

ANNEX G – HEALTH AND MEDICAL

TABLE OF CONTENTS

Section	Page
I. Situation and Assumption	1
A. Situation	1
B. Assumptions	1
II. Concept of Operations	2
A. Medical	2
B. Public Health	4
C. Triage Priorities	4
D. Human Services	4
E. Water Response	5
F. Mortuary Services	5
G. Requesting External Assistance	6
III. Organization and Assignment of Responsibilities	6
A. Organization	6
B. Responsibilities	6
IV. Direction and Control	9
V. Administration and Logistics	9
A. Administration	9
B. Logistics	10
VI. Continuity of Government	10
VII. Plan Development and Maintenance	10
VIII. List of Appendices	11
IX. Authentication	11
Appendices	Page
Appendix 1 – Tucker County Hospitals, Clinics, Nursing Homes, Ambulance Services, and Pharmacies	12

ANNEX G – HEALTH AND MEDICAL

I. SITUATION AND ASSUMPTIONS

A. Situation

1. Tucker County is vulnerable to a number of hazards, including floods, winter storms, tornadoes, epidemics, and hazardous materials incidents. These hazards could result in serious health risks and other situations that adversely affect the daily life of the citizens of Tucker County.
2. Emergency situations could result in the loss of water supply, wastewater, and solid waste disposal services, which would create potential health hazards.
3. The facilities that provide medical/health care and services to special needs populations may be damaged or destroyed in major emergency situations.
4. The facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the “walking wounded” and seriously injured victims transported to facilities in the aftermath of a disaster.
5. Uninjured persons who require frequent medications such as insulin and antihypertensive drugs or regular medical treatment such as dialysis, may have difficulty in obtaining these medications and treatments in the aftermath of an emergency situation.
6. During any major health-related event (such as a bio-terrorist attack), the health system can expect many people who were not exposed to the event (the worried well) to contact or visit health facilities for treatment.
7. The WVEOP suggests that experience gained from past disasters indicates that most communities lack the necessary resources to provide adequate health services during emergencies and disasters.

B. Assumptions

1. During most emergencies, on-site facilities such as command posts or triage centers may be set up by the individual in charge of the operation.
2. Although many health-related problems are associated with disasters and these problems may over-tax county medical resources, there is an adequate regional capability to meet most emergency situations.

3. Public and private medical, health, and mortuary services resources located in the county will be available for use during emergency situations. However, these resources are limited and they may be adversely impacted by the emergency.
4. The initial medical care during an emergency situation (other than first aid rendered by firefighters or civilians) will be rendered by EMS personnel, which are most critical within the first 60 minutes of the disaster.
5. Damage to chemical storage areas, sewer lines, water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biologicals, radiological substances, and contaminated water supplies, crops, livestock, and/or food products.
6. Volunteers will come forward to help perform essential tasks; their efforts must be anticipated and coordinated.

II. CONCEPT OF OPERATIONS

A. Medical

1. Medical care is a primary concern during all phases of emergency management, particularly during the response phase. The initial care administered by EMS and triage teams can have considerable impact on survivability for disaster victims.
2. Local emergency management officials, in concert with surrounding hospitals, should take all actions necessary to insure the continued functions of the hospitals in emergency situations.
3. During emergency situations, an on-site command post utilizing those who are in charge of each emergency operation at the scene will be established. A triage system and treatment area will be established under the direction of the Emergency Medical Services (EMS) officer in charge.
4. Appropriate disaster mental health services need to be made available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Services may include crisis counseling, critical incident stress management, information and referral to other services, and education about normal, predictable reactions to a disaster experiences and how to cope with them.

5. All ambulances and emergency rescue vehicles serving Tucker County will be equipped with Field Triage Tags and other equipment as required by law.
6. If the response to an incident is escalated, additional Tucker County ambulances will be dispatched to staging areas or to the scene as the situation dictates. It is the responsibility of the first EMT/paramedic who arrives on the scene to institute triage and to implement actions that may be required by the situation.
7. When it becomes apparent that the incident is beyond the local medical community's capacity to respond, the EMS officer in charge shall report to the Incident Commander (IC). The IC will request assistance from the EOC. EOC staff will report to the Health Officer. The Health Officer is responsible for the formal declaration of a medical disaster.
8. The U.S. Department of Health and Human Services is responsible for deploying assets from the Strategic National Stockpile (SNS).
9. Under ESF #8 of the National Response Plan (NRP), the federal government may provide assistance in the assessment of medical needs, supplementation of medical care personnel, and additional medical equipment and supplies during incidents of national significance.
10. The West Virginia University Medical Center located in Morgantown, West Virginia will function as medical control in the event of a major emergency as well as during the normal operation of Emergency Medical Services in Tucker County. WVU Med Com is responsible for notifying other hospitals in the area as to the situation, and provide periodic updates to those hospitals regarding status of the incident. Hospital support will be obtained from one or more of the following:
 - a. Davis Memorial Hospital – Elkins, WV
 - b. Broaddus Hospital – Philippi, WV
 - c. Stonewall Jackson Memorial Hospital – Weston, WV

B. Public Health

1. Emergency operations for public health services will be an extension of normal duties.
2. Sanitation is a very significant aspect of public health. One of the primary considerations is the continuation of water disposal under disaster conditions. Medical facilities may need periodic sanitation inspections. The Tucker County Health Department is responsible for developing bioterrorism plans and other procedures for health emergencies within the framework of the state health and medical services plans and operating within the legal authority delegated to the county, including the municipalities.
3. Under ESF #8 of the NRP, the federal government may provide assistance in the assessment of public health needs and public health surveillance during incidents of national significance.

C. Triage Priorities

1. Patients with certain conditions or injuries have priority for transportation and treatment over others utilizing the Simple Triage and Rapid Treatment (START) method. An outline of these conditions is as follows:
 - a. **Red Category** – First priority, most urgent airway and breathing difficulties, uncontrolled or suspected severe bleeding, shock, open chest or abdominal wounds, severe head injuries.
 - b. **Yellow Category** – Second priority, urgent burns, major or multiple fractures, back injuries with or without spinal damage.
 - c. **Green Category** – Third priority, non-urgent transportation and treatment is required for minor injuries but not necessarily by EMS personnel, minor fractures, or other injuries of a minor nature.
 - d. **Black Category** – Deceased, non-urgent.

D. Human Services

1. The West Virginia Department of Health and Human Resources (DHHR) will act as the primary organization responsible for providing human services to emergency and/or disaster victims.

2. The Director of the DHHR will assess the total emergency or disaster situation and communicate with the various divisions of the department in establishing the need for and priority of service delivery.
 - a. DHHR staff from neighboring counties may be contacted if additional staff is necessary.
 - b. Staff from neighboring counties will work under the general operation of the local DHHR Director.
3. Press releases dealing with human services will be handled by the Director of the local DHHR, in coordination with the County PIO.
4. Federal human services response is listed under ESF #6 of the National Response Plan (NRP). Support includes services for victims with special federal assistance (financial) programs.

E. Water Response

1. The need to furnish life support service to flood victims and fishermen, swimmers, boaters, or other recreational water enthusiasts could arise at any time. Trained personnel and medical supplies for providing advanced life support to trauma victims are available on land and timely deployment to the scene of the incident can save lives.
2. A request for waterway medical assistance should include details of the trauma to the extent necessary to determine the victim's needs, location, the name and description of the vessel, a description of medical items that are available, and other pertinent information.
3. The OEM, in conjunction with responding agencies such Tucker County EMS, is responsible for the overall coordination of the transportation activity and will be assisted by other agencies as requested.

F. Mortuary Services

1. Law enforcement is responsible for investigating deaths that are not due to natural causes or that do not occur in the presence of an attending physician. The county coroner is responsible for determining the cause of death, authorizing/requiring autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing the removal of bodies from incident sites.

2. The county coroner shall arrange for the transportation of bodies requiring autopsy. It may be necessary to establish a temporary morgue and other holding facilities and obtain additional mortuary service assistance.

G. Requesting External Assistance

1. If health and medical problems resulting from an emergency situation cannot be resolved with local resources, those obtained pursuant to inter-local agreements, or those resources obtained by the resource management staff in the EOC, local government may request medical or mortuary assistance from the state. The Tucker County OEM Director should make requests for such assistance to the WVDHSEM.
2. Resource requests should be made in accordance with the “Emergency Medical Services” and “Health and Medical” resource section of the NIMS Resource Definitions.

III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. Response agencies are responsible for developing Operating Guidelines (OGs) that integrate in county policies and procedures and provide an adequate response.
2. County agencies normally responsible for public health and welfare will provide these services during an emergency to the extent of their capability. State and private agencies (such as the ARC and Salvation Army) will be called upon for assistance as necessary.
3. The county Health Officer will acquaint him/herself with the situation as it develops and be prepared, with the assistance of the county medical staff and the ARC Disaster Supervisor, to assume direction and/or coordination of the medical and health operations in the event this section of the EOC staff is activated.

B. Responsibilities

1. Emergency Medical Services
 - a. Respond to the scene with appropriate emergency medical personnel and equipment.
 - b. Upon arrival at the scene, assume an appropriate role in the ICS. If ICS has not been established, initiate it and report to the Tucker County Communications Center (TCCC)/EOC.

- c. Triage, treat, and transport the injured.
 - d. Coordinate with the nearest hospital(s) to ensure casualties are transported to the appropriate facilities.
 - e. Evacuate patients from disaster/emergency affected hospitals and other care facilities if necessary.
 - f. Establish and maintain field communications, coordination with other responding emergency teams (medical, fire, police, public works, etc.), and maintain radio and/or telephone communications with hospitals, as appropriate.
 - g. Direct the activities of private, volunteer, other emergency medical units, and/or bystander volunteers, as needed.
 - h. Assist with the warning and evacuation of patients from affected medical facilities and nursing homes, if needed.
2. Tucker County Health Department
- a. Respond to the threat of communicable diseases regarding epidemic intelligence, evaluation, prevention, inoculation and detection of biological agents.
 - b. Re-establish health and sanitary services in affected areas.
 - c. Supervise food, drug, and potable water supplies, including monitoring potentially contaminated supplies and providing alternate, uncontaminated supplies. The West Virginia Division of Highways (DOH) and local fire departments may provide appropriate tanker trucks to transport these supplies, if necessary and available.
 - d. Provide for the relocation and care of special populations, such as nursing homes, residents, group home residents, and others requiring special care.
 - e. If the disaster that occurs is of a magnitude that indicates that resources of the local department will be overtaxed, the West Virginia Bureau for Public Health may respond in accordance to the prescribed doctrines.
 - f. The Tucker County Health Department is responsible for the issuance of health instructions to the general public. The release of information concerning detailed medical and health operations at the site of the disaster will be the responsibility of the doctor in charge.
 - g. If local health authorities see the need for additional emergency health services due to overcrowding or other causes at local hospitals, key personnel of the

county health department staff will be called to duty at those facilities, if available.

- h. Collect vital disease statistics and forward findings to appropriate state and/or federal officials.
4. Local Human Services
 - a. Provide emergency financial assistance.
 - b. Provide services to children deprived of parental care.
 - c. Provide services to aged and disabled individuals in need of shelter and care.
 - d. Payments for basic needs and medical care through the regular public assistance programs.
 5. WV Department of Health and Human Resources
 - a. Provide emergency financial assistance.
 - b. Provide services to children deprived of parental care.
 - c. Provide services to elderly and disabled individuals in need of shelter and care.
 - d. Provide payments for basic needs and medical care through regular public assistance programs.
 6. Tucker County Coroner
 - a. Conduct inquests for the deceased and prepare death certificates.
 - b. Order autopsies, if necessary, to determine cause of death.
 - c. Assist forensic investigators to identify unidentified bodies.
 - d. Authorize removal of bodies from incident sites to morgue or mortuary facilities.
 - e. Provide information through the County PIO to the news media for the dissemination of public advisories, as needed.
 7. County Public Information Officer (PIO)
 - a. Disseminate emergency public information provided by health and medical officials in collaboration with the Health Officer.
 8. Tucker County Schools
 - a. In the event of a medical emergency, notify EMS/911.
 - b. Notify students' parents and/or guardian.
 - c. Administer medication by order of a doctor, if appropriate.
 - d. Observe for respiratory difficulty.
 - e. Record time and site of an insect sting, food ingested, name of medicine, dosage, and time administered.

9. US Department of Health and Human Services
 - a. Deploy appropriate personnel and resources under ESF #8 of the NRP.

IV. DIRECTION AND CONTROL

- A. The county Health Officer will be responsible for the direction and control of public health activities.
- B. External agencies providing health and medical support during emergencies will be expected to conform to the general guidance provided by the Incident Commander and EOC decision-makers and carry out mission assignments under their direction. However, organized response units will normally work under the immediate control of their own supervisor.
- C. The Tucker County Health Department will be responsible for the direction and control of public health activities. The EOC will serve as the coordinating office for the Health Officer and will provide liaison with the Health Officer and other related personnel.

V. ADMINISTRATION AND LOGISTICS

- A. Administration
 1. In addition to reports that may be required by their parent organizations, health, medical and human services agencies participating in emergency operations will provide appropriate situation reports to the IC, or if an IC operation has not been established, to the Health Officer/designee in the EOC. The IC will forward periodic reports to the EOC.
 2. Pertinent information from all sources will be incorporated into the initial Emergency Report and the periodic Situation Reports (SITREP) that is prepared and disseminated to key officials, other affected jurisdictions, and state agencies during major emergencies.
 3. In order to assure that a record of events is preserved for use in recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures, health and medical operations records generated during an emergency will be collected and filed.
 4. Local drills, tabletop exercises, functional exercises, and full-scale exercises based on

the hazards faced by Tucker County will periodically include health and medical services. Additional drills and exercises may be conducted by various agencies and services for the purpose of developing and testing abilities to make health and medical response to various types of emergencies more effective.

B. Logistics

1. Expenses incurred during response by health and medical service agencies for certain hazards may be recoverable from the responsible party or other sources. Therefore, all departments and agencies will maintain records of personnel, equipment and supplies used or consumed during large-scale health and medical operations.
2. Vital health and medical records should be protected from the effects of a disaster. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible.
3. Administrative and clerical personnel will be made available from the local and county governments as necessary.
4. The NIMS Resource Definitions include health and medical resources. If such resources are needed, requests for them can be made through the local EOC using the types and definitions. See http://www.fema.gov/nims/mutual_aid.shtm and Annex H: Resource Management.

VI. CONTINUITY OF GOVERNMENT

A. Line of Succession

1. County Health Officer
2. Deputy Director of Emergency Health Service
3. Chief of Medical Care Division
4. Chief of Public Health Division

VII. PLAN DEVELOPMENT AND MAINTENANCE

- A. The Health Officer will work with the OEM Director, other medical and human services personnel, and the agencies specified in this annex in its development and maintenance. The plan must be reviewed, tested and updated annually.

VIII. LIST OF APPENDICES

Appendix 1 – Tucker County Hospitals, Clinics, Nursing Homes, Ambulance Services, and
Pharmacies

IX. AUTHENTICATION

Date

Health Officer

Date

Human Services Representative