OKANOGAN COUNTY
Comprehensive Emergency Management Plan

EMERGENCY SUPPORT FUNCTION 8

HEALTH AND MEDICAL SERVICES

RESPONSIBILITY SUMMARY:

Primary Response

Okanogan County Public Health
Okanogan County Department of Emergency Management
Emergency Medical Services
North Cascades Chapter of the American Red Cross
Okanogan County Coroner/Prosecutor

Supporting

Okanogan County Communications Center
Fire Services
Local Hospitals, Medical Clinics and Dentists
Law Enforcement
Public Works Departments
Okanogan Valley Transportation and Nutrition
Amateur Radio Emergency Services (ARES)/Radio Amateur Civil Emergency Service (RACES)
Local Home Health Agencies
Local Volunteer Agencies
Washington State Public Health Region 7
Washington State Department of Health

Plan Preparation & Maintenance

Okanogan County Public Health
Okanogan County Department of Emergency Management

I. INTRODUCTION

A. Purpose

The purpose of this Emergency Support Function (ESF) is to provide Okanogan County with guidelines for preparedness and response relating to health and medical services in the event of a natural or technological disaster, bioterrorism, epidemic disease, or other public health emergency.

B. Scope

This ESF involves identifying and meeting the health, safety and medical needs of the people of Okanogan County in the event of an emergency or a disaster by utilizing the existing expertise and personnel of the Okanogan County Public Health Department (OCPHD), Emergency Medical Services agencies (EMS), Okanogan County Department of Emergency Management (DEM), and the North Cascades Chapter of the American Red Cross (ARC) with local government

agencies and community partners through the Incident Command System (ICS). The response at the local level utilizes resources from local, state, private agencies and entities, health care facilities and personnel, and volunteers.

II. POLICIES

A. State coordinated health and medical assistance to local jurisdictions is directed by the Washington State Department of Health through the Secretary of Health or the designated representative.

B. Local jurisdictions will activate mutual aid agreements when their resources are depleted or committed. When agreements have been activated, local agencies should notify the county Emergency Operation Center (EOC), if activated. Additional state and federal assistance will be requested through the County EOC and coordinated and provided through the Washington State Emergency Management Division/EOC, when local public and private resources have been exhausted.

C. Procedures for isolation and quarantine are under the auspices of the Okanogan County Health Officer as defined in RCW 70.05.070.

D. Authorities

1. Revised Code of Washington (RCW) 43.20.050(5) in part states than all police officers, sheriffs, constables and all other officers and employees of the state or any county, city/town or township thereof, shall enforce all rules adopted by the State Board of Health.
2. RCW 70.05.070 outlines the powers and duties of the local health officer. It part, states that the local health officer shall control and prevent the spread of any dangerous contagious or infectious disease that may occur in his/her jurisdiction.
3. Washington Administrative Code (WAC) 246-101-505 outlines the duties of the local health officer or local health department. In part, states that local health officers shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.
4. WAC 246-101-425 outlines the responsibilities of the general public. In part, states that members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.

III. SITUATION

A. Emergency/Disaster Conditions and Hazards

1. A significant natural disaster, epidemic, technological or human event that overwhelms Okanogan County would necessitate both state and federal health and medical assistance, in addition to mutual aid resources. For example, an event resulting in as few as 25 to 50 patients would require

extensive mutual aid, and coordination of all involved health care facilities. However, events such as earthquakes or severe storms could result in significantly more patients, depending on the location, time of day, and other factors.

2. Disruption to communication and/or transportation would cause further complications. The sudden onset of such a large number of victims would stress the local medical system, necessitating time-critical assistance from the state and federal government. Such a large disaster could pose a variety of public health threats, including problems related to food, disease vectors, water, wastewater, solid waste and mental health effects. Pets, livestock and wild animals may also be affected, and could create health and safety problems.
3. Hospitals, clinics, nursing homes, pharmacies and other medical and health facilities may be structurally damaged or destroyed. Facilities with little or no structural damage may be unusable or only able to provide partial services due to disruption of vital services such as communication, utilities, water or sewer. Off-duty staff may not be able to report to work.
4. The psychological effects of a public health event could have a severe impact on the community well. The implications of such an attack could cause panic among a wider population than actually is affected, with greater numbers of people seeking treatment than have been physically harmed. These individuals are referred to as "worried well". Health facilities still in operation will likely be overwhelmed by a large number of incoming patients, including the "worried well" from the community, as well as patients transferred from damaged or endangered health care facilities.
5. Due to increased needs, medical supplies, pharmaceuticals and linens will likely be in short supply. Most medical facilities only maintain inventory to meet their short-term (72 hours) normal patient load needs. Disruptions in communication and transportation systems could delay or prevent the ordering and delivery of needed supplies.
6. Uninjured individuals may have difficulty in obtaining their daily medications because of damage to their homes or because of communication or transportation problems or shortages of medication within the disaster area. Persons with special needs may be displaced from their homes or facilities and have difficulties with access to care and necessary aids to daily living.
7. Disasters such as fires and floods do not typically result in large numbers of casualties. However, there may be a noticeable impact on health due to evacuation, shelters, and returning water, wastewater, and solid waste facilities to operation. Pets, livestock, and wild animals may also be affected, and may become a health and safety problem.
8. An emergency resulting from an explosion, toxic gas or radiation release could produce a large concentration of specialized injuries that would overwhelm the local medical system. Additionally, this type of event may result in other widespread health issues affecting food, water, and animals.

9. A mass casualty incident, epidemic or disaster could result in large numbers of fatalities. Morgue facilities, transportation for the deceased and related supplies and equipment may be in short supply.

B. Specific situations with special considerations would include the following:

1. Radiological emergencies.
2. Chemical/hazardous materials emergencies.
3. Disease or epidemics.
4. Bioterrorism.

C. Planning Assumptions

1. Resources within the affected area will be inadequate to clear casualties from the scene or treat them in local hospitals. Additional medical capabilities will be needed to supplement and assist local jurisdictions to triage and treat casualties in the affected area, and then transport them to the appropriate hospital or health care facility. Additionally, medical resupply will be needed throughout the disaster area. It may be necessary to arrange for air transportation to areas that have sufficient available hospital beds and where patients will receive necessary definitive medical care.
2. There will be an inadequate number of personnel with needed medical and public health knowledge and skills to perform medical and public health response.
3. Damage to agricultural storage facilities, sewer lines or treatment systems, and water distribution systems, and secondary hazards such as fires may result in significant hazards to the surviving population and response personnel. These hazards may include exposure to toxic chemicals, and contaminated water supplies, food products, crops, and livestock.
4. The damage and destruction caused by a disaster will produce urgent needs for mental health crisis counseling for victims and emergency responders.
5. Assistance in maintaining the continuity of health and medical services will be required.
6. Disruption of sanitation services and facilities, disrupted utilities, displacement of people, displacement of domestic and wild animals, and massing of people in shelters will increase the potential for disease and injury.

IV. CONCEPT OF OPERATIONS

A. General

1. When there is a potential for, or occurrence of, a significant emergency or disaster, DEM is to be notified. This notification could be to advise of a need for some level of activation of the county EOC, or to pass on a request for assistance from the state.
    a. When activated, DEM will request necessary personnel to staff the EOC.

b. Based on the situation, the OCPHD, medical facilities and response agencies will be notified of the potential for, or occurrence of the event. This may be done by the Okanogan County Communication Center (Dispatch), response agencies, or EOC staff, but the EOC is to verify that it is has been completed.

c. Medical and health facilities, response agencies, and support agencies will activate their own emergency or disaster procedures as needed for the potential or actual event and will maintain communication with the OCPHD designee in the county EOC as to needs and status.

d. In the event of a public health emergency where the OCPHD EOC has been activated but not the County EOC, the OCPHD designee will notify the County Emergency Management Director via county dispatch.

2. Once the county EOC is operational, all ESF 8 response and recovery activities will be directed from/through the County EOC. The OCPHD is the lead agency for the ESF 8 - Health and Medical Services. County EOC staff for ESF 8 will include the OCPHD designee, and other technical staff as needed for the event.

3. Necessary support agencies and organizations will be notified, and requested to provide 24-hour representation to the EOC or be available by direct communication. Each support agency and organization is responsible for ensuring that sufficient staff is available to support the EOC and carry out the activities tasked to their agency or organization on a continuous basis. Individuals staffing the EOC, or acting as liaison with the EOC, need to have extensive knowledge of the resources and capabilities of their respective agencies or organizations, and have access to the appropriate authority for committing those resources during response and recovery operations.

4. The County EOC and OCPHD staff will maintain communication and coordination with response agencies, medical and health facilities, and other organizations and officials to identify current and projected medical and public health status and requests for assistance. Written situation reports will be prepared on a regular basis.

5. Response agencies and health care facilities will report needs or potential needs to the County EOC. Medical and health needs that cannot be met with local and regional resources and mutual aid will be directed to the WAEMD/EOC. WAEMD/EOC may provide advice or technical assistance, and they may provide direct support with personnel, equipment, and/or supplies.

B. Organization

1. The OCPHD coordinates health and medical response to an incident. The OCPHD also provides public health services and public health emergency response to an incident and coordinate their activities through the County EOC. In the event of a major event that is primarily a public health emergency, such as epidemic, the OCPHD will function as the lead

agency. Response by health professionals other than through the hospitals, such as veterinarians, pharmacists, and mental health care providers, will be coordinated through the OCPHD with its community partners.

2. EMS, law enforcement, fire departments and other first responders operate under their directors and coordinate their activities through the County EOC.
3. The Okanogan County Coroner/Prosecutor is responsible for mortuary service operations in the event of an incident as outlined in Appendix C – Mass Fatality Plan (currently under development). The County Prosecutor will also provide legal guidance and services in activating isolation and quarantine upon the director of the Okanogan County Health Officer.
4. The local hospitals participate in local and regional disaster response plans. They will provide a representative to the County EOC or they will stay in communication with the county EOC regarding situation updates, their response activities, capacity, public information coordination, and other activities and information as is appropriate.
5. The North Cascades Chapter of the American Red Cross (ARC) provides shelter, food, and mental health support for evacuated and other displaced people and operates under its organizational direction and coordinates its activities with the County EOC.
6. The county EOC coordinates overall activities.

C. Mitigation Activities

The OCPHD works with regional, state, and federal programs and local community partners to promote public awareness and use of standard health and safety practices, maintenance of routine immunization levels in the population, disease prevention, nutritional support and education, overview water and on-site sewage systems, and promotion of conditions for a safe and healthy population in Okanogan County.

D. Preparedness Activities

1. State of Washington departments and agencies with health and medical services responsibilities develop plans and procedures using standardized planning procedures for accomplishing response and recovery activities to assist local jurisdictions as well as the state. These plans/procedures are communicated to OCPHD via R-7 Healthcare Coalition Meetings.
2. The OCPHD, county DEM, and local hospitals participate in local planning, develop response and recovery procedures, and participate in local emergency and disaster exercises.
3. Public information and critical communications will be developed prior to events for the Center for Disease Control and Prevention (CDC) Category A Agents and for other types of public health events and coordinated with the Washington State EOC and the WSDOH.
4. Disease reporting and surveillance activities will be performed and reportable diseases and potential disease outbreaks will be investigated.

5. Training will be provided to the OCPHD staff and its response partners so that all will be able to meet planning assumptions.
6. Support agencies, such as the ARC and other volunteer organizations maintain their nationally developed plans, and develop local elements of their response and recovery plans. They are encouraged to participate in local planning, and emergency and disaster exercises through the County EOC.

E. Response Activities

1. Alerts and notifications as outlined in Appendix A – Activation and Operations Procedures and Notifications.
2. Local hospital and walk-in clinic contact information
   a. OCPHD will notify hospitals and walk-in clinics under the following circumstances:
      (1) A declared Public Health Emergency.
      (2) In the event of possible or probable excessive demand on the capacity/town of hospitals or walk-in clinics.
      (3) In the event of unusual health threats requiring special preparations and/or precautions.
   b. Notification is to be followed-up promptly with faxed or electronic transmitted (email) information and instructions appropriate to the emergency.
3. State, regional, and other local public health agencies

   All public information is an integral part of the Okanogan County CEMP as outlined in ESF 15 – Public Affairs. As such public information relating to the Health and Medical emergency response:
      (1) Will be coordinated through the County EOC Public Information Officer (PIO).
      (2) Will be approved by the ranking public health professional on duty or their designee.
      (3) Will be preferentially based on previously prepared messages, as appropriate.
      (4) Will be coordinated with the State Department of Health and regional emergency response to ensure consistency of messages.

F. Recovery Activities

1. OCPHD
   a. Monitor recovery activities, assess for potential or actual health hazards during the recovery phase, and makes recommendations or carry out interventions as needed. This may include drinking water safety, injury prevention, vector control, mental health assessment and intervention, and other standard public health assessment, response and assurance activities.

b. Prepares after-action reports of the event.

c. Record costs of providing public health response activities.

2. Other agencies.

a. Support and coordinate recovery activities consistent with their missions and capabilities, including continued mental health support, public information and education, and liaison with regional, state and federal agencies.

b. Provide after-action report input to the OCPHD for the event.

3. Support agencies, such as various city/town and county departments, the ARC, and other volunteer organizations.

a. Support recovery activities consistent with their organization missions and capabilities.

b. Provide after-action report input to the OCPHD's for the event.

V. RESPONSIBILITIES

A. Local

The following agencies will provide the core local response to incidents:

1. OCPHD

a. The OCPHD is the lead for ESF 8 – Health and Medical Services response. The OCPHD's responsibility is to identify and meet the health, safety and medical needs of the people of Okanogan County in the event of an emergency or a disaster by utilizing existing expertise and personnel to provide:

(1) Surveillance.

(2) Response.

(3) Event tracking.

(4) Rapid health risk assessment.

(5) Environmental health services.

(6) Community education.

(7) Coordination with community partners.

(8) Dissemination of information.

(9) Event command and control through the Incident Command System.

(10) Post event recovery recommendations.

(11) Support to Department of Emergency Management in planning for, and providing medical and public health assistance to local jurisdictions affected by an emergency or disaster.

(12) Coordinate and maintain situation reports.

(13) Coordination with hospitals, clinics, extended care facilities and the county EOC staff, (including the EMS Director, the County Coroner), and other support agencies.

(14) Coordination establishment of medical care points or facilities when needed outside of existing hospitals.

(15) Coordination the location and authorization of additional and/or alternate means of transporting patients when needed.

(16) Assistance in the establishment of temporary morgues with the County Coroner when needed

b. Other specific responsibilities

(1) Control of communicable disease, including isolation and quarantine if necessary.

(2) Receive administer the Strategic National Stockpile (SNS) in accordance with the Okanogan County SNS Plan.

(3) Monitor quality of public water systems.

(4) Test public and private water systems.

(5) Test and investigate reports of septic tank system problems.

(6) Inspect temporary food booths.

(7) Investigate illegal dumping activities and inspect solid waste disposal facilities as needed.

(8) Investigate reports of rodents, insects, and disease vectors and other environmental health hazards, make recommendations or take corrective action as needed.

(9) Provide public information and education through the PIO.

(10) Provide liaison with mental health providers and mental health emergency support services for assistance to citizens and victims.

(11) Provide liaison with the ARC and other relief and volunteer agencies re: shelters, feeding sites, first aid and other health and medical issues.

(12) Public Health Emergency Planning and Response

(a) All hazards emergency planning, preparedness and response.

(b) Biological and chemical hazards.

(c) SNS planning and response.

(d) Coordinate support health care and medical services in Okanogan County during an emergency.

(e) Communications and information to health care providers.

(f) Support of special needs populations.

(g) Health support services for evacuation.

(h) Emergency mental health assessment and response.

(i) Public information for health, medical and safety concerns.

(j) Potable water, wastewater, and solid waste disposal.

(k) Victim identification and mortuary services.

2. Okanogan County Department of Emergency Management
   a. Ensure communications lines are established and participants are clear on what actions need to be taken if a public health emergency arises.
   b. Develop a call-down list and activation procedures for the EOC.
   c. Provide logistical and other support to responders upon request from the Incident Commander.
   d. Provide public information through an PIO.
   e. Coordinate mass alert and warning of persons located in effected area.
   f. Coordinate additional communication equipment as needed.
   g. Maintain liaison with supporting agencies.
   h. Provide needed information and documentation to WAEMD regarding emergency and/or disaster declarations.
3. Emergency Medical Services
   a. The Okanogan County EMS Council will provide a liaison to the county EOC in a disaster event.
   b. The EMS liaison works closely with State, Regional and local EMS and fire officials, local hospitals, and field EMS providers.
   c. Establish immediate communication with the Okanogan County Communication Center (Dispatch), and EMS agencies.
   d. Determine availability of EMS units and personnel.
   e. Determine geographical location of available EMS units and personnel.
   f. Monitor emergency transports, evaluates evacuations and emergency medical cases.
   g. Monitor activities of all EMS vehicles and personnel during a disaster, and monitors issues that may affect them.
   h. Assist the OCPHA, as needed, such as when emergency medical facilities are established outside of existing hospitals, coordination is needed regarding establishing temporary morgues, or there are conditions affecting EMS providers.
   i. Coordinate with other agencies and resources, when patients need to be transported out of the county.
   j. Coordinate with Okanogan County Behavior Health and ARC to provide stress management support of emergency workers and volunteers.
4. Okanogan County Behavior Health Organization
   a. Plan for the delivery of mental health services during an emergency.

b. Coordinate mental health services for the community and emergency responders during and following the emergency.

5. North Cascades Chapter of the American Red Cross (ARC)

a. Services are coordinated through the county EOC.

b. Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to victims in mass care shelters, selected disaster feeding and/or clean-up areas, and other sites deemed necessary by the Okanogan County Health Officer.

c. Supplement local existing health care system; subject to availability of staff.

d. Provide supportive counseling for the family members of the dead and injured.

e. Provide personnel, if available, to assist in temporary infirmaries, immunization clinics, morgues, hospitals, and nursing homes.

f. Acquaint families with available health care resources and services and make appropriate referrals.

g. Provide blood and blood products through regional blood centers at the request of the appropriate agency.

6. Okanogan County Coroner/Prosecutor

The Okanogan County Coroner/Prosecutor's office investigates sudden, unexpected, or suspicious deaths, working closely with law enforcement, fire service/EMS, hospitals, the OCPHD, PIO, and others.

a. Coordinate all care of deceased, victim identification, and mortuary services.

b. Coordinate with PIO regarding press releases and conferences. Provide specialized/technical information regarding the coroner's response and findings for press conferences, etc.

c. If necessary, designates sites/locations for temporary morgues in coordination with the OCPHD. There are specific considerations for potential temporary morgue/s.

(1) Refrigerated truck trailers may be used, but should have steel decks only.

(2) Trailers used for hauling raw meat should be avoided.

(3) Buildings used should have concrete or other non-porous flooring (not wood), not used for food storage or processing, have large open areas and be fairly cool.

(4) Psychological impact on owner/occupants of building will be considered.

(5) Sites should have good access for large vehicles, including tractor/trailer rigs.

(6) Some possible sites include fruit storage facilities, or facilities at the county fairgrounds.

(7) Financial issues include any rent, cleaning costs, and the care and death investigation of the deceased. The coroner/prosecutor staff can provide the EOC with estimated costs.

B. Supporting Agencies

The following agencies will provide the support for the primary responders to incidents:

1. Region 7 Public Health Emergency Planning Coordinator

   Provides epidemiology and technical support services and regional public health response support services. The Region 7 Epidemiologist supports local and regional responses to disease investigation.

2. WSDOH

   a. Provide technical assistance, consultation, and coordination,

   b. Conduct field investigations and laboratory analysis.

3. Conduct field investigation and laboratory analysis. These Activities are provided by the Community and Family Health, Environment Health, Epidemiology, Health Statistics, and Public Health Laboratory, Health Services Quality Assurance, and Management Services program.

4. Okanogan County Agriculturist/WSU Extension Agent

   a. Specializes in issues affecting human food, animal feed, livestock, agriculture, horticulture, dairies, and honeybees, and transportation of same. The Extension Representative may be requested to report to the EOC, or maintain communication with the EOC as needed.

   b. Provide information and advice to the EOC from local sources, WSU, other areas of the United States, as well as other countries. Coordinates with the OCPHA, and others as needed, regarding issues affecting health and safety.

5. Mental Health Providers

   Provide crisis intervention, as well as short term and long term counseling and education. Works with the ARC, and is a resource for the community and emergency workers, coordinated through the County EOC.

6. Local Hospitals and Clinics

   a. There are three hospitals in Okanogan County. Mid-Valley Hospital is licensed for 146 beds, and North Valley Hospital is licensed for 76 beds, and Okanogan Douglas Hospital is licensed for 35 beds. However, due to other programs and uses within the hospitals, there are not that many actual patient beds available for use. Both hospitals cover a wide variety of services to the general public.

   b. Both North Valley Hospital & Okanogan-Douglas Hospital have home health programs. The home health agencies have a number of nurses, certified nurse assistants (CNAs), and other medical staff. Their first priority during a disaster would be to serve their

clients. However, some medical staff may be available to report to the sponsoring hospital.

c. Many local clinics have walk-in or minor emergency areas that are open extended hours, and can provide specialized services such as x-ray, laboratory, and pharmacy. In addition, there are many doctors' offices throughout the county, some that provide limited laboratory and/or x-ray services in addition to basic services. Some doctors' offices may only be staffed limited hours.

7. Other support agencies and entities

Support agencies, such as city/town and county departments, ARC, and other public, private and volunteer organizations.

C. State

The WSDOH directs and coordinates the provision of health and medical assistance to fulfill the needs identified by the authorities in the affected local jurisdictions. This includes the overall public health response and recovery, triage, treatment and transportation of victims, and evacuation of patients from the area of the event, utilizing resources available from:

1. Supporting state departments and agencies.
2. The National Disaster Medical system (NDMS), which extends to the federal level.
3. Other non-governmental sources such as major pharmaceutical suppliers, hospital supply vendors, the Washington State Funeral Directors Association, and other volunteer organizations.
4. WSDOH

Assist local jurisdictions, provide state mandated services and inspections, certifications and licensing. WSDOH activities are covered in the following basic categories:

a. Community and Family Health.
b. Environmental Health.
c. Epidemiology, Health Statistics, and Public Health Laboratory.
d. Health Systems Quality Assurance.
e. Management Services.

VI. PLAN PREPARATION & MAINTENANCE

A. The OCPHD and the DEM are responsible for the plan preparation and maintenance of this ESF.

B. This ESF will be reviewed every four years by OCPHD**.** Any necessary updates and revisions are prepared and coordinated between OCPHD and DEM based on deficiencies identified in exercises and emergencies.

C. Changes will be distributed to all plan holders.

VII. RESOURCE REQUIREMENTS

A. Medical Transportation

Arrangements for medical transportation will begin at the local level. Transportation requirements will be coordinated and authorized by the Okanogan County EOC Manager. During a mass casualty incident or a widespread disaster, use of vehicles that are not licensed as ambulances may be authorized for patient transport. If the local ESF 8 staff determines that the local or regional resources are inadequate, a request for state medical transportation assistance will be submitted to the WAEMD/EOC, and will be coordinated with representatives from the WSDOT. (See ESF 1 - Transportation for more information).

B. Medical Facilities

Coordination for medical facilities is primarily a local jurisdiction function. The hospital liaison will play a key role in this coordination, keeping in mind that if the local EOC is activated, information and coordination will need to be routed through the EOC. Requests for hospital support should be routed through the County EOC to the WAEMD, ESF 8 staff.

C. Medical Equipment and Supplies

If local resources and normal re-supply methods are inadequate, local Mutual Aid Agreements will be activated. If this is inadequate or unavailable, then requests for aid are to be made to WAEMD/EOC. When the state authorizes their support, representatives from the Departments of Health, General Administration, Social and Health Services, Transportation, and the Military Department will coordinate the procurement and transportation of medical equipment and supplies to the affected area.

D. Personnel

OCPHD staff may be augmented by and from professional organizations. The Health Department will supervise the activities of the volunteers.

E. Communications

1. The County EOC will establish communications with the state EOC, local hospitals, emergency services providers, and involved support services as needed. Communication with adjacent county EOCs may also be necessary. Systems available include the regular phone system (including fax and e-mail), Satellite phones, local cellular phone system, state and local emergency radio systems, and amateur radio.
2. The WAEMD/EOC will establish communications necessary to coordinate health and medical assistance. They will maintain communications with various state agencies, FEMA, and local jurisdictions as necessary.

F. Assets Critical for Initial 12 Hours

The most critical requirements during the first 12 hours of an event will be medical response personnel, necessary medical supplies and equipment, transportation, hospital and clinic beds and facilities, logistical and administrative support, and communication systems support. The principal requirements will be:

1. Alerting and deploying/obtaining additional medical facility staff

2. The alerting and deployment of field medical personnel and teams, including supporting military units to assist in the delivery of patient care to victims and provide mortuary services as needed. Patient care will likely be performed under extreme field conditions during casualty clearing, triage and patient staging, and transportation.
3. Medical supplies and equipment will be necessary to replace what has been damaged or destroyed by the event. Additionally, re-supply will be needed for deployed medical teams and military medical units, as well as local jurisdiction medical units that are providing patient care.
4. Public information.

G. Bioterrorism Event

1. In the event of Bioterrorism, public health assessment, investigation and response capacity will also be necessary.
2. Public health may need medical personnel, law enforcement and public works support for the receipt and deployment of the SNS.

H. Assets Critical After Initial 12 Hours

The assets required for the initial 12 hours will also be required for the remainder of the response and recovery activities. At six (6) hours, if the situation is likely to continue longer than 12 hours, a prolonged situation staffing protocol is to be activated; ESF 7 – Resource Support. Continuous situation and status updates will dictate what assets are needed, and when they can be released. Demobilization activities often take as long, or longer, and require as much clerical and communication support as the initial response does. Planning for and implementing demobilization is a major part of the recovery phase.

I. Transportation Support

1. Aircraft for transporting incoming medical personnel, supplies and equipment.
2. Ground transportation for deployment of incoming assets, within the affected area.
3. Ground transportation, fixed and rotary-wing aircraft for movement of casualties within, and out of the affected area.
4. Refer to ESF 1 – Transportation.

J. Logistics and Administrative Support

1. Representatives of each involved ESF 8 primary and support agency will be needed at the county EOC, or available by direct communications, as needed to support health and medical efforts in the affected area.
2. Clerical/administrative support staff will be needed at the county EOC and other key locations.
3. Reference materials including plans, directories, and maps as necessary for coordination of medical and public health response.

4. Coordination/liaison with other EOC staff, public works, fuel companies, or others as needed, to assure fuel and other necessary supplies are available for ground and air transport vehicles used to transport medical workers and patients.

K. Communication Systems.

1. See ESF 2 – Telecommunications, Information Systems, and Warning.
2. Voice and data communication systems between local and state EOC.
3. Intra-regional voice communication systems connecting local, regional and state officials involved in the medical response and recovery operations.
4. Computer network support for communications, data collection, and analysis, including Geographic Information Systems (GIS) function.
5. Communications required to support casualty clearing, and patient evacuation and reception operations.

VIII. REFERENCES

A. OCPHD Isolation & Quarantine Plan
B. OCPHD Emergency Response Plan
C. Okanogan CEMP, Appendix 1 – Definitions
D. Okanogan County CEMP, Appendix 2 – Acronyms
E. Okanogan County CEMP, ESF 15 – Public Affairs
F. Okanogan County CEMP, ESF 1 – Transportation

IX. APPENDICES

1. Appendix A: Activation and Operations Procedures and Notifications
2. Appendix B: Okanogan County Mass Fatality Plan (Under development.)
3. Appendix C: Okanogan County Mass Causality Plan

EMERGENCY SUPPORT FUNCTION 8
HEALTH AND MEDICAL SERVICES

APPENDIX A

ACTIVATION AND OPERATIONS PROCEDURE AND NOTIFICATIONS

The activation of ESF 8 will be coordinated through the county EOC under the direction of the DEM and the OCPH Administrator or designee. OCPHD will maintain an activation list of Health Department staff by telephone and by location should communications be interrupted.

Hospitals and clinics will be notified under the following circumstances:

1. A declared Public Health Emergency
2. In the event of possible or probable excessive demand on the capacity of hospitals or walk-in clinics
3. In the event of unusual health threats requiring special preparations and/or precautions

Notification is to be followed-up promptly with instructions appropriate to the emergency.

EMERGENCY SUPPORT FUNCTION 8
HEALTH AND MEDICAL SERVICES

APPENDIX B

OKANOGAN COUNTY MASS FATALITY PLAN

(CURRENTLY UNDER DEVELOPMENT)

EMERGENCY SUPPORT FUNCTION 8
HEALTH AND MEDICAL SERVICES

APPENDIX C

MASS CASUALTY PLAN

OKANOGAN COUNTY

MASS CASUALTY INCIDENT (M.C.I.) PLAN

AUGUST 19, 2008

(NINE ((9)) PAGES TOTAL)

Okanogan County Mass Casualty Incident Plan

SCOPE AND PURPOSE

The Okanogan County Mass Casualty Incident Plan is intended as the primary reference and standard operation procedure for training, guidance and assistance of medical personnel in the management of mass casualty incidents in Okanogan County.

This Mass Casualty Incident (MCI) Plan is intended to address techniques in field operations that must be employed when the number of patients exceeds immediately available resources.

These policies and procedures have been developed for use by the Okanogan County fire departments/districts, EMS providers, law enforcement, dispatch center, and other governmental agencies that may be deployed to a Multiple Casualty Incident. All agencies are encouraged to adopt this guideline, to familiarize themselves with the aspect of multiple patient care, and to be prepared in the event of a mass casualty incident.

This plan standardizes operations during a mass casualty incident. It is intended to be an “all hazards” plan to meet the needs of any MCI regardless of the incident’s cause to include the evacuation of non-ambulatory patients. If necessary, these procedures can be modified based on the number of patients, the cause or severity of injuries and special circumstances involved in the incident.

This plan is based on utilizing the ICS portion of the National Incident Management System (NIMS) and is intended to serve as a flexible guide to achieve successful incident management. Proper implementation of ICS requires the establishment of an “Incident Command Post (ICP)” and “Incident Command (IC)”. Having both an ICP at a fixed location, as well as an IC at that location is critical for the effective management of the incident. IC may be single or unified, depending on the circumstances, needs, and determination of those managing the incident. It is essential for NIMS to work that agencies designate and commit key personnel having decision-making authority to come to and reside at the IC for the sole purpose of making decisions and managing the incident. The IC should be close enough to the incident to monitor and effectively manage, but far enough away to be safe and not become involved in the operational aspects of the incident.

POLICY:

The determination of an MCI will be left up to the discretion of the Incident Commander, and is an incident in which the number of patients or the severity of their injuries prohibits immediate patient care, and taxes or exceeds the initial respond resources.

The first arriving unit shall activate the Mass Casualty Incident (MCI) Plan anytime there are five or more critical patients and/or anytime there are ten or more total patients regardless of severity. The first arriving Medical Unit will also perform the initial size up, estimate what resources will be needed based on the categories below and will report this finding to dispatch.

Each agency, utilizing the Incident Command System (ICS), will maintain control of any MCI that occurs within its service area. Unified command may be established when the incident involves multiple jurisdictions or agencies. Command should be set up as a separate function from operations whenever possible, depending on the size of the incident and available personnel.

Emergency Medial Services will cooperate with and integrate their efforts with law enforcement and fire suppression personnel. The establishment of ingress and egress routes into crime scenes and hazardous materials incidents will be performed after discussion with the appropriate service personnel.

Local Policies and Procedures

Local agencies and dispatch centers may have additional policies or procedures designed to enhance their response to a Multiple Casualty Incident. Agency-specific policies that are not detailed as part of this plan may include but are not limited to:

1. Protocol for dispatcher activation of the MCI Plan
2. Recall procedures for off-shift personnel
3. Matrix for requesting additional units/personnel to an MCI
4. Procedure for using air ambulances
5. Notification procedure for Coroner

Individual jurisdictions may implement portions of this MCI plan as needed to provide the best medical results under the prevailing circumstance.

MCI LEVELS:

MCI Level 1 - **(8-10 victims**) (Note: larger agencies may be capable of handling incidents less than 10 patients without necessitating implementation of the MCI Plan). The decision to declare an MCI Level 1 - 4 is left to the Incident Commander.

- 3 Ambulances
- 2 Fire Departments
- 2 Law Enforcement units

MCI Level 2 – **(11 – 15 victims)**

- 6 Ambulances to include at least one Paramedic Unit
- Closest Mass Casualty Trailer
- Activation of air medical services
- 2 Fire Departments
- 4 Law Enforcement units - at least one of which will be a line supervisor

MCI Level 3 – (16 – 20 victims)

- 10 Ambulances to include at least two or more Paramedic Units
- Activation of Northwest Medstar with at least 2 aircraft (fixed wing or rotor)
- Closest Mass Casualty Trailer
- 4 Fire Departments
- 8 Law Enforcement Units - at least one of which will be a line supervisor
- 1 School Bus

MCI Level 4 - **(21 or more victims)**

- 12 Ambulances to include at least two or more Paramedic Units
- Activation of Northwest Medstar with at least 3 aircraft (fixed wing or rotor)
- 2 Mass Casualty Trailer
- 6 Fire Departments
- 10 Law Enforcement Units - at least 2 line supervisors
- 2 School Buses

COLOR CODING OF PATIENTS

Using the START triaging method, patients will be given a color-coded triage ribbon or tags. The color-coding will be as follows:

-RED – Immediate life threat. Highest priority for treatment and transport.

-YELLOW – Second highest priority. Treatment and transport may be delayed 1-2hrs

-**GREEN** – Lowest priority for treatment. Walking wounded or minor injuries.

-BLACK – Deceased or morbidly wounded. Victims should be left where found.

COMMUNICATIONS

Communications play an important role in every phase of MCI management. It is important that all arriving and participating units from all agencies be able to communicate, having interoperable frequencies, and use of those frequencies be predetermined to minimize confusion and communications difficulties.

Standard Communications Procedures, First Arriving Units:

1. Will clearly report the location, mechanism, the number of patients, any major hazards, and directions to dispatch.
2. If needed, the first arriving unit will declare the incident a “MCI” and what level MCI of response they will need.
3. The Incident Commander will confirm to County dispatch the frequencies to be used as soon as possible.

MCI County-wide Interoperable Frequencies:

A list of radio frequencies for use during a MCI is as follows. It is very important that all EMS responders have these frequencies in their units as part of our county-wide interoperable communications plan.

County EMS TAC:

This frequency is for large incidents where there is need for a "command" frequency. Specifically, this means communications to help manage the incident, not for unit to unit communications. It is intended for EMS COMMAND traffic only. If the incident only involves EMS units, then the EMS TAC channel can be used for the command frequency. If the incident involves other disciplines, then the OSCCR frequency should be used for command traffic, and EMS TAC should be used for EMS units only. Okanogan County EMS units should have the EMS TAC channel on all radios, both mobile and portable.

OKANOGAN COUNTY MCI PLAN COMMUNCATIONS PLAN

NAME	RECEIVE	PL	TRANSMIT	PL	TYPE	MODULATION	BAND WIDTH
FUNCTION - COMMAND							
OSCCR	156.1350	*****	156.1350	203.5	SIMPLEX	ANALOGUE	WIDE
COMMAND (TAC)	158.8275	151.4	158.8275	151.4	SIMPLEX	ANALOGUE	NARROW
COMMAND (RPTR)	158.8275	151.4	154.8300	100.0	REPEATER	ANALOGUE	NARROW
FUNCTION - EMS							
EMS TAC	159.2175	141.3	159.2175	141.3	SIMPLEX	ANALOGUE	NARROW
FUNCTION - LAW							
CITY POLICE	155.0100	****	155.0100	****	SIMPLEX	ANALOGUE	WIDE
L.E.R.N.	155.3700	*****	155.3700	100.0	SIMPLEX	ANALOGUE	WIDE
OKAN LAW TAC	153.7475	127.3	153.7475	127.3	SIMPLEX	ANALOGUE	NARROW
FUNCTION - FIRE							
REDNET	153.8300	*****	153.8300	*****	SIMPLEX	ANALOGUE	WIDE
DNR COMMON	151.4150	****	151.4150	103.5	SIMPLEX	ANALOGUE	NARROW

Major Incident
Mutual Assistance Agreement

This agreement is made and entered into, by and between the undersigned Emergency Medical Services (EMS) agencies of Okanogan County.

WITNESSETH:

Pursuant to the development of the MS and Trauma Care delivery system in Okanogan County the undersigned parties mutually agree as follows:

WHEREAS, each of the parties hereto maintains equipment and personnel for the purpose of responding to medical emergencies within its own service area; and

WHEREAS, each of the parties hereto desires to supplement the available local area mutual aid resources of medical emergency, rescue, and other emergency response capability available in it's respective service area in the event of a disaster level emergency situation; and

WHEREAS, it is deemed mutually sound, desirable, practicable and beneficial for the parties to the agreement to render assistance to one another in accordance with these terms;

NOW THEREFORE, in consideration of these mutual covenants of the parties hereto, be it agreed that;

SECTION 1. This agreement shall be deemed effective when each party has approved this agreement and has filed a signed copy of this with the Okanogan North/Douglas EMS Council.

SECTION 2. Whenever it is deemed advisable and appropriate by the officer in charge of the EMS agency of any party hereto by reason of a disaster-level medical emergency or other emergency situation within such party's service area, he/she is authorized to request assistance under terms of this agreement from the appropriate party or parties.

SECTION 3. The office in charge of the EMS agency requesting assistance (unless this authority has been delegated) shall assume full charge of the operations; however, any personnel and equipment of the party rendering assistance shall remain under the immediate supervision and responsibility of the officer in charge of said party rendering assistance.

SECTION 4. The party rendering assistance shall be responsible for the delivery of requested equipment and manpower as requested, provided:

A. The party rendering assistance under the terms of this agreement shall not be required to make resources available or render services, when doing so may result in an unreasonable danger to life and property of that party's service area.

B. The party rendering assistance shall determine what resources and services can be reasonably provided within such a limitation.

C. Each party should insure that at least one ground ambulance – with adequate personnel – be available for service within its respective home service area at all times, either through its own resources or assistance from another agency in order to provide a measure of protection for that area.

SECTION 5. The party requesting assistance under this agreement assumes no responsibility for the payment of services. It shall be responsible for providing at the scene, operating supplies for equipment, and welfare items for personnel, as necessary.

SECTION 6. Each party hereto assumes responsibility for, and liability of, normal maintenance, repair, damage, personal injury or death, arising out of the performance of this agreement. In the event there is any loss, damage, personal injury or death, or property damage arising out of the performance of this agreement caused by any party's negligence, then said party shall be responsible for such damage or injury and does hereby agree to indemnify and hold harmless any other party as to any such damage or injury, including all costs, expenses and fees. Each party agrees to maintain adequate insurance, not less than one million dollars, on its respective operation, equipment and personnel.

SECTION 7. Each party to this agreement will establish a system within its respective county, to mobilize requested resources, and each county will establish a single point emergency contact for resource requests.

SECTION 8. This mutual assistance agreement is in addition to existing local mutual aid agreements, and shall not supersede such agreements.

SECTION 9. This agreement shall take effect upon signature and filing in the North Central Regional EMS and Trauma Care Council and shall remain in force and effect until canceled by mutual agreement of all the parties hereto or by written notice by one party to all other parties giving 30 days notice in writing of such cancellation. This agreement will be reviewed every 3 years by the North Central Washington EMS and Trauma Care Council, and if no changes, other than administrative updates (such as frequency changes) are needed, will continue in effect for another three years, in perpetuity. If substantive changes are made, the agreement will be redrafted, approved by the council, and sent to all participating agencies again for promulgation.

Agreed to and signed by the following EMS agency representatives:

Brewster EMS (FD#15)

Date Oct 21, 2008 Title Director of Services

Name Tonya Vallance Signature Tonya Vallance

Aero Methow Rescue Service

Date 10/21/08 Title Director of service

Name Cynthia Button Signature Cynthia Button

Lifeline EMS

Date 10/21/08 Title

Name Robert Garrison Signature Robert Garrison

Oroville EMS

Date Oct. 21, 2008 Title Coordinator

Name Debra K. Donahue Signature Debra K. Donahue

Tonasket EMS

Date 10/21/08 Title DIRECTOR

Name Jeff Cray JEFF CRAY Signature

Colville Confederated Tribe EMS

Date 10/21/08 Title EMS Supervisor

Name Serenna Taylor Signature Serenna Taylor

Okanogan County Emergency Management Department

Date 10/21/08 Title EMERGENCY MANAGER

Name Scott J. Miller Signature

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