

GRAYS HARBOR COUNTY CEMP

Public Health and Medical Services

This document serves as Emergency Support Function #8 (ESF#8) of the Grays Harbor County Comprehensive Emergency Management Plan (CEMP).

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Table of Contents

Introduction 1

 Purpose 1

 Scope..... 1

 Situation..... 1

 Planning Assumptions..... 2

Concept of Operations..... 2

 General..... 2

 Organization..... 3

 Emergency Medical Services (EMS) 4

Phases of Emergency Management..... 4

 Mitigation and Preparedness Activities 4

 Response and Recovery Activities 5

Responsibilities 6

 ESF #8 Coordinator 6

 Grays Harbor County Public Health 6

Primary Agencies 7

 Fire/Emergency Medical Services Agencies..... 7

 Grays Harbor County Coroner 7

 Grays Harbor County Environmental Health 7

 Grays Harbor County Health Officer 8

 Grays Harbor County Board of Health 8

 Hospitals..... 8

Support Agencies 8

 County and Municipal Law Enforcement..... 9

 Grays Harbor County Emergency Management (GHC EM) 9

 Grays Harbor Emergency Medical Services and Trauma Council 9

 Grays Harbor Transit 9

References 10

 Local 10

 State 10

Acronyms 11

Primary Agencies:

Grays Harbor County Board of Health
Grays Harbor County Coroner’s Office
Grays Harbor County Environmental Health Department
Grays Harbor County Fire Districts and Municipal Departments
Grays Harbor County Health Officer
Grays Harbor County Medical Program Director
Grays Harbor County Public Health Department
Grays Harbor EMS and Trauma Care Council
Harbor Regional Health Community Hospital
Summit Pacific Medical Center

Support Agencies:

County and Municipal Law Enforcement
Critical Incident Stress Management Team
Grays Harbor County Communications E911
Grays Harbor County Emergency Management (GHC EM)
Grays Harbor Transit

Introduction

Purpose

The purpose of the Emergency Support Function 8 (ESF #8) Public Health and Medical Services Plan is to coordinate the organization and mobilization of public health, medical and mortuary services in Grays Harbor County prior to, during and following a disaster.

Scope

ESF #8 provides guidance in identifying and meeting the public health and medical needs of victims of an emergency or disaster. This support is categorized in the following functional areas:

- Assessment of health and medical needs
- Public health surveillance
- Mental health
- Medical care personnel
- Health/medical equipment and supplies
- Patient evacuation
- Victim identification and mortuary services
- Worker health and safety
- Potable water/drug/medical device safety

Situation

Emergencies and disasters can occur with or without warning causing human suffering, injury and death as well as disruption of normal activities. Some hazards, such as earthquakes, may cause widespread injuries to persons and damage to infrastructure. Hospitals, nursing homes, pharmacies and other medical/health care facilities may be structurally damaged or destroyed. Those facilities that survive with little or no structural damage may be rendered unusable or only partially usable because of damage to the facility operation systems, i.e., reduction of utilities (power, water, sewer), or because staff are unable to report for duty due to personal injuries or damage to transportation systems.

Any mass casualty event will likely exceed capacity to treat those injured or sickened. Hospitals and other medical facilities in the region may be taxed to their maximum capacity to receive patients. The ESF #8 Coordinator and other primary agencies may need to coordinate the use of other shelters as temporary treatment centers.

Medical supplies and equipment may be in short supply. Most health care facilities maintain only sufficient inventory stock to meet their short-term needs. Disruptions in local communications and transportation systems could prevent timely re-supply. Access of casualties to assessment, treatment, transport, and transport facilities may be limited.

Uninjured persons who require daily maintenance medications may have difficulty obtaining these medications because of damage to normal supply locations and general shortages. People with physical or cognitive disabilities, dependent on medical equipment or who are medically frail, elderly, or mentally ill will be at additional risk during a significant event.

Even disasters that do not generate a large number of casualties may have considerable needs for relocation, shelters, vector control, contaminated debris, and returning water, wastewater and solid waste facilities to operation.

In a declared disaster, the governor, or other official licensing entities that have the authority, may waive specific regulations or rules such as capacity limits for care facilities or alternate care.

The damage and destruction from a catastrophic disaster will produce urgent needs for mental health support for disaster victims and response personnel.

Planning Assumptions

It is neither implied, nor inferred, that this plan guarantees a perfect emergency or disaster response will be practical or possible. No plan can shield individuals from all events. While every reasonable effort will be made to respond to emergencies or disasters, resources and/or systems may be overwhelmed. Some events provide little or no warning to implement operational procedures and all emergency plans are dependent upon tactical execution, which may be imperfect. This plan can only be fulfilled if the situation, information exchange, extent of actual capabilities and resources are available at the time of the incident.

Concept of Operations

General

This plan may be activated by any local jurisdiction experiencing an emergency of Public Health or Medical Services by contacting Grays Harbor County Emergency Management (GHC EM) Duty Officer. With the potential for, or the occurrence of an event, GHC EM will notify Grays Harbor County Public Health (GHCPH). This notification may be by telephone to the GHCPH Emergency Response Coordinator or Duty Officer. Such notification could be to advise of a potential event, announce an activation of the EOC, or to pass a request from local jurisdiction officials requesting assistance. Activation should be considered when:

- Current resources are overwhelmed
- The event requires resources from multiple agencies or jurisdictions
- Resources are needed for the mental health support of families or victims
- The event threatens or affects the public health of the community
- There are needs for public information that affect the health of the community

GHCPH through the Emergency Operations Center (EOC) will coordinate health and medical assistance to Grays Harbor County. The concepts of National Incident Management System (NIMS)/Incident Command System (ICS) will be used in the event of an emergency or disaster that results in the activation of the EOC.

The ESF #8 Coordinator will notify other primary and supporting agencies requesting their assistance as appropriate. Primary and supporting agencies will report to the appropriate location as requested. Appropriate primary and support agencies and organizations will be notified and tasked to provide 24-hour representation, as necessary. Each agency or organization is responsible for ensuring that sufficient program staff are available to support the EOC and carry out the activities tasked to their agency or organization on a continuous basis. Individuals representing agencies must have knowledge of the resources and capabilities of their respective agencies or organizations, and have access to the appropriate authority for committing such resources during response and recovery operations.

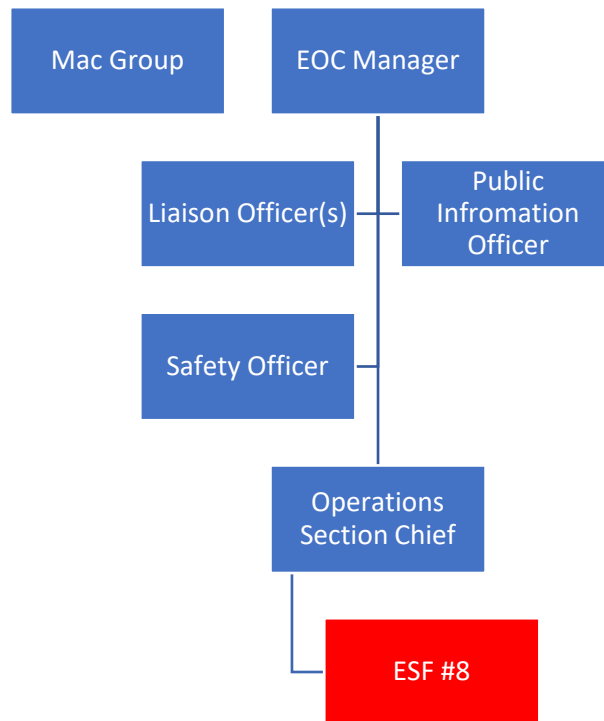
The coordination and reporting of assessments, evaluations, and essential medical information with WA State Department of Health will be coordinated with the EOC through the ESF #8 Coordinator. Providence St. Peter Hospital is the Designated Disaster Medical Control Center (DMCC). Good Samaritan Hospital and Harborview Hospital are the alternate centers.

All public health and medical services will plan for the requirements within Americans with Disabilities Act (ADA) and people with access and functional needs to include limited English proficiency. Evacuating, displaced, and other populations will include people with disabilities, people who may need assistance, and/or people with medical or other additional needs. This will be accomplished in coordination with ESF #6 and #15.

Organization

Grays Harbor County Public Health will coordinate and integrate overall County efforts to provide public health and medical assistance to the affected area. If there is a need for the EOC to activate, the disaster response will be coordinated through the EOC. Dependent on the event other primary agencies may take operational leadership or joint leadership as appropriate.

When ESF #8 is active at the EOC, it will fall under the Operations Section unless otherwise designated by the EOC Manager. ESF #8 should be staffed by a Grays Harbor County Public Health Representative or designated by the EOC Manager. Alternative staffing can come from other agencies identified within this plan. ESF #8 may be staffed by the same representative as ESF #6.



Emergency Medical Services (EMS)

Grays Harbor County emergency medical service personnel will operate under the established Grays Harbor Emergency Medical Services Patient Care Protocols. Any response actions taken by emergency medical service personnel outside the scope of existing protocol must first receive approval from the Medical Program Director or designee. The Emergency Medical Services Response to Multi-patient, Mass Casualty and Disaster Incidents Protocol details the operational concepts and responsibilities so that the Emergency Medical System will be capable of providing mass casualty emergency medical services during an emergency/disaster.

Phases of Emergency Management

Mitigation and Preparedness Activities

Activities that maintain the health of the community and develop health and medical response capabilities.

- Maintain liaison among primary and support agencies.
- Public Health promotion and disease prevention programs and services.
- Environmental Health regulation of public water systems, food service establishments, on-site sewage disposal systems, water recreational facilities, RV parks, schools and providing assistance with vector control.

- Development and registration of medical and public health volunteers to respond during a disaster.
- Maintenance of communication systems between public health, hospitals, and health care providers for health alerts and information exchange during events.
- The development, exercise, and maintenance of internal disaster plans by medical and response agencies and facilities and public health.
- The development of policies to address public health concerns in the community.
- Community planning and exercises for ESF #8.

Response and Recovery Activities

Activities include coordination with appropriate primary and support agencies, to provide for support in a significant event or an event that affects the emergency medical services, public health, or mortuary services for the county:

- Coordination to provide care of the sick, injured and dead resulting from an emergency or disaster.
- Assessment of health and medical needs.
- Assistance with emergency pharmacy and laboratory services.
- Gathering and provision of information on the status of the disaster and its impact on the public health. Public information will be coordinated through ESF #15.
- Assistance, as capable, to jurisdictions and organizations to conduct wellness checks, particularly for people who are at risk, i.e., people who are medically frail, chronically ill, have mental illness, developmental disabilities, etc.
- Coordination with ESF #6, Mass Care and Human Services to support needs of people with special needs, such as people who have mental illnesses, are chemically dependent, developmentally disabled, medically frail or have chronic illnesses, etc.
- Assistance to affected populations in clean-up or follow-up activities with technical advice on health and safety issues related to returning to damaged areas.
- Assistance with restoration of pharmacy services to operational status.
- Non-city or county government, private or non-profit organizations will be requested to support the area medical, health and mortuary services, and hospitals by providing emergency services consistent with their capabilities.
- Coordination of requests for alternate care sites, or sites that could be utilized to support people with special needs. Coordination with entities that have existing facility agreements.
- Coordination of the deployment of volunteer emergency workers (Medical Reserve Corps) to support health and medical needs.
- National Guard medical, transportation, weapons of mass destruction response teams, and other assets may be asked to deploy to support ESF #8 requirements. These requests will be coordinated through the EOC under ESF #7 and ESF #20.

- Disaster Medical Assistance Teams (DMAT) and Disaster Mortuary Operational Response Teams (DMORT) may be requested when the response needs exceed local and regional capacities. These requests will be coordinated through the EOC to the State Emergency Operations Center and the Washington State Department of Health.
- Primary and support agencies and organizations will support response and recovery activities consistent with their organizations' mission and capabilities.
- Participation in post event assessment of response activities and adjustment of plans and protocols as necessary.

Responsibilities

ESF #8 Coordinator

Grays Harbor County Public Health

- Provides coordination for primary and supporting agencies and organizations throughout the incident.
- Identifies, trains, and assigns personnel to staff the EOC for coordination of medical and health services.
- Conducts initial assessment of health and medical needs. Coordinates and/or administers pharmaceuticals for contamination or disease as deemed necessary by local and state health officials.
- Conducts assessment and surveillance of potentially or existing affected individuals, and conducts long-term monitoring of this population for potential long-term health effects.
- Coordinates emergency pharmacy resources.
- Implements Strategic National Stockpile operations, as needed.
- Provides for the recording and issuing of death certificates.
- Coordinates public health and medical information with ESF #15 Public Information and Grays Harbor County Environmental Health equitably.
- Coordinates for the provision of mental health response for immediate and short-term disaster mental health interventions for victims and response personnel.
- Directs and coordinates the activation and deployment of volunteer public/medical/mental health personnel.
- Coordinates through the Washington State Department of Health waivers of rules and regulations regarding licensed health care facilities and personnel.
- If supplemental assistance is necessary, requests are made through the EOC.
- Coordinates response with consideration of special needs populations such as people with chronic illness, who are medically frail, chemically dependent, developmentally disabled or have mental illness.

Primary Agencies

Fire/Emergency Medical Services Agencies

- Provides basic and advanced life support services in accordance with Grays Harbor Emergency Medical Services Patient Care Protocols.
- Provides initial field command and makes the decision whether to request additional assistance.
- Utilizes mutual aid among emergency medical service providers to make maximum use of existing local, regional, or inter-regional assets and services.
- Utilizes decontamination resources as needed or requested.
- Establishes field communications between appropriate agencies.
- Provides representative to the EOC to coordinate EMS response, if requested.
- Provides casualty and damage assessment information to the EOC, if activated.
- During EOC activation, the field operations informs and updates the EOC of any air operations or ground resources that are ordered from outside the county to ensure that all resources are coordinated.

Grays Harbor County Coroner

- Develops and implements mass fatality planning.
- Assumes overall responsibility for the care, identification, notification of next-of-kin, and disposition of bodies of the deceased during and after disasters.
- Determines the manner and cause of death and provides information to Public Health Vital Records for issuance of the death certificate.
- Keeps all necessary records and furnishes the Public Information Officer at the EOC with a regularly updated casualty list.
- If local resources for proper handling and disposition of the dead are exceeded, supplemental assistance may be requested through the SEOC for the identification, movement, storage, and disposition of the dead.
- Makes requests for additional assistance through the EOC.
- The Coroner has jurisdiction over bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death. RCW 68.50.010

Grays Harbor County Environmental Health

- Assesses and monitors any potential or existing environmental contamination or health concerns.
- Ensures emergency sanitation standards for disposal of garbage, sewage and debris are followed.
- Provide oversight of potable water supplies.
- Assures food safety.
- Provides for the coordination of health and sanitation services at mass casualty incidents.

- Coordinates public health information through ESF #15 Public Information and Grays Harbor County Public Health equitably.
- If supplemental assistance is necessary, requests are made through the EOC.

Grays Harbor County Health Officer

- Determines critical priorities in the public health effort.
- Consults with the Board of Health and state and federal health agencies.
- Provides direction for isolation and quarantine.
- Acts as a technical specialist for community health issues, environmental hazards, and information.
- The health officer or designee shall take such action necessary to maintain the health of his or her jurisdiction. The health officer or designee may implement quarantine policies and/or a health order when needed due to incidents of mass communicable disease exposure or contamination of food, water and/or environmental resources.
- A Local Health Officer may invoke the powers of police officers, sheriffs, and all other law enforcement officers to enforce health orders.

Grays Harbor County Board of Health

- Has jurisdiction over all matters pertaining to preservation of the life and health of the people according to RCW 70.05.060

Hospitals

- Maintains procedures and protocols for reducing patient population for events that may require evacuation, and procedures for those who cannot be evacuated.
- Coordinates in-hospital care.
- Works with the Disaster Medical Control Center or backup for assignment of patients and transportation to hospitals or temporary treatment facilities.
- Provides status updates to EOC.
- Provides staff to EOC as requested.
- Maintains plans and procedures to activate decontamination units as needed or requested.
- Monitors and reports incidence of communicable disease to Grays Harbor County Public Health.
- During County EOC activation, informs and updates the EOC of air operations to ensure that transportation resources are coordinated.
- Maintains current transfer and transport site, i.e., helipad, etc.

Support Agencies

Provides support in planning for and providing medical and public health assistance to local jurisdictions affected by an emergency or disaster.

County and Municipal Law Enforcement

As resources allow, provide the following support:

- Provides crime scene investigations and law enforcement.
- Provides on scene traffic control.
- Supports local health care hospitals and affiliated clinics with security and crowd control.
- Enforces quarantine restrictions as requested by the Health Officer or designee.
- Provides security for temporary morgue sites.
- Maintains communication with the EOC.

Grays Harbor County Emergency Management (GHC EM)

- Activates and manages EOC.
- Activates notification in accordance with ESF #15.
- Maintains typed resource lists.
- Maintains lists of identified helipad sites throughout the county.
- Maintains main and backup contact information for primary agencies.
- Manages the Emergency Worker Program.

Grays Harbor Emergency Medical Services and Trauma Council

- Provides administration for advanced life support units in Grays Harbor County.
- Provides oversight of protocols for emergency medical services.
- Maintains communication with the EOC.

Grays Harbor Transit

- Supports transportation needs for patient evacuation or to alternative care sites.
- Maintains communication with the EOC.

References

Local

- Harbor Regional Health Community Hospital Emergency Operations Plan
- Grays Harbor Emergency Medical Services Patient Care Protocols.
- Grays Harbor County Public Health Emergency Preparedness and Response Plan
- Summit Pacific Medical Center Emergency Operations Plan
- Grays Harbor County Mass Fatality Plan

State

- RCW 43.20.050, Powers and Duties of State Board of Health
- RCW 68.50.010, Coroner's Jurisdiction over Remains
- RCW 70.05.060, Powers and Duties of Local Board of Health
- RWC 70.05.070, Local Health Officer – Powers and Duties
- WAC 246-100-040, Procedures for Isolation or Quarantine
- WAC 246-101-505, Duties – Local Heath Officer or Local Health Jurisdiction

WAC 248-100, Communica

Acronyms

AAR	After Action Review/Report
ACCESS	A Central Computerized Enforcement Service System
AEC	Grays Harbor Auxiliary Emergency Communications
ARC	American Red Cross
AWC	Alert and Warning Center
CAA	Clean Air Act
CAMEO	Computer Aided Management for Emergency Operations
CEMNET	Comprehensive Emergency Management Network
CEMP	Comprehensive Emergency Management Plan
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CHEMTREC	Chemical Transpiration Emergency Center
DMAT	Disaster Medical Assistance Team
DMCC	Disaster Medical Control Center
DMORT	Disaster Mortuary Operational Response Team
DNR	Washington State Department of Natural Resources
DOH	Washington State Department of Health
DSHS	Washington State Department of Social and Health Services
E911	Grays Harbor Emergency Communications
EAS	Emergency Alert System
ECY	Washington State Department of Ecology
EHS	Extremely Hazardous Substances
EMD	Emergency Management Division
EMPC	Emergency Management Planning Committee
EMS	Emergency Medical Services
EPCRA	Emergency Planning and Community Right-to-Know Act
ERG	Emergency Response Guide Book

ESF	Emergency Support Function
GETS	Government Emergency Telecommunications Service
GHC EM	Grays Harbor County Emergency Management
GHC EOC	Grays Harbor County Emergency Operations Center
IC	Incident Commander
ICS	Incident Command System
ICP	Incident Command Post
JIC	Joint Information Center
JIS	Joint Information System
LECC	Local Emergency Communications Committee
LEPC	Local Emergency Planning Committee
NAWAS	National Warning System
NIMS	National Incident Management System
NOAA	National Oceanic and Atmospheric Administration
NRC	National Response Center
NRF	National Response Framework
OSCCR	On-Scene Control and Coordination Radio
OSHA	Occupational Safety and Health Administration
PIO	Public Information Officer
PSAP	Public Safety Access Point
RCW	Revised Code of Washington
SDS	Safety Data Sheet
SEOC	State Emergency Operations Center
SERC	State Emergency Response Commission
SOP	Standard Operating Procedures
TERC	Tribal Emergency Response Commission
UC	Unified Command

WAC Washington Administrative Code

WEA Wireless Emergency Alerts

WPS Wireless Priority Service