

# Medical

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## ANNEX I OF THE KNOX COUNTY EMERGENCY OPERATIONS PLAN

6/28/2019



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- Primary Agencies:** Emergency Medical Services  
Knox Community Hospital  
Knox County Health Department
- Support Agencies:** American Red Cross  
Behavioral Healthcare Partners  
Job and Family Services  
Knox Area Transit  
Knox County Animal Shelter  
Knox County EMA  
Local Fire Departments  
Local Law Enforcement  
Seventh Day Adventist  
Volunteer Organizations Active in Disasters

## **I. INTRODUCTION**

### **A. Purpose**

The purpose of this annex is to identify the responding medical provider's roles and responsibilities in an emergency to aid in life safety operations.

### **B. Scope**

This plan applies to all participating agencies and organizations operating within the geographic boundaries of Knox County.

### **C. Policy**

It is the policy of Knox County to develop plans and procedures that incorporate the concepts of the National Incident Management System (NIMS), the Incident Command System (ICS) and the National Preparedness Goal.

### **D. Core Capabilities**

This annex addresses the following Core Capability as defined in the National Preparedness Goal:

- Public Health, Healthcare, and Medical Services

## II. SITUATION AND ASSUMPTIONS

### A. Situation

1. In emergency situations, the population of the county is faced with many medically-related problems, such as injuries, sanitation, and disease. Under emergency situations, medical professionals and resources may become overwhelmed.
2. There is one hospital in Knox County, Knox Community Hospital.
3. There is one public health agency, Knox County Health Department.
4. The County Morgue is located at Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, Ohio.
5. There are numerous nursing homes, assisted living centers and extended care facilities in Knox County.
6. Local mental health providers are limited due to demand.
7. There are numerous funeral homes within Knox County.
8. There are public and private agencies that provide Emergency Medical Services (EMS) including triage, treatment, and transportation.
9. Fire & EMS agencies provide rescue services within Knox County.

### B. Assumptions

1. All medical facilities will operate within their internal Standard Operating Procedures (SOP).
2. All medical facilities maintain and updated lists identifying resources, equipment, and personnel.
3. Under normal day-to-day operations the county has a medical community capable of handling most situations.
4. Under emergency conditions, the local capabilities may not be sufficient and outside assistance will be necessary.
5. Outside assistance is available through existing Memorandum of Understandings (MOU's) and/or Memorandum of Agreements (MOA's) with neighboring jurisdictions, private industries, volunteers and if necessary, state and federal agencies.
6. The hospital, nursing homes, or other medical facilities evacuating patients or residents to other facilities, will provide the medical records of patients, provide professional staff, patient tracking and as many supplies and resources as practical.

## III. Phases of Emergency Management

Medical professionals will address the four phases of emergency management using the following methods.

### A. Mitigation

1. Conduct hazard analysis to identify likely disaster scenarios.
2. Provide specialized training in disaster operations for rescue personnel, first responders and hospital staff.

3. Provide first aid and CPR training.
4. Support blood donor programs.
5. Exercise standard operating procedures.
6. Support detection and prevention measures of communicable diseases.
7. Support public health awareness programs.
8. Review and update Memorandum of Understandings (MOU's).
9. Review and update procedures for obtaining medical support from state and federal-level organizations.

## **B. Preparedness**

1. Maintenance and storage of medications, medical supplies, and equipment.
2. Compile and update personnel and equipment resource lists.
3. Prepare and update Memorandum of Understandings (MOU's).
4. Prepare and update Emergency Operations Plan's (EOP's).
5. Prepare and update emergency plans for emergency medical care in shelters.
6. Prepare emergency plans for temporary morgues and the interment of the deceased. For more information concerning mass casualty activities, see Annex R.

## **C. Response**

1. Implement EOP's and establish Incident Command System (ICS).
2. Establish and initiate triage, treatment, transportation and patient tracking procedures.
3. Activate county Emergency Operation Center (EOC), upon request.
4. Establish staging areas for receipt of additional supplies and personnel.
5. Activate mass casualty procedures, if required.
6. Selection and activation of temporary morgue.
7. In-hospital triage and treatment activities.
8. Implement public information programs for release of citizen protective actions information.
9. Provision of emergency medical supplies and medical care to hospitals, shelters and care centers.
10. Activities dealing with the identification and interring of the deceased.
11. Collection of vital statistics.

## **D. Recovery**

1. Continue response and treatment activities as needed.
2. Compile vital statistics and reports as required.
3. Compile assessment information.
4. Inventory and replenish supplies.
5. Support cleanup and recovery operations.
6. Complete an after-action report to identify opportunities for improvement in planning and resources.
7. Work to make improvements identified in the after-action report.
8. Establish long-term recovery committee.

## IV. CONCEPT OF OPERATIONS

### A. General

1. The emergency operations conducted by the health and medical professionals will be an extension of normal duties. The duties must be coordinated, to achieve infectious disease surveillance and investigations, sanitation, food and drug inspections, decontamination, emergency medical care, environmental health, animal and pest control, and mortuary services.
2. Knox Community Hospital, all Fire & EMS agencies, funeral homes, nursing homes, the Coroner's Office, the Health Department, and mental health agencies comprise the medical components within Knox County. Volunteer organizations may also play a vital role upon request.
3. Each agency providing medical services will be under the direction of their medical director or coordinator and will report information concerning casualties, damage observations, chemical/radiation exposure, evacuation status and related information to the Emergency Operations Center.
4. Emergency medical operations will follow the protocols outlined in the National Incident Management System (NIMS). Possible sections may include: Emergency Medical Services, Hospitals, Mortuary Services, and Mental Health Services.
5. Medical professionals will be alerted and mobilized by radio, telephone, or door-to-door notification. Once notified the personnel will report as outlined in their agencies EOP and await further instructions.
6. Based on the type of incident, if comprehensive medical coordination is necessary, the Knox County EMA will request assistance from the appropriate medical agency with subject matter expert.
7. Infectious disease surveillance and investigations are the primary response for local health department. This accomplished through, but not limited to, sanitation measures; inspections of water, food, and shelters; environmental health code enforcement; contamination operations; inoculation of threatened areas; animal and pest control; assisting with mortuary services; and the dissemination of public health information guidelines, pamphlets, packets, and media announcements. For more information concerning public health activities, see Annex H.

### B. Emergency Medical Services

1. All EMS units utilize ICS.
2. EMS units are dispatched by the Knox County 9-1-1 Dispatch Center.
3. EMS units have a common radio frequency and can communicate with each other.
4. Additional positions may be assigned based on the severity of the incident and number of injured. Possible positions include: EMS Command (Sector or Division), EMS Triage Officer, EMS Treatment Officer, and EMS Transport Officer.
  - a. EMS Command oversees all EMS related activities.
  - b. Triage Officer oversees all triage, tagging, and movement into patient treatment area.

- c. Treatment Officer oversees all treatment within the patient treatment area.
  - d. Transport Officer is responsible for patient movement from the patient treatment area to receiving hospitals.
5. Transport and treatment of victims will follow existing protocols.

### **C. Hospital**

1. Knox Community Hospital (KCH) will implement their EOP.
2. Evacuation of In-Patient Medical Facilities
  - a. The Administrator, or designated representative, will coordinate the evacuation.
  - b. Receiving facilities will be selected according to the ability to receive additional patients.
  - c. Patients may be released from the hospital, depending on their condition.
  - d. Transportation will be provided by ambulance, public transportation, school bus, and air ambulance services. Should additional transportation be required, support would be requested through the State of Ohio Emergency Management Agency for additional assistance.
3. Receiving Additional Patients.
  - a. Should a neighboring hospital have to evacuate, the evacuating hospital will contact Central Ohio Trauma System (COTS) for availability of beds at Knox Community Hospital.
  - b. Patients will be received according to established plans and procedures.
  - c. Utilization of medical staff from another hospital will be decided in accordance with Knox Community Hospital EOP.
  - d. A listing of hospitals, nursing homes, care facilities and related organizations are on file at the local EMA office.

### **D. Mortuary and Coroner**

1. In a mass casualty situation, the coroner shall take the lead role.
2. See Mass Fatality Annex for additional guidance on mass casualty operations.

### **E. Mental Health Services**

1. Mental Health Services will be provided to all victims of disaster, as needed, by agencies from both Knox and Licking Counties. The agencies within Licking County will be asked to assist when additional resources are required.
2. Listing of Mental Health agencies are on file at the local EMA office.

### **F. Volunteer Organizations**

1. The Sheltering and Mass Care Coordinator will contact volunteers during a disaster based on the incident information.
2. The Volunteer Organizations are not a first responder organization and it is not within their capability to respond within minutes of an event.
3. Requests should be directed to the Knox County Unit Coordinator or designee.

4. If the Sheltering and Mass Care Coordinator or designee agrees to assist the requesting agency, the Sheltering and Mass Care Coordinator will recruit volunteers for necessary missions.
5. Volunteer Organization systems will include but are not limited to:
  - a. Ohio Responds activation system alerts via mass email, texting, cell/land line messaging
  - b. Phone tree
  - c. Wireless Emergency Notification System (WENS)

## **V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

### **A. Organization**

1. Medical and Public Health operations are addressed in separate annexes. Close coordination is required to fulfill the overall responsibility of safeguarding and minimizing the adverse health factors which may affect persons during and/or after an emergency or disaster.
2. Knox Community Hospital, all EMS & Fire agencies, funeral homes, nursing homes, the Coroner's Office, the Health Department, and mental health agencies comprise the medical components within Knox County. These may be supplemented by volunteer organizations.

### **B. Assignment of Responsibilities**

1. Knox Community Hospital Supervisor or designee
  - a. Implement hospitals EOP.
  - b. Utilize all medical facilities, manpower, supplies and materials as needed.
  - c. Provide guidance and support to the health services.
  - d. Appoint a designee to monitor and maintain OHTRAC for patient tracking purposes for on-scene personnel.
  - e. Provide information to the designated incident Public Information Officer (PIO) representing the EOC.
  - f. Implement MOU's as necessary.
  - g. Participate in training for mass casualty.
2. Knox Community Hospital Staff
  - a. Establish and maintain field and inter-hospital medical communications.
  - b. Provide upon request, if available, qualified medical personnel, supplies and equipment.
  - c. Implement mass fatality plans in accordance with hospital EOP.
  - d. Provide emergency treatment and hospital care for disaster victims and workers.
  - e. Provide support, if available, to County Coroner at a temporary morgue.
3. Knox County Health Department
  - a. Obtain and distribute antidotes, medications, and vaccines from the Strategic National Stockpile (SNS).

- b. Establish Points of Dispensing (POD) sites and implement mass vaccination or medication administration as necessary.
  - c. Provide medical support for shelter operations/mass care.
  - d. Ensure all shelter locations have been properly inspected.
  - e. Conduct surveillance and impose isolation or quarantine measures as necessary.
4. Emergency Medical Services (EMS)
    - a. Provide personnel to administer emergency medical assistance at the disaster scene.
    - b. Provide first aid/medical supplies for disaster use.
    - c. Establish and maintain field communications and coordination with other emergency services; police, fire, health, hospitals, etc.
    - d. Utilize patient tracking system, OHTRAC, to coordinate transportation of all victims.
    - e. Provide field triage and treatment per local medical protocols.
    - f. Provide emergency medical care for essential workers following an evacuation by establishing a mobile medical center outside of the hazardous area.
  5. Funeral Directors
    - a. Establish temporary morgue sites.
    - b. Assist in transportation of the deceased.
    - c. Perform necessary funeral operations.
    - d. Assist in the interring of the deceased and identify sites.
    - e. Coordinate with search and recovery teams.
    - f. If necessary, request refrigerated trucks through State resources to hold bodies pending transfer to funeral homes.
    - g. Protect property and personal effects of deceased.
  6. Mental Health Agencies
    - a. Ensure professional psychological support is available for victims and emergency response personnel during all phases of the disaster.
    - b. Vetted mental health professionals through local volunteer organization is recommended.
  7. Job and Family Services
    - a. Provide food, clothing, housing, counseling, and information assistance for victims and families.
  8. American Red Cross
    - a. Provide blood and blood substitutes and/or implement reciprocal agreements for replacement of blood items.
    - b. Provide support at temporary treatment centers, as requested and within capability. Support will also be provided at shelter and reception/care center.
    - c. Aid in the location and notification of next of kin.
    - d. Aid with access and functional needs such as, but not limited to handicapped, elderly and children separated from their parents.
    - e. Coordinate Family Assistance Center as necessary.
  9. Nursing Homes
    - a. Implement EOP.

- b. Care for injured residents.
  - c. Provide space as available for temporary hospital/medical treatment facility for disaster victims.
  - d. If necessary, arrangements will be made to evacuate those requiring medical care to an appropriate facility.
10. Pharmacies
- a. Provide upon request, if available, pharmaceutical and medical supplies and equipment.
11. Home Health Agencies
- a. Provide upon request, if available, qualified medical personnel, supplies and equipment.
12. Law Enforcement
- a. Provide traffic control, crowd control, security and law enforcement at disaster site, medical facilities, PODS and shelter(s).
  - b. Aid the triage team as needed.
  - c. Conduct requested activities such as blood runs, physician transports, and communications backup.
  - d. Assist search and rescue teams.
  - e. Assist in body identification and transportation.
13. School Systems
- a. Provide buses and drivers for medical evacuations.
  - b. Provide school facilities for temporary shelters, triage areas, and medical facilities.
  - c. Provide any medically trained personnel, as available.
14. Public Transportation
- a. Provide all available transportation for the evacuation of medically injured individuals.
  - b. Assist victims' families in transport to reunification and reception centers as necessary.
15. Public Works
- a. Provide vehicles for transportation of victims.
  - b. Support operations as possible.
  - c. Assist with recovery operations.
  - d. Repair and/or restore utilities – gas, electric, water, sewage.
  - e. Repair buildings that are essential, as necessary and able.
16. Fire Departments
- a. Maintain fire suppression on scene, at key facilities and in shelters.
  - b. Conduct search, rescue, and recovery missions.
  - c. Assist in triage and first aid.
  - d. Assist with decontamination.
  - e. Coordinate with hazardous material response teams.
17. Military Support, if available.
- a. Inform EOC of available rescue and medical assistance support from military installation, also available transportation.

- b. Coordinate use of military hospitals.
  - c. Provide logistical support.
  - d. Assist in search, rescue, recovery, security, triage, body identification, etc.
18. Volunteer Groups
- a. Provide food, clothing and sheltering to disaster victims, their families and emergency response workers.
  - b. Provide other support services as available.

## **VI. DIRECTION AND CONTROL**

- A. A Fire/EMS liaison will report to the EOC to coordinate field activities.
- B. The Coroner and Mental Health Personnel need not respond to the EOC when activated. They need only maintain communications, and provide information to the EOC for coordination purposes.
- C. Internal resources of all operating departments will be managed by individual departmental procedures and policies.
- D. The incident commander will initiate requests for resources through the EOC when the EOC has been activated.
- E. All medical and public health facilities are responsible for having updated equipment and personnel lists on hand from which to draw additional resources as necessary. Each department should continually update their resource lists as well as conduct training and exercises on accessing the information.
- F. All in-coming personnel will be under the direction of the supervisor in charge of the area they are assigned.
- G. The supervisors or division chiefs will be responsible for determining which records are essential for their files and for after-action conditions. The supervisors are also responsible for the assignment of incoming personnel within their divisions.

## **VII. CONTINUITY OF GOVERNMENT**

The line of succession for medical service agencies is found within the SOP of each agency.

## **VIII. ADMINISTRATION AND LOGISTICS**

- A. General
  - 1. All medical agencies must have an SOP and MOU's for daily and emergency operations.
  - 2. Administrative needs and supplies that are exhausted may be requested through the EOC when activated.

3. Communications between medical service providers within the county will be the responsibility of each individual agency.
- B. Mutual Aid
  1. A written memorandum of understanding exists between all fire and EMS agencies within the county. This agreement is on-going and was developed by the Knox County Fire and Medical Chiefs Association.
  2. All fire and EMS organizations in the county are identified in this agreement.
- C. Training
  1. Knox Community Hospital Staff
    - a. Participates in annual drills and training.
    - b. Specialized training is received by designated staff members in dealing with treatment of contaminated victims, radiological monitoring, and decontamination.
    - c. KCH exercises their emergency operations plan twice a year.
  2. EMS Units
    - a. EMS personnel are required to recertify every three years with at least the minimum requirements set forth by Ohio Department of Public Safety.
    - b. Training for hazardous materials incident response is optional and not required for EMS personnel.
- D. Protection of Records
  1. All medical facilities and groups will protect records deemed essential, such as patient records.
- E. Public Information
  1. Public Information will be the responsibility of the County PIO designated by the Knox County EMA.
  2. If necessary, a Joint Information Center (JIC) will be established under control of the County PIO and may be staffed by PIO's from county medical agencies.

## **IX. PLAN DEVELOPMENT AND MAINTENANCE**

- A. All identified support agencies are all invited to be involved with review of this annex. Representatives of the above agencies are responsible for reviewing this annex and submitting changes to the County EMA Director. These recommendations should be based upon opportunities for improvement identified through exercises, actual events, and changes in organizational structure.
- B. The Knox County Emergency Management Director will publish and distribute all changes to this annex and forward revisions to all responsible organizations listed in this annex.
- C. All agencies and organizations with responsibilities in medical operations during emergencies are responsible for developing and maintaining departmental SOPs, mutual aid agreements, equipment inventories and personnel roster including 24-hour emergency telephone notification numbers.

## **X. AUTHORITIES AND REFERENCES**

A. Authorities - None

B. References

1. Job Aid Manual, Federal Emergency Management Agency, SM-61.1/August, 1983
2. Guide for the Development of State and Local Emergency Operations Plan, CPG 1-8/September 1990, Interim Guidance, Federal Emergency Management Agency
3. Guide for the review of State and Local Emergency Operations Plans, CPG 1-8A/October, 1992, Interim Guidance, Federal Emergency Management Agency

**XI. AUTHENTICATION**

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Date

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Health Commissioner  
Knox County Health Department

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Date

\_\_\_\_\_

Chief  
Fredericktown Emergency Medical Service

\_\_\_\_\_

Date

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Safety Officer  
Knox Community Hospital

\_\_\_\_\_

Date

\_\_\_\_\_

Director  
Knox County Emergency Management Agency

\_\_\_\_\_

Date

\_\_\_\_\_

President,  
Knox County Fire and EMS Chiefs' Association

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Date

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President,  
Knox County Board of Commissioners

## **XII. ADDENDUMS**

The following updated Tabs can be found at the Knox County Emergency Management Agency on file under Resource Guide.

Tab 1 – Nursing Homes

Tab 2 – Assisted Living Centers

Tab 3 – Mental Health Services

Tab 3 – Funeral Homes

Tab 4 – EMS/Ambulance Service

Tab 5 – Pharmacies

Tab 6 – Ambulance/Transportation

Tab 7 - Acronyms