

# MEDICAL SERVICES



## MEDICAL SERVICES

### PURPOSE

The purpose of this annex is to outline the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.

### EXPLANATION OF TERMS

#### A. Acronyms

ARC	American Red Cross
DDC	Disaster District Committee
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Services Team
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations or Operating Center
FEMA	Federal Emergency Management Agency
ICP	Incident Command Post
ICS	Incident Command System
NDMS	National Disaster Medical System
PIO	Public Information Officer
SOPs	Standard Operating Procedures
KDHE	Kansas Department of Health & Environment
KDEM	Kansas Department of Emergency Management

#### B. Definitions

1. Disaster Medical Assistance Team. A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care.
2. Disaster Mortuary Services Team. A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.
3. National Disaster Medical System. A nation-wide mutual aid network consisting of federal agencies, businesses, and other organizations that coordinates disaster medical response, patient evacuation, and definitive medical care. At the federal level, it is a partnership between Department of Health and Human Services, the Department of

Defense, the Department of Veterans Affairs, and FEMA. Non-federal participants include major pharmaceutical companies and hospital suppliers, the national Foundation for Mortuary Care, and certain international disaster response and health organizations.

4. Special Needs Individuals/Groups. Includes the elderly, medically fragile, mentally and/or physically challenged or handicapped, individuals with mental illness, and the developmentally delayed. These groups may need specially trained health care providers to care for them, special facilities equipped to meet their needs, and require specialized vehicles and equipment for transport. This population requires specialized assistance in meeting daily needs and may need special assistance during emergency situations.

## ORGANIZATION AND ASSIGNMENT RESPONSIBILITIES

### A. Organization

1. Our normal emergency organization, described in the Executive Operations Basic Plan and depicted in Attachment 3 to that Plan, will plan and carry out health and medical operations during emergency situations.
2. **Responsibility**--The County Health Department functions as the local Health Authority. The Health Authority has primary responsibility for the health and medical services function and shall designate a Health Officer to plan and coordinate public health and medical services during emergency situations. **The Health Officer or a designee shall serve as a liaison of the EOC Staff for representation.** Health and medical service response activities at an incident scene will be coordinated through the Incident Commander. Large-scale health and medical efforts shall be coordinated from the EOC.
3. Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the Health Authority to receive and evaluate all requests for health and medical assistance and to disseminate such notification to all appropriate public health, medical, and mortuary services.
  - a) Local government has a general responsibility to ensure the welfare of its citizens and will develop a capability to provide appropriate health and medical services during emergency situations.
  - b) The Pottawatomie County Health Department is the local agency primarily responsible for the day-to-day provision of many health and medical services for our county. This department also serves as the Health Authority for all our communities.
  - c) This annex is based upon the concept that the emergency functions of the public health, medical, and mortuary services will generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources will be employed in both cases. Some day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency and the resources that would normally be committed to those functions will be redirected to the accomplishment of emergency tasks.
4. The Director of EMS shall make provisions, during MasCal Incidents for the following:
  - a) Establishment of a medical command post at the disaster site.
  - b) Coordinating health & medical response team efforts.
  - c) Triage of the injured, if appropriate.
  - d) Medical care and transport for the injured.
  - e) Assist in Identification, transportation, and disposition of the deceased (this is inherently a Health Department matter).
  - f) Holding and treatment areas for the injured.
  - g) Isolation and treatment of decontaminated victims of hazardous materials or infectious diseases, as needed.

- h) Identifying hazardous materials or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities (this is inherently a Health Department matter).
- i) Issuing health & medical advisories to the public on such issues as drinking water precautions, waste disposal, the need for immunizations, and food protection techniques (this is inherently a Health Department matter)..
- j) Conducting health inspections of congregate care and emergency feeding facilities (this is inherently a Health Department matter).

## **B. Mental Health Services**

1. Appropriate disaster mental health services need to be made available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Services may include crisis counseling, critical incident stress management, information and referral to other services, and education about normal, predictable reactions to a disaster experience and how to cope with them.

## **C. Medical and Mortuary Assistance**

1. Kansas Department of Health & Environment. When requested by local officials, the KDHE can provide health and medical advice and assistance during emergency situations from its various regional offices.
2. Disaster Mortuary Services Team (DMORT)

The DMORT provides mortuary and victim identification services following major or catastrophic disasters. The team is comprised of volunteer professionals from the mortuary and funeral industries.

## **D. Damage Assessment**

1. Water Supply Systems. In cooperation with [County/City] Public Works, KDHE has responsibility for evaluating damage to water treatment facilities following disaster occurrences. Because of system vulnerability to numerous forms of contamination and because of the impact which prolonged shutdown of water treatment facilities could have on public health and welfare, it is essential that rapid and accurate assessments of damage be completed. Accurate timely estimates for required repairs will permit the KDHE and the County Sanitarian to identify appropriate interim measures such as rationing, expedient water treatment, or construction of temporary water delivery systems.
2. Wastewater Systems. Wastewater treatment facilities are vulnerable to disaster-related interruptions and their unavailability can have a major impact on the community's health and well being. The KDHE, in cooperation with Public Works, has a responsibility for evaluating damage to those facilities, as well as advising local officials concerning expedient sanitation practices which may be required in the affected areas.
3. Medical Facilities. The Health Authority has primary responsibility for evaluating damage sustained by medical facilities in a disaster area. The hospitals and nursing homes in [county/city] will provide support in this activity. The facility administrator or his

designee will gather initial damage reports and identify which patients must be removed pending repairs. This data will be provided to the lead facility to compile for the Health Authority's use.

#### **E. Requesting External Assistance.**

If health and medical problems resulting from an emergency situation cannot be resolved with local resources, those obtained pursuant to inter-local agreements, or resources obtained by the Resource Management staff in the EOC, local government may request medical or mortuary assistance from the State. The County Emergency Manager can make requests for such assistance to the KDEM. Cities must request assistance from their county before requesting assistance from the State.

#### **Readiness Levels**

##### **Level 1: Normal Conditions:**

1. Review and update plans and related SOPs.
2. Review assignment of all personnel.
3. Coordinate with local private industries on related activities.
4. Maintain a list of health & medical resources (see Annex M).
5. Maintain and periodically test equipment.
6. Conduct appropriate training, drills, and exercises.
7. Develop tentative task assignments and identify potential resource shortfalls.
8. Establish a liaison with all private health & medical facilities.

##### **Level 2: Increased Readiness:**

9. Check readiness of health and medical equipment, supplies, and facilities.
10. Correct any deficiencies in equipment and facilities.
11. Check readiness of equipment, supplies, and facilities.
12. Correct shortages of essential supplies and equipment.
13. Update incident notification and staff recall rosters.
14. Notify key personnel of possible emergency operations.
15. Review procedures for relocating patients and determine the availability of required specialized equipment if evacuation of health & medical facilities may be required.

##### **Level 3: High Readiness:**

16. Alert personnel to the possibility of emergency duty.
17. Place selected personnel and equipment on standby.
18. Identify personnel to staff the EOC and ICP if those facilities are activated.

##### **Level 4: Maximum Readiness:**

19. Mobilize health and medical resources to include personnel and equipment.
20. Dispatch health and medical representative(s) to the EOC when activated.

## F. Activities By Phases of Emergency Management

### ***Mitigation:***

- a) Give immunizations.
- b) Conduct continuous health inspections.
- c) Promote and encourage the use of the blood donation program.
- d) Conduct specialized training (e.g. hazmat, decontamination, etc.).
- e) Conduct epidemic intelligence, evaluation, presentation, and detection of communicable diseases.
6. Conduct normal public health awareness programs.

### ***Preparedness:***

7. Maintain adequate medical supplies.
8. Coordinate with [county/city] officials to ensure water quality.
9. Coordinate with [county/city] officials to provide safe waste disposal.
10. Review emergency plans for laboratory activities regarding examination of food and water, diagnostic tests, and identification, registration and disposal of the deceased.
11. Train and exercise personnel

### ***Response:***

12. Conduct public information programs dealing with personal health and hygiene.
13. Conduct disease control operations.
14. Monitor sanitation activities.
15. Ensure that supplies of potable water are available.
16. Conduct environmental health activities regarding waste disposal, refuse, food and water control, and vector control.
17. Begin the collection of vital statistics.

### ***Recovery:***

18. Compile health reports for state and federal officials.
19. Identify potential and/or continuing hazards affecting public health
20. Distribute appropriate guidance for the prevention of the harmful effects of the hazard.
21. Continue to collect vital statistics.

## G. Responsibilities

### 1. General

All agencies/organizations assigned to provide health and medical services support are responsible for the following:

- a) Designating and training representatives of their agency.
- b) Ensuring that appropriate SOPs are developed and maintained.
- c) Maintaining current notification procedures to insure trained personnel are available for extended emergency duty in the EOC and, as needed, in the field.

## 2. Emergency Functions

Under the Pottawatomie County Emergency Management Plan, the Health Authority has primary responsibility to provide the following services in response to emergency situations:

- a) Ensure essential medical, surgical, and hospital care and treatment for persons whose illnesses or injuries are a result of a disaster or where care and treatment are complicated by a disaster.
  - b) Public health protection for the affected population.
  - c) Mortuary and vital records services.
  - d) Damage assessment for public health & medical facilities and systems.
3. To ensure that these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities. Those activities, and the services responsible for their accomplishment, are summarized below.

## H. Task Assignments

### 1. The Health Authority will:

- a) Designate a Health Officer to perform pre-emergency planning for emergency health and medical services and coordinate such activities during major emergencies and disasters.
- b) Provide qualified staff to support health and medical operations at the ICP and the EOC.
- c) Coordinate emergency health and medical activities from the EOC when that facility is activated.
- d) Rapidly assess health and medical needs.
- e) Oversee and coordinate the efforts of local health and medical organizations activated for an emergency, assess their needs, help them obtain additional resources, and ensure that necessary services are provided.
- f) Assist emergency medical teams responding to a disaster site in establishing a medical command post if needed.
- g) Coordinate with neighboring community health and medical organizations on matters related to assistance from other jurisdictions
- h) Coordinate state and federal officials regarding state and federal assistance.
- i) Coordinate with incoming response units, such as DMAT, and screen individual health and medical volunteers.
- j) Ensure that positive identification and proof of licensure is obtained from all volunteers.
- k) Coordinate the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
- l) Provide, through the PIO, information to the news media on casualties and instructions to the public on dealing with public health problems.
- m) Coordinate the provision of laboratory services required in support of emergency health and medical services.
- n) Coordinate immunization campaigns or quarantines, if required.

- o) Coordinate inspection of foodstuffs, water, drugs, and other consumables that were exposed to the hazard.
- p) Coordinate inspection of damaged buildings for health hazards.
- q) Coordinate with county animal control agency to dispose of dead animals.
- r) Coordinate the implementation of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents.
- s) Establish preventive health services, including control of communicable diseases such as influenza, particularly in shelters.
- t) Monitor food handling and sanitation in emergency facilities.

**2. Emergency Medical Services will:**

- a) Respond to the scene with appropriate emergency medical personnel and equipment.
- b) Upon arrival at the scene, assume an appropriate role in the ICS. If ICS has not been established, initiate it and report to the [911 Communications Center/EOC].
- c) Triage, stabilize, treat, and transport the injured.
- d) Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities.
- e) Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.) and radio and/or telephone communications with hospitals, as appropriate.
- f) Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed.
- g) Evacuate patients from affected hospitals and nursing homes, if needed.

**3. Hospitals will:**

- a) Implement internal and/or external disaster plans.
- b) Advise the Health and medical services staff in the EOC of conditions at the facility and the number and type of available beds.
- c) Establish and maintain field and inter-facility medical communications.
- d) Provide medical guidance, as needed, to EMS.
- e) Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
  - 1) Casualties are transported to the appropriate medical facility.
  - 2) Patients are distributed to and among hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, and bed capacity.
  - 3) Take into account special designations such as trauma centers and burn centers.
  - 4) Consider the use of clinics to treat less than acute illnesses and injuries.
  - 5) Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
  - 6) Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where the patients are to be taken.
  - 7) Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.

- 8) Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
  - 9) Provide patient identification information to the American Red Cross upon request.
  - 10) Ensure that appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Information on disaster mental health services procedures can be found in Annex O (Human Services).
4. The **Medical Examiner** will:
- a) Conduct inquests for the deceased and prepared death certificates.
  - b) Order or conduct autopsies if necessary to determine cause of death.
  - c) Order or conduct forensic investigations to identify unidentified bodies.
  - d) Authorize removal of bodies from incident sites to the morgue or mortuary facilities.
  - e) Provide information through the PIO to the news media for the dissemination of public advisories, as needed.
5. **Law Enforcement** (Sheriff or City Police) will:
- a) Upon request, provide security for medical facilities.
  - b) Conduct investigations of deaths not due to natural causes.
  - c) Locate and notify next of kin.
6. **Mortuary Services** will:
- a) Provide for the collection and care of human remains.
  - b) Establish temporary holding facilities and morgue sites, if required.
  - c) Coordinate, as necessary, with emergency health and medical services.
7. The [**Public Works Department/Building & Grounds Department**] will:
- a) Inspect damaged medical facilities.
  - b) Make temporary repairs to medical facilities.
  - c) Coordinate in restoring utility service to key medical facilities.
8. The **Public Information Office** (PIO) will:
- Disseminate emergency public information provided by health and medical officials. The Health Officer has primary responsibility for coordination of health & medical information intended for release through public media during emergency operations, with support provided by those public health and medical services responsible for particular aspects of the response. Additional information on emergency public information procedures can be found in the Communications annex.

## I. On Scene Response. (Incident Command System – EOC Interface)

1. If both the EOC and an ICP are operating, the Incident Commander and the EOC must agree upon a specific division of responsibilities for emergency response activities to avoid duplication of effort as well as conflicting guidance and direction. The EOC and the ICP must maintain a regular two-way information flow. A general division of responsibilities between the ICP and the EOC that can be used as a basis for more specific agreement is provided in Direction & Control annex.

#### **J. Disaster Area Medical Coordination**

1. In emergency situations involving significant damage to [county/city] medical facilities, each facility shall be responsible for determining its overall status and compiling a consolidated list of resources or services needed to restore vital functions. Each operating unit will report its status and needs to a single contact point designated by the facility. This facility contact should consolidate the data provided and report it to the Health and Medical staff in the EOC.
  - a) The Medical Officer must be prepared to receive the consolidated requests and channel various elements of those requests to those local health and medical facilities as well as other departments, agencies, and organizations that can best respond. Requests for resources that cannot be obtained through normal sources of supply or through mutual aid by health and medical facilities outside the local area should be identified to the Resource Management staff in the EOC for action.

#### **K. Medical Resource Management.**

1. In addition to the above listed items, the EMS Director (or Medical Command) will be responsible for Medical Resource Management. This includes:
  - b) **Personnel**—Determine current need and anticipate future requirements
  - c) **Equipment & supplies**—Determine status of medical supplies and equipment and anticipate future requirements.
  - d) **Suppliers**—Obtain a list of suppliers of medical equipment utilizing local resources within the County Medical facilities and pharmacies.

#### **L. Responder Care**

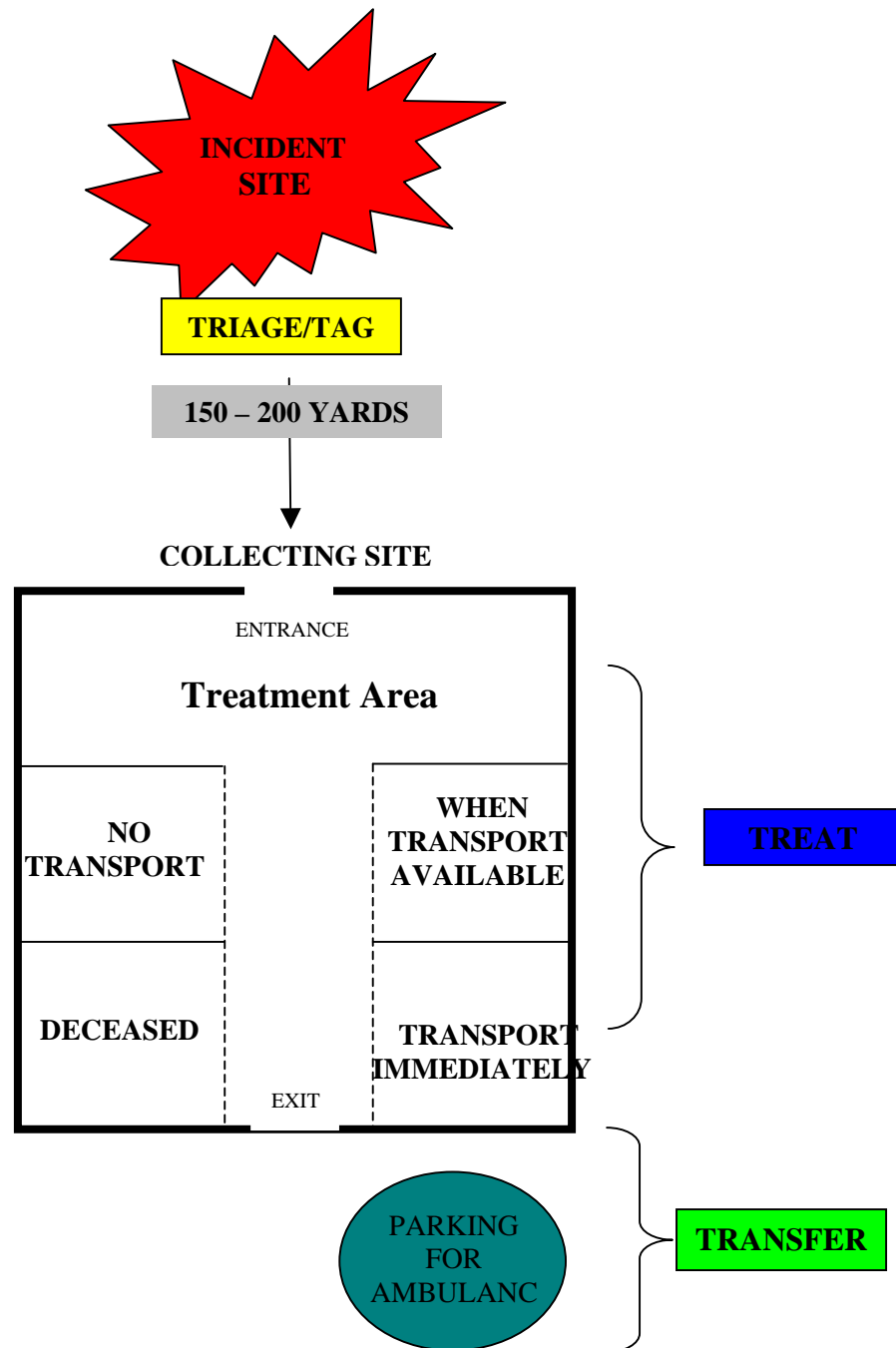
1. It is general policy that priority will be given to the care of responders over others depending on triage characterization. This is necessary because the medical responders are the first line of defense and will serve no value to the successful outcome of an incident if they are not capable of performing the mission.

#### **M. Triage**

1. The Senior EMT or paramedic who first arrives on the scene will:
  - a) Survey the disaster scene.
  - b) Report to the Medical Command and establish a triage area.
  - c) Institute a preliminary screening of casualties and begin stabilizing and transporting those most critically injured to the treatment area.
  - d) Record the number of casualties transported and their destination.
2. If the emergency situation warrants, the EMT/paramedic will request, through the

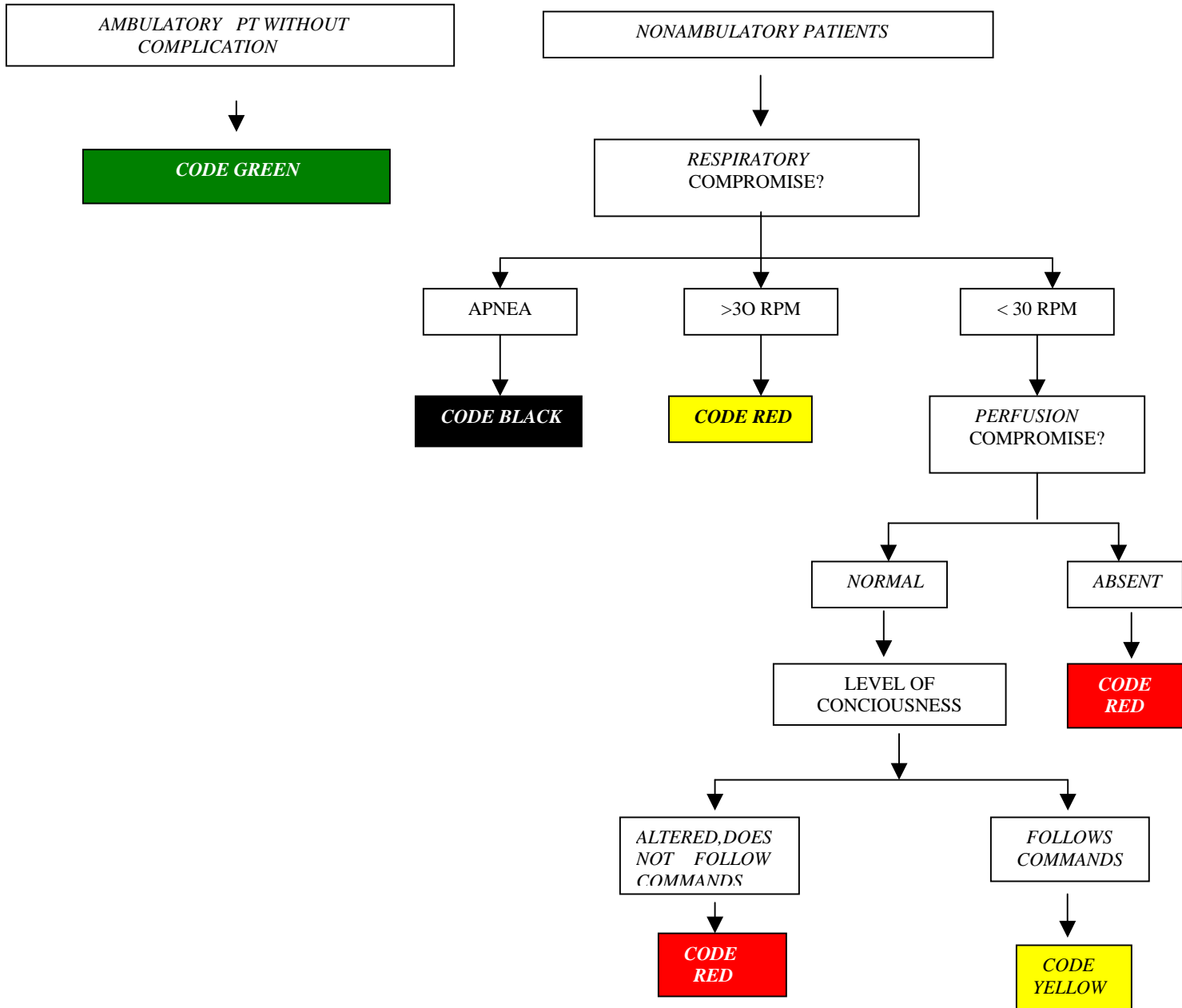
Medical Command, those additional ambulances are sent to the scene.

- a) All ambulance service personnel will place themselves at the Triage Officer's disposal and will follow their directions in regard to casualty movement.
- b) The second arriving ambulance will become the Treatment Officer and Transport Officer. The Treatment Officer is responsible for collection of all patients awaiting transport.
- c) The EMS Transportation Officer will ascertain existing capabilities at the various medical treatment facilities and record the number of casualties and their destination. The Triage Site will be generally set up as noted in the following map:



- d) Medical supplies for providing advanced life support to trauma victims will be stored in a major rescue vehicle or trailer, or every responding service will bring a predetermined mass casualty supply package. Adequate supplies for treatment of victims requiring advanced life support will be stored in the rescue vehicle and mobilized to the scene of a mass casualty disaster.
- e) It is the responsibility of the first EMT/paramedic who arrives on the scene to institute triage.
- f) If it is apparent that there will be mass casualties, the nearest hospital with emergency facilities and others with suitable facilities will be notified.
- g) The EMS Director or a designated Control Officer shall respond to the scene during a medical disaster and shall act as liaison between the on-scene commander and EMS. This individual shall be in charge of patient care, triage, transportation and all EMS personnel. This person is responsible for the formal declaration of a medical disaster.
- h) The Treatment Officer is in charge of sorting patients to establish priority of treatment and transportation. This person is also in charge of the care of patients awaiting transportation.
- i) The EMS Transportation Officer is in charge of all ambulances and directs the loading and transportation of patients. This person acts as liaison with the field and the hospitals.
- j) Paramedics and EMTs employed with local ambulance services and capable of providing advanced life support of the field will respond immediately to the disaster site. They will work with the Triage Officer and apply their skills as required to disaster victims.
- k) Equipment and medication for administering advanced life support to trauma victims will be transported to the scene by the assigned rescue unit. Additional supplies will be obtained from local hospitals upon request.
- l) Triage Priorities – Patients with certain conditions or injuries have priority for transportation and treatment over others. We will utilize the START System for Triage. An outline of these conditions is as follows on the next page:

### START Triage System



**N. Casualty Registration.**

1. The Medical Commander will designate a Transportation Officer who will track patients in the triage area through transport to a definitive care facility. This will then be relayed to the EOC.
2. Casualty Information. The Medical Authority has primary responsibility for gathering information concerning injuries and fatalities resulting from emergency and disasters. Since accurate information concerning casualties is essential in identifying required levels of medical support, information of this type must be forwarded to Health Officer in the EOC as soon as it is available to support requests for assistance and for inclusion in required reports.
3. Law enforcement is responsible for investigating deaths that are not due to natural causes or that do not occur in the presence of an attending physician. Medical Examiners are responsible for determining cause of death, authorizing requiring autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites.
4. When it appears that an incident involves fatalities, the Incident Commander shall request the 911 Communications Center make notifications to Medical Examiner and law enforcement and request that they respond to the scene.
5. Law enforcement or the Medical Examiner shall arrange for the transportation of bodies requiring autopsy or identification to morgues or suitable examination facilities. When mass fatalities have occurred, it may be necessary to establish a temporary morgue and holding facilities and obtain additional mortuary service assistance.
6. Funeral homes will collect bodies of victims from the scene and from hospitals, morgues, and other locations and arrange with next of kin for the disposition of remains.

**O. Notification of Next of Kin.**

1. The notification of next of kin will be accomplished in accordance with policy established by procedures in the receiving medical facilities with assistance from the Transportation Officer.

**P. Reporting.**

1. Collecting, processing and disseminating of EMS and casualty information will be accomplished in accordance with the standard procedures of the County EMS.

**Q. Technological Hazards****Controlling Exposure**

1. The problem of controlling exposure to radiation during rescue and recovery actions is extremely complex. Performing rescue and recovery operations require the exercise of prompt judgment to take into account multiple hazards and alternate methods of accomplishment. Sound judgment and flexibility of action are crucial to the success of any type of emergency actions. Although the guiding principle is rescue and recovery

activities, the control of radiation exposures should be consistent with the immediate objective of saving human life, or protection of health, recovery of a deceased victim, and or and saving of property.

2. To preclude the possibility of unnecessarily restricting action that may be necessary to save lives, these instructions do not establish a rigid upper limit of exposure but rather leave judgment up to persons in charge of emergency operations to determine the amount of exposures that should be permitted to perform the emergency mission.
3. The official in charge must carefully examine any proposed action involving further radiation exposure by weighing the risks of radiation results, actual or potential, against the benefits to be gained. Exposure probability, biological consequences related to dose, and the number of people involved are the essential elements to be evaluated in making a risk determination.
  - a) To preclude the possibility of unnecessarily restricting action that may be necessary to save lives, judgment shall be left to persons in charge of emergency operations to determine the amount of exposures that should be permitted to perform the emergency mission.
  - b) Attempts to rescue victims of radiation incidents should be regarded in the same context as any other emergency action involving the rescue of victims, regardless of the type of hazard involved.
  - c) Where there is reasonable expectation that an individual is alive within the affected areas, the course of action to be pursued should be determined by the Officer in Charge (or Incident Commander) onsite having the emergency action responsibility.
  - d) The amount of exposure for this type of emergency action shall be determined by the person onsite having the emergency action responsibility. He/she should immediately evaluate the situation and establish the exposure limit for the rescue mission accordingly. His/her judgment should be based upon:

### **Determining Exposure**

1. The reliability of the prediction of radiation injury. This reliability cannot be any greater than reliability of the estimation of the dose. Therefore, consideration should be given to limits of error associated with the specific instruments and techniques used to estimate the dose rate. This is especially crucial when the estimated dose approximates 100 rems or more.
2. The exposure expected in performing the action shall be weighted in terms of the effects of acute external whole body exposure and entry of radioactive material into the body. Types of exposures should be considered such as airborne should be noted before the decision to enter if made.
3. Current assessment of the degree and nature of the hazard, inherent risk from that hazard through appropriate mechanism such as the use of protective equipment (gloves, masks, shoes, etc.) remote manipulation equipment (fans, or robots etc.), or similar means.

4. In the course of making a decision to perform the action, the risk to rescue personnel should be weighed against the probability of success of the rescue action.
5. Any rescue action that may involve substantial personal risk should be performed by volunteers, and each emergency worker shall be advised of the known or estimated extent of such risk prior to participation.

**TIME/DISTANCE/SHIELDING:****1. Recovery of Deceased victims:**

- a) Accident situations involving recovery of deceased victims require criteria separate from those for saving lives. Since the element of time is no longer a critical factor, the recovery of deceased victims should be well planned. The amount of radiation exposure received by persons in recovery operations shall be controlled within existing occupational exposure guides.
- b) In those situations where the bodies are located in areas inaccessible because of high direct radiation fields, and where the recovery mission would result in exposure in excess of occupational exposure standards contained in this part, special remote recovery devices should be used to retrieve the bodies.
- c) In special circumstances where it is impossible to recover bodies without the entry of emergency workers into the area, the individual in charge of the recovery mission may determine it necessary to exceed the occupational exposure standards contained in this part. The planned exposures of an individual participating in the recovery should not exceed 5 rem total for the year or a one time exposure of 25 rem.

**R. Protection of Health and Property:**

1. Where the risk of the radiation hazard either bears significantly on the state of health of people or may result in loss of property, so that immediate remedial action is required, the following criteria should apply:

**S. Personal Protection:**

1. The possibility of radioactive materials entering the body may be reduced by the wearing of protective face masks (SCBA) and firefighter clothing while in a hazardous area.
2. Efficient organization of the work procedure, the time spent in the hazardous area and, thereby, the time of exposure, should be kept to a minimum.
3. The intensity of radiation during exposure may be minimized by maintaining the greatest possible distance by using long handled tools for manipulating radioactive materials. Radiation intensity decreases as the square of the distance from the source.

**T. Decontamination**

1. Thorough washing with nonabrasive soap and lukewarm water is the best general method of decontamination of the hands and other parts of the body. If the contamination is localized, it is often more practical to mark off the affected area and cleanse with swabs, rather than risk the danger of spreading the contaminate by general washing. Contaminated materials should be isolated and recovered for proper disposal.
2. Organic solvents must be avoided as decontaminating agents because they may increase the probability of the radioactive materials' penetrating through the pores of the skin.

## U. Monitoring

1. Monitoring of Emergency Workers. Exposure records and medical follow-up will be provided for responders who have entered contaminated areas.

### 2. Special Considerations

- a) Special considerations will be given to shelter facilities and special needs as indicated below:
  - 1) **Shelters**—The health official designated at a particular facility shall coordinated with through the facility manager (Red Cross Official at the facility) and the Pottawatomie County Emergency Manager in coordination with the Director of EMS.
  - 2) **Special Populations**—It is the responsibility of the care facility to develop and initiate a plan to provide medical consideration concerning their residents. This applies to all nursing homes, assisted living etc.

### 3. Critical Resources

- a) **Facilities**—There are three hospitals in the County at this time. The responsibility for responding to mass casualty incidents in this county would normally come under the Wamego facility located at 711 Glenn Drive (456-2295). The other facilities are located at:

Community Hospital—Onaga located at 120 E. 8<sup>th</sup> Street (889-4274)  
St. Marys Health Center located at 206 Grand Ave (437-3407)

#### **Community Hospital, Onaga –**

Overflow Capacity Plan is included in Hospital Disaster Plan.

Capacity 6-Community Hospital Onaga

#### **Wamego City Hospital –**

Overflow Capacity Plan is included in Hospital Disaster Plan.

Capacity 6-8

#### **St Mary's Health Center-**

Overflow Capacity Plan is included in Hospital Disaster Plan.

### Capacity 5

Hospital capacity is an issue that deserves great attention during bioterrorism response planning. As of 2003, 3 acute care community hospital (s) were located in Pottawatomie County. There are **57** beds, of which 28 are fully staffed with approximately 38% of these beds available to new patients on a daily basis. This allows for an average **reserve capacity of about 29 inpatients on any given day for this County.**

- a) **Personnel**—All medical professionals (doctors, nurses, and Emergency Medical Services personnel) operating in Pottawatomie County will come under a joint command system during a disaster. This command system at the incident site will be headed by the Medical Command.
- b) **Ambulance and Transportation**--All ambulances and emergency rescue vehicles serving in our county will be equipped with Field Triage Tags and shall contain at all times, those essential items as specified by the Kansas Department of Health & Environment (KDHE)
- c) Upon notification of an emergency situation, the appropriate ambulance service will dispatch the necessary units to the scene and victims will be transported from disaster sites to medical facilities.
- d) **Decontamination**--Thorough washing with nonabrasive soap and lukewarm water is the best general method of decontamination of the hands and other parts of the body. If the contamination is localized, it is often more practical to mark off the affected area and cleanse with swabs, rather than risk the danger of spreading the contaminate by general washing. Contaminated materials should be isolated and recovered for proper disposal.
- e) Organic solvents must be avoided as decontaminating agents because they may increase the probability of the radioactive materials' penetrating through the pores of the skin.
- f) **Special Facilities**—This will include facilities such as burn units, neonatal care, blood banks emergency centers, dialysis centers etc. There are no such facilities in the county at this time.
- g) **Organizations**—We have a County “First Responder” program that is organized through the local participating fire districts. Our ambulance service is operated through the County who maintains Advanced Life Support capabilities as well as Basic Life Support through 3 full time manned stations in Onaga, Wamego, Westmoreland and St. Marys. The Westmoreland and St. Marys stations are manned fulltime by a crew of 1 personnel on a 6 month rotating basis.
- h) **Institutions**—We have adult care facilities and hospitals in the County have plans available to meet the needs of their clients in case of a disaster. Their capabilities are limited in handling people in mass but they have the ability to send patients to other facilities when their capacity is exceeded.

### V. Reporting

1. In addition to reports that may be required by their parent organizations, health & medical elements participating in emergency operations should provide appropriate situation reports to the Incident Commander, or if an incident command operation has not been established, to the Health Officer in the EOC. The Incident Commander will forward periodic reports to the EOC.

2. Pertinent information from all sources will be incorporated into the Initial Emergency Report and the periodic Situation Report that is prepared and disseminated to key officials, other affected jurisdictions, and state agencies during major emergency operations. The essential elements of information for the Initial Emergency Report and the Situation Report are outlined in the appendixes of the Direction and Control annex.

#### **W. Maintenance and Preservation of Records**

1. Maintenance of Records. Health and medical operational records generated during an emergency will be collected and filed in an orderly manner. This is so a record of events is preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.
  - a) Documentation of Costs. Expenses incurred in carrying out health and medical services for certain hazards, such as radiological accidents or hazardous materials incidents, may be recoverable from the responsible party. Hence, all departments and agencies will maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.
  - b) Preservation of Records. Vital health & medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible

#### **X. Post Incident Review**

1. For large-scale emergencies and disasters, the County Emergency Manager shall organize and conduct a review of emergency operations by those tasked in this annex in accordance with the guidance provided in the Executive Operations annex of the Basic Plan. The purpose of this review is to identify needed improvements in this annex, procedures, facilities, and equipment. Health and medical services that participated in the emergency operations that are being reviewed should participate in the post-incident review.

#### **Y. Exercises**

1. Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by our [county/city] should periodically include health and medical services operations. Additional drills and exercises may be conducted by various agencies and services for the purpose of developing and testing abilities to make effective health and medical response to various types of emergencies.

#### **Z. Resources**

1. A list of local health & medical facilities is provided in Appendix 1.
2. A list of deployable health and medical response resources is provided in the Resource Management annex.

**Evaluation--** After careful review of this annex it has been determined that a detailed resource list needs to be established and maintained on file with the Emergency Manager and placed in to the Resource annex.

**ANNEX DEVELOPMENT & MAINTENANCE**

- A. The County Emergency Manager is responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.
- B. This annex will be revised annually and updated in accordance with the schedule outlined in the Executive Operations annex of the Basic Plan.
- C. Departments and agencies assigned responsibilities in this annex are responsible for developing and maintaining SOPs covering those responsibilities.

**REFERENCES**

- A. (Health & Medical Services Standard) Annex to the *Kansas Emergency Management Plan*.
- B. Kansas Department of Health & Environment.

**APPENDICES**

Appendix 1 ..... Local Health & Medical Facilities

## LOCAL HEALTH & MEDICAL FACILITIES

### POTTAWATOMIE COUNTY HEALTH DEPARTMENT

PHONE- (785) 457-3719  
 320 MAIN BOX 310 WESTMORELAND KS 66549  
 E-MAIL: [LCAMPBELL@POTTCOUNTY.ORG](mailto:LCAMPBELL@POTTCOUNTY.ORG)

FAX- 785-457-2144  
 PAGER 785-770-0667

### HOSPITALS

**WAMEGO CITY HOSPITAL** PHONE- (785) 456-2295 FAX- 785-456-9467  
 CEO  
 711 GENN DRIVE; WAMEGO, KS 66547  
 E-MAIL: [JAN.IOERGER@WAMEGOCITYHOSPITAL.COM](mailto:JAN.IOERGER@WAMEGOCITYHOSPITAL.COM)  
 (JAN, INFECTIOUS DISEASE COORDINATOR)  
 E-MAIL: [BRETT.HOWARD@WAMEGOCITYHOSPITAL.COM](mailto:BRETT.HOWARD@WAMEGOCITYHOSPITAL.COM)  
 (BRETT HOWARD, SAFETY COORDINATOR)

**COMMUNITY HOSPITAL ONAGA** PHONE- (785) 889-4274 FAX- 785-889-7163  
 CEO JOE ENGLETON  
 120 W 8<sup>TH</sup>; ONAGA, KS 66521  
 E-MAIL: [HOFFMANS@CHCS-KS.ORG](mailto:HOFFMANS@CHCS-KS.ORG) SANDY, SAFETY OFFICER  
[WAHLS@CHCS-KS.ORG](mailto:WAHLS@CHCS-KS.ORG) SHERRI WAHL, INFECTIOUS DISEASE COORDINATOR

**ST. MARYS HEALTH CENTER** PHONE- (785) 437-3407 FAX- 785-437-6318  
 206 S. GRAND AVENUE; ST. MARYS KS 66536  
 E-MAIL: [HOFFMANS@CHCS-KS.ORG](mailto:HOFFMANS@CHCS-KS.ORG)  
 SANDY, SAFETY OFFICER

### REGIONAL PHARMACEUTICAL STOCKPILE

**NORTHEAST KANSAS REGIONAL HOSPITAL PHARMACEUTICAL STOCKPILE**  
 PHONE – 785-295-8399 FAX – 785-231-5953  
 1700 SW 7<sup>TH</sup>, TOPEKA, KS 66601  
 STEVE GRANZOW, ST. FRANCIS HOSPITAL

### EMERGENCY MEDICAL SERVICES

**DIRECTOR OF EMS BRIAN SMITH** PHONE- (785) 458-7350 FAX-785-458-7351  
 711 GENN DRIVE; WAMEGO, KS 66547 PAGER- 785-587-3958  
 E-MAIL: [BRIAN.SMITH@WAMEGOCITYHOSPITAL.COM](mailto:BRIAN.SMITH@WAMEGOCITYHOSPITAL.COM)

### EMS STATIONS IN COUNTY

<b>WAMEGO:</b> 711 GENN DRIVE	PHONE- (785) 456-0911	FAX- 458-7354
<b>ST. MARYS:</b> 206 GRAND	PHONE- (785) 437-6911	FAX- 437-6911
<b>ONAGA:</b> 120 W. 8 <sup>TH</sup>	PHONE- (785) 889-4774	FAX- 889-4774
<b>WESTMORELAND:</b> 312 MAIN	PHONE- (785) 457-3911	FAX- 457-3911



**ONAGA CLINIC**

114 W 8<sup>TH</sup> STREET, ONAGA, KS 66521  
CONTACT SANDY HOFFMAN  
E-MAIL: [HOFFMANS@CHCS-KS.ORG](mailto:HOFFMANS@CHCS-KS.ORG)  
DRS. WALSH, ZIDEK, ALLEN

PHONE-(785)889-4241  
FAX-785-889-4749

**POTTAWATOMIE COUNTY VETERINARIANS**

**Animal Health Clinic**

220 S Leonard St. Onaga, KS 66521  
785-889-4246

**Cross Country Genetics North**

8855 Michaels Rd., Westmoreland, KS 66549  
785-457-3336

**Konza Veterinary Clinic**

8080 E. US Hwy 24, Manhattan, Ks. 66502  
785-776-9111

**Northside Animal Hospital**

5210 N Hwy 99, Wamego, Ks. 66547  
785-456-7577

**Wamego Veterinary Clinic**

16805 W. Hwy 24, Wamego, Ks. 66547  
785-456-3315

**Carlson Veterinary Service**

6105 Flush Rd, St. George, KS 66535  
785-494-2681

**Kolde Veterinary**

E. Hwy 24, Manhattan, KS 66502  
785-494-2440

**Mobile Vet Clinic**

P.O. Box 146, Wamego, KS 66547  
785-456-3300

**St. Marys Veterinary Services**

803 Jesuit Ln, St. Marys, KS 66536  
785-437-6619

**LOCAL UTILITY COMPANIES**

**Bluestem Electric Coop** (785) 456-2212

614 Hwy 24 East  
Wamego, KS

**Flint Hill RFCA** (620)767-5144

1564 South 1000 Rd  
PO Box B  
Council Grove, KS

**Westar Energy** (785) 575-6300

818 South Kansas Ave  
Topeka, KS

**Jeffrey Energy Center** (785)456-6160

25905 Jeffrey Rd  
St. Marys, KS

**Television Stations**

**Wamego Channel 3**

529 LINCOLN, WAMEGO, KS 66547

[shawn.lane@wamtelco.com](mailto:shawn.lane@wamtelco.com)

(785) 456-1000  
Fax: 785-456-9903

**KTWU Channel 11**

[ktwu-press@lists.washburn.edu](mailto:ktwu-press@lists.washburn.edu)

1700 COLLEGE, TOPEKA, KS 66621-1100	(785) 231-1111
<b>WIBW Channel 13</b> 631 SW COMMERCE PLACE, TOPEKA, KS 66615	<a href="mailto:13news@wibw.com">13news@wibw.com</a> (785) 272-6397
<b>KSNT Channel 27</b> P.O. Box 2700, TOPEKA, KS 66601	<a href="mailto:27news@ksnt.com">27news@ksnt.com</a> (785) 582-4000 Fax: 785-582-4783
<b>KTKA Channel 49</b> 2121 SW CHELSEA DR, TOPEKA, KS	<a href="http://www.newssource49.com">www.newssource49.com</a> (785) 273-4949

### Radio Stations

<b>94 Country</b> 1210 SW Executive Dr, Topeka, KS 66615-3850	(785) 272-3456 Fax: 785-228-7282
<b>Angel 95</b> 103 N 3 <sup>rd</sup> , Manhattan, KS 66502	<a href="mailto:angel95@kansas.net">angel95@kansas.net</a>
<b>97.5/103.5/1420</b>	<a href="mailto:BigKat@kjck.com">BigKat@kjck.com</a> (785) 776-9494 (785) 776-9450 Fax: 785-776-0110
<b>98.5/102.5</b> 5008 Skyway Dr, Manhattan, KS 66502	(785) 537-3232 Fax: 785-587-9495
<b>101.5/104.7/1350</b> 2414 Casement Rd, Manhattan, KS 66502	(785) 776-1350 (785) 776-1015 (785) 539-1047

### Billboards

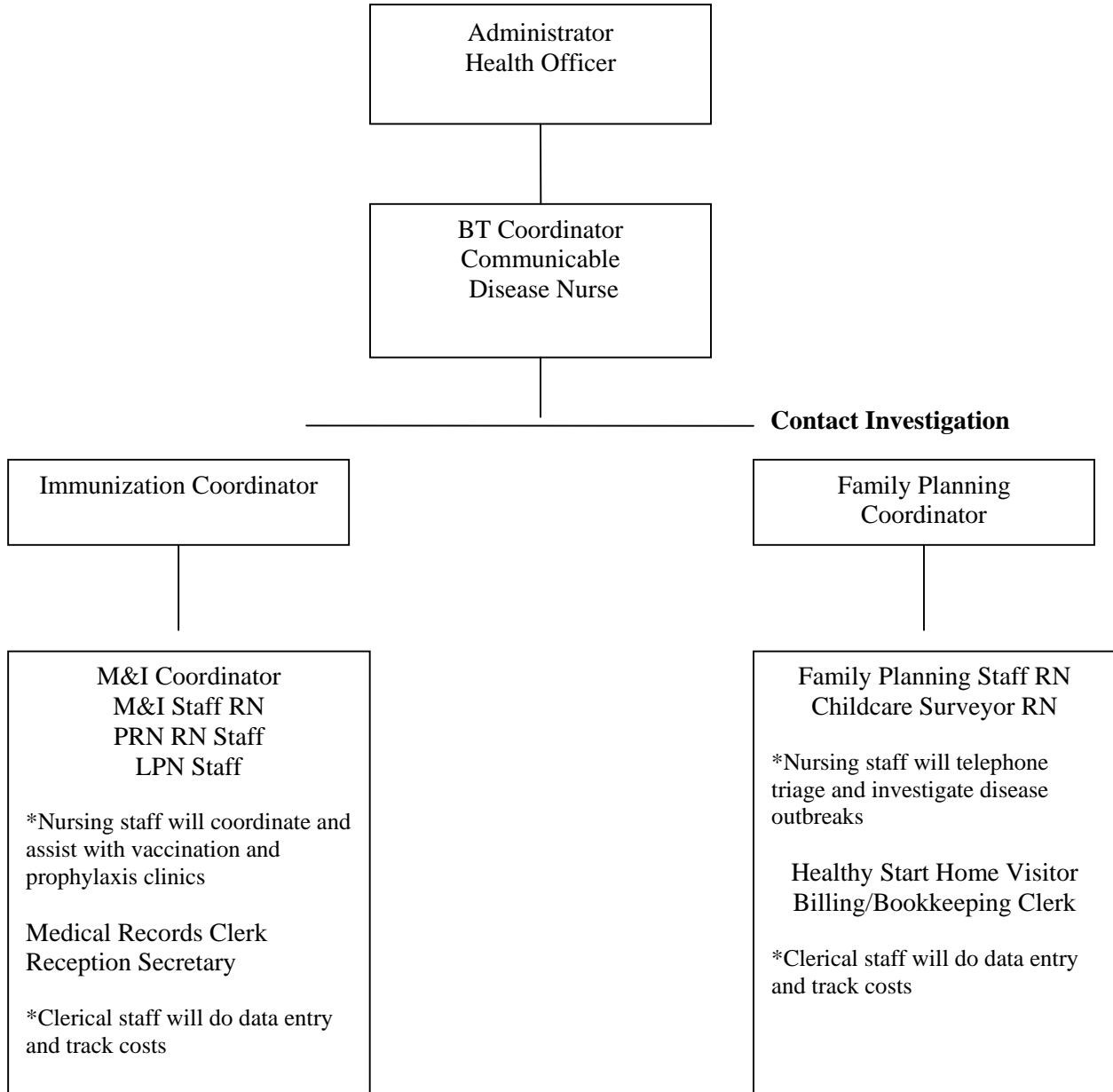
<b>First National Bank-St. Marys</b> 414 W Bertrand, St. Marys, KS 66536	(785) 437-6585
<b>First National Bank of Onaga</b> 301 Leonard St, Onaga, KS 66520	(785) 889-4211
<b>First National Bank of Wamego</b> 806 5 <sup>th</sup> St, Wamego, KS 66547 E Hwy 24, Manhattan, KS 66502	(785) 456-2221 (785) 539-8322
<b>Kaw Valley State Bank</b> 1015 Kaw Valley Park Cir, Wamego, KS 66547	(785) 456-2021
<b>St. Marys State Bank</b> E Hwy 24, St. Marys, KS 66536	<a href="mailto:ebanker@smsb.org">ebanker@smsb.org</a> (785) 437-2271

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (KDHE)**

- **24 Hour call numbers for Public Health Emergencies:**
  - Epidemiologic Services Duty Officer 877-427-7317
    - (for technical assistance and disease reporting)
  - Health Alert Network Website [www.kdhe.state.ks.us/han](http://www.kdhe.state.ks.us/han)
- **KDHE Laboratories**
  - General Number (Not 24hrs) 785-296-1620
  - Diagnostic Microbiology Technical information Senior Scientist
    - Phone 785-296-1636
    - Pager (24hrs) 785-295-0526
  - Virology and Serology Technical information Senior Scientist
    - Phone 785-296-1644
    - Pager (24hrs) 785-295-0525
- **KDHE Bureau of Environmental Remediation (BER)**
  - Spill Hotline (8am to 5pm) 785-296-1679
  - Spill Hotline (after hours) 785-296-0614
- **KANSAS DIVISION OF EMERGENCY MANAGEMENT**
  - 24 HOUR DUTY OFFICER 785-296-3176
- **CENTER FOR DISEASE CONTROL AND PREVENTION**
  - CDC Bioterrorism response coordinator hotline 404-639-0385
  - CDC EMERGENCY RESPONSE 770-488-7100
    - 770-488-4819
  - CDC Domestic Preparedness chemical/Biological help line
    - 800-368-6498
  - CDC HEALTH ALERT E-MAIL [healthalert@cdc.gov](mailto:healthalert@cdc.gov)
  - CDC BIOTERRORISM WEBSITE [WWW.bt.cdc.gov](http://WWW.bt.cdc.gov)
- **U.S. PUBLIC HEALTH SERVICE**
  - EMERGENCY COORDINATOR 206-615-2469
- **FBI KC FIELD OFFICE 24 HOUR RESPONSE LINE** 816-512-8200
- **KBI 24 HOUR DUTY OFFICER** 785-296-8200
- **OTHER**
  - Domestic Preparedness (partnership of Federal Agencies)

- Emergency 800-424-8802
- Non-emergency / information planning 800-368-6498
- Regional Poison Control Center (24 hours) 800-332-6633
- Kansas Highway Patrol (24 hours) 785-827-4437

### Health Department Organization Chart



**QUARANTINE CONTACT LIST**

<b>Pottawatomie County Commissioners</b>		<b>Courthouse</b>	<b># 457-3762</b>
Chairperson; Richard Carlson Cell Phone 456-4236	535-8271	26810 Jeffrey Rd	St Marys
Commissioner Tom Doperalski Cell Phone 456-5185	456-2791	122 Riverview Dr	Wamego
Commissioner Barbara Kolde	494-2440	12155 Elm Slough Road	St George
Pottawatomie County Legal Counselor Gary Conklin	457-3621	108 North Second St.	Westmoreland
Pottawatomie County Sheriff Department Greg Riat	457-3481	Sheriff's Office	Westmoreland (or 911)
Police Chief Wamego Mike Baker Call (or 911 in the City)	456-9553	Police Dept.	Wamego
Police Chief St Marys Troy Renken (or 911 in the City)	437-2311	200 S. 7 <sup>th</sup>	St Marys
Pottawatomie County Attorney Barry Wilkerson	457-3511	Court House	Westmoreland

## Hospital Directors

### COMMUNITY HOSPITAL, ONAGA CENTER

Joe Engelken Main Number 889-4274  
 Elaine Becker-Director  
 Home Number 785-857-3524  
 Cell Number 785-799-7019  
 Pager Number 785-284-1186  
 e-mail [beckere@chcs-ks.org](mailto:beckere@chcs-ks.org)

### WAMEGO CITY HOSPITAL

Bill Mahoney  
 Office Number 456-2295  
 Home Number 456-6991  
 Pager Number 785-587-3946  
 Cell Number 456-4383

### ST. MARYS HEALTH CARE

Tim St. John, Director  
 Work Number 785-437-2286  
 Home Number 785-437-2138  
 Cell Number 785-213-1995  
 e-mail [stjohnt@chcs-ks.org](mailto:stjohnt@chcs-ks.org)

## Mayors

### Belvue

Leroy H. Brunkow (785) 456-2484  
 510 Broadway St, Belvue, KS 66407  
 66422

### Havensville

Mike Pinick (785) 948-3650  
 RR1, Havensville, KS 66432  
 66450

### Olsburg

James Nelson (785) 468-3664  
 4409  
 412 3<sup>rd</sup>, Olsburg, KS 66520

### St. George

Charlie Boggs (785) 494-2558  
 437-2311  
 214 1<sup>st</sup>, P.O. Box 33, St. George, KS 66535  
 Marys KS 66536

### Wamego

Larry Fechter (785) 456-9119  
 430 Lincoln, Wamego, KS 66547  
 66549

### Wheaton

Joy Force (785) 396-4567  
 205 Market, Wheaton, KS 66551

### Emmett

Mary Lou Ranner  
 110 W 7<sup>th</sup> St, Emmett, KS

### Louisville

Bobby Benton, Jr. (785) 456-  
 225 E Hickory, Louisville, KS

### Onaga

Gary L. Holthaus (785) 889-  
 319 Prospect, Onaga, KS 66521

### St. Marys

Bernard (Bud) Richstatter (785)  
 200 S 7<sup>th</sup>, P.O. Box 130, St.

### Westmoreland

Jeff B. Rosell (785) 457-3361  
 202 E Main, Westmoreland, KS

## Motels

### Henry's Motel

501 Western, Onaga, KS 66521  
 785-889-7105

### Wamego Super 8

Box 295, Wamego, KS 66547  
 785-458-8888

## Mass Treatment Sites

In the event of an incident the following sites have been designated for the dispensing of vaccinations and/or prophylaxis:

**Wamego:**      **Primary Site**  
**Trinity Baptist Church**  
**16655 W Highway 24**  
**785-456-8513**

**Secondary Site**  
Wamego Senior Center  
501 Ash  
785-456-2260

**St. Marys:**      **Primary Site**  
**City Administration Building**  
**200 S 7<sup>th</sup> Street**  
**437-2311**

**Secondary Site**  
St. Marys Senior Center  
Lasley Street (next to the Fire Station)  
785-437-2145

**Onaga:**      **Primary Site**  
**Onaga Hospital**  
**120 W 8<sup>th</sup> Street**  
**785-889-4274**

**Secondary Site**  
Community Center  
100 Union Pacific  
785-889-4806

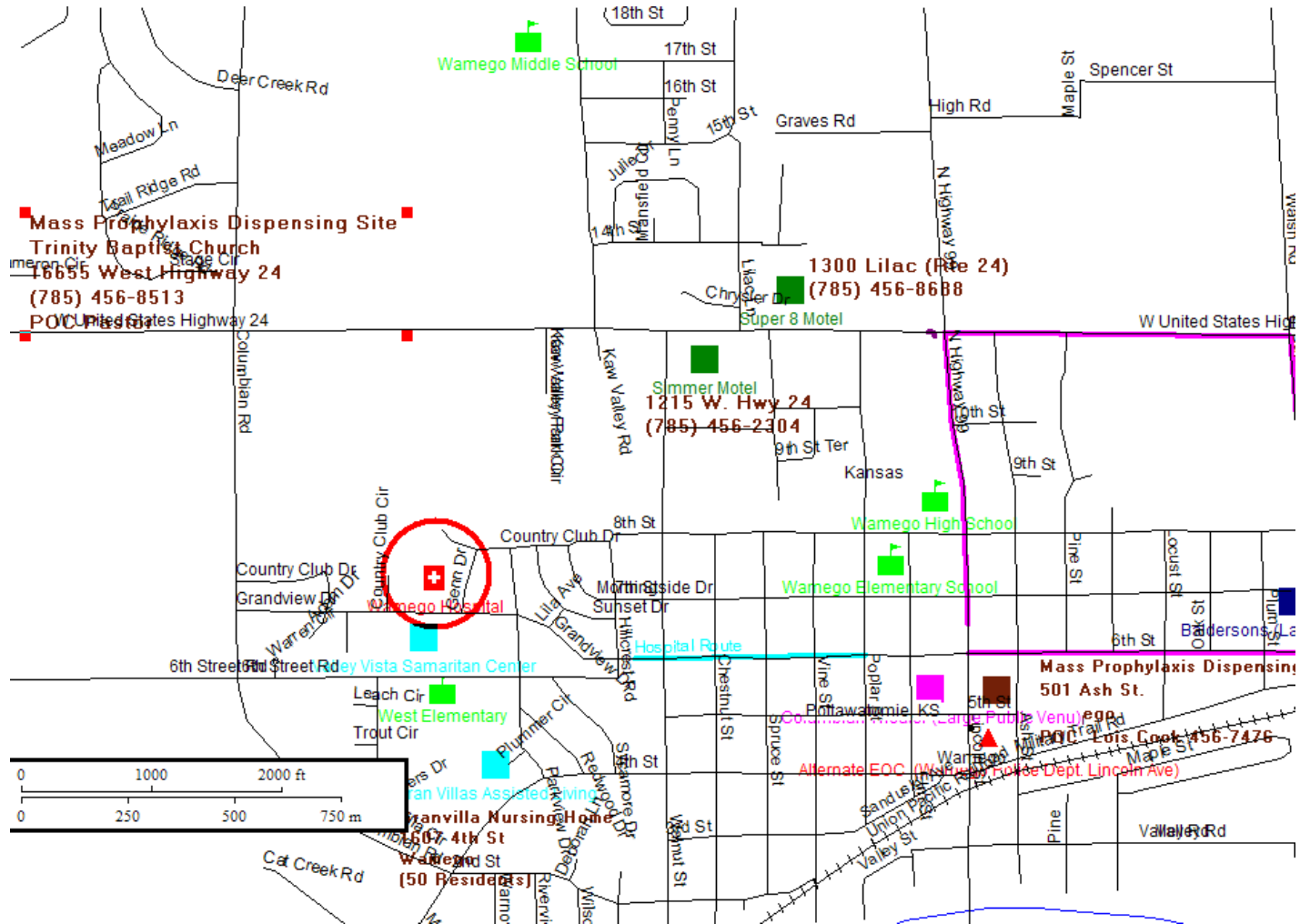
### Wamego Mass Prophylaxis Dispensing Site

Schools

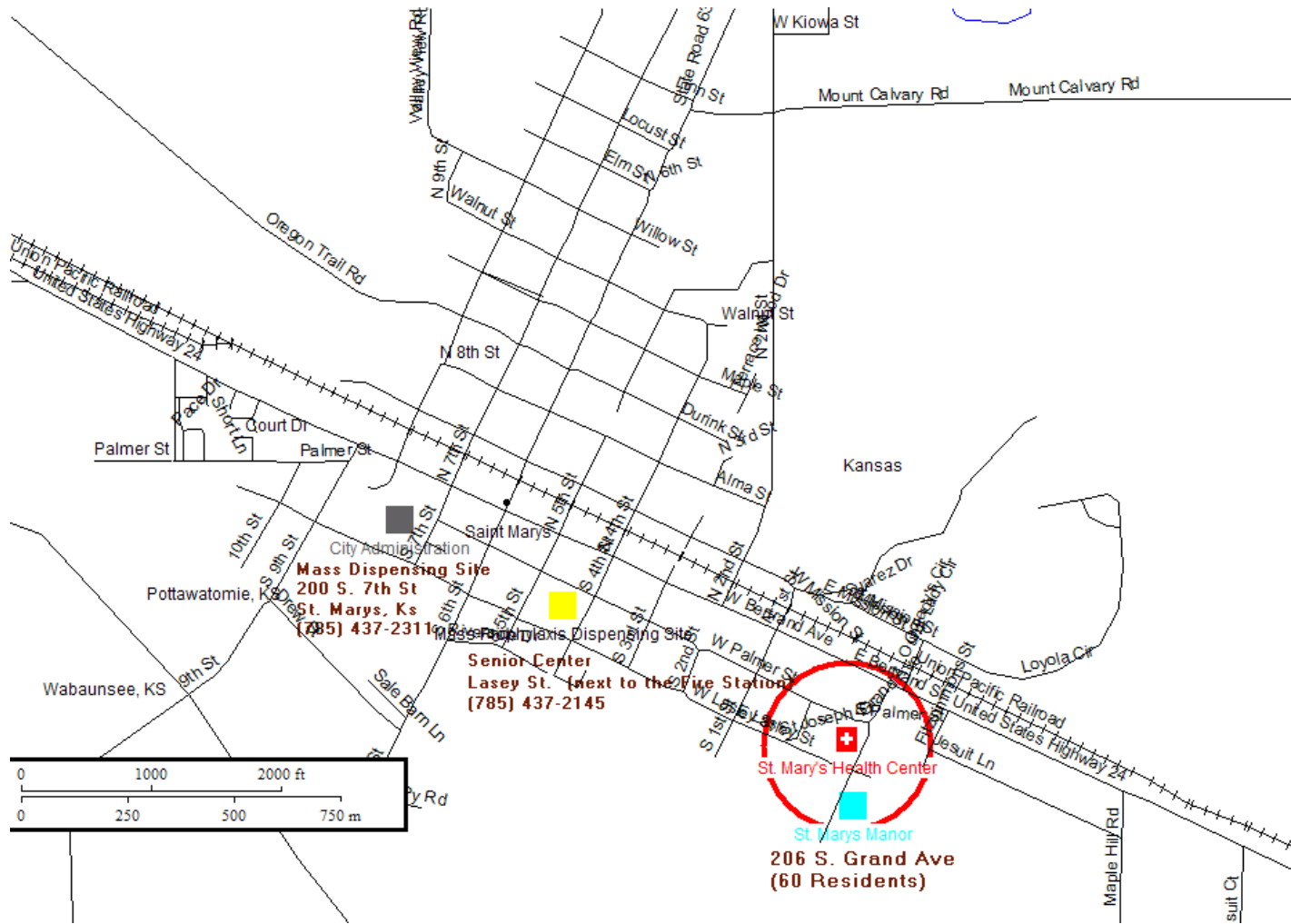
Hospital

Elderly Care Facilities

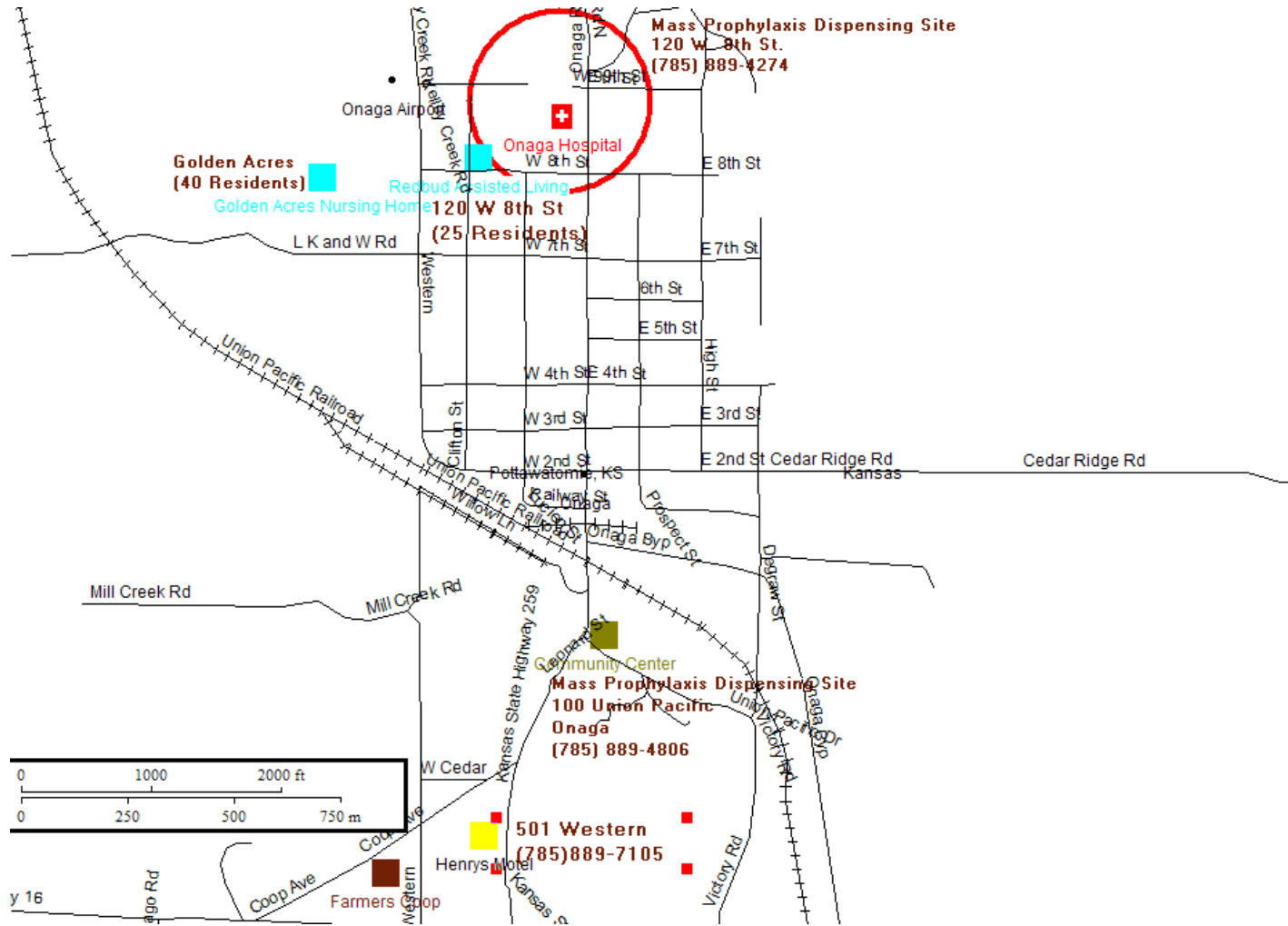
Alternate EOC



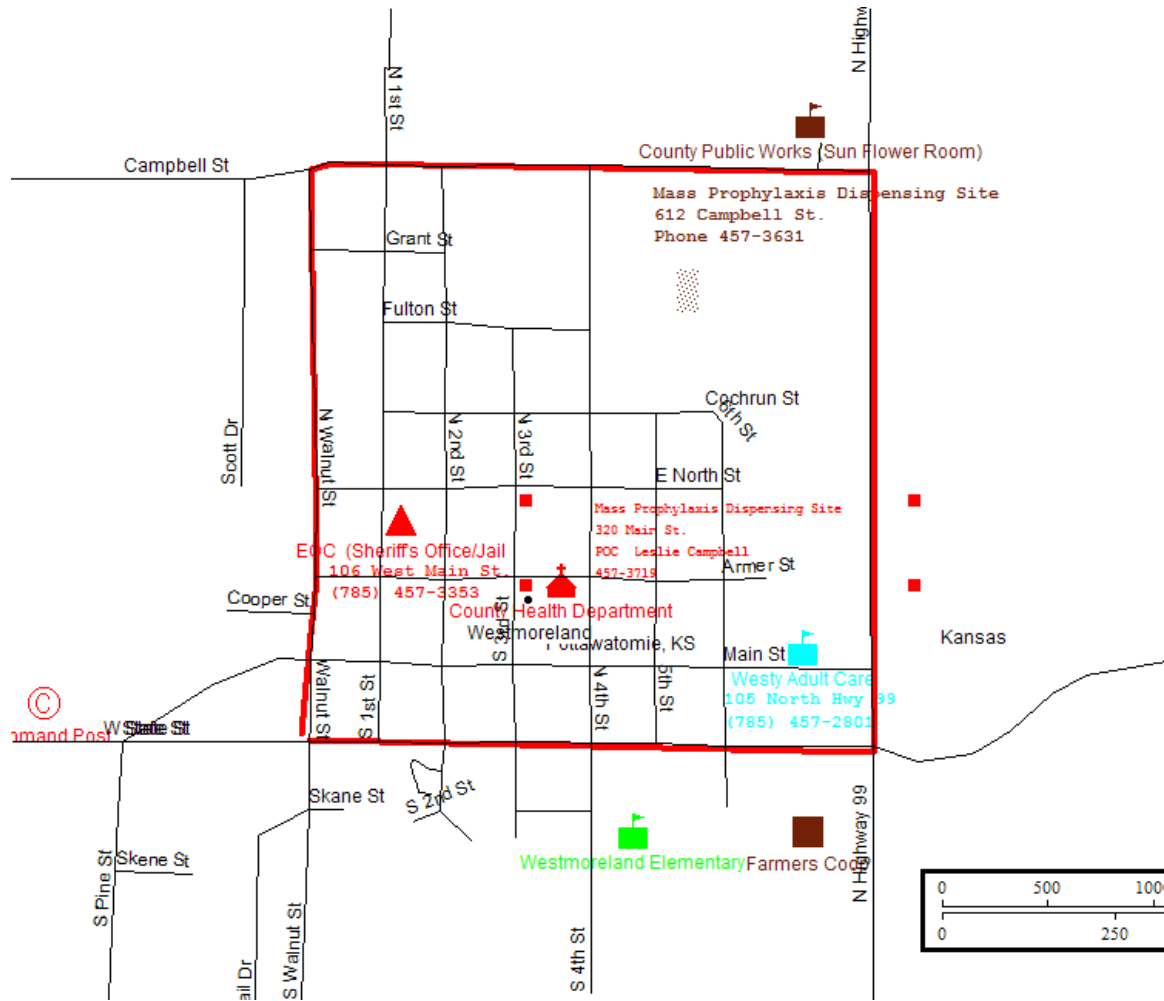
### St. Mary's Mass Prophylaxis Dispensing Site



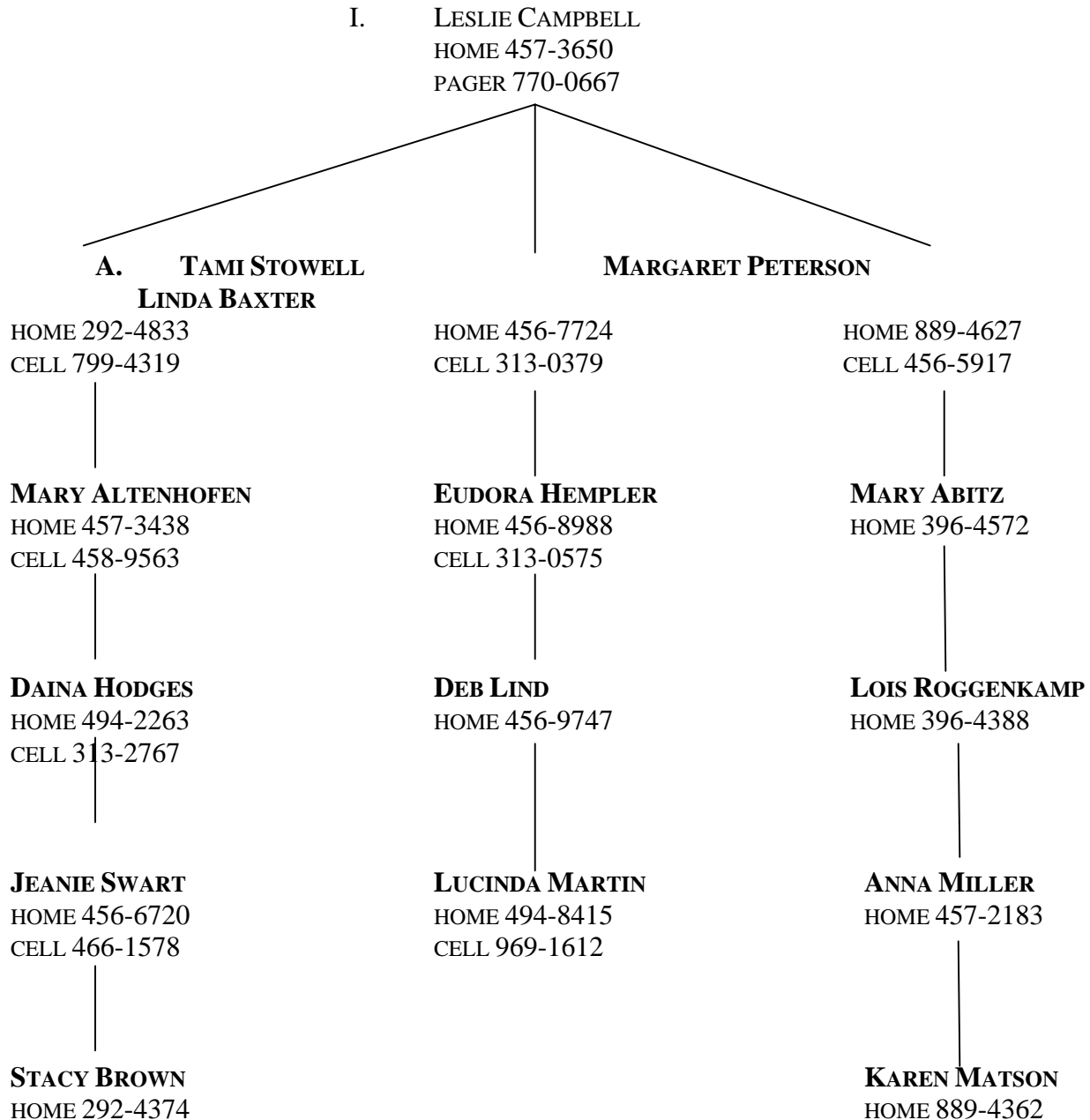
### Onaga Mass Prophylaxis Dispensing Site, School Location



### Westmoreland Primary EOC, Jail, Elderly Housing Location and Mass Dispensing Sites



# Emergency Call Down List For Health Department Personnel



## VOLUNTEER GROUPS FOR FOOD AND BEVERAGE RESOURCES

### **Pottawatomie County Red Cross**

Lois Cook 785-456-7476

### **Riley County Red Cross**

785-537-2180

### **Topeka Red Cross**

785-234-0568

### **Riley County Salvation Army**

785-539-9399

### **Shawnee County Salvation Army**

785-233-9648

## LOCAL PHARMACIES

<b>Hoffman Pharmacy</b>	457-3611
<b>Wamego Health Mart</b>	456-9292
<b>Onaga Pharmacy</b>	889-7181
<b>St. Marys Health Mart</b>	437-2967
<b>Wal-Mart Pharmacy</b>	776-4841
<b>K-Mart Pharmacy</b>	776-4070
<b>Dillons Pharmacy</b>	776-928
<b>The Medicine Shoppe</b>	539-1717

## LOCAL ASSESSMENT OF AVAILABLE PHARMACEUTICALS

### **Hoffman Pharmacy** 457-3611

Cipro 100

Doxycycline 300 (bottles x 50)

Can obtain more within 24 hours

### **K-Mart** 776-4070

Cipro 100

Doxycycline 500

Can obtain more within 24 hours

### **Onaga Drug Store** 889-7181

Cipro100-200

Doxycycline 500

Can obtain more within 24 hours

**St. Marys Health Mart** 437-2967

Cipro 200 of 250mg; 300 of 500mg; 200 of 750mg

Doxycycline 1000

Mon thru Thurs can obtain the following day

**Wamego Health Mart** 456-9292

Cipro 100

Doxycycline 4000

Can obtain more within 24 hours

**Wal-Mart** 776-4841

\*Doxycycline cost app 10 cents /pill

\*There are other antibiotic options