

EMERGENCY SUPPORT FUNCTION #8**PUBLIC HEALTH AND MEDICAL SERVICES****ESF Coordinator:**

Tooele County Health Department/Environmental Health

ESF Primary Agency:

Tooele County Health Department/Environmental Health

ESF Support Agencies

Tooele County Emergency Management

Mountain West Medical Center

Mountain West Ambulance Service

Tooele County School District

Adult & Aging Services

Tooele County Sheriff/Hazardous Materials Team

American Red Cross

Primary Points of Coordination and Associated Actions:

- A. ESF#1 (Transportation) provide transportation resources.
- B. ESF #5 (Emergency Management): receive and provide information and incident management, support and coordinate requests for materials and supplies, provide briefings to outside jurisdictions, provide mission assignments, and receive consolidated SITREPS.
- C. ESF #6 (Mass Care, Housing and Human Services): provide stress counseling
- D. ESF #10 (Hazardous Materials): identify areas where there are hazardous materials. ESF #8 (Health & Medical): determines impact on health and safety of responders and citizens.
- E. ESF #11 (Agriculture and Natural Resources): coordinate to ensure the safety of water supply.
- F. ESF #15 (Public Information): Share and coordinate health and medical information for release to the media and public.

I. INTRODUCTION

A. Purpose

1. ESF #8 – Public Health and Medical Services is responsible for coordinating state and Federal assistance to supplement local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated state and federal response, and/or during a developing potential health and medical emergency. The phrase “medical needs” is used throughout this annex. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the “at risk” or “special needs” population. It includes a population whose members may have medical and other functional needs before, during, and after an incident.
2. Public Health and Medical Services includes behavioral health needs consisting of both mental health and substance abuse considerations for incident victims and response workers and, as appropriate, medical needs groups defined in the core document as individuals in need of additional medical response assistance and veterinary and/or animal health issues.

B. Scope

ESF #8 provides a coordinated response and supplemental assistance to local governments in the following core functional areas:

1. Assessment of public health/medical needs
2. Health surveillance
3. Medical care personnel
4. Health/medical/veterinary equipment and supplies
5. Patient evacuation
6. Patient care
7. Safety and security of drugs, biologics, and medical devices
8. Blood and blood products
9. Food safety and security
10. Agriculture safety and security
11. All-hazard public health and medical consultation, technical assistance, and support
12. Behavioral health care
13. Public health and medical information
14. Vector control
15. Potable water/wastewater and solid waste disposal
16. Mass fatality management, victim identification, and decontaminating remains
17. Veterinary medical support

18. Mental health care/substance abuse counseling

C. Policies

The Tooele County Health Department, in its primary agency role for ESF #8, directs the provision of State of Utah health and medical assistance to fulfill the requirements identified by the affected county and local authorities having jurisdiction. ESF #8 directs the overall public health response; triage, treatment, and transportation of disaster victims. ESF #8 also works within the local health response system to assist in the evacuation of patients out of the impacted area as needed. Assistance in pre-event evacuation may also come under the purview of ESF #8 whenever such patients or clients of the county are involved.

The primary focus of ESF #8 is to coordinate, manage, and supplement county and local governments affected by the emergency by using additional resources primarily available from the following sources:

1. Utah Department of Health;
2. Other supporting county agencies;
3. Additional resources available to Tooele County from neighboring counties.
4. National Disaster Medical System (NDMS), Disaster Medical Assistance Teams, Emergency Medical Services (EMS) providers, and commercial and private donations of goods and services;
5. ESF #8 will be activated following a county Health Department request for assistance following (or prior to expectation of) the occurrence of a major emergency;
6. ESF #8 has a field deployment capability in the form of nurses, health care workers and environment analyst;
7. Accordance to the assignment of responsibilities in ESF #8 and further tasking by the primary agency, each support organization participating under ESF #8 will contribute to the overall response but will retain full control over its own resources and personnel;
8. All assets deployed under the National Response Framework for ESF #8 in response to an event will be coordinated by the state ESF #8;
9. Federal Disaster Mortuary Operational Response Team (DEMORT) assets may be requested through the state EOC to supplement overwhelmed health and medical services;
10. ESF #8 is the primary source of public health and medical response information for all county officials involved with response operations;
11. ESF #8 will not release medical information on individual patients to the general public to ensure patient confidentiality protection;
12. Information on missing or dead persons as a result of the emergency will be coordinated by the county Health Department, coordinating with the Division of Homeland Security. The County Sheriff and local law enforcement will compile information regarding missing persons. The State Medical Examiner's Office or their local representative will identify deceased persons.

13. The Joint Information Center (JIC) will coordinate incident-related public information, and is authorized to release general medical and public health response information to the public. When possible, a recognized spokesperson from the public health and medical community (State or local) delivers relevant community messages.
14. In the event of a zoonotic disease outbreak and in coordination with ESF #11 – Agriculture and Natural Resources, public information may be released after consultation with the Department of Agriculture (USDA). In the event of an oil, chemical, biological, or radiological environmental contamination incident, ESF #8 coordinates with ESF #10 – Hazardous Materials on the release of public health information.

II. SITUATION

- A. This annex will be activated in response to large-scale, mass-casualty incidents that result in sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities.
- B. Health and medical issues that may need to be addressed include: multiple deaths and injuries; behavioral health crisis counseling; environmental contamination; transportation of medical casualties out of disaster area; infectious disease control; public information and education; assistance and guidance to hospitals, health care providers and first responders; patient or individual medication renewals or prescription replacements for lost medications and provision of emergency medical services.
- C. Resources within the impacted area may be inadequate to treat casualties from the scene or in the local hospital. Additional mobilized state capabilities will urgently be needed to supplement and assist county and local governments to triage and treat casualties in the disaster area and then transport them to the closest appropriate hospital or other health care facility.
- D. Tooele County could be cut off from any outside health assistance in a major emergency for a period of time.
- E. Emergency measures to protect life and health during the first 12 to 24 hours after the incident in all likelihood will be exclusively dependent upon local and area resources.
- F. All available public and environmental health resources located in the county will be provided for use during disaster situations, but many of these resources, especially human resources, will themselves be impacted by the disaster.
- G. Mountain West Ambulance Service provides the only ambulance service within Tooele County. Gold Cross Ambulance service, Salt Lake City, 801-972-1211, will support Tooele County upon request.
- H. Should evacuation be required, MWMC has hand-shake agreements with the following hospitals for support:

Paracelsus Pioneer Valley Hospital
3460 S. Pioneer Parkway (4155 W.)
West Valley City, UT 84120
801-964-3100

University of Utah Healthcare
50 N. Medical Drive,
Salt Lake City, UT 84112
801-581-2121

Columbia St. Mark's Hospital
1200 East 3900 South
Salt Lake City, UT
801-408-1100

LDS Hospital
8th Avenue & "C" Street
Salt Lake City
801-268-7111

- I. Should any other care facility licensed by the State need to be evacuated, assistance will be provided by one of the following:

Utah State Bureau of Licensing
Health Facility Licensor Department
Attn: Debbie Wynkoop
801-538-6320
801-560-2823 (cell)

Utah State Bureau of Licensing
Southern Region Offices (Provo)
Attn: Connie Payne
801-374-7688

- J. They will contact other care facilities to look for space. Care facilities licensed by the state include: nursing homes, assisted living facilities, some home health and hospice care, and some daycare facilities.
- K. MWMC has agreements with Evans U.S. Army Community Hospital, Fort Carson, Co. to provide the following services:
1. Adequate ambulance service to patients of the U.S. Army Health Clinic, Tooele Army Depot, Tooele, Utah; and,
 2. Treatment of Tooele Army Depot, Deseret Chemical Depot and Dugway Proving Ground chemical and biological operations patients.
- L. Experience shows us that many injured civilians are self-treated and may not be transported to hospitals by medical personnel.

- M. A major medical and environmental emergency resulting from nuclear, biological, or chemical (NBC) weapons of mass destruction (WMD) could produce a large concentration of specialized injuries and problems that could overwhelm the State, county, local and/or tribal public health and medical care system(s). In the event of a suspected or confirmed chemical, biological, or radiological act of terror, supplemental assistance to local governments will be needed to identify the agent, stabilize and mitigate the circumstances, treat patients, and provide technical assistance until federal resources are in place to support on-going incident management activities.
- N. The Metropolitan Medical Response System (MMRS) along the Wasatch Front is trained and ready to respond to nuclear, biological, chemical or large-scale epidemic incidents. These teams, in conjunction with county and state public health, have the capability to assess incidents, determine impact and recommend the deployment of the Strategic National Stockpile (SNS) to the Department of Health. Through the MMRS, pharmaceutical stocks may be used at bioterrorism and other health emergencies.
- O. A Center for Disease Control (CDC) Team of 5 – 8 technical advisors, a Technical Advisory Response Unit (TARU), usually comprised of a team lead, pharmacist, public health advisors, logistician and emergency response liaisons, will be deployed at the time of the first shipment.

III. CONCEPT OF OPERATIONS

The Tooele County Sheriff's Dispatch Center coordinates all emergency response actions during normal daily activities.

Following a major incident, the Tooele County Emergency Operations Plan (EOP) will be activated by the Tooele County Commissioners or their designee. Upon activation of the EOP, the overall control and coordination of health and medical response activities will transfer to ESF #8 in the Tooele County Emergency Operations Center (EOC). TCEM staff will initiate a notification procedure that alerts ESF #8 Primary Agencies.

A. Public and Environmental Health Coordinators will:

1. Respond to the EOC when notified.
2. Prioritize emergency response activities.
3. Assess staffing limitations.
4. Provide public health nurses and/or other support personnel to schools, reception centers, or other mass care facilities for medical assistance and services.
5. Maintain communications with field personnel and the EOC.
6. Work to quickly identify sources of hazardous chemicals or infectious diseases, controlling their spread, and reporting their presence to appropriate State and Federal health and environmental authorities.
7. Provide health and sanitation oversight at mass feeding locations. Ensure that all public facilities utilized for mass care meet current health standards.

8. Coordinate with the County Engineer, Soil and Water Conservation District officials, and State Health officials to protect and ensure sanitation of water systems. Inspect damaged buildings. Inspect sewer systems and landfill sites to ensure compliance with State Health requirements.
9. Assist the medical coordinators with the acquisition and disposition of medications and medical supplies and equipment.
10. Implement actions to prevent or control vectors such as flies, mosquitoes, and rodents.
11. Issue health advisories to the public on such issues as emergency water supplies, waste disposal, mass feeding services, vectors, immunizations, disinfection, and others as required.
12. Participate in air, water, ground, and/or structure sampling plan development and implementation. Participate in the Recovery Planning Group, if activated. Provide technical assistance to decision-makers regarding reentry and recovery decisions.
13. Continually update and maintain EOC status boards, providing briefings or other information relating to public and environmental health response and recovery activities. Provide Event Log Coordinator with information regarding key response actions and corresponding execution times. Detailed information is critical in portraying an accurate picture of overall emergency response and recovery operations.
14. Plans are under development with the local health department for the provision of assistance to special needs populations and medically dependent individuals at an existing shelter or at a "special needs" shelter facility, if required.

A MWMC pre-designated Medical Coordinator will be requested to report to the Tooele County EOC.

B. The Medical Coordinator will:

1. Work closely with the MWMC Medical Control Officer on all medical response team efforts and make appropriate information and situation reports available to MWMC and the Tooele County Policy Group.
2. Coordinate with both the Incident Commander(s) (ICs) MWMC, and medical triage sites. The IC, chief medical authority or designee at the site(s) may be responsible to:
 - a. Fill a large demand for water and intravenous equipment.
 - b. Ensure triage is conducted in an area where ambulances have easy access.
 - c. Establish one or more areas for EMS equipment to be deposited as units enter. Otherwise ambulances, carrying equipment that may be needed at the scene, may leave with patients.
3. Ensure that disaster operations include:
 - a. in-hospital triage and treatment;
 - b. holding and treatment areas, if required;
 - c. adequate medical control of field operations;

- d. Advanced Life Support (ALS) trained personnel;
 - e. transport of the injured;
 - f. isolation, decontamination and treatment of victims of hazardous chemicals or infectious diseases, when necessary; and,
 - g. maintaining communications with the EOC, MWMC, and the appropriate medical control officer and field commanders.
4. Be prepared to provide the Joint Information Center/System (JIC/JIS) with medical advisories pertinent to the situation.
 5. Work closely with the Health Coordinator to ensure adequate medications, medical personnel, supplies and equipment is available.
 6. Work with the Human Needs Coordinator and School Coordinator for the needs of special populations and to ensure adequate transportation resources are available.
 7. Request support from outside jurisdictions where mutual aid agreements are in place; or request additional resources through the State EOC Health Coordinator.
 8. An Office of the Medical Examiner Investigator (OME Investigator) may be requested to respond to the EOC or, under the direction of the Tooele County Sheriff, may operate from the field and coordinate with appropriate agency representatives in the EOC.

IV. RESPONSIBILITIES

A. Director, Health/Environmental Health Dept.

1. Act as Public Health Coordinator when the Emergency Operations Center is activated. If unavailable, will ensure the alternate responds to the EOC.
2. Ensure the availability of public health nurses to respond to reception center(s)/shelter(s), if requested during disaster situations.
3. Designate an environmental health specialist to act as Environmental Health Coordinator when the EOC is activated.
4. Establish preventative health services and make the general public aware of same, including the control of communicable diseases.
5. Establish and manage a Medical Reserve Corp, consisting of retirees or people who work out of the immediate area but live in Tooele County, who can be drawn upon to assist Tooele County in a disaster or catastrophic event to supplement the county's resources when they become overwhelmed.

B. ESF #8 Coordinator: Public Health Coordinator

1. Coordinate all public health services in the jurisdiction.
2. Maintain updated resource inventories on health and medical supplies and equipment.
3. Provide epidemiologic surveillance, case investigating, and follow up.

4. Provide coordination of laboratory services for identification required to support emergency health and emergency medical services.
5. Provide public health advisories on general sanitation matters to the public and media whenever possible through the Joint Information Center serving the emergency.
6. Coordinate with neighboring areas and State Public Health Coordinator on matters requiring assistance from other jurisdictions.
7. Coordinate of all health-related activities among other local public and private response groups or agencies.
8. Coordinate operations for general or mass emergency immunizations or quarantine procedures.
9. Take all appropriate hazard specific emergency response operations training.

C. Environmental Health Coordinator

1. Provide for monitoring and evaluation of environmental health risks or hazards as required and take or assign appropriate correctional measures.
2. Inspect for purity and usability and quality control of vital food stuffs, water, drugs, and other consumables.
3. Coordinate with the water, public works or sanitation departments in the jurisdiction, as appropriate, to ensure the availability of potable water and an effective sewage system, sanitary garbage disposal, and the removal of dead animals.
4. Ensure that medical wastes are handled and disposed of properly, if services are disrupted or the demand for disposal increases.
5. Implement actions to prevent or control vectors and the spread of disease through animals.
6. Monitor food handling and mass feeding sanitation services in emergency facilities.
7. Detect and inspect sources of contamination dangerous to the general public's physical and mental health.
8. Inspect damaged buildings for health hazards.
9. Coordinate with the animal control officer to dispose of dead animals.
10. Ensure that adequate sanitary facilities are provided in reception centers and shelters for response personnel and the public.
11. Provide guidance and oversight on all appropriate recovery planning issues.
12. Provide environmental health advisories to the public and media whenever possible through the Joint Information Center serving the emergency.
13. Will take all appropriate hazard specific emergency response operations training.
14. Ensure that all reporting and record keeping requirements are met with local, state and federal agencies.

D. Mountain West Medical Center (MWMC) Medical Control Officer

1. Implement MWMC disaster plan.
2. Provide medical guidance, as needed, to EMS units, field collection and/or treatment locations, et cetera.
3. Oversee and coordinate the activated medical organizations to assess their needs, help them obtain resources, and ensure that necessary services are provided.
4. Coordinate with the Medical Coordinator and the Health Coordinator in the EOC on distribution of patients to and among health care facilities based on the capability to treat and bed capacity, including transfers outside the area and/or rerouting to alternative facilities.
5. Maintain a patient tracking system in coordination with the Medical Coordinator in the EOC.
6. Establish and maintain EOC, field and inter-hospital medical communications.
7. Work with the Medical and Health Coordinators to provide transportation of medical resources to health care facilities and to and from disaster sites as required.
8. Upon request make available qualified medical personnel, supplies and equipment available within the jurisdiction.
9. Screen, and coordinate, with neighboring community medical organizations, State and Federal officials and incoming Disaster Medical Assistance Teams (DMAT) to ensure that positive identification and proof of licensing is made for all medical volunteers as appropriate. Licensure can be verified by calling the State of Utah, Department of Commerce, Division of Occupational and Professional Licensing, 801-530-6628.
10. Maintain liaison with the coordinators of other emergency services such as fire, law enforcement, public works, emergency management, et cetera, to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
11. Provide patient identification information to the American Red Cross upon request.
12. If the emergency involves TEAD, DCD, or Dugway military assets, coordinate with the US Army Health Clinic (USAHC) TEAD, 435-833-2572, to provide emergency medical care and treatment to patients of TEAD, DCD and Dugway Proving Ground.
 - a. Coordinate the provision of primary emergency care and treatment, with at least one physician present, after normal duty hours (1700 hours - 0630 hours) and on weekends and holidays.
 - b. Coordinate tertiary emergency care with the USAHC, TEAD, during normal working hours (0630 hours - 1700 hours).
 - c. Maintain and provide to USAHC TEAD accurate records of all emergency service visits by TEAD personnel.
 - d. Coordinate all release of information pertaining to said patients with USAHC TEAD.
 - e. In the event of death of a TEAD patient, notify the USAHC TEAD immediately.

E. Medical Coordinator (in the EOC)

1. Report to the EOC and establish and maintain field communications and coordination with field units, other responding forces, and radio or telephone communications with the MWMC or other casualty care facilities or command posts as appropriate.
2. Respond to Sheriff's dispatch with emergency rescue, medical and ambulance units.
3. Provide personnel to administer emergency medical assistance at the disaster scene. Provide patient identification information to the American Red Cross upon request.
4. Work in conjunction with the MWMC Medical Control Officer to provide transportation of medical resources to health care facilities and to and from disaster sites as required.
5. Assist with the evacuation of patients from MWMC, the skilled nursing facility, or home healthcare clients, if resources permit.
6. Provide first-aid and medical supplies for disaster use in coordination with the Health Coordinator.
7. Ensure that medical teams responding to a disaster site establish a medical command post.
8. Maintain a casualty tracking system in coordination with the Medical Control Officer.
9. Maintain updated resource inventories on medical supplies and equipment.
10. Provide emergency ambulance service for patients of the USAHC after normal duty hours and on weekends and holidays.
 - a. Provide qualified EMS personnel to respond to calls from DCD after normal duty hours (1700 - 0630 hours) and on weekends and holidays.
 - b. Ensure that all EMS personnel are qualified for emergency care responsibilities through appropriate training/certification.
 - c. Maintain accurate records for all emergency services provided to the USAHC in order to adequately identify all persons seeking medical care, and provide copies of such records to the USAHC, TEAD.
 - d. Ensure Mountain West Ambulance Service does not enter any toxic areas of DCD.

F. SUPPORT ORGANIZATIONS

<p>American Red Cross</p>	<ul style="list-style-type: none"> • Provide food for emergency medical responders and other field support personnel, volunteers and patients. • Maintain a Disaster Welfare Inquiry System in coordination with hospitals, aid stations, and field triage units to collect, receive and report information about the status of victims. • Assist with the notification of next of kin of the injured and deceased. • Assist with the reunification of the injured with their families. • Provide blood, blood substitutes, and blood by-products, and/or implementing reciprocal agreements for replacement of blood items. • Provide first aid and other related medical support at temporary treatment centers, as requested, and within capability.
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G. All tasked agencies should:

1. Maintain existing communication capability and follow established procedures for inter- and intra-agency and IC communications for daily and emergency field operations;
2. Each tasked organization is expected to provide its own logistical support ((food, water, emergency power, fuel, equipment/supplies replacement, etc.) during the initial phase (at least the first 24 hours) of response operations. Additional support should be obtained through the EOC, or the IC, as appropriate.
3. Sources of medical supplies and equipment will be developed and maintained by the appropriate health and medical organizations, and made available to the EOC for reference.
4. Plan for and schedule training and exercise.
5. Establish a procedure to identify damage to organizational resources and facilities and cost accounting of damages, for reporting to the EOC Finance Coordinators.
6. Ensure that organizational staff members in the EOC have authority to commit resources and set policies, or know the appropriate procedures for doing so.
7. If appropriate, establish a protocol for interfacing with State/Federal responders and coordinating centers.
8. Activate a control center to support and facilitate the organization/department’s response activities.
9. Ensure 24 hour staffing in the EOC and control center, when requested by the EMD;
10. Maintain communication with appropriate Branch or Section Chiefs;
11. Keep appropriate ESF Coordinators in the EOC and JFO informed of status of operations at all times;

12. Maintain daily staff and equipment usage records and expense reports and provide to the financial officer in the field and/or EOC as appropriate. Request forms if not readily available; and,
13. Clean, repair and perform maintenance on all equipment, as required for daily use, and before returning to normal operations or to storage

Salt Lake County EOP Example

Emergency Support Function #8 – Public Health and Medical Services Annex

ESF Coordinator: Bob Jeppesen

Support Agencies:

*See Below

Primary Agencies: Salt Lake Valley Health

County Liaison: Cathy Bodily

INTRODUCTION

Purpose

The purpose of this ESF is to coordinate all Salt Lake County health and medical resources needed to respond to public health and medical care needs prior to, during and following a significant natural disaster, infectious disease outbreak or manmade event.

Scope

ESF 8 involves identifying and meeting the health and medical needs of actual and potential victims of a major emergency or disaster in Salt Lake County. As the Primary Agency, the Salt Lake Valley Health Department will rely heavily on three Support entities: the Salt Lake Valley Fire Alliance, the Utah Department of Health and the Utah Hospital Association. Responsibilities include the following:

1. Salt Lake Valley Health Department

- a. Assessment of health/medical needs;
- b. Disease Control/Epidemiology;
- c. Health/medical care personnel, equipment and supplies;
- d. Food safety
- e. Chemical and biological hazards;
- f. Public health information release working with ESF 15 (External Affairs);
- g. Vector control/monitoring;
- h. Potability of water, wastewater, and solid waste disposal;
- i. Temporary emergency triage and treatment facilities.
- j. Medical Reserve Corps

2. Salt Lake Valley Fire Alliance

- a. Coordination of patient triage, treatment, evacuation and transport;
- b. Emergency medical care personnel, equipment and supplies;
- c. Emergency responder health and safety;
- d. Medical Command and Control.

3. Utah Department of Health

- a. **Coordination of patient triage guidance, treatment assistance, evacuation assistance and transport as requested;**
- b. Assist in acquiring and deploying emergency medical care personnel, equipment and supplies during an event as requested;
- c. Develop and provide health advisories or alerts for responders and receivers;
- d. Notification, information and evacuation assistance to medical facilities;
- e. Develop in-hospital care guidance and assistance;
- f. Track census information and bed availability;
- g. Coordinate assistance for healthcare facilities and agencies with the appropriate EOC;
- h. Assist with temporary emergency triage and treatment facilities, providing equipment, supplies and coordination as needed;
- i. Surge capacity assistance and healthcare resource management assistance;
- j. In partnership with the State Division of Homeland Security and the Department of Environmental quality, assist with the mitigation of radiological hazards;
- k. Assist local jurisdictions and agencies with victim identification and mass fatality management.

4. Utah Hospital Association

- a. Coordinate emergency hospital activities to include damage assessment, resource allocation and census information;
- b. Provide regular EOC updates on hospital status;

Policies

- A. ESF 8 will be activated upon an EOC declaration of a level II or greater or specific event or when a specific need is identified. This will be following or prior to expectation of the occurrence of a significant natural disaster or manmade event.

Level I	Full-scale Activation
Level II	Limited Activation
Level III	Monitoring

Level I – Full-Scale Activation

In a full-scale activation, all primary and support ESF agencies under the County plan are notified. Salt Lake County Emergency Management staff and all primary ESF's will report to the County EOC. When an event warrants a Level I activation, the EOC will be activated on a 24-hour, 7 day schedule due to the severity of the event or an imminent threat. All staff and all ESF's are activated and will be contacted to provide representatives at the EOC. ICS is implemented and all sections and branches are activated, the EOC Planning Section initiates the incident support planning process to establish operational objectives and priorities. It is expected at this level of activation that response and recovery operations will last for an extended period. As County resources are exhausted, the Utah Division of Homeland Security will be contacted for assistance and the State will then notify FEMA of the response operations and status of needs.

Level II - Limited Activation

Level II is limited agency activation. Coordinators of primary ESF's that are affected will be notified by Salt Lake County Emergency Management staff to report to the EOC. All other ESF's are alerted and put on standby. All agencies involved in the response will be requested to provide a representative to the County EOC. Some ESF's may be activated to support response/recovery operations. The Emergency Management Bureau staff will report to the County EOC as well as the local agencies involved in the response and recovery. This level can warrant a 24-hour schedule. The ICS system is activated and all sections and branches are activated as required.

Level III – Monitoring

Level III is typically a monitoring phase in which events are typically handled by jurisdictional response agencies. SLCO duty officers monitor and follow-up on situations, threats or events and report to the EOC as needed to assess the situation and escalate activation level when necessary.

Notification will be made to those local agencies and ESF's who would need to take action as part of their everyday responsibilities. This level typically involves observation, verification of appropriate action, and follow-up by Salt Lake County Emergency Management staff. Most events can be resolved in a small amount of time using small amounts of resources. The day-to-day operations are typically not altered and the management structure stays the same. Duty officers apprised of the event evaluate the situation and, if conditions warrant, appropriate individuals and agencies are alerted and advised of the situation and instructed to take appropriate action as part of their everyday responsibilities. At the conclusion of the event, the duty officers verify completion of the actions taken and document the incident. Incident action planning is not necessary, although it may be necessary to provide briefings or meetings for response or mitigation efforts for the event.

- B. ESF 8 will coordinate all health and medical resources and shall monitor field deployment of medical personnel, equipment and supplies.

- C. Each ESF 8 support organization will retain full control over its own resources and personnel (recognizing that for response the Incident Commander would direct allocation

of personnel and resources.)

- D. ESF 8 will not release medical information on individual patients to the general public to ensure patient confidentiality protection.
- E. Appropriate non-specific information on casualties/patients will be provided to the American Red Cross for inclusion in the Disaster Welfare Information System and to ESF 15 for informational releases.

Planning Assumptions

1. Resources within the affected disaster area may be inadequate, overwhelmed or severely limited or destroyed.
2. Damage to chemical/industrial plants, sewer lines, and water distribution systems and secondary hazards such as fires, will result in toxic environmental and public health hazards including exposure to hazardous materials, and contaminated water supplies, crops, livestock, and food products.
3. The damage and destruction from a catastrophic natural disaster, infectious disease outbreak or terrorist attack may produce urgent needs for mental health crisis counseling for disaster response personnel.
4. Natural disasters, infectious disease outbreaks or terrorist attacks will also produce urgent needs for mental health counseling for the general population.
5. Specific concerns exist for implementation of communicable disease services (prevention, surveillance, etc.).
6. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury.
7. During an infectious disease outbreak such as pandemic influenza, agencies could experience personnel shortages that may exceed 33% due to sickness or caregiver responsibilities. This will severely limit an agency's ability to provide public services.

CONCEPT OF OPERATIONS

ESF 8 will be responsible for the coordination of services, equipment, supplies and personnel to meet the health and medical needs resulting from such disasters. The lead ESF 8 representatives are responsible for activating and directing the activities for ESF 8. The Salt Lake County ESF 8 function will coordinate health and medical response with the Salt Lake County EOC and will monitor status and requests for assistance from all municipal EOC's within the county.

ORGANIZATION

The Salt Lake Valley Health Department will be the primary agency for ESF 8. The SLVHD will coordinate the deployment of all human and material resources from public, private and relief agencies to provide an appropriate response to the emergency. The Salt Lake County Department of Human Services will serve as a liaison resource to provide that the full spectrum of county resources is available during a disaster. The listed support agencies will provide additional resources and assistance to help with an effective and efficient emergency response to the disaster.

Notification

Upon notification of a significant event, the lead ESF 8 representatives will be advised. These representatives to report to the County EOC to focus efforts in categories including: Public Health Services, Emergency Medical Services, Hospital Services, Medical Supply Management. These representatives will alert all essential emergency response personnel assigned to the County EOC as well as appropriate field personnel and agencies. The SLVHD and UDOH will coordinate response and resources with Salt Lake County Hospitals by use of land line telephone, satellite phones, cell phones, Utah Notification and Information System (UNIS), the Utah Healthcare Resource Management System (UHRMS), email, and the 800 MHz radio system on the respective hospital frequency or the "hospital common" frequency.

ACTIONS

Response Structure

1. Salt Lake Valley Health Department

The Salt Lake Valley Health Department will coordinate the overall needs assessment and monitor potential health hazards including:

- 1) Coordinate requests to the EOC for additional health/medical care personnel, equipment and supplies.

- 2) Monitor food safety and chemical/biological hazards.

- 3) Coordinate and monitor potability of water, wastewater disposal, solid waste disposal, and vector control monitoring.
- 4) Monitor medical command and control at the EOC.
- 5) Release of public health information will be coordinated between the Salt Lake Valley Health Department and ESF 15 to ensure consistent releases of information.
- 6) Provide leadership in directing, coordinating, and integrating the overall medical and health assistance.
- 7) Provide staff to coordinate activities in the EOC
- 8) Activate the Medical Reserve Corps
- 9) Utilize all communication methods with partner agencies to include: Landline, cell and satellite telephones, Web EOC, Amateur Radio Emergency Services (ARES), UHRMS, and 800 MHz radio system.

Utah Department of Health

As the primary support agency to the SLVHD, Utah Department of Health representatives will be responsible for assistance with the coordination of patient evacuation during the disaster as well as providing assistance in maintaining response capability to emergency medical calls within Salt Lake County. UDOH will coordinate both public and private service field response, and any deployed teams with the requesting jurisdiction or Incident Commander. Emergency responder health and safety will be monitored by the designated safety officer as prescribed in the National Incident Management System (NIMS). Crisis counseling for first responders and receivers will be coordinated through this group in conjunction with the UDOH Critical Incident Stress Management (CISM) team.

UDOH will assist with the notification, information, updates and evacuation assistance to medical facilities within the county. The Utah Healthcare Resources Management System will be utilized to identify health and medical needs and track asset deployment in the county. These facilities may include hospitals, nursing homes, outpatient clinics, home health care and other residential facilities. UDOH will provide the EOC Command group with updated census information and bed availability as well as detailing facility needs for coordination with the EOC. UDOH will also assist the local jurisdiction and agencies with victim identification and mass fatality management.

RESPONSIBILITIES

Salt Lake Valley Health Department

1) **The Executive Director** or designee shall:

Mitigation and Preparedness Phase:

- a) Oversee emergency planning and preparedness activities for Public Health.
- b) Provide that all emergency plans are current and updated.
- c) Direct that an emergency resource inventory is current;

Response and Recovery Phase:

- a) Designate an ESF 8 Group Coordinator to supervise and manage the activities in the Salt Lake County EOC. Keep the EOC Director posted on all significant actions planned and actions taken.
- b) Be responsible for organization, supervision and coordination of Public Health personnel during a major emergency. Specific responsibilities and emergency task checklist for the Executive Director and all Division Directors/NIMS staff positions are maintained in the SLVHD Emergency Management Plan.
- c) Direct quarantine and isolation measures as per Utah Code Annotated, UCA 26A-1-114 (1999).
- d) Provide leadership in directing, coordinating, and integrating the overall county efforts to provide medical and public health assistance to the affected area.
- e) Direct the initial assessment of health and medical needs throughout the county.
- f) Determine need for additional personnel and resources and initiate request for mutual aid through the EOC.

- g) Coordinate and direct the activation and deployment of voluntary resources of health/medical personnel, supplies, and equipment.
- h) Coordinate response and resources with partner agencies for:
 - Case management
 - Dental emergency services
 - Environmental health specialists
 - Epidemiology
 - Hazardous materials
 - Health administrators
 - Immunizations
 - Laboratories and laboratory personnel
 - Medical equipment and supplies
 - Medical Reserve Corps
 - Mental health victims
 - Mental health workers
 - Nurses RNs & LPNs
 - Nutritional services
 - Pharmacy services
 - Physicians
 - Potable water/wastewater/solid waste
 - Public information and education
 - Radiological hazards & monitoring
 - Safety of food and drugs
 - Vector Control
 - Victim identification/mortuary services
- i) Continuously acquire, assess and provide situation updates to the EOC from field response personnel.
- j) Coordinate release of appropriate and timely public health information with ESF 15 / JIC to include boil water orders, safety issues, etc.
- k) Coordinate response and location of deployed personnel and resources.
- l) Monitor health hazards in the community.
- m) Initial assessments of health and medical needs will be coordinated with ESF 5 (damage assessment and critical facilities). Field staff will update ESF 8 on a regular basis.
- n) Coordinate Environmental Health issues relating to sheltering and feeding of disaster victims with ESF 6 Mass Care & Social Services. FEMA/Homeland Security is now the lead agency for ESF 6.
- o) Coordinate use of nurses, physicians, health care workers and others from out-of-county/state with the Salt Lake County Medical Reserve Corps and with ESF 6.
- p) Request assistance from the State Emergency Operations Center as local resources are exhausted.
- q) Coordinate evacuations of medical facilities with the Utah Department of Health and utilize public media to relay information.

- r) Coordinate licensure verification of medical & health care personnel and volunteers with the Salt Lake County Medical Reserve Corps. Verify that volunteers are pre-registered in the Utah Healthcare Volunteer Registry.

2) **The Environmental Health Director** or designee shall:

Mitigation and Preparedness Phase:

- a) Designate staff members to participate in emergency planning and training efforts as needed.

Response and Recovery Phase:

- a) Provide for the monitoring and evaluation of environmental hazards, as necessary;
- b) Coordinate with public utilities and water utilities to assess damage to the water source, supply, water treatment and water distribution systems. Coordinate with public utilities to identify locations needing priority water service restoration;
- c) Coordinate with the American Red Cross representatives in Salt Lake County EOC to assist with environmental health provisions at temporary shelters and disaster assistance distribution centers;
- d) Assign a staff member to the Salt Lake County EOC to identify:
- Hospitals and temporary treatment centers in need of containerized potable water, sanitation facilities and power generation;
 - Hospitals in need of temporary water treatment equipment;
 - Other sites such as temporary shelters and disaster assistance distribution centers in need of containerized potable water, sanitation facilities and power generation;
- e) Coordinate countywide surveillance to determine:
- Sewage disposal system failures;
 - Health risks due to environmental factors;
 - Extent of food contamination and spoilage; and
 - Inspection of food service establishments and provision of public information on food safety.
- f) Provide advice for utility plan development regarding storage, treatment and disposal of disaster related solid wastes;
- g) Coordinate the inspection of schools and temporary emergency shelters;
- h) Assist in notification of appropriate agencies regarding potential areas of toxic chemical contamination and assist in providing public

- i) notification and evaluation of clean up and disposal services.
- i) Direct vector control activities.

3) **The Community Health Services Division Director** or designee shall:

Mitigation and Preparedness Phase:

- a) Designate staff members to participate in emergency planning and training efforts as needed.

Response and Recovery Phase:

- a) Coordinate the operation of the SLVHD Information Coordination Center (ICC) and/or Joint Information Center (JIC) at the Salt Lake County EOC;
- b) Coordinate and staff the SLVHD 24/7 Public Information Hotline;
- c) Coordinate SLVHD participation in the Salt Lake County EOC JIC;

4) **The Administrative Services Division Director** or designee shall:

Mitigation and Preparedness Phase:

- a) Designate staff members to participate in emergency planning and training efforts as needed.

Response and Recovery Phase:

- a) Provide support functions necessary to control department assets;
- b) Coordinate and provide department services including personnel, payroll, facilities data processing, and documentation of emergency operations costs during the emergency period;
- c) Provide personnel and facilities to support emergency programs;
- d) Coordinate with the Salt Lake County Purchasing Department for the procurement of medical supplies and equipment, during proclaimed emergencies;
- e) Provide for the collection and documentation of emergency operations

costs for Public Health activities during the emergency period including cost of department assets used, emergency payroll expenditures, employee time and emergency supplies and equipment purchased.

5) **The Family Health Services Division Director** or designee shall:

Mitigation and Preparedness Phase:

- a) Designate staff members to participate in emergency planning and training efforts as needed.

Response and Recovery Phase:

- a) Coordinate mass immunization programs for persons in high disease risk exposure categories;
- b) Coordinate operations for general or mass emergency immunizations;
- c) Coordinate mass medication dispensing;
- d) Provide staff to the Salt Lake County EOC to coordinate health and medical services with partner agencies that may include the establishment of alternate triage and treatment facilities;
- e) Coordinate triage of patients who may come voluntarily to SLVHD clinic locations and provide first aid care and treatment of minor injuries as far as possible with available resources.

6) **The Medical Office Division Director** or designee shall:

Mitigation and Preparedness Phase:

- a) Direct all emergency preparedness and planning functions from the Bureau of Emergency Management (SLVHD)
- b) Direct that the SLVHD Emergency Management, ESF 8, Pandemic, COOP and other plans are revised/updated according to the requirements of Salt Lake County Emergency Management;
- c) Maintain an updated emergency resource inventory;
- d) Staff the ESF 8 Planning and Preparedness activities.

Response and Recovery Phase:

- a) Direct epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism, and food borne illness outbreaks.
- b) Maintain vital statistics including birth and death certificates;
- c) Coordinate laboratory services for identification required to support emergency health and emergency medical services;
- d) Designate staff to the Salt Lake County EOC to coordinate epidemiological surveillance information and response with partner agencies under ESF 8.
- e) Direct all department response activities.
- f) Activate and monitor the Medical Reserve Corps.

SUPPORT AGENCIES

Support Agencies:

American Red Cross

The American Red Cross will:

1. Assist in providing care for sick and injured persons;
2. Provide assistance with prescription replacements, emergency aid in shelters and aid stations;
3. Provide coordination of blood/blood products in their responsible areas;
4. Provide a representative liaison to the EOC upon activation and in support of ESF 8;
5. Staff planning and preparedness activities of the Salt Lake County ESF 8 committee, providing updated information from various committees pertaining to this ESF;
6. Coordinate with the Utah Volunteers Active in Disasters (VOAD) to identify and provide resources to the affected areas.

Association for Utah Community Health

Preparedness/Mitigation

1. Community Health Centers (CHCs) will provide a localized, neighborhood based resource for the distribution of preparedness materials to local residents and existing patients.

2. A requisite number of staff and providers of CHCs will complete NIMS and ICS training courses. Individual staff will have emergency roles defined using ICS standard terminology.
3. CHCs will develop an emergency operations plan based on a Hazards Vulnerability Assessment, and be prepared to respond to large and small events.
4. CHC representatives will attend planning group meetings, and distribute relevant information to clinic staff. CHC representatives will continue to educate partners about the capabilities and functions of CHCs.
5. CHCs will provide annually updated clinic contact information to ESF-8 coordinators.
6. CHCs will be enrolled in UNIS (Utah Notification and Information System) and test registration and functionality at regular intervals.
7. CHCs (or representatives) will work with community based organizations that serve similar populations to clarify response roles during emergencies.
8. CHCs will provide learning and training opportunities to clinic staff to ensure that they have engaged in personal and family preparedness.

Response/Recovery

1. To the extent that CHCs are able to physically respond and recover after an event, they will provide triage for affected individuals that seek care at the clinic as a result of a disaster, and will direct these patients to the most appropriate care or shelter site.
2. To the extent that CHCs are able to physically respond and recover after an event, they will provide initial disaster victim assessments, medical care for minimally injured disaster victims, and appropriate triage services to individuals with injuries beyond CHC service capacity. CHCs will also assist in the provision of care to individuals not directly injured by the disaster but who are in need of care and unable to receive it from inundated hospitals. This would include individuals with chronic medical conditions or mental health needs. CHCs will also act as a resource for local residents to get disaster-related information.
3. CHCs will provide surveillance and reporting of local conditions and affected residents using State based (or other approved) reporting system.
4. CHCs will assist with mass immunization clinics or other POD activities so long as appropriate legal protections are provided (such as indemnification for malpractice).
5. To the extent that CHCs are able to physically respond and recover after an event, they will support surge capacity operations to the extent practicable. In consultation with local hospitals, CHCs will determine capacity to assist with care of surge patients.
6. CHCs will continue to provide care to existing patient base as practicable.
7. Depending on size and scope of disaster, CHCs may assist response efforts by providing response support staff under a Unified Command structure.

Salt Lake City/County School Districts

The Salt Lake City and County School Districts will:

1. Assist the SLVHD with gathering absenteeism / disease surveillance information;
2. Assist the SLVHD with medical transportation and evacuation as directed by the State Superintendent of Schools;
3. Assist the SLVHD with alternate medical care sheltering and triage facilities as directed by the State Superintendent of Schools and Memoranda of Understanding (MOU's) established between the SLVHD and all Salt Lake County School Districts.
4. Serve as a Point of Dispensing site for countermeasures distribution during an emergency or disaster as identified in MOU's.

Salt Lake County ARES

The Salt Lake County ARES group will:

1. Provide radio operators and equipment for SLVHD response operations and alternate care facilities, when requested, to support communications where possible. It is recognized that ARES resources may be overwhelmed and unavailable to assist ESF 8 during a disaster.

Salt Lake County Department of Human Services

The Salt Lake County Department of Human Services will:

1. Provide staff to coordinate county volunteer and donations management.
2. Provide Salt Lake County employees to assist with ESF 8 disaster response and recovery as needed.
3. Utilize Aging Services to:
 - Use Senior centers as a Point of Dispensing (POD) sites
 - Use Meals on Wheels to provide medication or supplies to the Home-Bound populations
 - Distribute medications or supplies to Senior Residential facilities
 - Help provide SNS countermeasures to at-risk populations
4. Utilize Library Services staff and facilities:
 - To serve as POD sites for the general public in the distribution of medical prophylaxis and supplies

5. Utilize Behavioral Health and Youth Services to:
 - Distribute prophylaxis and medical supplies to their resident populations
 - Identify other outreach methods to reach non-resident participants

6. Utilize Community Resources and Development to:
 - Conduct outreach to homeless, refugee and other At-Risk populations

Salt Lake Metropolitan Medical Response System

The Salt Lake MMRS will:

1. Staff planning and preparedness activities of the Salt Lake County ESF 8 committee;
2. Provide planning, equipment, training and exercising with first responder and first receiver agencies for response to mass casualty incidents;
3. Provide staff at the Salt Lake County EOC to assist with resource management coordination during a disaster;
4. Coordinate pre-hospital patient tracking in conjunction with the Salt Lake Valley Fire Alliance, the Utah Hospital Association (UHA) and the Utah Department of Health (UDOH);
5. Assist with the establishment of alternate triage and treatment facilities during a mass casualty incident.

Salt Lake Valley Fire Alliance

The Salt Lake Valley Fire Alliance will:

1. Provide staff at the Salt Lake County EOC to assist with EMS coordination activities, i.e., patient triage, treatment, evacuation and transport;
2. Coordinate EMS personnel and allocate equipment and supplies;
3. Provide oversight on EMS responder health and safety issues;
4. Provide and coordinate staff for Medical Command and Control as requested.

Utah Department of Health

The Utah Department of Health will:

1. Provide staff for planning efforts with the ESF 8 Committee.
2. Provide regularly updated emergency contact numbers of staff to the ESF 8 committee;
3. Maintain updated hospital resource matrix information and provide to the ESF 8 Committee;
4. Participate in SLVHD exercises, where possible;
5. Provide resources, supplies and personnel where possible to support the county emergency response. It is recognized as a planning assumption that resources may quickly be overwhelmed or

- unavailable during a disaster. As local needs dictate, ESF 8 will request state assistance from UDOH.
6. Provide assistance in coordinating the patient evacuation from the disaster area when deemed appropriate.
 7. Coordinate additional transportation needs with ESF 1.
 8. Provide EMS coordination in the assembling of the following resources to supplement the Salt Lake County response:
 - a. Advance Life Support/Basic Life Support vehicles.
 - b. Emergency Medical Technicians
 - c. house resources. Emergency medical equipment
 - d. Aircraft (fixed/wing/rotary/medical evacuation)
 9. Provide health risk advisories and alerts to responders and receivers.
 10. Establish and maintain communications with the EOC.
 11. Coordinate with the Salt Lake County EOC to provide assistance to hospitals, including requests for support personnel, equipment and supplies, in the event hospitals can no longer manage the incident with in-
 12. Assist in maintaining 24-hour communications capability between physicians / hospitals (Medical Command & Control) and the Transportation Team Leader in the EMS response. Communications capability should include 800 MHz Radio, cell phones, satellite phone and Amateur Radio.
 13. Provide a liaison to the Salt Lake County EOC to assist with coordination of ESF 8 activities such as facility status, damage assessment reports, resources and census information;
 14. Provide planning and coordination with Salt Lake Valley Hospitals/Utah Hospital Association for maintaining emergency capabilities under disaster conditions.
 15. Assist with procurement, distribution and inventory of medical equipment and supplies;
 16. Coordinate with the Utah Department of Human Services to provide Crisis Counselors;
 17. Monitor the safety of pharmaceutical supplies;
 18. Coordinate requests for additional state resources and assistance through the state EOC. Request federal assets in cooperation with the state EOC upon a declared disaster from the Governor.
 19. The Medical Examiner's Office will:
 - Assist with victim identification with the assistance of the UDOH Fatality Incident Team gathering ante-mortem information in a Family Assistance Center;
 - Investigate and determine the cause of sudden, unexpected, violent and non-natural death;
 - Provide emergency information to the Joint Information Center (JIC) and EOC on mass fatalities;
 - Assist Salt Lake County with morgue services and victim identification,

disposition of unclaimed bodies and maintaining a record of information on all unexpected and violent deaths resulting from a mass fatality incident;

- Assist Salt Lake County with bioterrorism and pandemic response;
- Coordinate the record-keeping system for O.M.E. cases;
- Request security support from law enforcement for the protection of O.M.E. facilities, property and potential crime scene evidence;
- Request assistance from a Disaster Mortuary Operational Response Team (DMORT) and /or portable morgue unit as needed;
- Coordinate support from the Utah Funeral Home Directors' Association

Utah Hospital Association

The Utah Hospital Association will:

1. Staff planning and preparedness activities of the Salt Lake County ESF 8 committee, providing updated information from the Hospital Disaster Advisory Committee (HDAC) and other pertinent committees;
2. Annually provide updated emergency contact numbers of staff to the ESF 8 Committee;
3. Annually maintain updated hospital resource matrix information and provide to the ESF 8 Committee;
4. Plan for and participate in Public Health exercises, where possible;
5. Provide staff to the Salt Lake County EOC to assist with coordination of emergency hospital activities such as facility status, damage assessment reports, resources and census information; regularly update hospital status in the Salt Lake County EOC.
6. Provide planning with Salt Lake Valley Hospitals for maintaining emergency capabilities under disaster conditions or other episodes of utility service interruption, to include:
 - Back-up power, sanitation and potable water provisions
 - In-house capability or emergency service contracts for utility systems repair, damage stabilization, and water/debris removal.
 - Provide adequate planning for obtaining emergency medical supplies, pharmaceuticals and linens under disaster conditions;
 - Maintain an in-house capability of back up supplies stored on site;
 - Emergency service contracts with medical supply and pharmaceutical vendors;
 - When in house sources and private vendor sources of supply are exhausted, forward resource requests to the County EOC;

Utah National Guard

The Utah National Guard will:

1. Assist in providing transport of sick or injured persons;
2. Provide assistance in casualty care;
3. Transport health-related materials and personnel;
4. Perform activities identified in the UDOH Strategic National Stockpile Appendix #4 as necessary;
5. Provide CBRNE and other medical assistance through deployment of the 85th Civil Support Team.

Valley Mental Health

Valley Mental Health will:

1. Notify the Salt Lake County EOC that additional counselors are needed if demand exceeds what the Red Cross can provide.
2. Identify a primary contact (Jed Erickson, Director of Emergency Services) to deploy mental health workers.
3. Identify a secondary contact (Barry Rose, Director of Crisis Services) to deploy mental health workers.
4. Contact the State Department of Human Services to access “certified crisis counselors” to assist affected populations during and after a disaster.