

ESF-13

PUBLIC HEALTH AND MEDICAL

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PUBLIC HEALTH AND MEDICAL

PRIMARY AGENCY: Springfield-Greene County Health Department

SUPPORT AGENCIES:

Springfield Fire Department	County Fire Depts.
Greene County Medical Society	Medical Examiner
Medical Coordinating Center	Local Hospitals
Emergency Medical Services (EMS)	Public School Districts
Office of Emergency Management (OEM)	American Red Cross
Emergency Communications Center (ECC)	

I. PURPOSE

This ESF was developed to ensure that Springfield and Greene County have the ability to provide needed medical services following a disaster of any type. A prompt and coordinated response of this support function will greatly reduce the number of injuries and deaths.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. Greene County has four medical hospitals, one juvenile mental health hospital and one Federal Medical Center for Prisoners located in Springfield.
2. Public health for all areas within Greene County is the responsibility of the Springfield-Greene County Health Department.
3. Should the local hospitals become overburdened or rendered inoperable, hospitals outside Greene County will be contacted for support. Examples include: Citizens Memorial in Bolivar, Skaggs in Branson, and Aurora Community in Aurora.
4. All of the hospitals in the area have developed emergency plans in accordance with State and Federal regulations, and they are tested and exercised regularly.
5. Five hospitals in the region (Cox North & South, St. John's, Ozarks Community, Lakeland, and Citizens Memorial in Bolivar) have a planning office that specifically addresses all-hazards planning for these institutions.
6. Greene County is served by two ambulance services: Cox Paramedics and Mercy/St. John's EMS.

B. Assumptions

1. A major disaster affecting the Greene County area may create medical problems beyond the normal day-to-day capabilities of the medical system.
2. Mutual aid and assistance from the surrounding counties may be available depending on the scope of the disaster.
3. Hospitals, nursing homes, adult living facilities, pharmacies and other medical/health facilities may be severely damaged or destroyed.
 - a. Facilities with little or no structural damage may be rendered unusable due to the

- lack of utilities (power, water and sewer) and/or a lack of adequate staffing available.
 - b. Facilities remaining in operation may be overwhelmed by the deluge of patients with minor to severe injuries as well as worried well patients. Patient's will self report to the facility as well as be brought in by ambulance.
 - c. Because of the increased demands on the medical/health system, shortages of medical supplies (pharmaceutical, expendable, etc.) and equipment will occur.
 - d. Disruptions in local communications and transportation systems could prevent a timely re-supply of needed items.
4. Disasters such as tornadoes, floods, etc., may require evacuation/relocation of large populations. The relocation site will require potable water, wastewater control, vector control and other public health measures.
 5. Chronically ill individuals may have difficulty obtaining medications, medical supplies and/or equipment due to disruption of normal supply channels.
 6. People with special needs will require evacuation to facilities equipped to provide the required level of service. Coordination with hospice, nursing homes and adult living facilities is a critical component of public health and medical response. Special needs populations cannot be accommodated in general Mass Care facilities.

III. CONCEPT OF OPERATIONS

A. General

1. Emergency medical care will be provided by the local ambulance services and fire departments.
2. Requests for outside medical assistance need not go through the EOC, unless it is to the State or federal government. Such requests should be reported to the EOC immediately after they are made.
3. Local hospitals will coordinate all actions with the Emergency Operations Center (EOC) or with the Incident Command Post if the EOC is not activated.
4. The Southwest Missouri Critical Incident Response Team will provide non-therapeutic crisis interventions to emergency responders following a critical incident (**Appendix 8**). Therapeutic treatment will be coordinated through the Missouri Division of Mental Health.
5. The Community Crisis Team of the Ozarks will provide crisis interventions to the victims and survivors of a catastrophic incident or disaster.
6. The first emergency medical unit to arrive will set up triage at the disaster site.

B. Actions to be Taken by Operating Time Frames

1. Mitigation

- a. Review the hazards listed in the Mitigation Plan to identify the types of disasters that could occur in Springfield-Greene County.
- b. Provide training relevant to the types of hazards identified.
- b. Conduct programs for the community on first aid and public health awareness.
- c. Review hospital emergency plans and emergency medical services plans regularly and conduct exercises to validate them.
- d. Review emergency mortuary plans regularly and coordinate these plans with the

Missouri Funeral Directors Association and the Office of Emergency Management.

- e. Identify local resources for public health supplies and maintain a list in the Office of Emergency Management.
- f. Participate in tests and exercises of the Springfield-Greene County Emergency Operations Plan (EOP).

2. Preparedness

- a. Analyze anticipated situations for potential health problems.
- b. Alert personnel and locate the needed supplies and equipment.
- c. Conduct call-up/activation of volunteer health and medical personnel, American Red Cross, Community Emergency Response Teams and other trained volunteers.
- d. Prepare for the possible evacuation of hospitals, nursing homes and other facilities with special needs populations.
- e. Maintain communications with the Emergency Operations Center (EOC).

3. Response

- a. Respond on a priority basis as established by the Incident Commander and/or the Emergency Operations Center (EOC).
- b. Establish triage sites and coordinate triage operations.
- c. Transport and provide care for the injured from the disaster site to the appropriate medical facilities.
- d. Evacuate hospitals and other medical facilities as needed.
- e. Set up medical treatment areas outside the hazardous area.
- f. Follow up on individuals that were not evacuated.
- g. Activate the Health Department Emergency Response Team (ERT).
- h. Activate the Mass Prophylaxis Emergency Response Plan in response to an epidemic or other biological event.
- i. Activate the Emergency Mortuary Plan to handle the casualties.
- j. Coordinate with the agencies that are distributing food and water and in setting up emergency sanitation facilities.
- k. Implement public health measures at mass care centers.
- l. Report to the EOC regularly on the medical situation.
- m. Provide public health and medical information to the Joint Information Center.
- n. Assist in estimating the total population exposed to the disaster.
- o. Track individuals of those exposed to radiation following a radioactive incident.
- p. Activate State and Federal resources as needed: Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Team (DMORT) and Veterinary Medical Assistance Teams (VMAT).
- q. Implement demobilization procedures as the event draws down.

4. Recovery

- a. Conduct patient follow-up care as necessary.
- b. Continue to survey community for public health problems and provide medical and sanitation support to any mass care sheltered population.
- c. Maintain records of the affected populations (injured, deceased, special needs in shelters, etc.) and report their status to the EOC.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Primary Agency: Springfield/Greene County Health Department

1. The Springfield-Greene County Health Department Director is responsible for the overall coordination of the Public Health.
2. Coordination of all public health and medical activities will be conducted through the Emergency Operations Center.
3. Provide Health Department staff at the EOC as requested.
4. Coordinate with State and Federal governments to obtain additional resources, as required to sustain response operations.
5. Coordinate and direct the activation and deployment of resources of health/medical personnel, supplies and equipment.
6. Ensure that epidemiological surveillance systems are monitoring the community.
7. Coordinate with agencies in prioritizing and directing health and medical activities.
8. Coordinate staffing needs at each mass care site.
9. Coordinate with Resource Management (**ESF-5**) for generators and fuel.
10. Coordinate with Resource Management (**ESF-5**) and Donations/Volunteer Management (**ESF-18 and 19**) for supply information pertaining to potential volunteer groups, contract vendors, and other entities that may be able to supplement local resources.
11. Coordinate with Public Works and Engineering (**ESF-14**) for staging and disposal of debris and other solid waste that may pose threat to public health.
12. Facilitate laboratory response to biological incident.
13. Analyze water sources and identify potable source of public and private water supplies.
14. Coordinate and assist with Fire (**ESF-10**) in the collection, identification of biological hazards that present a threat to the public or to responders.
15. Coordinate with the Joint Information Center (**ESF-4**) to provide public health information to the public.
16. Assist and coordinate in evaluating the safety of food and medicine being provided for use by disaster victims and the general public.
17. Provide administrative staff to special needs shelters.
18. Assist with maintenance of records of the cost of supplies, resources and man-hours needed to respond to the disaster event.

B. Support Agencies:

Greene County Medical Society

1. Provide assistance in health and medical care and treatment of disaster victims and emergency workers. (**Appendix 5**).

Medical Coordinating Center

See Appendix 5.

Hospitals

1. Patient care will be the responsibility of the hospital.
2. Medical supplies for the hospitals will be the responsibility of the hospitals' Purchasing Agent. Medical supplies for the City/County will be the responsibility of the Springfield/Greene County Health Department.
3. Assist in maintaining the integrity of the EMS system.

Refer to Appendix 5 to this ESF for additional information.

Emergency Medical Services (EMS)

1. Coordinate with Transportation (**ESF-15**) regarding emergency and inter-facility transportation requirements and capabilities.
2. Coordinate with Transportation (**ESF-15**) and area non-emergency transport providers

- regarding the evacuation of any special needs population.
3. Provide staff to the EOC. Refer to Appendix 6 and 7 to this ESF for additional information.

Greene County Medical Examiner

1. Emergency Mortuary procedures will be the responsibility of the County Medical Examiner.
2. Coordinate with Fire (**ESF-10**) during urban search and rescue operations, to identify victims and arrange for mortuary services.

Refer to Appendix 6 to this ESF for additional information.

Office of Emergency Management

1. Maintain EOC readiness in the event of a disaster involving the use of this ESF.
2. Coordinate with all support agencies to ensure agencies have all appropriate and needed resources.

Springfield/Greene County Emergency Communications Center

1. Ensure adequate communications link available between EOC and communications center.
2. Provide communications link/liaison between EOC and public safety field personnel.
3. Act as a back-up dispatch center for Emergency Medical Service (EMS) communications if needed.
4. Provide staff to the EOC with requested.

Springfield/Greene County Public Schools

1. Coordinate with Transportation (**ESF-15**) in providing transportation assistance to disaster victims and/or emergency response workers, such as inter-facility transports.
2. Coordinate with Transportation (**ESF-15**) in providing transportation assistance to disaster victims with special needs to mass care shelters.
3. Provide staff to the EOC when requested.

American Red Cross

1. Assist in the identification of viable shelter spaces for people with special needs.
2. Coordinate with Food & Water (**ESF-17**) for the feeding of emergency workers and mass care shelter residents.
3. Coordinate with the Missouri Department of Mental Health, NOVA and other organizations regarding providing Mental Health Services as needed.

C. State Primary Agencies:

Missouri Department of Health and Senior Services

Provides coordinated State assistance to supplement local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation.

Missouri Division of Mental Health

1. Assist and coordinate with Springfield/Greene County Public Health and Medical Coordinator in providing mental health services to disaster victims.
2. Assist and coordinate with all ESFs to ensure worker health and safety.
3. Assist and coordinate with Mass Care (**ESF-8**) in providing mental health services to shelter residents and staff.
4. Assist in providing Community Outreach Services to disaster victims, as requested.
5. Provide staff to the EOC.

Missouri Funeral Directors Association

1. Initiate Mortuary Response Team if requested.
2. At the direction of the Springfield/Greene County Medical Examiner, the Mortuary Response Team will coordinate with Fire (**ESF-10**) during urban search and rescue operations to identify victims and provide mortuary services.
3. At the direction of the Springfield/Greene County Medical Examiner, the Mortuary Response Team will assist and coordinate with Mass Care (**ESF-8**) in identifying victims and providing mortuary services to residents of Mass Care Shelters.

Refer to Appendix 6 for additional information.

D. Federal Primary Agency

Department of Health and Human Services

Provides coordinated Federal assistance to supplement State and local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation.

Federal Emergency Management Agency (FEMA)

Provides access to the National Disaster Medical System (NDMS) which encompasses the following:

1. Disaster Medical Assistance Teams (DMAT): DMATs deploy to disaster sites with sufficient supplies and equipment to sustain themselves for a period of 72 hours while providing medical care at a fixed or temporary medical care site. In mass casualty incidents, their responsibilities may include triaging patients, providing high-quality medical care despite the adverse and austere environment often found at a disaster site, and preparing patients for evacuation. In other types of situations, DMATs may provide primary medical care and/or may serve to augment overloaded local health care staffs. Under the rare circumstance that disaster victims are evacuated to a different locale to receive definitive medical care, DMATs may be activated to support patient reception and disposition of patients to hospitals. DMATs are designed to be a rapid-response element to supplement local medical care until other Federal or contract resources can be mobilized, or the situation is resolved.
2. Disaster Mortuary Response Teams (DMORT): These teams provide support during mass fatalities incidents through establishing temporary morgue facilities, victim identification, forensic dental pathology, anthropology, processing, preparation and disposition of remains.
3. Disaster Veterinary Medical Assistance Teams (VMAT): These teams provide assistance in assessing the extent of disruption and need for veterinary services following major disasters or emergencies. These responsibilities include:
 - Assessing the medical needs of animals
 - Medical treatment and stabilization of animals
 - Animal disease surveillance
 - Zoonotic disease surveillance and public health assessments
 - Technical assistance to assure food and water quality
 - Hazard mitigation
 - Animal decontamination
 - Biological and chemical terrorism surveillance
4. National Pharmacy Response Teams (NPRT): used to assist in chemoprophylaxis or the vaccination, or perhaps in another scenario staffing an event that requires hundreds of pharmacists, pharmacy technicians, and students of pharmacy.
5. National Nurse Response Team (NNRT): The Nurse Response Team is a specialty DMAT that will be used in any scenario requiring hundreds of nurses to assist in

chemoprophylaxis, a mass vaccination program, or a scenario that overwhelms the nation's supply of nurses in responding to a weapon of mass destruction event.

V. DIRECTION AND CONTROL

- A. The Springfield/Greene County Public Health Director or designee will remain in the EOC and will coordinate his/her activities through the EOC or Incident Command Post when the EOC is not activated.
- B. The Springfield/Greene County Public Health Director or designee will not interfere with the internal operations of the various hospitals and will provide support where needed.
- C. A knowledgeable representative from the medical community such as a doctor, nurse, or paramedic will be in the EOC or Incident Command Post whenever it is activated. This individual must be knowledgeable of medical community resources, operating procedures, etc.
- D. Decisions to evacuate a hospital will be made by the institution's staff and will be thoroughly coordinated with the EOC.

VI. CONTINUITY OF GOVERNMENT

A. Lines of Succession

- 1. Springfield/Greene County Health Department Director.
- 2. As established by the Springfield/Greene County Health Department Director
- 3. As designated by the Presiding Commissioner and/or the Mayor/City Manager.

VII. ADMINISTRATION AND LOGISTICS

A. Administration

- 1. Statistics of various types will become very important during emergency periods. All facilities will keep detailed records of their activities so that statistics may be compiled later. Examples of information that should be kept and reported to the EOC include the following:
 - a. Deaths
 - b. Injuries
 - c. Inoculations given
 - d. Blood supply
 - e. Incidence of disease
 - f. Hospital census
 - g. Radiation exposure
- 2. Records of hours worked (by employees, supplemental staffs from other facilities and volunteers). Materials used must also be reported to the EOC for use in determining the total cost of the incident.

B. Logistics

- 1. Medical communications between ambulances and hospitals will be coordinated by EMS Dispatch. The Springfield-Greene County Emergency Communications Center will be back-up dispatch during the emergency or disaster. Incident communications will be coordinated by the Incident Commander.
- 2. Supply requisitions will be made through normal channels when possible. Otherwise,

requisitions should be made through the EOC.

VIII. ESF DEVELOPMENT AND MAINTENANCE

- A. The Springfield-Greene County Health Department in coordination with the Office of Emergency Management and the agencies listed as support agencies are responsible for the annual review and update of this ESF.
- B. Each hospital, emergency medical service, medical association, etc. will maintain and update their organization's SOPs/SOGs. A current copy of these SOPs/SOGs will be maintained on file in the EOC for reference during EOC activations.

IX. REFERENCES

- A. Springfield/Greene County Health Department: Local Public Health Emergency Response Plan (Draft November 2004).
- B. Springfield/Greene County Health Department: Public Information and Emergency Risk Communications Plan (Draft December 2005).
- C. Greene County Medical Examiners Office: Disaster Plan (November 2004).
- D. Springfield/Greene County Office of Emergency Management: Memorandum-Control Hospital changing to Medical Coordinating Center (January 1999).
- E. CoxHealth: Administrative Information, Policies and Procedures-Medical Coordinating Center for the Community (January 1999).
- F. Missouri Department of Health and Senior Services: Region D Public Health Emergency Response Plan (Draft V.5 September 2005).