

<b>Kanawha Putnam Emergency Management Plan Functional Annex</b>	
<b>Health and Medical</b>	<b>A08</b>
<b>NRP Coordination:</b>	ESF #8
<b>Primary Agency:</b>	Kanawha Charleston or Putnam County Health Department
<b>Support Agencies:</b>	<ul style="list-style-type: none"> <li>▪ Kanawha County Emergency Ambulance Service</li> <li>▪ Putnam County Emergency Ambulance Service</li> <li>▪ MedBase</li> <li>▪ Hospitals</li> <li>▪ Charleston Fire and Emergency Medical Services</li> <li>▪ Putnam County Health Department</li> <li>▪ Medical Examiner and Mortuary Services</li> <li>▪ American Red Cross</li> <li>▪ Social Services agencies</li> <li>▪ Urgent Care Centers</li> <li>▪ Primary Care Clinics</li> <li>▪ WV Poison Center</li> <li>▪ Kanawha Valley Regional Transportation Authority</li> </ul>

## I. Introduction

This all hazard plan describes tasked individuals' and organizations' responsibilities for providing emergency health and medical services in Kanawha and Putnam counties. This function deals with the activities associated with the provision of health and medical services in emergencies and disasters. Health and medical services include: emergency medical service (EMS), hospital, public and environmental health, mental health, and mortuary services. The activities associated with these services include treatment, transport, and evacuation of the injured; disposition of the dead; and disease control activities related to sanitation, preventing contamination of water and food supplies, etc., during response operations and in the aftermath of a disaster. Depending on needs and resources, jurisdictions may want to prepare separate annexes for one or more of these health and medical services.

### A. Purpose

The purpose of the health and medical annex is to describe policies and procedures for mobilizing, supporting, and managing health and medical services under emergency or disaster conditions.

### B. Scope of Work

The scope of this annex describes the responsibilities and activities of all primary and support agencies for providing emergency health and medical services in Kanawha and Putnam Counties.

This annex is activated in response to large scale emergency and disaster, or any events that would cause sufficient casualties and/or fatalities to overwhelm local medical, health and mortuary services capabilities require substantial support or coordination from outside resources or upon request from any agency through the local emergency manager.

## II. Situation and Assumptions

This section provides a general assessment and overview of the jurisdiction's existing health and medical capabilities in Kanawha and Putnam counties. It focuses on the counties capabilities to provide medical care, treatment, and support to victims, response personnel, and the general public during the response and post-disaster phases.

This section also addresses limitations that may degrade health and medical operations. Assumptions addressed might include the following:

- A. The annex applies primarily to large-scale emergency and disaster events that would cause sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities, thus requiring maximum coordination and efficient use of these resources.
- B. Public and private medical, health, and mortuary services resources located in the jurisdiction will be available for use during disaster situations.
- C. Large-scale emergencies and disaster threat situations (floods, ice storms, severe thunderstorms, chemical emergencies, etc.) may affect large areas of the jurisdiction, the State, or other States, requiring the use of mutual aid.

- D. Public and private health and medical resources located in the jurisdiction generally will be available for use during disaster situations, but many of these resources, including human resources, will themselves be impacted by the disaster.
- E. Emergency measures to protect life and health during the first 72 hours after the disaster in all likelihood will be exclusively dependent upon local and area resources.
- F. Resources available through area and regional medical, health, and mortuary services mutual aid agreements will be provided for use during the disaster situation.
- G. It may be necessary to relocate hospital facilities under extreme conditions to contingency field hospitals, or to permanent or temporary buildings that will provide patients and medical staff adequate protection from the effects of the disaster.
- H. Volunteers will come forward to help perform essential tasks; their efforts must be anticipated and coordinated.

### **III. Concept of Operations**

This section describes how health and medical operations will be conducted in Kanawha and Putnam Counties and in cooperation with other jurisdictions, other services, and the State and Federal governments.

#### **A. General**

This section details the provisions for mobilizing and managing health and medical services. It addresses pre-disaster, disaster, and post-disaster considerations. It identifies who will be in charge of directing health and medical operations and provides a general overview on how health and medical activities will be accomplished.

Because health and medical services include so many different activities, it is essential to establish a framework for these services to work together. To ensure that the necessary planning and coordination are accomplished prior to the occurrence of a disaster and to facilitate the management of health and medical services during disasters, it is essential to define the planning and coordination responsibility for leadership by Public Health, hospitals and EMS. The individuals that fill this position are responsible for coordinating EMS, hospital,

public health, mental health and mortuary services disaster planning and response actions.

The concept of operations includes provisions for:

1. Establishment of medical command post at the disaster site(s) or appropriate Emergency Medical Center.
2. Coordinating health and medical response team efforts.
3. Triage of the injured, if appropriate.
4. Medical care and transport for the injured.
5. Identification, transportation, and disposition of the deceased.
6. Holding and treatment areas for the injured.
7. Isolating, decontaminating, and treating victims of hazardous chemical or infectious diseases, as needed.
8. Identifying hazardous chemicals, radiation or infectious diseases, controlling their spread, and reporting their presence to appropriate State and Federal health or environmental authorities.
9. Issuing health and medical advisories to the public on such matters as emergency water supplies, waste disposal, mass feeding services, vectors, immunizations, disinfection, and others.
10. Provide for logistical support and coordination to sustained operations.

#### B. Inter-jurisdictional Relationships

Mutual aid arrangements both formal and informal have been established to assure assistance for health and medical services to or from neighboring jurisdictions, the State, or jurisdictions outside the state when required. Each primary and supporting agency is responsible for initiating and maintaining appropriate agreements.

### C. Organization and Assignment of Responsibilities

The following tasks are assigned to the agencies and individuals listed below:

1. Office of Emergency Management – Emergency Operations Center (EOC) coordinator

Requires the Coordinators for public health, hospitals and EMS to send a representative to the EOC when notified of an emergency situation.

2. Public Health Coordinator - EOC (Level II Activation)

Upon activation, or upon declaration or imminent declaration of an emergency or disaster:

- a. Reports to the EOC or other designated location as deemed appropriate; sends a representative to the EOC if unable to report in person.
- b. Assesses community health and medical needs.
- c. Oversees and coordinates the activated public health organizations to assess their needs, helps them obtain resources and ensures that necessary services are provided.
- d. Coordinates with neighboring community health and medical organizations and with State and Federal officials on matters related to assistance from other jurisdictions, including Federal assistance.
- e. Screens and coordinates with incoming response groups as well as individual health and medical volunteers; ensures that positive identification and proof of licensure is made for all volunteers.
- f. Maintains a patient/casualty tracking system.
- g. Coordinates the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.

- h. Oversees the receipt and distribution of the Strategic National Stockpile (SNS) if necessary.
  - i. Provides information through the Public Information Officer to the news media on the number of injuries, deaths, etc.
  - j. Ensures appropriate health and medical services information is made available to the information processing section in the EOC.
  - k. Coordinates support to the jurisdiction's efforts to respond to inquiries from family members concerned about loved ones.
3. Hospital Coordinator - EOC

Upon activation, or upon declaration or imminent declaration of an emergency or disaster:

- a. Reports to the EOC or other designated location as deemed appropriate; sends a representative to the EOC if unable to report in person.
- b. For events that are localized at a particular facility that require the implementation of the plan alternative arrangements can be made for coordination with hospitals. This will be done in consultation with the appropriate emergency manager and Hospital Incident Command Centers
  - (1) The local emergency manager may send a representative to the hospital command center for act as a liaison
  - (2) A contact may be established at the EOC to act as the liaison
- c. Oversees and coordinates the activated hospitals to assess their needs, helps them obtain resources and ensures that necessary services are provided.
- d. Screens and coordinates with incoming groups assigned to hospitals as well as individual health and medical volunteers; ensures that positive identification and proof of licensure is made for all volunteers.
- e. Obtains patient/casualty information from hospitals and provides to Public Health Officer.

- f. Coordinates the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations in hospitals.
  - g. Ensures appropriate health and medical services information is made available to the information processing section in the EOC.
  - h. Provides support to the jurisdiction's efforts to respond to inquiries from family members concerned about loved ones.
4. EMS Coordinator - EOC

Upon activation, or upon declaration or imminent declaration of an emergency or disaster:

- a. Reports to the EOC or other designated location as deemed appropriate; sends a representative to the EOC if unable to report in person.
- b. Ensures that emergency medical teams responding to a disaster site establish a medical command post.
- c. Oversees and coordinates the EMS agencies to assess their needs, helps them obtain resources and ensures that necessary services are provided.
- d. Screens and coordinates with incoming groups to the emergency site as well as individual health and medical volunteers; ensures that positive identification and proof of licensure is made for all volunteers.
- e. Obtains patient/casualty information from on-scene transport coordinator and contacts medical control (MedBase).
- f. Coordinates the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support EMS operations.
- g. Ensures appropriate health and medical services information is made available to the information processing section in the EOC.
- h. Provides support to the jurisdiction's efforts to respond to inquiries from family members concerned about loved ones.

- i. Assists with medical monitoring at established shelters.
- j. Assists Health Department triage center for SNS activation.
- k. Assists mortuary services as needed.

#### D. Responding Agency Responsibilities

##### 1. Emergency Medical Services

- a. Respond to the disaster scene with emergency medical personnel and equipment.
- b. Upon arrival at the scene, assume appropriate role in the ICS. If ICS has not been established, initiate in accordance with the emergency management plan and report implementation to the EOC.
- c. Coordinate decontamination of individuals and/or support fire service efforts.
- d. Triage, stabilize, treat, and transport the injured. Ensure casualties are transported to the appropriate facilities as directed by MedBase – Medical Command.
- e. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.) and radio or telephone communications with MedBase and hospitals, as appropriate.
- f. Direct the activities of private, volunteer, and other emergency medical units and of bystander volunteers as needed.
- g. Provide assistance to hospitals and nursing homes if evacuation of patients is necessary.
- h. Assist with medical monitoring at established shelters.
- i. Assist Health Department triage centers.
- j. Assist mortuary services.

- k. Deliver and coordinate field hospital erection if required.
2. Fire Service
    - a. Decontaminate patients contaminated with chemical and/or biological agents prior to transport.
    - b. May provide logistical support in the form of water for boilers, sanitation or other needs
3. MedBase – Medical Command
    - a. Provide medical direction as needed to EMS.
    - b. Coordinate with EMS, hospitals, and any medical response personnel at scene to ensure that casualties are transported to the appropriate medical facility. Distribute patients to and among hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, and bed capacity. Take into account special designations such as trauma centers and burn centers. Consider the use of primary care clinics and urgent care centers to treat less than acute illnesses and injuries.
4. Hospitals
    - a. Implement internal and/or external hospital disaster plan.
    - b. Advise Hospital Coordinator or appropriate representative in the EOC of conditions of the hospital and number and type of available beds.
    - c. Establish and maintain field and inter-hospital medical communications.
    - d. 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.
    - e. Coordinate with EOC, other hospitals and with EMS on the evacuation of patients from affected hospitals, if necessary. Evacuation provisions should specify where the patients are to be taken.

- f. Depending on the situation, deploy medical personnel, supplies and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
  - g. Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
  - h. Provide patient identification information the Public Health Officer-EOC upon request.
5. WV Poison Center
- a. Provision of information relating to the triage and treatment of chemical exposures and exposures to weapons of mass destruction.
  - b. Information is provided to the public, first responders, health care professionals, and hospitals. In addition to verbal information, written information is provided to all hospitals involved in the incident.
  - c. Operation of the Public Health Disaster Hotline following a weapon of mass destruction event or other public health emergency.
  - d. Continuous toxico-surveillance for the state of West Virginia to identify potential poisoning outbreaks.
  - e. Notification of the Bureau for Public Health and/or Local Health Departments of public health concerns identified via the WV Poison Center emergency phones (e.g., identified potential outbreaks, potential release of a hazardous material into the community).
6. Public Health Agencies
- a. Coordinates all public health services in the jurisdiction.
  - b. Provides for the special needs of the handicapped, elderly, and children separated from their parents; also provide for special needs of orphaned children through the referral to local and state Departments of Health and Human Resources.
  - c. Inspects for purity and usability all foodstuffs, water and other consumables that were exposed to the hazard.

- d. Provides epidemiological surveillance, case investigating and follow-up.
- e. Provides laboratory services through the WV Office of Lab Services for identification required to support emergency health and medical services.
- f. Coordinates operations for immunizations or quarantine procedures if required.
- g. Establishes preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.
- h. Monitors food handling and mass feeding sanitation service in emergency facilities, including increased attention to sanitation in commercial feeding and facilities that are used to feed disaster victims.
- i. Provides for the monitoring and evaluation of environmental health risks or hazards as needed and ensures the appropriate actions are taken to protect the health and safety of disaster victims, responders and the general public.
- j. Implements actions to prevent or control vectors such as flies, mosquitoes and rodents.
- k. Detects and inspects sources of contamination.
- l. Provides information for assessment of damaged buildings for health hazards.
- m. Coordinates with the water, public works, or sanitation departments to ensure the availability of potable water, an effective sewage system, and sanitary garbage disposal.
- n. Coordinates with the animal care and control agency to dispose of dead animals.
- o. Ensures that adequate sanitary facilities are provided in emergency shelters and for response personnel.

## 7. Mental Health Agencies

- a. Ensure that appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community care-givers during response and recovery. Services may include crisis counseling, critical incident stress debriefings, information and referral to other resources, and education about normal, predictable reactions to a disaster experience and how to cope with them.
  - b. Assure a capacity to provide specialized assistance for those affected by a traumatic event or who become traumatized by cumulative stress related to the disaster experience.
  - c. Provide outreach to identify and serve those in need of mental health support.
    - (1) Coordinate with the Public Information Officer to arrange for dissemination of information to the public.
    - (2) Coordinate with the Mass Care Coordinator to identify shelter occupants that may require assistance.
  - d. Have inpatient psychiatric facilities take the following actions:
    - (1) Implement the facility's appropriate disaster plan.
    - (2) Provide for the care, safety, and continued treatment of hospital residents.
    - (3) Coordinate with appropriate authorities for the safe evacuation of residents.
    - (4) Provide resources and support to the community-based mental health system in responding to the disaster mental health needs of impacted communities.
8. Mortuary Services – WV Medical Examiner
- a. Provide for the collection, identification, and care of human remains, determining the cause of death, inventorying and protecting deceased's personal effects, and locating and notifying the next of kin.
  - b. Establish temporary morgue sites.

- c. Establish and maintain a comprehensive record-keeping system for continuous updating and recording of fatality numbers.
  - d. Coordinate with:
    - (1) Search and rescue teams, hospitals, EMS, and other emergency responders.
    - (2) Funeral directors, morticians, and assets for transportation of deceased persons.
    - (3) Other pathologists.
    - (4) The American Red Cross for location and notification of relatives.
    - (5) Dentists and x-ray technicians for purposes of identification.
    - (6) Law enforcement agencies for security, property protection, and evidence collection.
9. American Red Cross
- a. Provides food for emergency medical workers, volunteers, and patients, if requested.
  - b. Maintains a Disaster Welfare Inquiry (DWI) system in coordination with hospitals, aid stations, and field triage units to collect, receive, and report information about the status of victims.
  - c. Assists in the notification of the next of kin of the injured and deceased.
  - d. Assists with the reunification of the injured with their families.
  - e. Provides blood, blood substitutes, and blood byproducts, and/or implements reciprocal agreements for replacement of blood items.
  - f. Provides first aid and other related medical support at temporary treatment centers, as requested, and within capability.
  - g. Provides supplementary medical, nursing aid, and other health services upon request, and within capability.

- h. Provides assistance for the special needs of the handicapped, elderly, and those children separated from their parents, within capability.

#### 10. Social Service Agencies

As requested by Public Health Officer, assists in providing for the special needs of the handicapped, elderly, and children separated from their parents; also provide for special needs of orphaned children.

#### 11. Animal Care and Control Agency

- a. Coordinates with Humane Society, veterinarians and animal hospitals to arrange for services for animals as needed. These might include service, companion, or farm animals, wildlife, etc.
- b. Coordinates with the Public Health Officer on the location, collection, and disposal of dead animals.

#### 12. Police/Corrections Department (as appropriate)

- a. Provides security assistance to medical facilities and to health and medical field personnel upon request.
- b. Assists Mortuary Services in the identification of fatalities.

#### 13. Military Department

Provides personnel and equipment to support medical operations during disaster situations (at the direction of the Governor).

#### 14. All Tasked Organizations

- a. Adhere to all professional and legal standards in the performance of duties.
- b. Provide ongoing status reports to the Public Health Coordinator-EOC, including number of deaths, injuries, etc.
- c. Provide and/or receive mutual aid in coordination with the appropriate EOC Coordinator.

- d. Provide information to the Public Health Coordinator for dissemination of public advisories as needed.
- e. As needed, coordinate with other emergency health and medical services; with emergency services such as fire, police, and public works; and with the appropriate EOC Coordinator.
- f. Coordinate response to media requests with the Public Health Coordinator-EOC.
- g. Maintain updated resource inventories of emergency medical supplies, equipment, and personnel resources, including possible sources of replacements.
- h. Arrange for security to protect vulnerable work sites such as remote aid stations, temporary morgues, etc.
- i. Develop plans to evacuate and/or shelter, as appropriate, patients, staff, equipment, supplies, and vehicles before, during, and after disasters.
- j. Prepare detailed SOGs that include: telephone rosters for notifying personnel; step-by-step procedures for performing assigned tasks; telephone numbers and addresses/locations of similar services in other jurisdictions; area and local stores (grocery and drug), and medical warehouses that will provide pharmaceutical and medical supplies; telephone numbers, addresses, type, quantity, location, and procedures for obtaining transportation resources from Federal, State, local, and private organizations; and a listing of the radio communications call signs and frequencies that each responding organization uses.
- k. Designate staff to perform disaster duties.

#### **IV. Authorities and References**

- A. WV Code, Chapter 15, Article 5 ,Emergency Services - Authority of state to undertake actions to protect life and safety in response to disaster
- B. WV Code Chapter 16, Public Health-Defines roles and responsibilities of the Commissioner -State Health Officer as well as those of Local Health Officers and Boards of Health. Specifically defines authorities of State Health Officer/Local Health Commissioner to undertake actions necessary to control spread of

disease. Contains authorities to undertake specific actions related to specific diseases (e.g. TB) or procedures (e.g. immunizations.)

- C. WV 64 CSR 7 Reportable Disease Regulation - Defines proactive though which diseases and conditions are reported to public health, responsibilities of reporting parties reporting and in assisting in investigation, and defines state and local health officer authorities related to quarantine, isolation, and placarding. Also delineates circumstances under which confidential disease information may be shared.
- D. WV Code Chapter 27, Article 1A - Creates the Department of Mental Health and divisions for promoting the development of behavioral health. Allows for the establishment and authority of the Data Integration and Security Division within WVDHHR.
- E. WV Code Chapter 29B, Article 1, Section 4, subsection (1) - Defines certain plans and documents maintained for purposes of emergency response to be exempt from Freedom of Information Act Requests for security purposes.
- F. WV Code Chapter 61, Article 12- Authorities of the Chief Medical Examiner.
- G. [WV House Bill 4651](#) establishes the authorities of the WV Poison Center.