

Attachment G

Health and Medical

Introduction

This function deals with the activities associated with the provision of health and medical services in emergencies and disasters. For the purposes of this Guide, health and medical services include: emergency medical (EMS), hospital, public health, 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.

Developing a Health and Medical Annex

Purpose A health and medical annex describes policies and procedures for mobilizing and managing health and medical services under emergency or disaster conditions.

Situation and Assumptions This section provides a general assessment and overview of the jurisdiction's existing health and medical capabilities. It focuses on the jurisdiction's capability 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:

- 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.

- Public and private medical, health, and mortuary services resources located in the jurisdiction will be available for use during disaster situations.
- Large-scale emergencies and disaster threat situations (earthquakes, hurricanes, nuclear power plant accidents, floods, etc.) may affect large areas of the jurisdiction, the State, or other States, requiring the use of mutual aid.
- 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.
- Emergency measures to protect life and health during the first 12 to 24 hours after the disaster in all likelihood will be exclusively dependent upon local and area resources.
- Resources available through area and regional medical, health, and mortuary services mutual aid agreements will be provided for use during the disaster situation.
- It may be necessary to relocate hospital facilities under austere 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.
- Volunteers will come forward to help perform essential tasks; their efforts must be anticipated and coordinated.

Concept of Operations

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

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 vest this planning and coordination responsibility in one position. An appropriate title for this position is “Health and Medical Coordinator.” The individual that fills this position is responsible for coordinating EMS, hospital, public health, environmental health, mental health, and mortuary services disaster planning and response actions.

The concept of operations should include provisions for:

- Establishment of medical command post at the disaster site(s).
- Coordinating health and medical response team efforts.
- Triage of the injured, if appropriate.
- Medical care and transport for the injured.
- Identification, transportation, and disposition of the deceased.
- Holding and treatment areas for the injured.
- Isolating, decontaminating, and treating victims of hazardous chemical or infectious diseases, as needed.
- Identifying hazardous chemicals or infectious diseases, controlling their spread, and reporting their presence to appropriate State and Federal health or environmental authorities.
- 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.

*Interjurisdictional
Relationships*

This section describes the mutual aid arrangements for health and medical assistance to or from neighboring jurisdictions, the State, or jurisdictions outside of the State, when required. Further discussion is under the heading “Administration and Logistics,” below.

**Organization
and
Assignment of
Responsibilities**

This section describes tasked individuals' and organizations' responsibilities for providing emergency health and medical services in the jurisdiction. The following types of tasking may be assigned to the agencies and individuals listed in the left margin below:

*Chief
Executive
Official
("CEO")*

Requires the Health and Medical Coordinator to send a representative to the EOC when notified of an emergency situation.

*Health and
Medical
Coordinator*

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

- Reports to the EOC or other designated location as deemed appropriate; sends a representative to the EOC if unable to report in person.
- Rapidly assesses health and medical needs.
- Oversees and coordinates the activated health and medical organizations to assess their needs, helps them obtain resources, and ensures that necessary services are provided.
- Ensures that emergency medical teams responding to a disaster site establish a medical command post.
- 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.
- Screens and coordinates with incoming groups such as Disaster Medical Assistance Teams (DMAT) as well as individual health and medical volunteers; ensures that positive identification and proof of licensure is made for all volunteers.
- Maintains a patient/casualty tracking system.
- Coordinates the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.

- Provides information through the PIO to the news media on the number of injuries, deaths, etc.
 - Ensures appropriate health and medical services information is made available to the information processing section in the EOC.
 - Coordinates support to the jurisdiction's efforts to respond to inquiries from family members concerned about loved ones.
- Emergency Medical Services (EMS)*
- Respond to the disaster scene with emergency medical personnel and equipment.
 - Upon arrival at the scene, assume appropriate role in the ICS. If ICS has not been established, initiate in accordance with the jurisdiction's emergency management system and report implementation to the EOC.
 - Triage, stabilize, treat, and transport the injured. 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.), and radio or telephone communications with hospitals, as appropriate.
 - 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.
- Hospitals*
- Implement internal and/or external hospital disaster plan.
 - Advise the Health and Medical Coordinator or appropriate representative in the EOC of conditions of the hospital and number and type of available beds.

- Establish and maintain field and interhospital medical communications.
 - Provide medical guidance as needed to EMS.
 - Coordinate with EMS, other 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 clinics to treat less than 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.
 - Coordinate with 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.
 - 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 the relatives and friends of disaster victims who may converge there in search of their loved ones.
 - Provide patient identification information to the ARC upon request.
- Public Health Officer*
- Coordinates all public health services in the jurisdiction.
 - Inspects for purity and usability all foodstuffs, water, drugs, and other consumables that were exposed to the hazard.
 - Provides epidemiological surveillance, case investigating, and follow-up.

- Provides laboratory services for identification required to support emergency health and medical services.
 - Coordinates operations for immunizations or quarantine procedures, if required.
 - Establishes preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.
 - 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.
- Environmental Health Officer*
- 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.
 - Implements actions to prevent or control vectors such as flies, mosquitoes, and rodents.
 - Detects and inspects sources of contamination.
 - Inspects damaged buildings for health hazards.
 - Coordinates with the water, public works, or sanitation departments to ensure the availability of potable water, an effective sewage system, and sanitary garbage disposal.
 - Coordinates with the animal care and control agency to dispose of dead animals.
 - Ensures that adequate sanitary facilities are provided in emergency shelters and for response personnel.
- Mental Health Agencies*
- 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. There should be 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.

- Provide outreach to identify and serve those in need of mental health support.
 - Coordinate with the PIO to arrange for dissemination of information to the public.
 - Coordinate with the Mass Care Coordinator to identify shelter occupants that may require assistance.
- Have inpatient psychiatric facilities take the following actions:
 - Implement the facility's appropriate disaster plan.
 - Provide for the care, safety, and continued treatment of hospital residents.
 - Coordinate with appropriate authorities for the safe evacuation of residents.
 - Provide resources and support to the community-based mental health system in responding to the disaster mental health needs of impacted communities.

*Mortuary
Services*

- 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.
- Establish temporary morgue sites.

- Establish and maintain a comprehensive record-keeping system for continuous updating and recording of fatality numbers.
- Coordinate with:
 - Search and rescue teams, hospitals, EMS, and other emergency responders.
 - Funeral directors, morticians, and assets for transportation of deceased persons.
 - Other pathologists.
 - The ARC for location and notification of relatives.
 - Dentists and x-ray technicians for purposes of identification.
 - Law enforcement agencies for security, property protection, and evidence collection.

*American Red
Cross*

- Provides food for emergency medical workers, volunteers, and patients, if requested.
- Maintains a DWI system in coordination with hospitals, aid stations, and field triage units to collect, receive, and report information about the status of victims.
- Assists in the notification of the next of kin of the injured and deceased.
- Assists with the reunification of the injured with their families.
- Provides blood, blood substitutes, and blood byproducts, and/or implementing reciprocal agreements for replacement of blood items.
- Provides first aid and other related medical support at temporary treatment centers, as requested, and within capability.

- Provides supplementary medical, nursing aid, and other health services upon request, and within capability.
 - Provides assistance for the special needs of the handicapped, elderly, and those children separated from their parents, within capability.
- Social Service Agencies* Assist in providing for the special needs of the handicapped, elderly, and children separated from their parents; also provide for special needs of orphaned children.
- Animal Care and Control Agency*
- Coordinates with veterinarians and animal hospitals to arrange for services for animals as needed. These might include service, companion, or farm animals, wildlife, etc.
 - Coordinates with the Environmental Health Officer on the location, collection, and disposal of dead animals.
- Police/ Corrections Department (as appropriate)*
- Maintains emergency health services at juvenile and adult correctional facilities.
 - Assists Mortuary Services in the identification of fatalities.
 - Provides security assistance to medical facilities and to health and medical field personnel upon request.
- Military Department* Provides personnel and equipment to support medical operations during disaster situations (at the direction of the Governor).
- All Tasked Organizations*
- Adhere to all professional and legal standards in the performance of duties.
 - Provide ongoing status reports to the Health and Medical Coordinator, including number of deaths, injuries, etc.
 - Provide and/or receive mutual aid in coordination with the Health and Medical Coordinator.

- Provide information to the Health and Medical Coordinator for dissemination of public advisories as needed.
- As needed, coordinate with other emergency health and medical services; with emergency services such as fire, police, and public works; and with the Health and Medical Coordinator.
- Refer all media requests for information to the Health and Medical Coordinator.
- Maintain updated resource inventories of emergency medical supplies, equipment, and personnel resources, including possible sources of replacements.
- Arrange for security to protect vulnerable work sites such as remote aid stations, temporary morgues, etc.
- Develop plans to evacuate and/or shelter, as appropriate, patients, staff, equipment, supplies, and vehicles before, during, and after disasters.
- Prepare detailed SOPs that include: call-down 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.
- Designate staff to perform disaster duties.

Administration and Logistics

This section describes administrative and general support requirements for accomplishment of emergency health and medical tasks.

Administration

This section focuses on the administrative management of health and medical resources. It addresses the general support requirements and identifies sources that will be relied upon to obtain personnel, equipment,

and supplies, transportation, facilities, services, and other resources required to support disaster response and recovery operations. Specific requirements include:

- *Medical Response Teams.* This section should first identify pre-organized medical teams within the jurisdiction. It should then sketch arrangements for requesting mutual aid teams from neighboring jurisdictions, from State sources, such as State Guard or militia units, and from Federal sources, such as military, Centers for Disease Control and Prevention (CDC), and National Disaster Medical System (NDMS) sources.
- *Augmentation Personnel.* This section describes the sources of health and medical personnel and the provisions (e.g., verifying adequacy of credentials for those who do not practice in the jurisdiction) that have been made to call upon them to augment disaster medical teams. They include:
 - Local emergency medical services personnel from medical and public health agencies and fire, police, public work, and other emergency services departments. Among these would be general physicians, specialists (qualifications should include hospital experience in trauma/disaster medicine), nurses, laboratory and x-ray technicians, emergency ambulance crews, etc.
 - State-employed general physicians, specialists (qualifications should include hospital experience in trauma/disaster medicine), nurses, laboratory and x-ray technicians, emergency ambulance crews, etc.
 - Volunteer/bystander health professionals including general physicians, specialists (qualifications should include hospital experience in trauma/disaster medicine), nurses, laboratory and x-ray technicians, emergency ambulance crews, etc.
 - Medical school residents and teaching staff from throughout the State.

- Public Health Service (to include Federally sponsored DMATs and Veterinary Medical Assistance Teams).
- Other volunteer medical personnel from throughout the State.
- Armed Forces and the U.S. Coast Guard.
- The Indian Health Service.
- Department of Veterans Affairs personnel.
- Volunteer medical personnel from other States.
- Business and industry medical departments.

Logistics

This section addresses the arrangements that have been made to provide for the support needs of the organizations performing health and medical functions. Specific matters needing attention include:

- Sources of medical supplies and equipment:
 - Local stores (hospitals, pharmacies, emergency vehicles, local government resources, et cetera). As appropriate, arrange for pharmacies to stay open 24 hours a day during specific periods for victims, evacuees, and responders.
 - County-stored emergency aid stations, where available and usable.
 - Mutual aid from jurisdictions not affected by the disaster.
 - Private sector suppliers in the State.
 - Private sector health care organizations that maintain a supply system for medical supplies and equipment.
 - NDMS (Includes U.S. Department of Defense, Department of Health and Human Services, Department of Veterans Affairs, and FEMA.) Note: Local jurisdictions should

work through their State emergency management agency and FEMA to obtain resources under the control of the Federal Government.

- Acquisition of medical/health equipment and supplies including:
 - Initial supply and resupply for field medical operations.
 - Initial supply and resupply for health and mortuary services.
 - Resupply of functioning hospitals in the affected areas.
 - Resupply of hospitals and other facilities outside the disaster areas receiving casualties.
- Transportation of medical/health supplies, personnel, and equipment:
 - Local government-owned and commercial fixed-wing aircraft, trucks, and buses.
 - Armed Forces fixed-wing aircraft, helicopters, and trucks.
 - Private and public ambulance companies.
 - Water transport.
 - Limousine and taxi companies.
 - Mortuaries (for hearses).
 - Four-wheel drive and high-centered vehicles for medical evacuations under bad weather or terrain conditions.
- Shelter and feeding of field, health, and medical personnel and patients.
- Identification and selection of suitable facilities to serve as temporary morgue.

- Acquisition of embalming supplies, body bags, and necessary heavy equipment suitable for dealing with a mass fatality situation.

**Plan
Development
and
Maintenance**

This section should identify who is responsible for coordinating revisions of the jurisdiction's Health and Medical Annex, keeping its attachments current, and ensuring that SOPs and other necessary implementing documents are developed.

**Authorities
and
References**

This section should highlight those statutes, regulations, administrative orders, etc., which provide authority for the preparation of medical and health services disaster plans and for designating the name of the agency and/or title of the officials responsible for management of medical and health services during disaster response and recovery operations. It should also cite:

- Authorities as applicable to coroner/medical examiner and mortuary services during disaster response and recovery operations.
- Authorities that provide for access to, use of, and reimbursement for private sector resources in an emergency, and for emergency procurement procedures.
- Authorities that provide for emergency powers under which emergency medical and public health activities are authorized. Also, the extent of liability and/or immunity status of emergency medical, public health, and mortuary services workers.
- References that were used to prepare the jurisdiction's Health and Medical Annex.

BLANK PAGE