



Public Health

PURPOSE

A. PURPOSE

1. To provide for the organization, mobilization, coordination and direction of emergency medical, emergency health and emergency medical examiner services and resources in a disaster.
2. To provide for the coordination of emergency hospital services.
3. To provide for the care of the sick, injured and dead resulting from a disaster. To facilitate the coordinated use of medical personnel and communications.
4. To provide for the coordination of crisis response and mental health services for persons who suffer from reactions to the disaster and Critical Incident Stress Management services for emergency service workers.
5. To provide for the systems and methods required to prevent or control disease.

B. SCOPE

1. Public Health provides environmental health and personal health services which emphasize **prevention** in order to attain a high quality of life for the population of Pottawatomie County. The Director of Public Health, for Pottawatomie County, is responsible for organization, supervision and coordination of **emergency** health and mortuary service and for providing assistance in the coordination of **emergency** mental health services. Health Services are available on a city, county and regional basis. Public Health consists of: a. Office of the Director, including Epidemiology, Planning and Evaluation, Public Information and Education, and Risk Management.
 - a) Divisions in the Health Department includes: Administrative Services, Community Health Services, Prevention, Environmental Health, and Emergency Medical Services.
2. Mobile emergency medical aid is provided by the County Emergency Medical Services BLS and ALS units through a tiered response system. This system calls for an immediate response by firefighter first responders in the participating Fire Districts responding in fire service aid units to provide Basic Life Support services. The second response level consists of paramedics who provide Advanced Life Support services in cases where acute illness or severe injury require medical stabilization at the scene prior to and during transport of the patient to the hospital.
3. Hospitals in Pottawatomie County provide 24-hour emergency outpatient services and specialized treatment.

C. Responsibility

1. The Pottawatomie County Health Department Director is responsible for coordinating public health activities and resources during a disaster. During a disaster the director or designee will be located at the forward command post and if possible provide a designee to serve in the EOC. Furthermore:

2. **The Director of Public Health**, or designee, shall:

- a) Direct emergency planning and preparedness activities for Public Health. Assure that the Public Health Emergency/Disaster Operations Plan is review/update every two years.
- b) Assure that the County BioTerrorism Plan is reviewed/updated according to the requirements of Kansas Division of Health and Environment and provide an updated copy to the County Office of Emergency Management.
- c) Adequate provisions of food, water and medical supplies for inpatient populations in Correctional Health and Rehab facilities will be provided by private contractor currently to complete that function for up to 24 hours after the incident. Medical supplies for correctional health and rehab facilities will be obtained from Westmoreland Medical Clinic.
- d) Maintain adequate provisions of food, water and medical supplies for employees at all Public Health work sites.
- e) Maintain updated emergency resource inventories in the County Health Department facility.
- f) Designate the Public Health representative to coordinate operations in case of absence. Keep EOC Director posted on all significant actions planned and actions taken.
- g) Be responsible for organization, supervision and coordination of Public Health personnel during a major emergency. Specific responsibilities and emergency task checklist for the Public Health Director and all Division Managers are maintained in the Public Health Emergency/Disaster Operations Plan.
- h) **Testing**—Determining the extent or threat of pollution/contamination from chemical, radiological or pathological sources.
- i) **Communicable Diseases**--Provide epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism, and food borne illness outbreaks. A quarantine may be called by the County Health Officer.

Communicable Disease Control Services:

- 1) Childcare Consultation - Health promotion and disease prevention and services for childcare centers throughout the County;
- 2) **Immunizations** - Prevents the spread of disease through the provision of general, childhood, influenza and immunizations;
- 3) Coordinate mass immunization programs for persons in high disease risk exposure categories;
- 4) Coordinate operations for general or mass emergency immunizations or quarantine procedures.
- 5) Refugee Health - Provides access to newly arrived refugees and refers them to a regular source of health care;
- 6) Sexually Transmitted Diseases - Diagnosis, treatment, counseling and follow-up for patients with a sexually transmitted disease;

- 7) Acquired Immune Deficiency Syndrome - surveillance, epidemiology, education, testing and counseling services;
- 8) Communicable Disease Control and Epidemiology - Provides investigation and control of communicable disease outbreaks, including bioterrorism incidents (see County BioTerrorism Plan) and suspected food borne illness. Provides special efforts with childcare and school facilities.
- 9) Obtain vital statistics including birth and death certificates;
- 10) Coordinate and provide laboratory services for identification of communicable diseases required to support emergency health and emergency medical services;
- 11) Investigate and determine the cause of sudden, unexpected, violent, and non natural deaths;
- 12) Provide emergency information to the news media, via the Joint Information Center (JIC) on mass deaths, body identification, and morgue operations;
- 13) Coordinate morgue services including body identification and disposition of unclaimed bodies. Maintain a record of information on all unexpected and violent deaths resulting from the disaster.

j) Reporting

- 1) The reporting of pertinent health related information to the EOC during emergency operations will be conducted on a regular basis.
- 2) Maintain reports on hazard, injury, loss of life and condition of health personnel in the affected area.
- 3) Document and report activities undertaken during the emergency, including time, supplies, and any other pertinent information.
- 4) Assessing and identifying trends of disease and injury; working with community partners to assure that effective services are provided to meet community needs
- 5) Developing policies to address public health concerns in the community. Services to prevent or reduce the impact of potential hazards include Communicable Disease Control programs and Environmental Health Programs that prevent unwanted effects of our environment on public health.

k) Inspections

- 1) **Water/Food Products** – Coordinate with the County Sanitarian to monitor water quality for small public drinking water systems and provide consultation on water quality problems;
- 2) **Food Protection** – Coordinate inspection of all restaurants and permanent food service establishments, and temporary food service establishments; Provide consultation regarding food safety issues to industry and consumers.
Meat Inspections - Regulate retail and wholesale meat establishments to prevent disease transmission and consumer fraud for meat, poultry, and fish establishments.
- 3) **Building Safety**—Coordinate with the County Damage Control Officer on any health/safety related issue concerning inhabitable structures.
- 4) **Solid Waste** – Coordinate with the County Sanitarian regulating the handling, storage, collection, transportation, treatment processing, and final disposal of solid waste;
- 5) **Waste water disposal** – Coordinate with the County Sanitarian monitor and regulate on-site sewage systems and provide consultation on sewage related issues.
- 6) **Vector/Nuisance Control** - Respond to public complaints; provide community education about rodents, insects, wild animal bites, and pet related diseases.

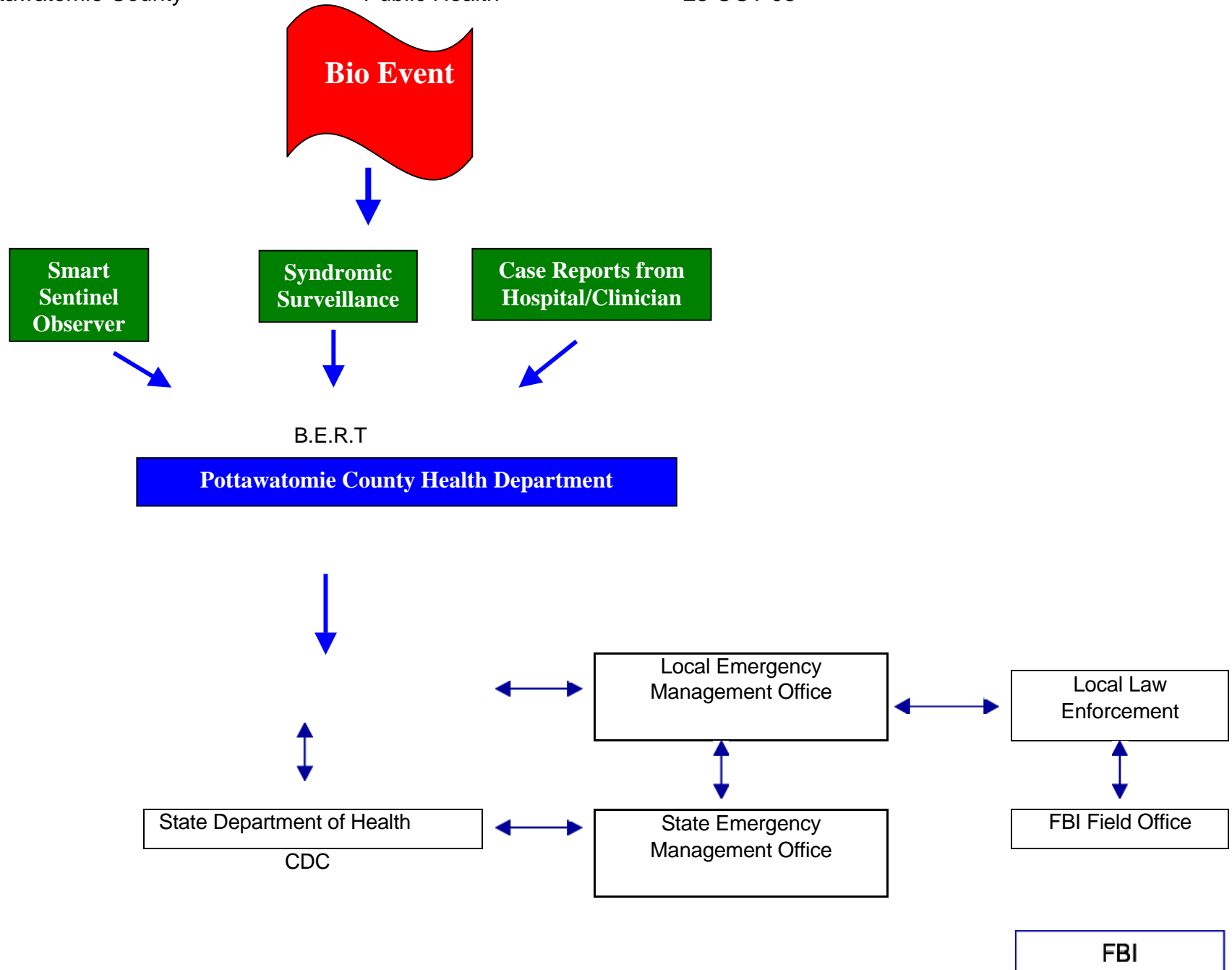
- l) **Education**--Maintain information on status of disaster and its impact on public health and assist affected populations in clean up or follow up activities with technical advice or field service on health and safety issues related to returning to damaged areas.
- m) **Protective Actions**—The County Health Director is responsible for making health related protective actions and quarantines. This will be coordinated with the County Emergency Manager and Sheriff.
- n) **Biological Waste Disposal**—The County Health Department will utilize their existing internal SOP for the disposal of animal carcasses, food and drug, blood products and immunization supplies.
- o) **Clean Up**—The County Health Department is responsible for clean up and recovery operations in regards to public health hazards. This activity will be coordinated with the Emergency Manager.

D. Critical Resources

1. The County Health Department has the availability through agreements with other state and county agencies for matters which will support their operations in regards to such activities as; laboratory facilities, medical supplies, decontamination resources, state and federal assets. The acquisition of these resources will be handled through appropriate channels.
 - a) Hospitals and other medical facilities will be taxed to their maximum capacity and ability to receive patients. The County Health Director may need to coordinate the use of other facilities such as shelters, Motel room, etc., as temporary treatment centers. Public Health does not maintain sufficient medical supplies, pharmaceuticals, or emergency medical staff to supply a temporary treatment center. Staffing and supply of temporary treatment facilities will be consistent with the ability to mobilize and transport staff and supplies from other medical facilities, temporary employment agencies, or private medical suppliers, and may take up to 72 hours.
 - b) Public Health does not supply medical equipment, pharmaceuticals or linens to hospitals on a daily basis. Hospitals, nursing homes and other critical care in-patient facilities will rely on existing emergency service contracts with medical supply, pharmaceutical and linen vendors to the maximum extent possible.
 - c) Hospitals, nursing homes and other critical care in-patient facilities will maintain back up supplies stored on site, (including food, water and basic medical supplies) to maintain operations for a minimum of three days.
2. Public Health operates one Public Health Center in Pottawatomie County. Under normal conditions, some of these centers are staffed with public health nurses, however, staff at Public Health centers are not trained in triage of patients with serious injuries in a disaster setting. Care which will be provided to the public at these sites will be consistent with the skills and abilities of public health providers. Locations, typical hours of business, emergency staffing capabilities, etc. are listed in the Public Health Emergency Operations Plan.
3. During the first 72 hours after the disaster, the public should not anticipate routine emergency medical services from the various pre-hospital providers by calling 911.

4. The public should not anticipate routine public health services, such as immunizations, special nutritional programs for children, or public health nursing services, care for at least the first 120 hours after the disaster.
5. Publicly supported emergency medical, health and medical examiner services will be restored to normal during the recovery period as soon as practical and within the limitations and capabilities allowed by city government following the emergency.

Evaluation-- After careful review of this annex it was noted that the Health Department does not maintain a sufficient supply of pharmaceuticals in their inventory. A plan is being developed by the Health Director to maintain a stock pile within the county Pharmacies via MOU. Furthermore, there is not adequate personal protective equipment for the health care workers should an outbreak occur. These deficiencies will be corrected utilizing ODP funding.



**TASK 1
THREAT ASSESSMENT/FOCUSED
INVESTIGATION**

Public Health BERT activated
 Agency notification
Expanded surveillance
 Agent identification
 Means of transmission & release point
 At-risk population & location • Terrorist implications
 Initial briefing & communication

**TASK 2
TREATMENT PLAN**

Target population & location
 Medical RX and/or prophylaxis
 Control measures

**TASK 3
IMPLEMENT INITIAL MEDICAL TREATMENT PLAN**

Mass care/Mass prophylaxis
 Pharmaceuticals
 Equipment
 Facilities
 Staffing
 Supplies/Support
 Security
 Media Assistance

**TASK 4
ONGOING SURVEILLANCE**

Identify new cases
 Track total cases
 Revise estimate of potential exposed
 Characterize stage of outbreak

**TASK 5
IMPLEMENT ONGOING TREATMENT
PLAN** • Healthcare system resource utilization

Complete post-exposure treatment of at risk patient
 2nd wave patients
 Worried well
 Deaths

**TASK 6
RECOVERY/RESTORATION**

Community physical, mental and emotional needs
 Environment issues
 Public Health' s operations return to pre-incident state