

EMERGENCY SUPPORT FUNCTION #8 SPOKANE CITY/COUNTY D.E.M. HEALTH, MEDICAL, AND MORTUARY SERVICES

1. LEAD AGENCIES:

- ✓ Spokane Regional Health District (SRHD)
- ✓ Spokane County EMS and Trauma Care Council
- ✓ Spokane County Medical Examiner
- ✓ Frontier Behavioral Health

2. SUPPORT AGENCIES:

- ✓ Ambulance/Private
- ✓ American Red Cross
- ✓ Department of Social and Health Services
- ✓ Educational Services Districts
- ✓ Fire Departments/Districts
- ✓ Law Enforcement Agencies/Federal
- ✓ Law Enforcement Agencies/Local/State
- ✓ Medical Centers/Hospitals
- ✓ Medical/Dental Societies
- ✓ Volunteer Organizations Active in Disasters

3. INTRODUCTION:

- A. Purpose: To organize our prehospital and community health resources to reduce the mortality and morbidity resulting from major emergencies or disasters.
- B. Scope:
 - I. Scene Security and citizen evacuation.
 - II. Emergency medical response to provide triage, treatment, and transport to the injured.
 - III. The coordination of hospital resources to provide in hospital patient care and additional prehospital support as needed.
 - IV. Community mental health and ministerial services.
 - V. Control and prevention of epidemics.

- VI. Vector prevention and control.
- VII. Provision of potable water and wastewater and solid waste disposal.
- VIII. Emergency medical and public health support to displaced or sheltered persons.
- IX. Victim identification and mortuary services.

4. POLICIES:

- A. EMS response treatment by Spokane County agencies will be provided according to Spokane County and Regional Patient Care Procedures and Protocols.
- B. All EMS agencies from outside Spokane County who are called upon to provide medical assistance within Spokane County should operate under their home county procedures and protocols.
- C. The Spokane Regional Health District (SRHD) will provide guidance to the county agencies and individuals on public health principals including infectious disease control, safe drinking water, food sanitation, personal hygiene, and proper disposal of human waste, garbage, infectious waste, isolation and/or quarantine.
- D. In the event of significant disaster requiring state or federal response ESF-8; Health, Medical, and Mortuary Services will coordinate assistance and resources.
- E. The Multi-Casualty Incident Plan, as approved by the Spokane County EMS and Trauma Care Council, will provide guidance when the number of casualties is beyond the capabilities of the initial responding resources.

5. SITUATION:

- A. Emergency/Disaster Conditions and Hazards
 - I. A significant natural disaster or technological event that overwhelms Spokane County and would necessitate both state and federal public health and medical care assistance. For example, casualty estimates for a major earthquake could range from a few to thousands, depending on the population density;

quality of building construction; and the location, time, magnitude, and duration of the earthquake. The sudden onset of such a large number of victims would stress our medical system necessitating time critical assistance from both the state and federal government. Such a natural disaster would also pose certain public health threats, including problems related to food, disease vectors, potable water, wastewater, solid waste, communicable disease transmission, and mental health effects.

- II. 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 be rendered unusable or only partially usable because of damage to or reduction of utilities (power, water, sewer), because staff is unable to report to work due to personal injuries, and damage or disruption of communication and transportation systems. Medical and health care facilities that remain in operation and have the necessary utilities and staff will probably be overwhelmed by the walking wounded and seriously injured victims who are transported there in the immediate aftermath of the occurrence. In the face of massive increases in demand and the damage sustained, medical supplies (including pharmaceuticals) and equipment will likely be in short supply. Most health care facilities maintain stock to only meet their short term (24 to 36 hour) normal patient load needs. Disruptions in local communications and transportation systems could prevent timely resupply.
- III. Uninjured persons who require daily medications such as insulin, anti-hypersensitive drugs, and digitalis may have difficulty in obtaining these medications because damage or destruction of normal supply locations and general shortages within the disaster area.
- IV. Although other disasters such as fires and floods do not generate the casualty volume of a major earthquake, there will be noticeable emphasis on relocation, shelters, vector control, and returning water, wastewater, and solid waste facilities to operation.

- V. An emergency resulting from an explosion, toxic gas, or radiation release could occur, that may not damage the local medical system. However, such an event could produce a large concentration of specialized injuries that would overwhelm the local jurisdictions medical system.

B. Planning Assumptions:

- I. A significant natural or technological disaster could overwhelm Spokane County's medical facilities and services requiring emergency coordination of casualties.
- II. The Spokane County Hospitals, clinics, nursing homes, pharmacies, and other medical and health care facilities may be severely structurally damaged, destroyed, or rendered unusable.
- III. A disaster could also pose certain public health threats, including problems related to food, vectors, water, wastewater, solid wastes, infectious disease transmission, and mental health effects.
- IV. Damage to chemical and industrial plants, sewer lines, and water distribution systems and secondary hazards such as fires could result in toxic environmental and public health hazards to the surviving population and response personnel. This would include exposure to hazardous chemicals, and contaminated water supplies, crops, livestock, and food products.
- V. The damage and destruction of a catastrophic natural disaster will produce urgent needs for mental health crisis counseling for disaster victims and response personnel.
- VI. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury.

6. CONCEPT OF OPERATIONS:

A. General

- I. This ESF is the primary responsibility of the Medical Program Director, the Medical Examiner and the Public Health Officer. They shall coordinate with all agencies having medical

responsibilities.

B. Organization

- I. The Incident Command System will be used.

7. RESPONSIBILITIES:

A. Emergency Medical Services

- I. The primary objective of Emergency Medical Services in a disaster is to provide prompt and adequate on-scene emergency medical care to the victims. In addition, EMS shall assist in the:
 - ✓ Identification and coordination of medical resources
 - ✓ Identification of potential sites and support staff for temporary emergency
 - ✓ Emergency care shelters and congregate care facilities
 - ✓ Coordination of medical transportation resources
- II. The Spokane County EMS Multi-Casualty plans will detail operational concepts and responsibilities to ensure the Emergency Medical Services existing in the area will be capable of providing mass casualty emergency medical services during an emergency/disaster.
- III. The provision of basic and advanced life support services shall be provided per the Spokane County EMS Patient Care Procedures and Protocols. Mutual aid between and among emergency medical service providers shall be used to make maximum efficient use of existing local, regional, or interregional assets, resources and services. Response requirements may exceed the capabilities of local Emergency Medical Services System and can be augmented by services and assets provided under mutual aid, if available.
- IV. A representative of the Medical Program Director's office and the jurisdictional fire agencies will jointly perform the EOC function of coordinating the EMS resources.
- V. Transport services will respond according to their established Ambulance Services Plan. (See Attachment #4)

- VI. Hospitals will respond according to their established emergency response plans. (See attachment #4)
- B. Spokane Regional Health District (SRHD)
- I. SRHD provides coordinated health and sanitation services within the community, including:
 - ✓ Identification of health hazards
 - ✓ Identification and control of communicable diseases
 - ✓ Vector control
 - ✓ Examination of food and water supplies for contamination
 - ✓ Ensure compliance of emergency sanitation standards for disposal of garbage, sewage, and debris
 - ✓ Assist in the assessment of environmental contamination and public health risk from hazardous materials spills
 - ✓ Mental health services, including stress management services for emergency responders
 - ✓ Keep the County Government, Emergency Management, and the public informed regarding health conditions, warnings, and advisement
 - II. A representative of the SRHD will perform the EOC function of coordinating the Public Health Resources.
 - III. The Health Officer provides oversight of sewage treatment.
 - IV. In coordinating public health services and establishing priorities, administrative details shall be accomplished by the Health Officer. Decisions involving medical and technical expertise within the agency's scope of practice shall be the responsibility of the Health Officer.
 - V. Determination of critical priorities in the public health effort will be made in consultation with the Board of Health and state and federal service agencies.
 - VI. SRHD will provide guidance and/or services related vaccinations/prophylaxis for disease prevention.
- C. Mortuary Services
- I. The Medical Examiner has jurisdiction over bodies of deceased

(RCW 68.08.010). Procedures may vary if an incident falls under the jurisdiction of the FAA, State, or the military.

- II. A representative of the Medical Examiner's Office will perform the EOC function of coordinating the mortuary resources.
- III. Emergency Management will coordinate support to local mortuary services as needed. The funeral directors may assist in the processing of human remains at the discretion of the Medical Examiner.
- IV. If local resources for proper handling and disposition of the dead are exceeded, the State and/or Federal Government may provide supplemental assistance for identification, movement, storage, and disposition of the dead. The Medical Examiner may make a request for such assistance to Emergency Management or to the State Department of Health.

D. Emergency Vital Statistics

- I. Law enforcement agencies provide oversight for missing persons.
- II. The Medical Examiner identifies deceased persons in all of Spokane City/County.
- III. Deaths are registered at the SRHD's Vital Records Office.
- IV. The investigating entity is responsible for family and public notification of deceased persons.

E. Mental Health

- I. Frontier Behavioral Health will provide oversight for mental health services to the public and/or responders, in coordination with The American Red Cross.

F. Ministerial

- I. Spokane County Ministerial Group, Volunteer Organizations Active in Disasters, and The American Red Cross will work in conjunction with the Spiritual Response Team to address all ministerial duties.

8. RESOURCES REQUIREMENTS:

- A. See Comprehensive Emergency Management Plan

9. REFERENCES:

- A. Multi-Casualty Plan
- B. Hospital Emergency Response Plan
- C. Mental Health Disaster Intervention Plan
- D. Ambulance Services Plan
- E. Mortuary Services Plan

10. TERMS AND DEFINITIONS:

- A. See Comprehensive Emergency Management Plan