



Emergency Medical Services Appendix

ESF-8 PUBLIC HEALTH & MEDICAL SERVICES ANNEX JOHNSON COUNTY EMERGENCY OPERATIONS PLAN

Coordinating Agency: Johnson County Med-Act

Support Agencies: American Red Cross
Johnson County Mental Health
Johnson County Public Health
Johnson County Sheriff's Office
Jurisdictional Law Enforcement
Hospitals

INTRODUCTION

Purpose

The purpose of *ESF-8 Public Health & Medical Services – Emergency Medical Services Appendix* is to establish how emergency medical response activities will be coordinated to meet the needs generated by disasters affecting Johnson County.

Scope

This annex identifies the key policies, concepts of operations, roles and responsibilities, and capabilities associated with responding to emergency medical incidents in Johnson County. Specific operating procedures and protocols are addressed in documents maintained by the participating organizations. *ESF-8 Public Health & Medical Services – Emergency Medical Services* applies to all individuals and organizations that may be involved in emergency medical response activities in Johnson County.

SITUATION & ASSUMPTIONS

In addition to the “Situation and Assumptions” section in the Basic Plan and *ESF-8 Public Health & Medical Services*, the Concept of Operations for *ESF-8 Public Health & Medical Services – Emergency Medical Services* is based on the following:

Situation

1. Johnson County Med-Act is the county's Emergency Medical Service (EMS) agency and provider of Advanced Life Support (ALS). The agency is also responsible for the overall coordination of medical emergencies in the county.
2. Local fire districts provide medical response in each city or district throughout Johnson County and some have transport capability. (Refer to ESF-4 Firefighting for further details)
3. In addition to local fire departments, there are a number of other EMS organizations in surrounding jurisdictions that have capabilities to augment Johnson County's EMS resources.
4. Johnson County Emergency Communications Center (ECC) is responsible for dispatching medical resources throughout the county.
5. JC Med-Act maintains an Emergency Medical Services Operations Center (EMSOC) to monitor, coordinate, and support EMS response activities as needed.
6. JC Med-Act maintains a quantity of medical supplies to supplement that which is carried on the EMS units. The department also maintains two Mass Casualty Incident (MCI) trailers stocked with the medical supplies necessary to support on-scene triage and treatment of large numbers of victims (each trailer up to 100 patients). Additionally, JC Med-Act maintains links to medical supply vendors to augment supplies as needed to meet the needs of disaster.
7. JC Med-Act utilizes a medical communications system build on an area 800 MHz radio system. This system facilitates communication between responders on scene, between responders and area hospitals, and between scenes as needed. In addition, Med-Act has access to multiple mutual aid radio frequencies if needed.
8. EMSystem is the region's primary method of communicating hospital status and capabilities and coordinating patient routing during a multi-casualty incident (MCI). EMSystem, a web-based program providing real-time information on hospital emergency department status, patient capacity, and the availability of staffed beds and specialized treatment capabilities, is used in the metropolitan area to link all acute-care hospitals and most EMS agencies.
9. The Hospital Emergency Administrative Radio (HEAR) system is available to link hospitals and many area EMS agencies in the metropolitan area on a single channel radio system. The HEAR system serves as a backup to the EMSystem in the event of a mass casualty incident.

10. Also in place to assist with coordination and communication among multiple emergency medical agencies providing out-of-hospital emergency medical care in the metropolitan area is the Mid-America Regional Council Emergency Rescue (MARCER) Regional Multi-Casualty Operations Plan. The MARCER Plan is designed to maximize the existing resources of EMS agencies and hospitals.

Assumptions

1. A disaster may result in increased demands on the EMS system requiring supplemental and/or specialized resources.
2. A disaster may impact the county's communications and/or transportation systems, impeding emergency medical services.
3. In some situations, people attempting to go to area hospitals will not have symptoms or need immediate treatment and can be seen elsewhere (i.e. worried well).
4. While hospitals, nursing homes, assisted living centers, and other medical facilities are required by law to have develop and maintain emergency plans and resources, some disaster situations may require EMS support.
5. The systems and resources in Johnson County and the KC Metropolitan region will be sufficient to meet the emergency medical needs generated by most disasters.
6. In some situations, additional state and federal support may be required to address the emergency medical needs in Johnson County.
7. In rare occasions, it may be necessary to transport patients to hospitals outside of the KC Metropolitan area.

CONCEPT OF OPERATIONS

General

1. The Johnson County Emergency Communications Center (ECC) will provide dispatching services for EMS response.
2. Organizations will respond to medical emergencies using their current department response protocols. On-scene operations will be managed using ICS and will include triage, treatment, and transportation of sick or injured victims and responders.
3. 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.

4. Immediate scene management needs and forecasts for future requirements will be determined cooperatively between the Incident Commander, MEDICAL and the EMSOC (when activated). Incident commanders will manage on-scene resource distribution, while the EMSOC will focus on specific resource allocation and county EMS system needs.
5. Appropriate and efficient rest/work cycles of responders 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. Johnson County’s Critical Incident Stress Management (CISM) Team can provide specialized assistance to on-scene emergency responders.
6. 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.
 - a. 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.
 - b. 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.
 - c. 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.
 - d. 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.

7. Requests for EMS 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 coordinated by *ESF-6 Mass Care* in the Johnson County EOC. Requests for EMS personnel to staff a shelter will be routed through Med-Act's EMSOC.

Mass Casualty Incidents

1. During Mass Casualty Incidents (MCIs), response organizations will utilize the concepts and procedures identified in the Regional MCI Plan to enhance response efforts and maximize EMS and hospital resources.
2. Victims will be triaged on scene as directed by the Medical Officer or Triage Officer. When conducting initial triage at a Mass Casualty Incident (MCI), the START (Simple Triage And Rapid Treatment) system will be utilized. Patients should be divided into five categories, Immediate (Red), Delayed (Yellow), Minor (Green), Morgue (Black) and Involved (White).
3. 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. The regional electronic patient tracking system may also be used in MCI events, as described in the Regional MCI Plan.
4. Casualty information will be routed from the Medical Branch 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 (see ESF-15 Public Information). Information and statistics will be compiled from radio logs, facsimiles, the MEDCOM database and direct communications with Med-Act Chief Officers.
5. Fatalities will be the responsibility of the local law enforcement agency and/or the Johnson County Sheriff's Office and the County Coroner. The MEDCOM database will be made available to the American 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.

Multi-Agency Coordination

1. JC Med-Act will activate their Emergency Medical Services Operations Center (EMSOC) to monitor, coordinate, and support EMS response activities as needed.
2. JC Med-Act will keep Johnson County Emergency Management & Homeland Security (JCEMHS) informed (directly or through the ECC) of situations with the potential to

require activation of the Johnson County Emergency Operations Center (EOC). Once notified, JCEMHS will activate the EOC if necessary.

3. As one of the Coordinating Agencies for ESF-8 Public Health and Medical, JC Med-Act will deploy a Med-Act representative (usually a Med-Act Chief Officer) to staff the ESF-8 Med-Act position in the Johnson County EOC when activated.
4. In addition to the core responsibilities of ESF-8 team members (identified in the *ESF-8 Public Health and Medical Services Annex*), the ESF-8 Med-Act position is specifically responsible for orchestrating the county-wide support required to meet the emergency medical needs in Johnson County. ESF-8 Team members will support ESF-8 Med-Act in achieving this specific goal, just as ESF-8 Med-Act will support them in meeting theirs.
5. All individuals/organizations involved in disaster response should collect and record information on the utilization of labor, materials, equipment, and disaster-related costs.

ROLES AND RESPONSIBILITIES

The roles and responsibilities for *ESF-8 Public Health & Medical – Emergency Medical Services Appendix* are included in the *ESF-8 Public Health & Medical Services Annex*.

POLICIES, AUTHORITIES, AND REFERENCES

Please refer to the Basic Plan and the ESF-8 Annex for Policies, Authorities, and References.