

**JOHNSON COUNTY, KANSAS  
EMERGENCY OPERATIONS PLAN**

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**ESF8-Public Health and Medical Services**

**Planning Team**

Primary Agency

JC Public Health

## **Purpose**

This Emergency Support Function (ESF) Annex describes the actions required to coordinate public health and medical services during a disaster. It addresses:

- Local Health Department notification, coordination and response
- Emergency Medical Services (EMS) activities
- Coordination among health care providers
- Mass fatalities management
- Behavioral health (mental health) activities

## **Scope**

ESF #8 is designed to provide a flexible organizational structure capable of meeting the requirements of many emergency scenarios with the potential to require activation of the County Emergency Operations Center (EOC) and implementation of the County Emergency Operations Plan (CEOP).

ESF #8 is a functional annex to the CEOP and to the extent possible, information contained in other sections of the EOP will not be repeated in this ESF Annex.

Most of the agencies involved in public health and medical services activities have existing emergency plans and procedures. ESF #8 is not designed to take the place of these plans, rather it is designed to complement and support existing plans and procedures

## **Policies**

### **General**

This ESF Annex applies to all County, City, private sector and volunteer agencies with assigned emergency responsibilities in this CEOP.

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The ESF #8 Coordinator and the support agencies are critical members of the EOC Team and will work within the EOC structure described in ESF #5 – Emergency Management.

### **State Statutes and Regulations**

**K.S.A 65-119a - Provides the duties and powers of local health officers.**

“Any county or joint board of health or local health officer having knowledge of any infectious or contagious disease, or of a death from such disease, within their jurisdiction, shall immediately exercise and maintain a supervision over such case or cases during their continuance, seeing that all such cases are properly cared for and that the provisions of this act as to isolation, restriction of communication, quarantine and disinfection are duly enforced. The county or joint board of health or local health officer shall communicate without delay all information as to existing conditions to the Secretary of Health and Environment. The local health officer shall confer personally, if practicable, otherwise by letter, with the person in attendance upon the case, as to its future management and control.” Further, provides the authority to prohibit or restrict public gatherings “The county or joint board of health or local health officer is hereby empowered and authorized to prohibit public gatherings when necessary for the control of any and all infectious or contagious disease.”

**K.S.A. 65-201: defines “local board of health” and “local health officer.”**

“The county commissioners of the several counties of this state shall act as county boards of health for their respective counties. Each county board thus created shall appoint a person licensed to practice medicine and surgery, preference being given to persons who have training in public health, who shall serve in an advisory capacity to the county board of health and as the local health officer, except that the appointing authority of city-county, county or multi-county health units with less than one hundred thousand (100,000) population may appoint a qualified local health program administrator as the local health officer if a person licensed to practice medicine and surgery or person licensed to practice dentistry is designated as a consultant to direct the administrator on program and related medical and professional matters. The local health officer or local health program administrator shall hold office at the pleasure of the board.”

The **Health Information Portability and Accountability Act (HIPAA)** includes provisions allowing the Local Health Department to receive disease reports or laboratory test results from physicians and laboratory directors in an appropriate and timely manner. The Kansas disease reporting regulations were amended in 2000 to include the reporting of potential bioterrorism agents and suspected bioterrorism events.

For policies related specifically to Biological Public Health emergencies, see the Biological Incident Specific Annex to the CEOP.

**Concept of Operations**

General

The **INSERT PRIMARY AGENCY AND/OR ESF COORDINATOR** is the primary agency for providing ESF #2 technical assistance, resources and support during response activities.

Close coordination is maintained with local, state and federal officials to determine potential needs for support and the most expeditious means of acquiring that support. Various incident management systems will be used for collecting, processing, and disseminating information.

The County Emergency Operations Center (EOC) will serve as the central location for interagency coordination and executive decision-making, including all activities associated with ESF #8.

## Organization

**INSERT AGENCY** will coordinate the health and medical activities in the County. These activities include Emergency Medical Services (EMS), public health, behavioral health, environmental issues and mortuary services. The **INSERT TEXT** serves as liaison between those agencies comprising the group, state offices, and regional medical facilities. The ESF #8 Coordinator will appoint supporting staff as needed to fulfill all responsibilities and assure 24-hour operational capabilities.

It may be necessary to set up a FamilyAssistanceCenter in the County during a mass casualty event. A Family Assistance Center is designed and staffed to take care of the needs of the victims' families and survivors. Depending on the needs of those affected, the Family Assistance Center should offer the following services:

ESF #8 Public Health and Medical Services will coordinate with ESF #6 Mass Care, Housing and Human Services to assist the Incident Commander in identifying an appropriate location for, setting up and staffing a Family Assistance Center, if dictated by the incident.

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. ESF #7 - Resources Support can assist ESF #8-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.

## Public Health

The local Health Department is responsible for coordinating public health activities under the Health Officer's statutory responsibility (KSA 65-118, 65-119, 65-126, 65-127, 65-128, 65-159, 65-202, etc.), under the County Board of Health and in coordination with the Kansas Department of Health & Environment (KDHE).

The **INSERT AGENCY** in collaboration with KDHE, will make health related protective action decisions when existing codes and regulations are not pertinent to the situation.

The **INSERT AGENCY** will coordinate the investigation and facilitate the appropriate tests to determine the extent of threat and contamination from chemicals, and/or some pathological hazards. Radiological testing will be conducted by a Certified Radiological Monitor. (See Annex ESF #10 – Oil and Hazardous Materials)

The **INSERT AGENCY** has the overall responsibility to:

- Investigate disease reports, establish control measures, and notify appropriate authorities to ensure preventive measures are carried out
- Provide accurate information to the public and other authorities
- Maintain records & cumulative data related to communicable disease.

The **INSERT AGENCY** has the overall responsibility to:

- Ensure appropriate vaccine supply, ensure source of drug and antidotes, and supply in collaboration with hospitals/pharmacies, KDHE and the CDC
- Coordinate distribution and administration of these drugs
- Maintain medical records & cumulative data related to immunizations

Disease surveillance systems are in place to continually collect, analyze, interpret, and disseminate data to prevent and control disease. The local Health Department uses a variety of methods to conduct disease surveillance including Passive Surveillance, Active (Enhanced) Surveillance, and Sentinel sites. Currently there is not a system available to provide this information from EMS services in Kansas.

Currently, the local Health Department receives case reports via telephone and facsimile machine as well as the Public Health Information Exchange (PHIX). The Public Health Information Exchange (PHIX) and HAWK (the State of Kansas disease surveillance system) will be monitored for updates, information and new case reports by the local Health Department. The Health Department will monitor media avenues for news information and activate the Incident Specific Biological Annex if warranted.

Upon receiving information regarding a disease reportable to KDHE, the local Health Department will forward the initial report information to the KDHE field epidemiologist, the KDHE Epi hotline, and/or via HAWK as the situation warrants. The KDHE will provide assistance in determining the diagnosis and disposition of the patient.

Healthcare providers in the County have been asked to be alert to illness patterns and diagnostic clues that might signal an unusual infectious disease outbreak due to the intentional or unintentional release of a biological agent.

An epidemiological investigation will be necessary to determine if individuals have been exposed and/or infected. The **INSERT AGENCY** will coordinate with the Environmental Protection Agency (EPA) regarding contamination of buildings and the environment.

When passive, syndromic, and/or sentinel site surveillance indicates a deviation from the norm, the data will be analyzed for trends and patterns. Any clustering or increase in a particular disease or syndrome will be investigated immediately by the local Health Department, KDHE and Center for Disease Control (CDC)

A Disease Protocol Manual used for investigation and managing disease outbreaks, prepared by the Kansas Department of Health and Environment-Bureau of Epidemiology and Disease Prevention (KDHE-BEDP) is maintained by the local Health Department.

In the event that Mass Prophylaxis Dispensing activities are warranted, the Biological Incident Specific Annex will be activated.

### Medical Services

The first arriving units will establish Triage and identify an Incident Commander for EMS. Treatment, Staging and Transport areas will then be established.

The Incident Commander will coordinate on-scene medical resource requests and allocation. Long-term strategies to support disaster operations and to maintain on-going local EMS operations (beyond the scope of the incident) will be managed by **INSERT AGENCY** . It may be necessary to prioritize victims and ration resources at some point. In the event of Crisis Relocation, very limited outside resources will be available.

Immediate scene management needs and forecasts for future requirements will be determined cooperatively between the Incident Commander and **INSERT APPROPRIATE AGENCY** .

Unaffiliated volunteers choosing to assist in the medical services area must be screened for proper qualifications and registered prior to assuming any duties. This function will be performed by the **INSERT APPROPRIATE AGENCY** .

### **Triage**

Victims will be triaged on scene as directed by the **INSERT APPROPRIATE AGENCY** . International Triage Codes will be used.

Severity of injury classifications are as follows:

**INSERT JURISDICTION SPECIFIC INFORMATION -- SEE STANDARD TEXT SELECTIONS**

Victims will be tracked by using the following:

**INSERT JURISDICTION SPECIFIC INFORMATION -- SEE STANDARD TEXT SELECTIONS**

Casualty information will be routed through the Incident Commander, and through **INSERT TEXT**. The **INSERT TEXT** will coordinate with ESF #15 – External Communications on disseminating casualty information gathered from city/departmental EOCs. Information and statistics will be compiled from radio logs, facsimiles, databases and direct communications with EMS staff

### **Critical Resources**

A list of resources will be maintained and updated by **INSERT TEXT** and made available to on-scene operations

through the County EOC. These resources will primarily coordinated by **INSERT TEXT** personnel.

**INSERT APPROPRIATE AGENCY** is responsible to track hospital status and capacity. There are **INSERT NUMBER** hospitals in the County: **INSERTNAME(S) BELOW:**

A centralized repository of medical personnel and their level of training **DOES NOT/DOES** exist. Through the State Board of EMS has access to a database of all Kansas Certified Emergency Medical providers.

Volunteer medical personnel, once properly screened and registered, will be deployed by ESF #8 in the County EOC.

### **Responder Care**

Appropriate and efficient rest/work cycles must be established and monitored. The rehabilitation of rescuers will follow established guidelines. Injured rescuers will be evaluated.

Sanitation and hygiene is a priority. Inspections are important to ensure that rescuers food and water supplies remain free of contamination.

Health Department employees and EMS personnel may be asked to perform duties under dangerous circumstances and consideration must always be given to employee safety. Further, since EMS and local Health Department employee activities may directly affect the level of morbidity and mortality of disease, all employees will be provided education at their orientation and annually thereafter, regarding appropriate precautions to limit likelihood of exposure to potentially toxic and/or infectious agents.

Staff's exposure to toxic agents or infection will be limited as much as possible.

### **Behavioral (Mental Health)**

The **INSERT AGENCY** is responsible for coordinating behavioral health provisions for all individuals affected by a disaster, both in the response and recovery phases, including:

- Current Caseload

**INSERT AGENCY** cares for people already at risk due to their history, present condition, or other factors

- Survivors

The **INSERT PRIMARY AGENCY** will coordinate the behavioral health needs of those who have been injured, had family members killed or injured, or suffered extensive property losses. In addition, the [insert text] provides care for those who, while not directly affected by the disaster, may become more severely traumatized, such as the elderly, the disabled and non-English speaking

- Emergency Workers

The **INSERT AGENCY** provides specialized assistance to on-scene emergency responders, dispatch personnel, emergency operations center personnel, and other community care-givers, as well as any of their families

### **Behavioral Health Staffing**

The **BEHAVIORAL/MENTAL HEALTH AGENCY** will coordinate its activities with the County Emergency Operations Center (EOC) through a liaison.

During the recovery phase, the **BEHAVIORAL/MENTAL HEALTH AGENCY** will continue to provide services or will assist in referring individuals to other agencies, depending on the needs and circumstances of the individual.

### **Mass Fatalities**

Specific responsibilities of the County Coroner in a mass fatality incident include:

- Temporary Morgues: Establish, staff, and equip (as necessary) one or more temporary morgues.
- Survey and Recovery Teams: Establish and coordinate the activities of Survey & Recovery Teams used to locate, catalog, and recover human remains and property
- Victim Identification: Coordinate, working in conjunction with local law enforcement, forensic teams, the Family Assistance Center and others, the positive identification of victims
- Security: Coordinate with local law enforcement on the custody of remains and securing of personal effects, to assure proper disposition
- Contamination: Identify, in consultation with [insert text] and/or HAZMAT teams, procedures for handling contaminated bodies and limiting further contamination
- Forensics: Determine the need for forensic pathologists to provide technical expertise, depending on the nature of the incident or disaster
- Notification: Coordinate the notification of next of kin with the Local Public Information Officer (PIO) or Joint Information Center, if established, the Family Assistance Center, and the American Red Cross (See ESF #15 – Public Information and External Communications)
- Resource Management: Determine the need for and request additional or specialized resources, personnel, and equipment
- Reporting: Report pertinent information (number of fatalities, status of recovery efforts, etc.) on a continuing basis via the Incident Commander's staff to the EOC during emergency operations

### **Mortuary Services**

Depending upon the size of the incident, the County will utilize both local funeral directors and state or federal agencies in providing mortuary services.

Local funeral directors will arrange with the Coroner or a Deputy Coroner, for the expansion of mortuary services, ambulances and morticians.

Assistance outside the area includes:

- Kansas Funeral Directors Association (KFDA) :Can assist the Coroner as needed or requested. A Disaster Mortuary Response Team can be activated in accordance with the KFDA Mass Fatalities Disaster Plan.
- Kansas Division of Emergency Management (KDEM):C oordinates any supplemental assistance for the identification, movement, storage, and disposition of the bodies, if local resources are exhausted
- National Disaster Medical System (NDMS): can provide:

### ***Disaster Mortuary Teams (DMORTs)***

DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify & process deceased victims. A team consists of about 25 primary responders including medical examiners, coroners, pathologists, anthropologists, medical records technicians, finger print technicians, forensic odontologists, x-ray technicians, funeral directors, behavioral health professionals & support personnel. The Region VII (KS, MO, IA, NE) DMORT is located in Kansas City, Kansas

### **Mobile Morgue**

The Mobile Morgue contains hundreds of various types of equipment and supplies used in providing mortuary and identification services.

Funeral home capacity is difficult to determine due to the number of variables involved (i.e., funeral staff available; single or joint service; chapel, church, or graveside service; etc.) It is estimated that the [insert text] within the county has the capacity to handle [insert number] of funerals per day.

**INSERT ESTIMATED NUMBER** or more refrigerated trailers can be leased or rented on short notice from several local trucking firms.

Morgues utilized by the county have photographic equipment available. Additional photographers & equipment are available from the audiovisual departments of several local hospitals.

Possible other suppliers include hotels and motels, schools, churches, community centers or other government buildings, or private office buildings

### **Notifications**

In instances originating as a health and medical emergency, the local Health Department will keep the Emergency Management Department informed of situations with the potential to require activation of the County EOC.

The Emergency Management Director will notify the ESF #8 Coordinator EOC activation and request that representatives report to the EOC in order to coordinate ESF #8 activities. Radio broadcast, digital pager or telephone contact typically accomplishes EOC activation messaging.

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. Depending on the nature and location of the emergency, state and federal officials may also become critical members of the ESF #8 team.

### Actions

#### Preparedness

- Conduct planning with support agencies
- Conduct training
- Develop and refine procedures to be used in field surveys
- Establish Geographical Information System (GIS) maps for critical facilities and target populations
- Maintain liaison with health and medical volunteer organizations, Disaster Medical Assistance Teams (DMAT) and Disaster Mortuary Response Teams (DMORT)
- Develop rapid response mechanism for crisis behavioral health counseling and assist in the development of public health nursing disaster protocols

#### Response

- Manage all field-deployed assets
- Conduct field assessments and surveys
- Provide nursing staff for special needs shelters
- Provide staff and services for monitoring public health conditions
- Conduct rapid assessments for immediate response objectives
- Determine needs for health surveillance programs
- Arrange for the provision of medical personnel, equipment, and supplies as needed to health and medical facilities
- Assist with patient evacuation and post-event relocation
- Identify hospital and nursing home bed vacancies
- Assist in hazardous materials response through consultation, technical supports or staff deployment
- Arrange for emergency behavioral health services to individuals and communities
- Support response personnel with critical incident stress debriefing resources
- Arrange for Disaster Mortuary Response Team or victim identification services
- Provide port-o-lets and dumpsters to comfort stations and other locations
- Provide public health nursing staff as needed at comfort stations
- Respond to radiological incidents
- Initiate on-site public education programs on the health problems associated with the emergency or disaster

## Recovery

- Restore essential health and medical components of delivery systems and permanent medical facilities to operational status
- Restore pharmacy services to operational status
- Monitor environmental and epidemiological systems
- Monitor public and private food supplies, water, sewage, and solid waste disposal systems
- Compile health reports
- Initiate grants for environmental and epidemiological surveillance
- Support emergency services staff and operations until the local system is self-sustaining maintain provision of long-term emergency environmental activities
- Identify populations requiring event-driven health, medical or social services post-event
- Provide emergency pharmacy/ laboratory services
- Initiate financial reimbursement process for support services

## Prevention

- Survey and map all Emergency Medical Services
- Increase use of geographical information systems to identify location of all vulnerable sites or populations
- Identify and seek auxiliary power for critical facilities
- Conduct epidemic intelligence, evaluation, and prevention of communicable diseases

## Direction and Control

ESF #8 activities will be coordinated through the County EOC that will serve as the source of all direction and control.

The local Health Department is responsible for coordinating public health activities under the Health Officer's statutory responsibility (KSA 65-118, 65-119, 65-126, 65-127, 65-128, 65-159, 65-202, etc.), under the County Board of Health and in coordination with the Kansas Department of Health & Environment (KDHE).

The County Coroner is responsible for the overall coordination of activities related to a mass fatality incident. The Coroner, who also functions as medical examiner, has an on-call staff of four deputy coroners and four forensic pathologists. The Coroner will consult with and rely heavily upon the assistance of various response agencies, including law enforcement, fire service, emergency medical support, and even outside agencies in carrying out this coordination responsibility.

## **Responsibilities**

### **All tasked agencies will:**

- Develop applicable standard operating procedures, guidelines and/or checklists detailing the accomplishment of their assigned functions.
- When requested, deploy a representative to the EOC to assist with public health and medical activities.
- Provide ongoing status reports as requested by the Public Health and Medical Coordinator.

- Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
- 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.
- Maintain up-to-date rosters for notifying personnel and 24-hour EOC staffing capabilities.
- Perform other emergency responsibilities as assigned.

**INSERT SPECIFIC LOCAL RESPONSIBILITIES IN SUPPORT OF ESF #8 BELOW -- SEE STANDARD TEXT FOR SUGGESTIONS**

## **Administration and Support**

### **Support**

Requests for emergency assistance will be resolved at the lowest level direction and control facility with appropriate response resources capabilities. Unresolved assistance requests will normally flow upward from cities to the county, and/or field deployed command posts to responsible representatives in the State Emergency Operations Center (SEOC), and as required to other states or the federal government for assistance support.

### **Agreements and Understandings**

All agreements and understandings entered into for the purchase, lease, or otherwise use of equipment and services, will be in accordance with the provision of laws and procedures.

The Proclamation of a State Disaster issued by the Governor may suspend selected rules and regulations that affect support operations. The primary agency will determine the specific impact of the situation and inform the ESF group members.

### **Status Reports**

The primary agency will maintain status of all outstanding assistance requests and unresolved ESF-related issues. This information will be summarized into periodic status reports and submitted in accordance with applicable operating procedures.

### **Expenditures and Recordkeeping**

Each ESF agency is responsible for establishing administrative controls necessary to manage the expenditure of funds and to provide reasonable accountability and justification for federal reimbursement in accordance with the established guidelines.

The first source of funds for expenditures by agencies in response to an emergency, imminent disaster, or recovery from a catastrophic incident, is to be from funds [insert text].

### Critiques

Following the conclusion of any significant emergency event/incident or exercise, the primary agency representative will conduct a critique of the group activities during the event/incident/exercise.

Support agencies will provide written and/or oral input for this critique and the primary agency representative will consolidate all input into an after action report and submit it to the County Emergency Management Director.

### **Attachments**

- List of health and medical resources to include mass fatalities, behavioral/mental health, decontamination suppliers and others
  - Services/contracts
  - Sample forms and logs
- Checklist of Actions by Timeframe

[LINK TO CHECKLIST](#)