

MEDICAL

ANNEX I OF THE KNOX COUNTY EMERGENCY OPERATIONS PLAN

12/15/2022



For all Agencies, Participant Organizations and Staff serving Knox County

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Primary Agencies:	Knox Community Hospital Knox County Emergency Medical Services Knox Public Health
Support Agencies:	American Red Cross COTS Knox Area Transit Knox County EMA Local Fire Departments Local Law Enforcement Mental Health and Recovery for Licking and Knox Ohio 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:

- Operational Coordination
- Public Health, Healthcare, and Medical Services
- Situational Assessment

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 (KCH).

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3. There is one public health agency, Knox Public Health (KPH).
4. Fire agencies, Emergency Medical Services (EMS) agencies, KCH and KPH have incorporated NIMS and ICS into their plans, procedures and operations.
5. Fire agencies, EMS agencies, Knox Community Hospital and Knox Public Health utilize the Multi Agency Radio Communication System (MARCS) and can communicate with each other.
6. The county morgue is located at KCH, 1330 Coshocton Avenue, Mount Vernon, Ohio.
7. There are numerous nursing homes, assisted living centers and extended care facilities in Knox County.
8. Local mental health providers are limited due to demand.
9. There are numerous funeral homes within Knox County.
10. There are public and private agencies that provide EMS including triage, treatment, and transportation.
11. Fire & EMS agencies provide rescue services within Knox County.
12. A listing of medical facilities and related organizations in Knox County are on file at the Knox County Emergency Management Agency (EMA) office.

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. 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. KCH, all Fire & EMS agencies, funeral homes, nursing homes, the Coroner's Office, KPH, and mental health agencies comprise the medical components within Knox County. Volunteer organizations may also play a vital role upon request.

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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: EMS, Hospitals, Mortuary Services, and Mental Health Services.
5. Medical professionals will be alerted and mobilized by email, radio, text, telephone, or door-to-door notification. Once notified the personnel will report as outlined in their agencies plans 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 expertise.
7. Infectious disease surveillance and investigations are the primary responsibility of Knox Public Health. 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. Public health activities are detailed in the Public Health Annex.

B. Emergency Medical Services

1. Specific EMS ICS positions may be assigned by Incident Command 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 and tracking from the patient treatment area to receiving hospitals. Tracking should be accomplished using established standardized protocols.
2. Transport and treatment of victims will follow existing protocols.

C. Volunteer Organizations

1. Volunteer organizations are not a first responder organizations and it is not within their capability to respond within minutes of an event.
2. Requests for volunteers should be directed to the EMA office or Emergency Operations Center (EOC) if activated.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. Operational coordination is required between all medical and other support partners 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. All EMS agencies, KCH, KPH, the Coroner's Office, funeral homes, nursing homes, urgent care facilities and mental health agencies comprise the medical components within Knox County. These may be supplemented by other agencies including volunteer organizations.
3. COTS serves as a collaborative of healthcare agencies, emergency response agencies, public health as well as other government and private agencies. COTS provides the Healthcare Incident Liaison (HIL) that serves as an emergency response support service. It serves as a supplemental resource to support participating coalition partners' by assisting with the following capabilities:
 - Information Sharing
 - Emergency Operations Coordination
 - Medical Surge

B. Assignment of Responsibilities

1. 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.
 - c. Aid in the location and notification of next of kin.
 - d. Aid with access and functional needs and children separated from their parent's/care givers.
2. EMS
 - a. Provide personnel to administer emergency medical assistance at the disaster scene.
 - b. Provide first aid/medical supplies for disaster use.
 - c. Utilize patient tracking system, OHTRAC, to coordinate transportation of all victims.
 - d. Provide field triage and treatment per local medical protocols.
3. KCH:
 - a. Implement hospitals EOP.
 - b. Utilize all medical facilities, manpower, supplies and materials as needed.
 - c. Provide guidance and support medical services.
 - d. Appoint a designee to monitor and maintain OHTRAC for patient tracking purposes.
 - e. Provide information to the designated incident Public Information Officer (PIO) representing the EOC.
 - f. Implement MOU's as necessary. KCH will implement their emergency plans.
 - g. Evacuation of In-Patient Medical Facilities:
 - i. The designated hospital official will coordinate the evacuation with assistance from COTS.
 - ii. Receiving facilities will be selected according to the ability to receive additional patients.
 - iii. Patients may be released from the hospital, depending on their condition.

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- iv. Transportation will be provided by ambulance, public transportation, school bus, and air ambulance services.
 - v. Should additional transportation be required, support would be requested through the EMA for additional assistance.
- h. Receiving Additional Patients:
- i. Should a neighboring hospital have to evacuate, the evacuating hospital will contact COTS for availability of beds at other hospitals including KCH.
 - ii. Patients will be received according to established plans and procedures.
 - iii. Utilization of medical staff from another hospital will be decided in accordance with KCH's plans.
4. KPH
- a. Obtain and distribute antidotes, medications, and vaccines from the Strategic National Stockpile (SNS) as necessary.
 - b. Establish Points of Dispensing (POD) sites and implement mass vaccination or medication administration as necessary.
 - c. Provide medical support for mass care operations.
5. Mental Health Agencies
- a. Mental health services will be offered to survivors and responders following a disaster. Mental health service will be coordinated by EMA in conjunction with the Mental Health and Recovery for Licking and Knox (MHRK).
6. Mortuary and Coroner
- a. In a mass casualty situation, the coroner shall take the lead role.
 - b. See Mass Fatality Annex for additional guidance on mass casualty operations.
7. Nursing Homes
- a. Provide space as available for temporary hospital/medical treatment facility for disaster victims.
8. Pharmacies
- a. Provide upon request, if available, pharmaceutical and medical supplies and equipment.
9. Home Health Agencies
- a. Provide upon request, if available, qualified medical personnel, supplies and equipment.
10. Law Enforcement
- a. Provide traffic control, crowd control, security and law enforcement at disaster site and medical facilities.
 - b. Aid the triage team as needed.
 - c. Conduct requested activities such as blood runs, physician transports and communications.
11. 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.
12. 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.
13. Fire Departments
- a. Assist in triage and first aid.

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- b. Assist with decontamination.
- 14. Military Support
 - a. Provide medical and transportation support.

V. 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.

VI. ADMINISTRATION AND LOGISTICS

A. General

- 1. All agencies will follow their own plans, policies and procedures.
- 2. All agencies should identify gaps and establish MOU's for ensuring daily and emergency operations.
- 3. Communications between medical service providers within the county are the responsibility of each individual agency.

B. 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.

VII. 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.

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- B. Knox County EMA will coordinate any necessary meetings to review the recommendations identified and incorporate any needed changes to this annex to include any state and federal requirements.
- C. 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.
- D. 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.

VIII. AUTHORITIES AND REFERENCES

- A. Authorities
 - 1. Ohio Revised Code Section 5502.21
- B. References
 - 1. Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide 101-Version 2.0
 - 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

IX. AUTHENTICATION

President
Knox County Board of Commissioners

Date

Director
Knox County Emergency Management Agency

Date

President
Knox County Fire and EMS Chiefs' Association

Date

Health Commissioner
Knox Public Health

Date

Safety Officer
Knox Community Hospital

Date