

MEDICAL SERVICES

RESPONSIBILITY: Johnson County Med-Act is responsible for the overall coordination of medical emergencies in the county. MedAct is the county's Emergency Medical Service (EMS) agency and provider of Advanced Life Support (ALS). The Johnson County Emergency Communications Center (ECC) is responsible for dispatching medical resources throughout the county. Local fire districts provide medical response in each city or district throughout Johnson County and some have transport capability.

- **On-Scene Response:** The first Med-Act team arriving at the scene will establish a *Medical Branch* within the Incident Command System. An EMS Officer (designated as "MEDICAL") will manage large-scale *Medical Branch* operations, reporting to the Incident Commander (IC). Once all civilian casualties are rescued and evacuated, adequate EMS "stand-by" presence will be retained as long as the IC determines there is a threat to emergency workers.
- **EOC Representation:** A Med-Act Chief Officer, or designee, will coordinate activities of the EOC's Health & Medical Group. These activities include EMS, public health, mental health, environmental issues and mortuary services. The Med-Act Chief Officer serves as liaison between those agencies comprising the group, state offices, and regional medical facilities. The Coordinator will appoint a supporting staff as needed to fulfill all responsibilities and assure 24-hour operational capabilities.
- **Emergency Medical Services Operations Center (EMSOC):** Most of the direct field support to the *Medical Branch* will be provided by Med-Act's EMSOC. The EMSOC will keep the Health & Medical Group apprised of all significant field activities and support efforts and may receive direction from the Health & Medical Group.
- **Medical Resource Management:** All departments should maintain records of expenditures for emergency or disaster operations in order to determine the county's commitments and to be used in a request for an emergency declaration. The Resources Support Section can assist Health & Medical with emergency funding, allocations, and coordination for expedient purchases. Avoiding shortages of medical personnel, equipment, supplies and treatment facilities should be considered a priority. The Incident Commander will coordinate on-scene medical resource requests and allocation. Long-term strategies to support disaster operations and to maintain on-going county EMS operations (beyond the scope of the incident) will be managed by Med-Act's Emergency Medical Services Operations Center (EMSOC). It may be necessary to prioritize victims and ration resources at

some point. In the event of a Crisis Relocation, very limited outside resources will be available.

- Personnel: Immediate scene management needs and forecasts for future requirements will be determined cooperatively between the Incident Commander, MEDICAL and the EMSOC. Incident commanders will manage resource distribution, while the EMSOC will focus on specific resource allocation and county EMS system needs. Unaffiliated volunteers to assist in the medical services area must be screened for proper qualifications and registered prior to assuming any duties. This function will normally be performed by the county's Human Resources Department. The American Red Cross may be able to "pre-screen" prospective volunteers and direct only viable candidates to the county. The Red Cross may also be able to set up Emergency Aid Stations to assist the *Medical Branch*.
- Equipment & Supplies: Immediate scene management needs and forecasts for future requirements will be determined cooperatively between the Incident Commander, MEDICAL & the EMSOC. Incident commanders will manage resource distribution, while the EMSOC will focus on specific resource allocation and county EMS system needs.
- Suppliers: The EMSOC will determine the appropriate strategies to allocate resources by consulting Med-Act's Support Services Division. Certain situations may require coordination between EMS strategies and regional medical facility strategies.
- **Responder Care**: Appropriate and efficient rest/work cycles must be established and monitored. The rehabilitation of rescuers will follow established Med-Act guidelines, i.e. utilizing a *Rehab Sector* under the *Medical Branch*. Injured rescuers will be evaluated in the *Treatment Sector*. ***Sanitation and hygiene is a primary focus for the Health & Medical Section. Inspection is important to ensure that rescuers, food, and water supplies remain free of contamination.*** Johnson County's Critical Incident Stress Management (CISM) Team can provide specialized assistance to on-scene emergency responders. (See also Annex K: Mental Health)
- **Triage**: Victims will be triaged on scene as directed by the Medical Officer or Triage Officer.
 - Severity of injury classifications:
 - Seriously injured victims will be categorized: "Type **Red**"
 - Moderately injured victims will be categorized: "Type **Yellow**"
 - Minor injuries will be categorized: "Type **Green**"
 - Dead or mortally wounded are: "Type **Black**"
- **Casualty Registration**: Victims will be tracked by: 1) Serialized Triage Tag number, 2) Transport Sector status boards, and 3) a database maintained by the Medical Communications Sector (MEDCOM), within the Medical Branch. Personal information may be incomplete, but some victim characteristics may be queried by the MEDCOM database. Specific care and injuries should be tracked on the triage

tag that accompanies the victim to the hospital. Fatalities will be the responsibility of the local law enforcement agency. Inter-hospital transfers will be documented according to the transporting agency's protocol.

- **Notification of the Next-of-Kin:** The MEDCOM database will be made available to the Red Cross, Johnson County CISM and/or Johnson County Mental Health which can assist in providing trained disaster mental health personnel to accompany local government authorities with notification of relatives.
- **Reporting of Casualty Information:** *Medical Branch* casualty information will be routed through the Incident Commander, and through MEDCOM to the EMSOC. The EMS Public Information Officer will coordinate with the Community Relations/Media Coordinator on disseminating casualty information gathered from EMSOC and city/departmental EOC's. Information and statistics will be compiled from radio logs, facsimiles, the MEDCOM database and direct communications with Med-Act Chief Officers.

TECHNOLOGICAL HAZARDS: Med-Act EMS personnel are trained to the Awareness and Operations level for hazardous materials (HAZMAT) situations. Most HAZMAT activities will be directed, organized and conducted by the *Fire Branch*. Med-Act provides EMS expertise to the *Fire Branch* by integrating the Hazardous Materials Medical Support Team (HMMST) with operations; however, the HMMST is under the command of the *Fire Branch*. *Medical Branch* EMS personnel are only involved in the transportation phase of a HAZMAT victim's care.

- **Controlling Exposure:** Activities that control the level of hazardous exposure will be performed by fire personnel. *Medical Branch* EMS personnel will not be directly involved in this aspect of scene operations.
- **Determining Exposure:** Hazardous scenes are divided into **Hot, Warm** and **Cold** zones. The **Hot Zone** poses the most significant risk, while the **Cold Zone** is considered a safe area for responders and the public. The primary responsibility of the first-arriving emergency unit is to determine a safe distance from the hazard and prevent an exposure of the crew or the public. Trained Fire Officers will determine specific "zones". *Medical Branch* EMS personnel will only participate in **Cold Zone** operations.
- **Decontamination:** Decontamination of victims and fatalities will be addressed by Med-Act's Hazardous Materials Medical Support Team and the *Fire Branch* function. *Medical Branch* EMS personnel will not be directly involved in this aspect of scene operations.
- **Monitoring:** Casualty triage, **Warm Zone** treatment, rescuer screening and rehabilitation of HAZMAT personnel are HMMST duties, performed under the *Fire Branch*. *Medical Branch* EMS personnel will not typically be directly involved in these aspects of scene operations.

SPECIAL CONSIDERATIONS: A formal plan, which provides EMS personnel to monitor health & medical care at shelter/congregate facilities, does not exist (see below).

- **Shelters:** Requests for medical personnel to monitor victim health and medical care at shelter/congregate facilities will be handled on a case-by-case basis. Sheltering of the public is typically arranged by the American Red Cross, which operates under the EOC's Mass Care Section. Requests for EMS personnel to staff a shelter will be routed through Med-Act's EMSOC. Medical personnel from School District staff, regional medical facilities, Public Health, Developmental Supports, or Human Services & Aging, etc. could also under certain circumstances be utilized to support sheltered victims.
- **Special Populations:** The Health & Medical Group will coordinate with and assist the Mass Care Group in addressing specific needs at shelters. Requests may include, but are not limited to:
 - Foreign language interpreters
 - Assistance for hearing and visually impaired
 - Developmental and physical disability
 - Special meals
 - Geriatric needs
 - Pediatric assistance
 - Mental Health
 - Providing resource lists
 - Establishing formal aid stations when medical facilities are overwhelmed

REGIONAL PLANNING: As Johnson County is part of the Kansas City metropolitan area, the County is involved with multiple regional planning initiatives.

- The Mid-America Regional Council Emergency Rescue Committee (MARCER) promotes regional coordination and cooperation in emergency pre-hospital care for metropolitan Kansas City. MARCER also maintains and updates the Mass Casualty Plan for the Kansas City Metropolitan Area.
- The Metropolitan Medical Response System (MMRS) Operations Plan describes the procedures necessary to ensure an effective and coordinated response to an incident involving weapons of mass destruction (WMD) in the Kansas City metropolitan area. The Johnson County Emergency Operations Plan is consistent with and complimentary to the MMRS Operations Plan.

CRITICAL RESOURCES: A list of resources will be maintained and updated by Med-Act and made available to Med-Act scene operations through the EMSOC. These resources will primarily be coordinated by EMSOC personnel. Special attention so as not to duplicate resource requests with the ECC and EOC must be given.

- **Facilities:** The capacity of regional medical facilities is dynamic. The Greater Kansas City Health Council's (GKCHC) Hospital Emergency Administrative Radio (HEAR) network is activated for significant incidents. Baptist Medical Center, the primary control hospital, will poll area medical centers to determine their capacities at any given time. All nursing homes and rehabilitation facilities (where the residents are incapacitated), as well as their respective resources, are documented and updated by Med-Act and made available in the EMSOC and to all Med-Act ambulance personnel. The County also uses EMSystem, a web-based

communications and resource management tool to keep track of hospital status and capacity. The EMSSystem is managed by the Mid-America Regional Council Emergency Rescue Committee (MARCER). Additionally, the EMSOC and EOC keep lists of clinics and other medical resources.

- **Personnel:** A centralized repository of medical personnel and their level of training does not exist. Through the State Board of EMS, Med-Act has access to a database of all Kansas Certified Emergency Medical Technicians (EMTs) & paramedics. Hospitals, the Health Department, the Mental Health Center, the Nursing Center, and Human Services & Aging all have lists of additional personnel trained in those respective fields. Volunteer medical personnel, once properly screened and registered, will be deployed by the EOC's Health & Medical Section, utilizing the Medical Reserve Corps.
- **Transportation:** The EOC maintains a list of companies that provide transportation services. All county & city ambulances may be utilized. Mutual-aid ambulances (including helicopters) may supplement the current inventory of vehicles, coordinating with the EMSOC. Most nursing homes have wheelchair vans, the use of which would also be coordinated with the EMSOC. Other transportation options include: Johnson County Transit, Johnson County Developmental Supports, school districts, private bus services, construction companies, etc.

DECONTAMINATION: St. Joseph's Medical Center (I-435 & State Line Rd) and K.U. Medical Center (43rd St. & Rainbow) are the two closest HAZMAT hospitals, capable of decontaminating a limited (from 2 to 20) number of victims and containing residual contaminants. Other greater Kansas City area hospitals have the capacity of treating an additional 50-100 victims an hour. The official capacities list is maintained by the GKCHC. Hospital capabilities are often situation dependent, so treatment decisions will have to be determined on a case-by-case basis. Only one Med-Act ambulance is equipped to transport grossly contaminated victims. Destinations of patients being decontaminated and hospital communication regarding where the patients will be transported will be determined by the HMMST, under the *Fire Branch* and reported to the *Medical Branch*.

- **Special Facilities:** ECC and EMSOC have knowledge of specialty facilities including: burn units, blood banks, neonatal care units, "Quick Care" facilities, dialysis centers, rehabilitation centers, in/out patient mental health care, etc.
- **Organizations:** The EOC, ECC and EMSOC maintain lists of specialty transportation including: air evacuation, neonatal care transportation, private ambulance services, Kansas National Guard buses & aircraft, nursing home wheelchair vans, etc.
- **Institutions:** Johnson County's five acute care community hospitals have a total capacity of approximately 1200 beds. Given that each hospital has a capacity of 35% on a daily basis and that each hospital has a capability threshold, the county has a reserve capacity of 250-300 new inpatients.