

Greater Spokane Emergency Management
 Emergency Support Function #8
 Public Health, Medical, and Mortuary Services

Emergency Coordination Center (ECC)	
<p>Primary:</p> <ul style="list-style-type: none"> • Health Officer • Medical Program Director • Medical Examiner <p>Support:</p> <ul style="list-style-type: none"> • Medical Reserve Corp. • Bus Companies • Hospitals – Deaconess, Holy Family Hospital, Sacred Heart Medical Center, Valley Hospital • Greater Spokane Emergency Management • Law Enforcement • Medical Examiner • Funeral Homes • Medical Helicopter Services • EMS Transport (AMR) • Private Sector: Physicians; Nurses; Hospitals; Clinics • American Red Cross and other NGO's to include Faith Based • School Districts • Medical Supplies Companies 	<p>Likely Tasks:</p> <p>General:</p> <ul style="list-style-type: none"> • Maintain inventories of resources and equipment. • Maintain mutual aid agreements. • Emergency Coordination Center (ECC): • Determine condition, status of medical resources. • Determine present and future need for medical resources. • Obtain, coordinate medical resources as requested by field incident commanders, includes: <ul style="list-style-type: none"> ○ Provision for pre-hospital and hospital emergency medical care. ○ Assist in identification, coordination and mobilization of medical equipment, supplies and personnel. • Ensure, if appropriate to situation, the designation of a Disaster Medical Coordination Center. • Coordinate assistance to Medical Examiner in victim identification and mortuary services.

INTRODUCTION

- A. Purpose: To organize pre-hospital and community health resources to reduce the mortality and morbidity resulting from major emergencies or disasters.
- B. Scope:
 1. Emergency medical response to provide triage, treatment, and transport to the injured.
 2. The coordination of hospital resources to provide in-hospital patient care and additional pre-hospital support as needed.
 3. Community mental health and ministerial services.
 4. Control and prevention of epidemics.
 5. Vector prevention and control.
 6. Provision of potable water and wastewater and solid waste disposal.

7. Emergency medical and public health support to displaced or sheltered persons.
8. Victim identification and mortuary services.
9. Veterinarian medical support.

POLICIES

- A. EMS response treatment, triage and transport by Spokane County agencies will be provided according to Spokane County and Regional Patient Care Procedures and Protocols.
- B. All EMS agencies from outside Spokane County who respond to provide medical assistance within Spokane County operate under their own organizational procedures and protocols and will operate within a unified command structure.
- C. The Spokane Regional Health District (SRHD) will provide guidance to the county agencies and individuals on public health principals including infectious disease control, safe drinking water, food sanitation, personal hygiene, and proper disposal of human waste, garbage, infectious waste, vector prevention and control, isolation and/or quarantine.
- D. The Spokane County Medical Examiner (ME) has responsibility over all deceased persons who come to their death suddenly in Spokane County and for certification of cause and manner of death.
- E. The Multi-Casualty Incident Plan (Chapter 13 in the FOG) will provide guidance when the number of casualties is beyond the capabilities of the initial responding resources.

SITUATION

- A. Planning Assumptions
 1. A significant natural or technological disaster could overwhelm Spokane County's medical facilities and services requiring emergency coordination of casualties, i.e. a medical surge event.
 2. Hospitals, clinics, nursing homes, pharmacies, and other medical and health care facilities may be severely structurally damaged, destroyed, or rendered unusable.
 3. Public health threats, including problems related to food, vectors, water, and wastewater, solid wastes, infectious disease transmission, and mental health effects will occur.
 4. Damage to chemical and industrial plants, sewer lines, and water distribution systems and secondary hazards such as fires could result in toxic environmental and public health hazards to the surviving population and response personnel.
 5. The damage and destruction of a catastrophic natural disaster will produce urgent needs for mental health crisis counseling for disaster victims and response personnel.
 6. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters will increase the potential for disease and injury.

CONCEPT OF OPERATIONS

A. General:

1. This ESF is the primary responsibility of first responders working under the authorities of the Medical Program Director, the Medical Examiner and the Public Health Officer. They shall coordinate with all agencies having medical responsibilities.
2. Response requirements may exceed the capabilities of local Emergency Medical Services System and can be augmented by services and assets provided under mutual aid if available.

B. Organization:

1. The Incident Command System will be utilized.

RESPONSIBILITIES

A. Local Government

1. Local government Emergency Medical, Public Health, Hospitals and Mortuary service agencies are the lead agencies responsible for organization and mobilization of this function during emergencies.
2. Local governments are encouraged to develop their own procedures to guide their initial response to emergency events occurring within their jurisdiction. They should consider the responsibilities bulleted in items 3 and 4 below in their emergency planning efforts. Responsibilities that a local government cannot fulfill can be deferred to the DEM Duty Officer or ECC.
3. Local government Emergency Medical Services and Hospitals responsibilities include:
 - i. Respond to the emergency or disaster scene with emergency medical personnel and equipment in accordance with existing protocols.
 - ii. Upon arrival at the scene, assume appropriate role in the Incident Command System (ICS). If ICS has not been established, initiate in accordance established protocols and procedures.
 - iii. Triage, stabilize, treat, and coordinate transport of the sick and injured as per established protocols and procedures.
 - iv. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.), and radio or telephone communications with the Medical Program Director, as appropriate.
 - v. Direct the activities of private, volunteer, and other emergency medical units and of bystander volunteers as needed.
 - vi. Maintain an inventory of emergency medical facilities, personnel, transportation, communications, and supply sources.

- vii. Establish contact with and request activation of the Disaster Medical Coordination Center (DMCC) to enable the coordination of hospital preparation and for direction regarding the transport destination of patients.
4. Spokane Regional Health District (SRHD) During emergencies can provide or coordinate:
- i. Disease detection and control.
 - ii. Waste disposal.
 - iii. Technical information and expertise in regard to the storage of food.
 - iv. Public information programs dealing with personal health and hygiene.
 - v. Communicable disease control operations, to include epidemic intelligence, evaluation, prevention and detection of communicable diseases.
 - vi. Environmental health activities in regard to waste disposal, refuse, food, and vector control.
 - vii. Healthcare support for shelters and Family Assistance Centers.
 - viii. Health instructions to the general public.
 - ix. Lead support to provide initial set up of a Family Assistance Center (others are Emergency Management, American Red Cross and Salvation Army)
5. Washington State Department of Health (DOH)
- i. Technical information and expertise in regard to the storage of water.
 - ii. Information and testing to ensure a potable water supply.
 - iii. Environmental health activates in regard to water control.
6. Washington State Department of Social and Health Services (DSHS)
- i. Lead state agency for mental health issues as provided for in state law and in agency plans, policies, procedures and/or practices.

Lead:

1) Emergency Medical Services (EMS):

- a) Coordinate emergency medical services.
- b) Coordinate pre-hospital care.
- c) Provide initial emergency medical aid.

2) Hospitals:

- a) Receive notification of a disaster situation; initiate the appropriate disaster plan.
- b) Receive incoming patients.

- c) Provide medical care.
- d) Resupply field units with consumable medical supplies.
- e) Make assessment of hospital capabilities and damages.
- f) May mobilize staff to provide teams to respond to mass casualty incidents.
- g) Coordinate with Blood Bank and assist in blood procurement for community needs.
- h) Participate in hospital radio net that links hospitals, ECC, fire dispatch, and fire services EMS units.
- i) Serve as Disaster Medical Coordination Center (DMCC). Deaconess for Spokane and Region 9 (coordinates with sub-regional hospitals for Region 9).

3) Public Health duties may include:

- a) Detection as well as control of disease causing agents and water purification.
- b) Coordinate waste disposal under disaster conditions.
- c) Provide technical information and expertise in regard to the storage of food.
- d) Coordinate public information programs dealing with personal health and hygiene.
- e) Coordinate communicable disease control operations, to include epidemic intelligence, evaluation, prevention and detection of communicable diseases.
- f) Coordinate environmental health activities in regard to waste disposal, refuse, food, water control, and vector control.
- g) Collect vital statistics in regard to births, deaths, and communicable diseases.
- h) Coordinate and provide health care support for shelters and Family Assistance Centers.
- i) Direct the management, distribution and use of health resources (manpower, material, and facilities) under county control and allocated to the county.
- j) Issue health instructions to the general public.
- k) Coordinate public health damage assessment activities.
- l) The Health Officer provides:
 - i) Oversight of sewage treatment.
 - ii) Coordination of public health services.
 - iii) Priorities and administrative details.
 - iv) Decisions involving medical and technical expertise within the agency's scope of practice.
 - v) Determination of critical priorities in the public health effort will be made in consultation with the Board of Health and state and federal service agencies.
 - vi) Provide guidance and/or services related to vaccinations/prophylaxis for disease prevention.

4) Mortuary Services:

- a) The Medical Examiner has jurisdiction over bodies of deceased (RCW 68.08.010). Procedures may vary if an incident falls under the jurisdiction of the FAA, state, or the military, or is deemed a communicable disease outbreak whereby involving the local Health Officer.
- b) The Medical Examiner provides liaison to the ECC to coordinate mortuary resources.

- c) Funeral directors may be requested to assist in the processing of human remains at the discretion of the Medical Examiner.
- d) If local resources for proper handling and disposition of the dead are exceeded, the state and/or federal government may provide supplemental assistance for identification, movement, storage, and disposition of the dead. The Medical Examiner may make a request for such assistance through DEM to the State Department of Health.

5) Emergency Vital Statistics:

- a) Law enforcement agencies provide oversight for missing persons.
- b) The Medical Examiner identifies all deceased persons.
- c) Deaths are registered at the SRHD's Vital Records Office.
- d) The investigating entity is responsible for family and public notification of deceased persons.

6) Business and Industry:

- a) Businesses and industries with personnel and resources needed to meet emergency health care requirements will be asked to participate in the local emergency organization.

7) Ministerial:

- a) Spokane County Ministerial Group, Volunteer Organizations Active in Disasters and The American Red Cross will work in conjunction with the Spiritual Response Team to address all ministerial duties.

RESOURCES REQUIRMENTS

See Comprehensive Emergency Management Plan

REFERENCES

- 1) Field Operations Guide
- 2) Multi-Casualty Incident Plan
- 3) Patient Care Protocols
- 4) Public Health Emergency Response Plan(s) - various
- 5) Hospital Emergency Response Plan(s) – by facility
- 6) Disaster Medical Coordination Center Plan
- 7) Region 9 Ambulance Services Plan
- 8) Spokane County Medical Examiners Mass Fatality Management Plan
- 9) Family Assistance Center (FAC) Plan

TERMS AND DEFINITIONS

See Comprehensive Emergency Management Plan