. Assists in assessing health and medical effects of chemical Exposure on the general public and high-risk populations.
4. Assist the State Department of Health in field investigations including collection and laboratory analysis of relevant chemical agent samples.
5. Advises of protective actions related to direct human and animal exposure and on indirect exposure through chemically contaminated food, drugs, water supplies, and other media.
6. Provides technical assistance and consultation on medical treatment of chemically injured victims.
7. Assists in assessing potable water and waste water/solid waste disposal issues.
8. Conducts field investigations including collection and laboratory analysis of relevant waste water/solid waste samples.
9. Provides water purification and waste water/solid waste disposal equipment and supplies.
10. Coordinates technical assistance and consultation on potable water and waste water/solid waste disposal issues.
11. Conducts field investigations including collection and laboratory analysis of relevant biological samples
12. Assists by providing public health and disease prevention information for the public in or near the event.

## **2. Support Agencies**

Provides support to the Health District in planning for, and providing medical and public health assistance to local jurisdictions affected by an emergency or disaster.

**a. Grant Mental Healthcare**

1. Assists in assessing mental health needs.
2. Provides mental health training materials for emergency workers.
3. Assists in arranging training for mental health outreach workers.
4. Coordinate with the Critical Incident Stress Debriefing Team.

**b. American Red Cross**

1. Provides emergency first aid, supportive counseling, health care for minor illnesses and injuries to victims in mass care shelters, selected disaster clean-up areas, and other sites deemed necessary by the Health District.
2. Provides blood and blood products through regional blood centers at the request of the appropriate
3. Provides coordination for uploading of appropriate patient casualty information from ESF 8 into the Disaster Welfare Information System.

**c. Grant County Coroner**

1. Provides supportive counseling for the family members of the dead and injured.
2. Provides available personnel to assist in temporary infirmaries, immunization clinics, morgues, hospitals, and nursing homes.

**G. Recovery Activities****1. Primary Agencies**

- a. Supports recovery activities consistent with the organizations mission and capabilities.
- b. Prepares an after-action report of the event.

**2. Support Agencies**

- a. Supports recovery activities consistent with the organization missions capabilities.

- b. Provides input to the Department of Health's after-action report of the event.

## V. RESPONSIBILITIES

### A. Primary Agency

Coordinate the planning for, and provision of, the county's medical and public health assistance needs during an emergency or disaster.

### B. Support Agencies

Provide support to the Health District in planning for, and providing medical and public health assistance needs during an emergency or disaster.

## VI. RESOURCE REQUIREMENTS

### A. Medical Transportation

Medical transportation should be made at the lowest levels possible. Local jurisdiction transportation requirements are to be handled by local jurisdictions authorities. Health and medical authorities identify the need for patient support from the affected area. If it is determined by the local jurisdiction that local resources are inadequate to meet the requirements, transportation assistance will be coordinated through the EOC.

### B. Medical Facilities

Coordination for medical facilities is primarily a local jurisdiction function. Requests for additional assistance should first be referred to the EOC. Requests from local jurisdictions for hospital support should be routed through the EOC.

### C. Medical Equipment and Supplies

Representatives from support agencies will coordinate for the procurement and transportation of medical equipment and supplies to the affected area. A "push" concept will be employed when feasible to expedite medical resupply to the affected area from previously identified medical supply caches.

### D. Communications

The EOC will establish communications necessary to effectively coordinate health and medical assistance. As a minimum, the EOC will be expected to maintain communications with local jurisdiction health and medical officials, and local jurisdictions as necessary. As the situation dictates, communications will be maintained with other agencies such as the WA State EOC and WA State Dept of Health. A variety of communications networks and organizations will be used and various radio networks coordinated with the state EOC.

**E. Assets Critical for Initial 12 Hours**

The most critical requirements during the first 12 hours of an event will be medical response personnel, necessary medical supplies and equipment, transportation, logistical and administrative support, and communication systems support. The principal requirements will be:

1. The alerting and deployment of emergency response and recovery personnel, and other necessary ESF 8 personnel.
2. The alerting and deployment of medical personnel and teams, and supporting medical units to assist local jurisdiction authorities in the delivery of patient care to victims of the event and the provision of mortuary services as required. Patient care will probably be rendered under austere field conditions for casualty clearing, casualty staging, and during transportation.
3. Medical supplies, including pharmaceutical and biologic products, and equipment necessary to replace those damaged or destroyed by the event. Additionally, re-supply will be needed for deployed medical teams, medical units, and local jurisdiction medical units providing patient care in the affected area.
4. Transportation support, provided resources are available, including:
  - a. Aircraft transportation of patients from incident to alternate facilities.
  - b. Aircraft for transport of incoming medical response personnel, supplies, and equipment.
  - c. Ground transportation for deployment of incoming assets within the affected area.
5. Logistics and administrative support, including:
  - a. One or more representative of each ESF 8 primary and support agency to be located at, or to be immediately available via telecommunications, as appropriate to support, to the EOC within the affected area.
  - b. Clerical support personnel at the EOC.
  - c. Referenced materials including plans, directories, and maps necessary for coordination of medical and public health response.

6. Communication systems, including:
  - a. Voice and data communications systems connecting EOC, and local jurisdictions with the state EOC.
  - b. Communications required to support casualty clearing, aeromedical staging, and patient evacuation and reception operations.
7. The assets required for the initial 12 hours will also be required for the remainder of the response and recovery activities. Requirements may be modified depending on verification of initial requests for assistance, confirmation of casualty and damage estimates and locations, and the time required for medical and public health response and recovery. The discovery of previously undetected damage, hazardous conditions, or other requirements could also modify the county medical and public health response. Some significant increases in public health and mental health assistance will be required following the initial response activities and will need to continue well into the recovery activities. Such assistance may include the provision of environmental health services for shelters.

## VII. REFERENCES

*see Appendix 2 of the Basic CEMP*

## VIII. TERMS AND DEFINITIONS

*see Appendix 1 of the Basic CEMP*

## IX. APPENDICES

1. Grant County Health District Emergency Plan
  - Tab A - Emergency Operations Center Activation
  - Tab B - Emergency Procedures Plan
  - Tab C – Notification Procedures
  - Tab D – Notification Procedures for Bio-Terrorism
  - Tab E - Training Plan
  - Tab F – National Pharmaceutical Stockpile Procedures
  - Tab G – Communicable Disease Master Plan
  - Tab H – Pandemic Influenza Plan

**Note:** Tabs A through F above are printed and published separately, located at the Emergency Operations Center.

2. Emergency Medical Services (EMS)
  - Tab A – Emergency Medical and Health Services Checklist

**Note:** Tab A is printed and published separately, located at the Emergency Operations Center.

3. Coroner/Mortuary Services
  - Tab A – Policy and Procedures
  - Tab B – Notification Form
  - Tab C – Available Staff Telephone Roster
  - Tab D – Volunteer Staff
  - Tab E – Specialized Agencies
  - Tab F – Specialized Equipment List
  - Tab G – Examination of Disaster Victim
  - Tab H – Personal History of Disaster Victim
  - Tab I – Preliminary Case Report
  - Tab J – Release Form Designation
  - Tab K – Autopsy Body Release
  - Tab L – Multiple Fatality Incident Record Board Header

**Note:** *Tabs A through L are printed and published separately, located at the Emergency Operations Center.*

4. Critical Incident Stress Management (Under Development)
5. Veterinary Services and Animal Care (Refer to Emergency Support Function 11: Agriculture and Natural Resources.