

## **ESF 8: Health & Medical Services**

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## Section II: Emergency Support Functions

### 1.0 Introduction

#### Coordinating Agencies:

- Lewis & Clark County Disaster & Emergency Services (LCCO DES)
- Lewis & Clark City-County Health Department

#### Primary Agencies:

- Lewis & Clark Public Health
- Lewis & Clark County Sheriff/Coroner
- Lewis & Clark County Disaster & Emergency Services
- St. Peter's Hospital
- VA Hospital
- Emergency Medical Services (EMS)

#### Support Agencies:

- Law Enforcement Agencies
- Fire Service Agencies
- Local Health & Medical Clinics
- City & County Public Works Departments
- American Red Cross (ARC)
- Civil Air Patrol (CAP)
- Elkhorn C.O.A.D.
- Local Mental Health Providers
- Montana Disaster & Emergency Services (MTDES)
- Montana Department of Public Health & Human Services (DPHHS)

### 1.1 Purpose

The purpose of this annex is to outline the local organization, operational concepts, responsibilities, and procedures/guidelines to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.

### 1.2 Scope

This annex provides the foundation for emergency operations by local health officials, local medical services, and the Sheriff/County Coroner in accomplishment of lifesaving, triage, treatment and transport of injured, patient evacuation, disposition of the dead; disease prevention and control; and other health-related measures including but not limited to:

- ◆ Assessment of health and medical needs
- ◆ Public health surveillance
- ◆ Coordination of medical care personnel
- ◆ Coordination & distribution of health and medical equipment and supplies
- ◆ In-hospital care
- ◆ Food, drug and medical device safety
- ◆ Worker health and safety

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- ◆ Chemical, Biological, or Radiological hazards
- ◆ Mental health
- ◆ Public health information
- ◆ Vector control
- ◆ Potable water, wastewater, and solid waste disposal
- ◆ Victim identification and mortuary services
- ◆ Veterinary services

### 1.3 ESF Activation & Plan Maintenance

ESF 8 may be activated independently or in conjunction with other ESFs, depending on the needs of the situation. The ESF 8 Coordinating and Primary Agencies will be responsible for review and revision of this annex.

The primary responsibility for development and maintenance of this annex is that of LCCO DES with support from all supporting agencies and departments.

This annex should be reviewed and revised annually, unless significant changes warrant earlier revision. Continued and regular revision and updating should keep this document valid and useful. Regular testing and exercising should establish the groundwork for efficient and expeditious delivery of assistance in times of emergency or disaster.

### 1.4 Policies

- ❖ This annex is effective upon approval.
- ❖ All appropriate governmental and volunteer agency resources should be used as available.
- ❖ All services should be provided without regard to economic status or racial, religious, political, ethnic, or other affiliation.
- ❖ The County's response during incidents, emergencies, or disasters is based on the availability of resources. If the response requirements go beyond local capabilities, mutual aid, state, and/or federal assistance should be requested
- ❖ All requests from appropriate local jurisdictions to the state for medical and public health assistance should be assumed to be valid.
- ❖ The provision of basic and advanced life support services shall be provided as per existing standing operation procedures/guidelines, patient care procedures, treatment protocols and transfer guidelines.
- ❖ The Sheriff/County Coroner's Office is the lead agency for the collection, storage, and disposition of all human remains and their personal effects within the County.
- ❖ The County Health Officer (CHO) has broad authority over matters of public health to include air and water quality concerns, food supplies, wastewater systems, and disease prevention, and control measures.
- ❖ As much as possible, all agencies and organizations involved in the execution of this annex should be organized, equipped, and trained to perform all designated and implied responsibilities contained in this annex and its implementing instructions for both response and recovery operations.

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- ❖ All organizations are responsible for the development and maintenance of their own internal operating and notification procedures. No part of this annex is intended to supplant agency SOG/SOPs.
- ❖ All organizations are responsible for filling any important vacancies; recalling personnel from leave, if appropriate; and, alerting those who are absent due to other duties or assignments.
- ❖ Personnel designated as on-scene responders or representatives to the EOC should make prior arrangements to ensure that their families are provided for in the event of an emergency, so to ensure a prompt, worry-free response and subsequent duty.
- ❖ In the event of a zoonotic disease outbreak, ESF 8 should coordinate with ESF 11.

### 2.0 Situation & Assumptions

#### 2.1 Situation

- ❖ As outlined in Section 2.1 of the Basic Plan, Lewis & Clark County is vulnerable to a host of natural, man-made, and technological hazards.
- ❖ These hazards could result in mass casualties or fatalities, disruption of food and/or water distribution and utility services, the loss of water supply, wastewater, and solid waste disposal services, and other situations that could create potential health hazards or serious health risks.
- ❖ One of the primary concerns of public health officials is disease control. This involves the prevention, detection and control of disease causing agents, maintaining safe water, and food sources, and continuation of wastewater disposal under disaster conditions.
- ❖ Disaster and mass-casualty incidents take many forms. Proper emergency medical response must be structured to provide optimum resource application without total abandonment of day-to-day responsibilities.
- ❖ St. Peter's Hospital emergency room can take up to 12 seriously injured patients. It has 123 beds with an emergency capacity of 144 beds and a 30-day stockpile of medicine. An emergency generator is available.
- ❖ The VA Hospital, 3 miles west of Helena, may also take patients. The VA has 50 beds with an emergency capacity of 100 beds. Emergency power is available.
- ❖ Lewis & Clark County does not have large scale morgue storage capabilities.
- ❖ Lewis & Clark County does not have a designated "Functional Needs" Shelter.

#### 2.2 Assumptions

- ❖ Emergencies and disasters may occur without warning at any time of day or night, and may cause mass casualties.
- ❖ Use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.

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- ❖ Emergency health and medical services should be an extension of normal duties. Health/medical care will be adjusted to the size and type of disaster.
- ❖ Public and private medical, health, and mortuary services resources located in Lewis & Clark County will be available for use during emergency situations; however, these resources may be adversely impacted by the emergency.
- ❖ Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and special needs populations may be damaged or destroyed in major emergency situations.
- ❖ If hospitals and nursing homes are damaged, it may be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.
- ❖ Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because staff are unable to report for duty as a result of personal injuries or damage to communications and transportation systems.
- ❖ Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the “walking wounded” and seriously injured victims transported to facilities in the aftermath of a disaster.
- ❖ Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment, such as dialysis, may have difficulty in obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.
- ❖ In a major catastrophic event (including but not limited to epidemics, pandemics, and bioterrorism attacks), medical resources may 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.
- ❖ Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.
- ❖ Damage to chemical plants, sewer lines and water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.
- ❖ The public may require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
- ❖ Some types of emergency situations, like floods, may affect a large proportion of our county, making it difficult to obtain mutual aid from the usual sources.
- ❖ The damage and destruction caused by a natural or technological event may produce urgent needs for mental health crisis counseling for victims and emergency responders

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- ❖ Emergency responders, victims, and others who are affected by emergency situations may experience stress, anxiety, and display other physical and psychological symptoms that may adversely impinge on their daily lives. In some cases, disaster mental health services may be needed during response operations.

### 3.0 Concept of Operations

#### 3.1 General

- ❖ ESF 8 agencies should work together under the principles and protocols outlined in the National Incident Management System (NIMS) to provide a coordinated, consistent approach to the effective management of actual or potential public health or medical situations to ensure the health and welfare of our citizens.
- ❖ In a significant incident, provisions should be made for the following:
  - ◆ Establishment of a medical command post at the disaster site.
  - ◆ Coordinating health & medical response team efforts.
  - ◆ Holding and treatment areas for the injured.
  - ◆ Triage, treatment, & transport of the injured, as appropriate.
  - ◆ Identification, transportation, and disposition of the deceased.
  - ◆ Isolating, decontaminating, and treating victims of hazardous materials or infectious diseases, as needed.
  - ◆ Identifying hazardous materials or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.
  - ◆ Issuing health & medical advisories to the public on such issues as drinking water precautions, waste disposal, the need for immunizations, and food protection techniques.
  - ◆ Conducting health inspections of congregate care and emergency feeding facilities.
- ❖ Depending on the size and scope of the incident, most health & medical operations will likely be conducted “on-site” under an ICS structure while the Lewis & Clark County Emergency Operations Center (EOC) may serve as the central location for ESF 8 interagency coordination, information sharing and management, and executive decision-making.
- ❖ Emergency Operations established at the EOC should try to 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 should 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 ESF 8 staff should document requests and actions taken as able.

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- ❖ Because of the potential complexity of the health and medical response issues and situations, conditions may require special advisory groups or experts to be included in ESF 8 operations. They may 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.
- ❖ Throughout response and recovery activities, ESF 8 staff should evaluate and analyze medical and public health assistance requests and responses, and develop and update assessments of medical and public health status.
- ❖ Appropriate disaster mental health services need to be made available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Services may include crisis counseling, critical incident stress management, information and referral to other services, and education about normal, predictable reactions to a disaster experience and how to cope with them.
- ❖ Since accurate information concerning casualties is essential in identifying required levels of medical support, information of this type should be forwarded to the ESF 8 team in the EOC as soon as it is available to support requests for assistance and for inclusion in required reports.
- ❖ Because of water supply and wastewater system vulnerability to numerous forms of contamination and the impact which prolonged shutdown of water and wastewater treatment facilities could have on public health and welfare, it is essential that rapid and accurate assessments of damage are completed. Accurate timely estimates for required repairs should permit the health department and public works to identify appropriate interim measures such as rationing, expedient water treatment, or construction of temporary water delivery systems.
- ❖ Routine health and medical services operations may continue during less severe emergency situations. Direction and control of such operations should be by those that normally direct and control day-to-day health and medical activities.
- ❖ External agencies providing health and medical support during emergencies are expected to conform to the general guidance provided by our senior decision-makers and carry out mission assignments directed by the Incident Commander or the EOC. However, organized response units should normally work under the immediate control of their own supervisors.
- ❖ In emergency situations involving significant damage to local medical facilities, each facility shall be responsible for determining its overall status and compiling a consolidated list of resources or services needed to restore vital functions. Each operating unit should report its status and needs to a single contact point designated by the facility. This facility contact should consolidate the data provided and report it to the ESF 8 staff in the EOC.

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### 3.2 Notifications

- ❖ Local medical facilities, St. Peter's Hospital, and the City/County Health Department should notify the DES Coordinator (DESC) of any threatened or occurring emergency or disaster situations that may need support coordination from the EOC.
- ❖ The DESC should notify the ESF-8 Primary Agency of EOC activation and request that a representative report to the EOC to coordinate ESF-8 activities.
- ❖ As additional EOC staffing needs become apparent, other support and partnering agency personnel may be asked to report to the EOC to assist with transportation activities.
- ❖ The DESC or his deputy may activate the EAS by contacting the **NWS (453-8429)** to initiate the message. If phones are down, a message may be hand delivered to the primary EAS station, KCAP. Radio stations and TV stations should copy the message and interrupt regular programming for the broadcast.
- ❖ Target notification of residents in the affected areas may also be utilized.
- ❖ If communications are down, the most logical source of communications should be the local ARES organization, which is able to provide portable and self-sustained Ham radio communication that can link critical sites such as the EOC, shelters, hospitals and others that may be needed.
- ❖ Public information on shelter openings and mass care operations should be coordinated through the IC PIO, or if established, a Joint Information Center (JIC).

### 3.3 Preparedness

- ❖ Conduct planning with support agencies.
- ❖ Ensure lead agency personnel are trained in their responsibilities and duties.
- ❖ Develop and implement emergency response and health and medical strategies
- ❖ Identify population groups requiring special assistance during an emergency (i.e., senior citizens, special needs, etc.) and ensure that preparations are made to provide assistance.
- ❖ Maintain adequate medical supplies.
- ❖ Preposition response resources when it is apparent that health and medical resources should be necessary.
- ❖ Relocate health and medical resources when it is apparent that they are endangered by the likely impacts of the emergency situation.
- ❖ Appoint a representative to assist in the County EOC.
- ❖ Participate in emergency management training and exercises.

### 3.4 Response

- ❖ Activate emergency plans and mobilize emergency health personnel.



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- ❖ Conduct rapid assessments for immediate response objectives.
- ❖ Determine the number and type of casualties, request additional assistance, establish staging areas and initiate triage procedures.
- ❖ Identify hospital and nursing home bed vacancies.
- ❖ Determine which normal activities and facility accommodations can be curtailed or shifted to allow for increased emergency capacity.
- ❖ Arrange for the provision of medical personnel, equipment, and supplies as needed to health and medical facilities.
- ❖ Coordinate morgue operations as required and appropriate.
- ❖ Provide staff and services for monitoring public health conditions.
- ❖ Determine needs for health surveillance programs.
- ❖ Implement disease control and prevention measures.
- ❖ Coordinate lab testing and evaluations of community environmental health conditions and provide health advisories as required or appropriate.
- ❖ Coordinate prescription drug access for healthcare facilities and individuals needing medication refills.
- ❖ Partially or fully activate the Lewis & Clark County Emergency Operations Center (EOC), if necessary.
- ❖ Assist with patient evacuation and post-event relocation.
- ❖ Provide nursing staff for special needs shelters.
- ❖ Initiate on-site public education programs on the health problems associated with the emergency or disaster.
- ❖ Provide emergency public information on the health aspects of the situation in conjunction with EOC/JIC.
- ❖ Coordinate the release of public health information with County and State Public Information Officers.
- ❖ Monitor food/drug safety, radiological/chemical/biological hazards.
- ❖ Coordinate and monitor potability of water, wastewater disposal, solid waste disposal and vector control monitoring.
- ❖ Coordinate victim identification/mortuary services with the coroner.
- ❖ Coordinate mental health services as appropriate for victims and/or first responders.

### 3.5 Recovery

- ❖ Health authorities determine if a continuing health problem exists requiring an on-going commitment of resources; or if there is a potential for new problems developing.

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- ❖ Restore essential health and medical components of delivery systems and permanent medical facilities to operational status.
- ❖ Monitor environmental and epidemiological systems.
- ❖ Assist the Department of Environmental Quality (DEQ) in determining suitable sites and acceptable procedures/guidelines for the disposal of hazardous materials.
- ❖ Monitor public and private food supplies, water, sewage, and solid waste disposal systems.
- ❖ Continue to provide Public Information on sewage and waste control, food and water supplies, insect, rodent and disease control.
- ❖ Continue to utilize multiple means of communicating public information and education.
- ❖ Support emergency services staff and operations until the local system is self-sustaining maintain provision of long-term emergency environmental activities.
- ❖ Ensure the availability of mental and behavioral health professionals
- ❖ Continue EOC operations until it is determined that EOC coordination is no longer necessary.
- ❖ Restore pharmacy services to operational status.
- ❖ Inform public of any follow-on recovery programs that may be available.
- ❖ Form a long-term recovery assistance team to help ensure individuals and families affected by the disaster continue to receive assistance for serious needs and necessary expenses.
- ❖ Identify populations requiring event-driven health, medical or social services post-event.
- ❖ Return staff, clients, and equipment to regularly assigned locations.
- ❖ Provide critical payroll and other financial information for cost recovery through appropriate channels.
- ❖ Participate in after action critiques and reports.
- ❖ Updates plans and procedures/guidelines based on critiques and lessons learned during an actual event.
- ❖ Initiate financial reimbursement process for support services.

### 3.6 Mitigation

- ❖ Report post-disaster analysis of the performance of essential health and medical facilities that can be used in future mitigation measures to strengthen these facilities.
- ❖ Provide personnel with the appropriate expertise to participate in activities designed to reduce or minimize the impact of future disasters.
- ❖ Survey and map all Emergency Medical Services.

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- ❖ Increase use of geographical information systems to identify location of all vulnerable sites or populations.
- ❖ Conduct epidemic intelligence, evaluation, and detection of communicable diseases.
- ❖ Give immunizations.
- ❖ Conduct continuous health inspections.
- ❖ Promote and encourage the use of the blood donation program.
- ❖ Conduct normal public health awareness programs.
- ❖ Conduct training & education.
- ❖ Conduct Practice Drills.
- ❖ Convey public information in multiple formats & languages.

### 4.0 Organization & Responsibilities

The following listed agencies are tasked with primary and/or support responsibilities. More specific assignments can be found in the detailed emergency Standard Operating Procedures/Guidelines (SOP/SOG) that should be developed by each individual organization. *It is understood that agency capabilities are affected by available resources and the size and scope of the incident and that listed taskings will be "as able" depending upon the given situation at the time.*

#### 4.1 Organization

##### On-Scene

- ❖ On-scene Health & Medical Resources should be organized and managed using the Incident Command System.

##### EOC

- ❖ The ESF 8 representatives in the EOC should be organized under the Operations Support Section as either a stand-alone "Team" or as part of a functional Group depending upon the needs of the incident. ESF 8 personnel in the EOC should generally consist of representatives from the involved primary and support agencies as appropriate. They should communicate information between the EOC and field units, job headquarters, and other public, private and volunteer organizations as needed.

#### 4.2 Responsibilities

##### ESF Coordinator

- ❖ Provide leadership in directing, coordinating and integrating overall efforts to provide health and medical assistance to affected areas and populations.
- ❖ Evaluate the emergency situation, make strategic decisions, and identify resource needs and secure resources required for field operations.
- ❖ Support EOC operations and coordinates support for ESF-8 activities.

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- ❖ Requests support from other local governments or the State if local resources are insufficient.

### **Primary Agencies**

- ❖ Maintain list of resources available.
- ❖ Coordinate activities with other agencies identified in this annex.
- ❖ Coordinate and direct the activation and deployment of local agencies health and medical service personnel, supplies, and equipment and provide certain direct resources.
- ❖ Staff and operate a National Incident Management system compliant command and control structure (i.e., Incident Command System) to assure that services and staff are provided to areas of need.
- ❖ Document costs for reimbursement and auditing purposes.
- ❖ Evaluate and review procedures/guidelines to ensure operational readiness.
- ❖ Assist in identifying personnel and resources to support this Annex.
- ❖ Work with LCCO DES to keep this Annex up-to-date.

### **Support Agencies**

#### **Chief Elected Officials**

- ❖ Declare an emergency and/or a disaster with up to a 2-mill levy, if appropriate. Separate declarations are required for each affected jurisdiction (county, Helena, East Helena.) A disaster declaration will allow a request to the MTDES for assistance.

#### **DES Coordinator (DESC)**

- ❖ Manage the EOC, advise the CEO's and support field operations.
- ❖ Provide public information if the PIO is not available.
- ❖ Hold periodic briefings when necessary for the EOC staff to exchange information.
- ❖ Act as liaison with MTDES.

#### **Emergency Medical Services (EMS)**

- ❖ Develop appropriate plans for mass care situations and establish agreements with area hospitals for the routine transfer of patients and the receipt of patients, in the event of a hospital evacuation.
- ❖ Respond to the scene with appropriate emergency medical personnel and equipment.
- ❖ Upon arrival at the scene, assume an appropriate role in the ICS. Initiate ICS if it has not been established and report to 911 Dispatch.
- ❖ Assesses the emergency medical needs of current event.
- ❖ Triage, stabilize, treat, and transport the injured.

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- ❖ Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities.
- ❖ Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.). Continue radio and/or telephone communications with hospitals.
- ❖ Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed.
- ❖ Evacuate patients from affected hospitals and nursing homes, if necessary.
- ❖ Provide liaisons to the EOC, if requested.

### **Emergency Operations Center (EOC)**

- ❖ The EOC may provide support to the Incident Commander(s) in such areas as evacuation, communications, transportation, shelter, and any other resources required.

### **Fire Services**

- ❖ City and county fire departments fight fires, rescue victims, respond to hazardous materials incidents, provide emergency medical services, assist law enforcement with evacuation and assess damage as able. Damage reports should be reported to the EOC for collection and assessment.

### **Hospitals**

- ❖ Implement internal and/or external disaster plans.
- ❖ Advise the Health and medical services staff in the EOC of conditions at the facility and the number and type of available beds.
- ❖ Establish and maintain field and inter-facility medical communications.
- ❖ Provide medical guidance, as needed, to EMS.
- ❖ Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
  - ◆ Casualties are transported to the appropriate medical facility.
  - ◆ Patients are distributed hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, treatment capabilities, and bed capacity.
  - ◆ Take into account special designations such as trauma centers and burn centers.
  - ◆ Consider the use of clinics to treat less acute illnesses and injuries.
- ❖ Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.

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- ❖ Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where patients are to be taken.
- ❖ Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
- ❖ Establish and staff a reception and support center at each hospital for relatives and friends of disaster victims searching for their loved ones.

### **Law Enforcement**

- ❖ Law Enforcement will be in charge of evacuations, perimeter security, and traffic control. Damage assessment should be reported to the EOC.
- ❖ Law enforcement is responsible for investigating deaths that are not due to natural causes or that do not occur in the presence of an attending physician.

### **Public Health** (*Refer to LCPH All-Hazard Annex for more information.*)

- ❖ Identify sources for emergency medical supplies; coordinate laboratory activities regarding examination of food, water, air and processing of human samples for diagnostic tests.
- ❖ Investigate disease reports, establish control measures, and notify appropriate authorities to ensure preventive measures are carried out.
- ❖ Keeps all community partners advised of public health emergency situation.
- ❖ Make health related protective action decisions when existing codes and regulations are not pertinent to the situation.
- ❖ Assist with coordination of health investigations and facilitation of the appropriate tests to determine the extent of threat and contamination from chemicals, and/or some pathological hazards.
- ❖ Coordinate and request for, the distribution of Strategic National Stockpile medical supplies and equipment, and pharmaceuticals, as necessary.
- ❖ Ensure appropriate vaccine supply, ensure source of drug and antidotes, and supply in collaboration with hospitals/pharmacies, and the Center for Disease Control.
- ❖ Coordinate distribution and administration of these drugs.
- ❖ Maintain medical records & cumulative data related to immunizations.
- ❖ For environmental restoration, evaluates methods of disinfection and disposal with the agent of concern and determine if facility is safe. The Health Officer can issue reentry authorization when a structure has been evaluated and deemed safe.
- ❖ Issue directives and/or support the State's DPHHS and any other agencies in prohibiting the entry of contaminated foods and liquids into the market place for human consumption.

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- ❖ Supervises all environmental health activities to assure the safety of the citizens and the protection of the environment. This would include wastewater systems, water supplies, food supplies, and air quality advisories.
- ❖ Provides for disease prevention measures including mass prophylaxis, when necessary.
- ❖ The County Health Officer provides information for disease prevention, about disease and incidence of disease; and for individuals to evaluate their risk of exposure.
- ❖ Submit required reports to state health and medical officials as required.
- ❖ Maintain journals, reports, and logs to provide a historical record of events and to support post-emergency claims for emergency expenditures.

### **Public Works**

- ❖ Assists with damage assessments to water and wastewater treatment & delivery systems and works with Public Health to determine contingency operations.

### **Sheriff/Coroner's Office** (*also see [Coroner's Annex](#)*)

- ❖ The County Sheriff/Coroner's Office is the lead agency for the collection, storage, and disposition of all human remains and their personal effects.
- ❖ Designates and supervises permanent and temporary morgues, supervises the collection, identifications, release and/or interment of the dead.
- ❖ Takes charge of all bodies or parts of bodies, and provides for the identification and disposition of the deceased.
- ❖ Ensures that supplies, equipment and resources necessary to deal with the deceased are available, to include mass casualty situations.

### **American Red Cross (ARC) & Elkhorn C.O.A.D.**

- ❖ Provides blood upon request of the CHO or hospitals.
- ❖ Sets up shelters.
- ❖ Provides for crisis counseling for disaster workers and victims, particularly in mass casualty situations.

### **Amateur Radio**

- ❖ May provide supplemental radio communications as requested

### **Montana Disaster & Emergency Services (DES)**

- ❖ Coordinate assistance to local government and mobilization of resources per the provisions of the [Montana Emergency Response Framework](#).

### **Federal Emergency Management Agency (FEMA)**

- ❖ Administers assistance to the state pursuant to [PL 93-288 of the Disaster Relief Act of 1974, Section 417](#), when threat would constitute a major disaster.

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- ❖ Develop applicable SOPs, guidelines and/or checklists detailing the accomplishment of their assigned functions.
- ❖ Maintain up-to-date rosters for notifying personnel and 24-hour staffing capabilities.
- ❖ Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
- ❖ Participate in drills and exercises to evaluate local capability.
- ❖ When requested, deploy a representative to the EOC to assist with ESF-8 activities.
- ❖ Provide ongoing status reports as requested by the ESF-8 Coordinator.
- ❖ Perform other emergency responsibilities as assigned.
- ❖ Document all costs and expenses associated with response and recovery activities taking care to clearly separate disaster related work from daily work in the event that State and Federal reimbursement becomes available.

## 5.0 Authorities and References

### 5.1 Authorities

- ❖ See [Section 5.1](#) of Basic Plan.

### 5.2 References

- ❖ See [Section 5.2](#) of Basic Plan.
- ❖ **Lewis & Clark County EOP. May 2011.** ESF 8 - Health & Medical Services.
- ❖ **National Response Framework.** January 2008. ESF 8 – Public Health & Medical Services.
- ❖ **Core Capabilities List. October 2015.**



## Section II: Emergency Support Functions

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### 6.0 Attachments

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## Section II: Emergency Support Functions

### Attachment 1: Acronyms

| Acronym  | Meaning                                     |
|----------|---|
| ARC      | American Red Cross                          |
| ARES     | Amateur Radio Emergency Services            |
| CAP      | Civil Air Patrol                            |
| CBO      | Community Based Organization                |
| CHO      | County Health Officer                       |
| COOP/COG | Continuity of Operations/Government         |
| DESC     | DES Coordinator                             |
| DMAT     | Disaster Medical Assistance Team            |
| DMORT    | Disaster Mortuary Services Team             |
| DPHHS    | Dept. of Public Health & Human Services     |
| EAS      | Emergency Alert System                      |
| EMAC     | Emergency Management Assistance Compact     |
| EMS      | Emergency Medical Services                  |
| EOC      | Emergency Operations Center                 |
| EOP      | Emergency Operations Plan                   |
| ESF      | Emergency Support Function                  |
| FBO      | Faith Based Organization                    |
| FEMA     | Federal Emergency Management Agency         |
| HAZMAT   | Hazardous Material                          |
| HVAC     | Heating, Ventilation, Air Conditioning      |
| IAA      | Inter-Agency Agreement                      |
| IAP      | Incident Action Plan                        |
| IC       | Incident Commander                          |
| ICP      | Incident Command Post                       |
| ICS      | Incident Command System                     |
| IMT      | Incident Management Team                    |
| JIC      | Joint Information Center                    |
| LCCO     | Lewis & Clark County                        |
| LEPC     | Local Emergency Planning Committee          |
| MOA      | Memorandum of Agreement                     |
| MOU      | Memorandum of Understanding                 |
| MTDEQ    | Montana Department of Environmental Quality |
| MTDES    | Montana Disaster & Emergency Services       |
| NDMS     | National Disaster Medical System            |
| NGO      | Non Governmental Organization               |
| NIMS     | National Incident Management System         |
| NWS      | National Weather Services                   |
| OSHA     | Occupational Safety & Health Administration |
| P.L.     | Public Law                                  |

## Section II: Emergency Support Functions

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| Acronym        | Meaning   |
|----------------|---|
| PIO            | Public Information Officer  |
| PPE            | Personal Protective Equipment   |
| SECC           | State Emergency Coordination Center (MTDES)   |
| SOP/SOG        | Standard Operating Procedures/Guidelines  |
| UC             | Unified Command   |
| USC            | United States Code  |
| VA             | Veteran's Administration  |
| VOAD//C.O.A.D. | Voluntary Organizations Active in Disaster/Community Organizations Active<br>In Disasters |

## Section II: Emergency Support Functions

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### Attachment 2: Definitions

**Disaster Medical Assistance Team (DMAT):** A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care. They are primarily a community resource available to support local and state requirements; however, as a national asset they can be federalized to provide interstate assistance. DMAT deploys to disaster sites with sufficient supplies and equipment to sustain themselves for 72 hours while providing medical care at a fixed or temporary medical care site.

**Disaster Mortuary Operational Response Team (DMORT):** A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters. DMORTs are directed by the National Disaster Medical System (NDMS) and are organized around the ten FEMA Regions. When activated, they work under the guidance of local authorities. DMORTs provide technical assistance and personnel to recover, identify, and process deceased remains. The teams are composed of funeral directors, medical examiners, coroners, pathologists, forensic experts, fingerprint specialists, forensic odontologists, dental assistants, and X-ray technicians. The NDMS, in support of the DMORT program, maintains a Disaster Portable Morgue Unit (DPMU) in Gaithersburg, Maryland.

**Emergency First Aid:** provided to victims and workers at mass care facilities and at designated sites within the affected area. This emergency first aid service is supplementary to emergency health and medical services established to meet the needs of the victims.

**Joint Information Center (JIC).** A facility, established to coordinate all incident-related public information activities, authorized to release general medical and public health response information delivered by a recognized spokesperson from the public health and medical community.

**National Disaster Medical System (NDMS).** A coordinated partnership between Department of Homeland Security (DHS), Department of Health and Human Services Commission, Department of Defense, and the Department of Veterans Affairs for the purpose of responding to the needs of victims of a public health emergency. Non-federal participants include major pharmaceutical companies and hospital suppliers, the national Foundation for Mortuary Care, and certain international disaster response and health organizations.

**Functional Needs Populations:** Individuals/Groups that may have special needs before, during or after an incident in one or more of the following functional areas: *Communications, Medical Care, Independence, Supervision, Transportation.*