

ANNEX I: HEALTH & MEDICAL

I. SITUATION

A. Purpose

1. Provide effective health, medical and sanitation services to persons in Sheridan County during a disaster
2. Guard the public health by taking appropriate measures to prevent and control epidemic diseases.
3. Protect food, water, medicines and other supplies against contamination
4. Plan and prepare for mass casualty and mass death situations
5. Coordinate with other agencies and offices to ensure the protection of the public health
6. Provide health and medical public education to mitigate the potential effects of a disaster
7. Support reception and care/shelter operations by providing trained medical personnel for designated public shelters and Temporary Lodging Facilities (Emergency shelters)

B. Assumptions:

1. Although many health related problems are associated with disasters, there is an adequate local capability to meet the demands of most situations. When necessary, support will be available from state, regional and federal agencies.
2. Emergency Medical Response is most critical within the first phase of the disaster
3. Mutual aid assistance usually arrives after this first critical period
4. Mass casualty situations may occur in which many casualties will need treatment in the field, and transportation to and treatment in a medical facility
5. The initial time at a mass casualty scene will be spent by the ambulance service in evaluating the scene, doing primary survival scan by the EMTs and establishing staging area by the senior EMT
6. The Coroner, in a major disaster with mass deaths, will require assistance from fire services, law enforcement, health department, EMS and public works

C. Vulnerability of the Health & Medical Systems:

1. Communications limitations and dependence on telephone system
2. Dependence on out-of-state wholesalers for medical supplies, drugs and equipment
3. Equipment breakdown/failure
4. Potential food, water and medical supply contamination
5. Weather and road conditions
6. Overload of hospital/medical facilities
7. Limited access to facilities and disaster scene
8. Insufficient medical equipment
9. Potentially insufficient number of ambulances
10. Limited mortuary capacity

11. Shortage of medically trained personnel in the county
12. Lack of emergency power at alternate hospital and medical facilities
13. Lack of standard triage tags for hospitals and emergency medical services
14. Lack of standard organization and equipping of ambulances
15. Legal authority to perform medical procedures on patients who refuse to consent to care must be researched (note that unconscious persons are generally presumed to have "given" implied consent)
16. Legal authority to permit health and medical services personnel to perform triage without fear of civil suit for abandonment must be researched
 17. Legal authority to allow mutual aid health and medical services
17. Legal authority to allow mutual aid health and medical services personnel to perform advanced life support procedures outside of their medical control operational area must be researched

D. Resources

1. Personnel (Appendix I - Health and Medical Key Personnel Listing)
2. Sheridan County Memorial Hospital
3. _____ Health Center
4. Medical clinics and mental health clinics
5. _____ Care Center
6. Physicians (all types), psychiatrists, dentists, psychologists, and nurses
7. Pharmacies
8. County Coroner's Office
9. Sheridan county Public Health Nursing Services
10. American Red Cross and The Salvation Army
11. Emergency Medical Services (EMS) and other local and regional ambulance services
12. _____ Fire Department and fire district personnel
13. RACES/ARES (ham radio groups)
14. Clergy
15. Mortuary services and funeral homes
16. Veterinarians and veterinary clinics
17. National Guard
18. School districts
19. Highway Patrol
20. _____ Home Health Care
21. _____ Communications
22. County Resources Inventory

II. EXECUTION

A. Concept of Operations

1. An emergency may require the use of all or part of the resources and manpower of the health and medical services of Sheridan County
2. An effective health and medical response in disaster or emergency

situations will require the coordination of the response by individual health and medical agencies

3. Each health or medical agency is responsible for providing its designated service in Sheridan County
4. If the emergency or disaster is beyond the capability of the local health and medical agencies, requests for assistance from outside the area should be coordinated with the County Health Officer

B. Task Assignment & Implementation

1. County Health Officer
 - a. Coordinates measures taken to prevent and control epidemic disease, works with County Public Health Nursing Director and District Environmental Health Surveillance Officer
 - b. Coordinates measures taken to protect food, water, medicines and other supplies against contamination, and the response in the event of contamination
 - c. Coordinates with the County Coroner plans for responding to mass death situations
 - d. Coordinates with the County Engineer and Municipal Public Works Directors, provisions for sewage, garbage and other solid waste disposal
 - e. Coordinates with the Emergency Management Coordinator and County Sanitarian appropriate response to toxic materials incidents to ensure public health protection (Volume B - Hazardous Materials Contingency Response Annex)
 - f. Coordinates with Hospital Administrators, facility evacuation planning and response
 - g. Coordinates health & medical planning for and response to specific contingencies
2. Hospital Administrators:
 - a. Responsible for the development of the hospital's plan and policies for emergency medical treatment and care, and for the overall management of medical activities during an emergency at each facility
 - b. Coordinates with the County Health Officer in the event that medical resources from outside the county are needed
 - c. Develops/institutes Victim Identification Plan within the hospital in coordination with the County Coroner and Ambulance Service.
 - d. Coordinates hospital's planning for and response to specific contingencies
3. County Coroner:
 - a. Coordinates with the County Health Officer plans for responding to mass death situations (establishes temporary morgues, makes provisions for the removal of dead bodies, identification of the remains, storage of the remains until

- release/ burial, release of remains to appropriate persons, and if needed, designates alternate burial sites)
 - b. Coordinates with the County Health Officer to determine the need and to develop plans for mass burial
 - c. Arranges for autopsies, as required, to determine cause of death in the event of a potential health related emergency or other mass death situation
 - d. Develops/institutes Victim Identification Plan in coordination with Hospital Administrator
 - e. Contacts Forensic Odontologist for assistance in identifying victims remains, if needed
4. Public Health Nursing Director:
- a. Provides assistance to County Health Officer in preventing and controlling epidemic disease
 - b. Coordinates with County Health Officer to provide health care in Temporary Lodging Facilities (Emergency Shelters) during disaster situations
5. Ambulance Service Senior EMT
- a. Responsible for development of ambulance service disaster plan and policies for in field emergency medical treatment and care and transportation to medical facility
 - b. Coordinates with County Health Officer and Hospital Administrators in the event that ambulance resources from outside the county are needed
 - c. Develops/institutes Victims Identification Plan in coordination with hospitals and County Coroner
 - d. Coordinates ambulance services planning for and response to specific contingencies
 - e. Coordinates with the Emergency Management Coordinator appropriate response to toxic materials incidents to ensure public health protection
6. Special Services (Mental Health & Interfaith Clergy):
- a. Responsible for providing counseling to disaster victims and their families
 - b. Responsible for providing counseling and training to disaster workers and their families
 - c. Coordinates with County Health Officer to provide mental health services during and after disaster situations
7. American Red Cross Chairman/Disaster Chairman
- a. Coordinate with County Health Officer and Hospital Administrators to provide medical assistance (nurses, etc.)
 - b. Coordinates the providing of first aid, advanced first aid and CPR training by the American Red Cross
8. Districts Environmental Health and Surveillance Officer
- a. Provides assistance to County Health Officer in preventing and controlling epidemic disease.

- b. Coordinates with County Health Officer measures to be taken to protect food, water, medicine and other supplies against contamination.

III. CONTROL & COORDINATION

- A. Organization Chart: See next page
- B. The County Health Officer will coordinate the Health & Medical Services from the Emergency Operating Center (EOC) in the event of a national emergency or countywide disaster.
- C. In a local emergency, coordination of the emergency health and medical response may be set up at the site of the emergency or at the hospital with medical personnel being responsible to the administrative head of the jurisdiction involved located at the Emergency Medical Operating Center or at the Public Health Nursing Office. (See Volume B of the Sheridan County/Municipal Emergency Operations Plan for a copy of Hospital Plans.)
- D. The providing or requesting of medical/health support to or from a jurisdiction not covered by this plan will be in accordance with mutual aid agreements and/or by approval of the Emergency Council, and is coordinated with the County Health Officer
- E. The line of Succession for Health & Medical Services is:
 - 1. County Health Officer
 - 2. County Hospital Administrator
 - 3. Veterans Administration Medical Center Director
 - 4. Mental Health Coordinator
- F. Line of Succession for the county hospital is:
 - 1. Administrator
 - 2. Assistant Administrator
 - 3. Director of Nurses
 - 4. Senior nurse on duty
- G. Communications
 - 1. Health & Medical Services will depend primarily upon telephone communications
 - 2. The hospitals have the statewide hospital (EMS) radio communications
 - 4. During field operations, a mobile radio of the nearest emergency forces will be used to relay information
 - 5. ARES/RACES: Ham Radio Groups are available to provide communications for Health & Medical Services
 - 6. Dome Communications
 - 7. Recommend use of clear-text language; acronyms and other systems used by various emergency services may not be compatible. Confusion may result, especially during the process of relaying information.