

## EMERGENCY SUPPORT FUNCTION 8 HEALTH AND EMERGENCY MEDICAL SERVICES

### PRIMARY AGENCIES:

Clallam County Health & Human Services  
Clallam County Health Officer  
Clallam County Coroner  
Emergency Medical Program Director

### SUPPORT AGENCIES:

Emergency Medical Services Council  
Clallam County DCD, Environmental Health Div.  
Emergency Management  
Olympic Ambulance Services  
Fire District No. 3  
American Red Cross

### I. INTRODUCTION

- A. **PURPOSE:** To provide for coordination of Public Health and Emergency Medical Services during times of emergency or disaster.
- B. **SCOPE:** This ESF provides the concepts that the Public Health, Emergency Medical, Mental Health, and Mortuary services will function under. This ESF applies to all agencies performing Health and Emergency Medical functions.

### II. POLICIES: Emergency Medical response to emergencies or disaster will follow accepted protocol and appropriate RCWs.

### III. SITUATION

- A. **Emergency/Disaster Hazardous and Conditions**
  - 1. Natural and/or Technological disaster could effect the Public Health and Emergency Medical response. This would come from damage to the infrastructure and roadways, limiting the ability of movement of resources.
  - 2. A mass causality event could also effect the ability of the response, due to the overwhelming of resources.
- B. **Planning Assumptions**
  - 1. Local Emergency Medical resources will become overwhelmed in any large scale event

2. There is only one trauma hospital in the area and this hospital could be affected by a disaster situation.
3. Sequim does not have large scale established mortuary storage capabilities.

#### IV. CONCEPT OF OPERATIONS

##### A. General

1. The primary objective of Emergency Medical Service is to provide plans and methodologies for prompt and continuous emergency life support to victims of emergencies and disasters.
2. Emergency Management will coordinate logistics support for Emergency Medical services upon request
3. Olympic Medical Center (OMC) is the area's trauma center. In the event that OMC is either unable to provide services or overwhelmed, then sites that can be used to assist are:
  - a. Harborview Medical, Seattle
  - b. Forks Community Hospital, Forks
  - c. Jefferson General, Port Townsend
  - d. Harrison Hospital, Bremerton

All of the above are limited in their capabilities and depending upon the situation, request for support may have to be made to the State.

4. Emergency Management working in conjunction with the local crisis incident stress team, the American Red Cross, and the Disaster Assistance Council, and Clallam County Emergency Management will coordinate counseling activities to emergency workers and disaster victims.
5. Emergency Medical care at shelters will follow the American Red Cross Shelter/Mass care plan. This includes ensuring appropriate Emergency Medical care at shelters.
6. The Clallam County Department of Health and Human Services (in conjunction with the Environmental Health Division) has responsibility for situations dealing with communicable diseases and all other issues dealing with public health. This includes, but not limited to control of communicable disease outbreaks, monitoring of drinking water systems, maintenance of food safety practices, issuing health advisories, and other disease prevention measures necessary during a disaster.
7. The Clallam County Health Officer will be responsible for operations and coordination of temporary morgues. This can be done either by use of existing morgues or use of local cold storage warehouses, as appropriate. The Health Officer will also coordinate with local funeral homes to handle mass fatalities.
8. The Mass Care Plan of the American Red Cross establishes the coordination of religious crises counseling and other appropriate functions.

- B. Organization: The agencies are independent of each other, however they do coordinate issues together. They set the standards for coordinated response to an emergency or disaster for the response Emergency Medical organizations and hospitals. The concepts of response follows the Incident Command System.
- C. Procedures: Each organization affected by this ESF will be responsible for developing and following their own internal Suggested Procedures dealing with response to an incident. Response to an incident will follow the concepts of the Incident Command System. When appropriate, a representative from one of the primary agencies will be assigned to the EOC to coordinate Public Health and Emergency Medical related issues.
- D. Mitigation Activities: Other than facilities being fitted to withstand disasters, mitigation for this ESF will fall under preparedness.
- E. Preparedness Activities:
  - 1. The Emergency Medical Services Council:
    - a. Ensure current training and certification program for EMS field personnel is within the guidelines of accepted protocols.
    - b. Ensure the appropriate training for mass casualty response is carried out in an appropriate manner.
    - c. Ensure that appropriate EMS agencies develop and maintain Suggested Procedures.
    - d. Develop and maintain a current inventory listing of all EMS related equipment and coordinate this information with Emergency Management
  - 2. Clallam County Health Officer:
    - a. Develop and maintain liaison with local funeral directors.
    - b. Establish sites that can be used for temporary morgues for mass casualty incidents.
    - c. Develop and maintain Suggested Procedures for action to take for a mass casualty episode.
    - d. Develop and maintain Suggested Procedures dealing with response to disasters for protection of the public health.
    - e. Ensures appropriate personnel are trained to respond to public health emergencies.
  - 3. Ambulance Companies:
    - a. Developing Suggested Procedures for response to emergencies following the concepts of the Incident Command System as the on-scene Emergency Medical command during an emergency. This includes how crews will be alerted to respond to a disaster.

- b. Coordination with the Emergency Medical program director regarding operations and training requirements for certification.
  - c. Inventorying equipment, communications capabilities and other resources and providing that to the EMS council and Emergency Management
4. Olympic Medical Center:
- a. Develop and maintain a disaster plan and mass casualty plan for the hospital and ensure staff are appropriately trained in individual responsibilities.
  - b. Participate in drills and exercises dealing with mass casualty scenarios, as appropriate.
5. Fire Services
- a. Develop and maintain departmental procedures dealing with emergency Medical response and ensure personnel are aware and trained in the procedures.
  - b. Ensure that all personnel have at least a current First Responder first aid certification.
  - c. Hold periodic mass casualty drills / exercises.
6. Emergency Management
- a. Develop and maintain the Comprehensive Emergency Management Plan for response to disasters.
  - b. Create and hold mass casualty drills / exercises.
  - c. Assist Emergency Medical services in public preparedness education.
7. American Red Cross
- a. Develop and maintain a mental health response program to assist the victims of disasters
  - b. Ensure appropriate staff and volunteers are trained in this response capabilities.
8. Critical Incident Stress Management Team of Clallam County: Develop and maintain Suggested Procedures dealing with response to disasters for protection of mental health of workers.
- F. Response Activities
1. In an actual emergency, all responding Emergency Medical organizations are responsible for the following:
- a. Documenting expenditures for all disaster or emergency related obligations for auditing and reimbursement purposes.
  - b. Document all actions taken and reason for those actions being taken.

- c. Coordinate vital statistics, public information and technical assistance.
  - d. Providing resources and specialized support functions as agreed upon or provided for in mutual assistance agreements.
  - e. Alerting staff (by agency's procedures) and briefing them of the situation.
  - f. Reviewing plans and procedures and assuring personnel are informed of existing or revised procedures.
  - g. Coordinating needs for augmentation of resources with Emergency Management
  - h. Conducting emergency operations.
2. Emergency Medical Services Council: Ensures local EMS responders cooperate in local response.
  3. Olympic Medical Center
    - a. Is the trauma center for the Sequim area.
    - b. Coordinates Mass Casualty incidents with field EMS personnel.
    - c. Locates and assigns overflow facilities, as appropriate.
    - d. Coordinates the movement of patients to other facilities, as appropriate.
    - e. Provides for patient care, to include mental health issues.
  4. Olympic Ambulance
    - a. Follow the concepts of the Incident Command system on all responses to emergencies or disasters.
    - b. Mobilizing personnel and resources, as appropriate.
  5. Area Fire Service departments
    - a. Follow the concepts of the Incident Command System.
    - b. Assist field Emergency Medical resources, as appropriate, within departmental qualifications.
  6. Emergency Management
    - a. Coordinate resource request and obtain additional resources from state and other sources, as appropriate.
    - b. Coordinate information between agencies.
  7. Department of Health & Human Services in conjunction with Environmental Health:

- a. Responds when requested by incident command staff, as appropriate.
  - b. Monitors all conditions that may have an effect of the public health.
  - c. Performs field sampling and testing, as appropriate.
  - d. Warns command staff of potential health threats to responders.
  - e. Issues health advisories to the public, as appropriate.
8. American Red Cross
- a. Establishes mass care operations, when requested by incident command staff.
  - b. Establish mass care following the concepts of the Red Cross Disaster plan
- G. Recovery Activities: All agencies support recovery activities consistent with their department's mission and capabilities.

#### VI. RESPONSIBILITIES

- A. Primary Agency: Coordinate the planning for, and provisions of, the local Emergency Medical and public health assistance to the local area after an emergency or disaster.
- B. Support Agencies: Provide support to the primary agency in planning for, and providing resources to, the response to an emergency or disaster.