

EMERGENCY SUPPORT FUNCTION 8: PUBLIC HEALTH & MEDICAL SERVICES

Responsibility Summary

Primary Agencies:	Columbia County Public Health Department
Support Agencies:	Columbia County Hospital District/Booker Rest Home Columbia County Emergency Medical Services Mortuary Services Columbia County Coroner Walla Walla County Public Health Columbia County Emergency Management Fire District's 1, 2, & 3 Columbia County Sheriff Blue Mountain Chapter of the American Red Cross Blue Mountain Counseling Local Veterinarians Washington State Department of Health WSU Extension Office

I. INTRODUCTION

Purpose

The purpose of this emergency support function is to provide for the command and direction, coordination and mobilization of health and medical resources, information and personnel during emergencies and major disasters.

Scope

Health, medical and mortuary services provided in the community everyday which fall under the scope of ESF 8 during emergencies include public health, health information, inpatient/outpatient services, home health services, pharmaceutical dispensing, community mental health services, clinical case management, mortuary services and emergency medical services within Columbia County.

This plan adopts an all hazards approach to coordinating disaster mitigation, preparedness, response and recovery for public health, medical providers and support service organizations in Columbia County. Activities within the scope of this ESF include but are not limited to:

- Organizing, mobilizing, coordinating, and directing health, medical and mortuary services and medical surge capacity plans during disasters;
- Coordinating medical and environmental surveillance and monitoring activities;
- Implementing measures to prevent the spread of disease or environmental contamination;

- Coordinating the recovery of fatalities, coordinating needed forensic investigations, and determining the cause and manner of death;
- Establishing and maintaining effective and reliable means of communication with health services agencies, healthcare providers, support agencies, community based organizations, the general public, and the media;
- Establishing partnerships and coordinating response activities to ensure that all aspects of the response service the entire community, with special consideration for vulnerable populations;
- Coordinating and supporting crisis intervention and mental health services during and following emergencies and disaster;
- Coordinating the health and medical system's transition from normal operations to surge operations and back;
- Coordinating the distribution of health information during a disaster.

The ESF-8 representative(s) will partner with:

- ESF-1 Transportation – to coordinate transportation needs
- ESF-6 Mass Care – to support mass care services (including sheltering) that may be required
- ESF-11 Agriculture & Natural Resources – to coordinate events involving zoonotic disease outbreaks and events that cause the death of animals/livestock
- ESF-15 External Affairs – to coordinate communications

II. POLICIES

Public Health under the legal authority of the Local Health Officer will establish and lead an appropriate incident command structure for the local or regional healthcare system response during health and medical emergency or disasters requiring the activation of this ESF. The specific command structure established for a given incident may vary depending on the type of incident, threat and risk posed, jurisdictions involved, suspected criminal activity, and legal responsibilities and authorities of participating agencies.

Columbia County Emergency Management will support the efforts of the Public Health Officer during prevention, protection, mitigation, response and recovery activities. Policies and procedures used by Columbia County for resource management are based upon the Incident Command System (ICS) which is part of the National Incident Management System (NIMS). EMD's goal will be effective logistics management to ensure that all functions are executed in a unified manner in order to maintain accountability, ensure appropriate support actions are in place and improve distribution efficiency during an emergency or disaster.

III. SITUATION

Hazard and Threat Analysis

A significant natural disaster, epidemic, or technological or human event that overwhelms Columbia County would necessitate both state and federal health and medical assistance, in addition to mutual aid resources. For example, an event resulting in as few as 25 to 50 patients would require extensive mutual aid and coordination of all involved health care facilities.

Disruption to communication and/or transportation would cause further complications. The sudden onset of such a large number of victims would stress the local medical system, necessitating time-critical assistance from the state and federal government.

Large disasters could pose a variety of public health threats, including problems related to food, disease vectors, water, wastewater, solid waste, and mental health effects. Pets, livestock, and wild animals may also be affected, and could create health and safety problems.

Hospitals, clinics, nursing homes, pharmacies and other medical and health facilities may be structurally damaged or destroyed. Facilities with little or no structural damage may be unusable or only able to provide partial services due to disruption of vital services such as communication, utilities, water or sewer. Off-duty staff may not be able to report to work.

The psychological effects of a public health event could have a severe impact on the community as well. The implications of such an attack could cause panic among a wider population than actually is affected, with greater numbers of people seeking treatment than have been physically harmed. Health facilities still in operation will likely be overwhelmed by a large number of incoming patients.

Due to increased needs, medical supplies, pharmaceuticals and linens will likely be in short supply. Most medical facilities only maintain inventory to meet their short-term (24 to 48 hour) normal patient load needs. Disruptions in communication and transportation systems could delay or prevent the ordering and delivery of needed supplies.

Uninjured individuals may have difficulty in obtaining their daily medications because of damage to their homes or because of communication or transportation problems or shortages of medication within the disaster area. Persons with special needs may be displaced from their homes or facilities and have difficulties with access to care and necessary aids to daily living.

Disasters such as fires and floods do not typically result in large numbers of casualties. However, there may be a noticeable impact on health due to evacuation, shelters, vector control, and returning water, wastewater, and solid waste facilities to operation. Pets, livestock, and wild animals may also be affected, and may become a health and safety problem.

A mass casualty incident, epidemic or disaster could result in large numbers of fatalities. Morgue facilities, transportation for the deceased and related supplies and equipment may be in short supply.

Planning Assumptions

Resources within the affected area will be inadequate to clear casualties from the scene or treat them in local hospitals. Columbia County has only one hospital and one clinic, with a second clinic in Waitsburg.

Additional medical capabilities will be needed to supplement and assist local jurisdictions to triage and treat casualties in the affected area, and then transport them to the appropriate hospital or health care facility.

Additionally, medical re-supply will be needed throughout the disaster area. It may be necessary to arrange for air transportation to areas that have sufficient available hospital beds and where patients will receive necessary definitive medical care. This may be difficult to impossible if transportation or communication infrastructure is damaged or destroyed.

There will be an inadequate number of personnel with needed medical and public health knowledge and skills to perform medical and public health response. Altered standards of patient care may need to be implemented.

Those facilities that survive with little or no structural damage may be rendered unusable or only partially useable because of other types of damage (utilities). Damage to sewer lines or treatment systems or water distribution systems and secondary hazards such as fires may result in significant hazards to the surviving population and response personnel. These hazards may include exposure to toxic chemicals and contaminated water supplies, food products, crops, and livestock.

The damage and destruction caused by a disaster will produce urgent needs for mental health crisis counseling for victims and emergency responders.

Assistance in maintaining the continuity of health and medical services will be required.

Disruption of sanitation services and facilities, disrupted utilities, displacement of people, displacement of domestic and wild animals, and massing of people in shelters will increase the potential for disease and injury.

Health and related services will be restored to normal operations during the recovery period as soon as possible and within the limitations and capabilities allowed.

Security may be needed at medical facilities.

Uninjured persons who require daily maintenance medications (e.g. insulin) may have difficulty in obtaining them because of damage or destruction of normal supply locations and general shortages within the disaster area. The only pharmacy in Columbia County (aside from limited supply at the hospital) is Elk Drug, on E. Main Street.

An emergency resulting from an explosion, toxic gas, radiation, or biological release could occur that may produce a large concentration of specialized injuries that would overwhelm the local medical system and/or the result in the contamination of medical personnel or medical facilities that would reduce or eliminate the ability of those personnel or facilities to continue providing aid.

Blue Mountain Counseling could become overwhelmed and produce critical need for mental health and crisis counseling services for victims, emergency response personnel, and the public.

IV. CONCEPT OF OPERATIONS

General

While emergencies and disasters may vary in size and significance, the population density, multi-jurisdictional environment, and impacts to critical infrastructure in Columbia County can magnify resulting consequences during an emergency or disaster. An effective decision making and resource management structure along with coordination among health and medical service providers and supporting agencies is critical to successfully addressing these consequences.

The Public Health Officer is the point of notification for events requiring response by ESF 8 agencies. Calls may initially come into other agencies such as Columbia County Emergency Management, Columbia County Public Safety Communications (911), Columbia County Hospital District and/or local clinics. These organizations, will in turn notify the Public Health Officer. This notification may be to advise of a potential event or to forward a request from another local jurisdictions requesting assistance.

As needed, Public Health will conduct a situational assessment and notify appropriate ESF 8 agencies. The healthcare assessment can be coordinated with the Washington State Regional Healthcare Coalition, if needed. The Public Health Officer will assess the need to activate the Columbia County ECC and coordinate this effort with Columbia County EMD. When the Columbia County ECC is activated, Public Health will determine staffing needs and the appropriate ESF 8 personnel of the ECC facility. Public Health will make any further notifications in accordance with internal plans, procedures, or practices.

Incident response will be guided by the CEMP Basic Plan, ESF 8, as well as the response plans of supporting agencies, which are consistent with the National Response Framework. ESF 8 response partners will follow National Incident Management System (NIMS), using the Incident Command System (ICS) principles and will strive to incorporate NIMS in to all plans, protocols, and training.

Public Health will activate Incident Command and/or Area Command, as appropriate, to establish overall health and medical response and recovery objectives, coordinate incident information with ESF 8 agencies, and manage the acquisition and use of medical resources.

Most regional hazards include health consequences, which would trigger and ESF 8 response. Healthcare organizations including the Washington State Regional Healthcare Coalition may activate internal incident command systems independent of the local Public Health's incident command. Any incident managed under an Area or Unified Command System will likely require coordination of emergency response efforts across jurisdictions and agencies. Therefore, a decision to activate an Area or Unified Command System will also serve as a decision to activate the ESF 8 plan.

Public Health will serve as the clearinghouse for health information and medical resources across response agencies during emergencies and disasters. Public Health will prioritize and manage medical resources in support of the local health and medical response with the ECC taking primary responsibility for initial coordination of medical and non-medical resource requests from healthcare organizations. If resource needs cannot be met locally through mutual aid or via resources coordinated through the ECC, Public Health will request assistance from the Regional Emergency Coordination Center (RECC).

Public Health will activate the health and medical Joint Information System (JIS) as needed, to coordinate the content and timing for release of accurate and consistent health and medical information to the public, media, and community response partners. The JIS will connect public information officers in Public Health with counterparts in ESF 8 primary and support agencies, including the ECC and Washington Department of Health.

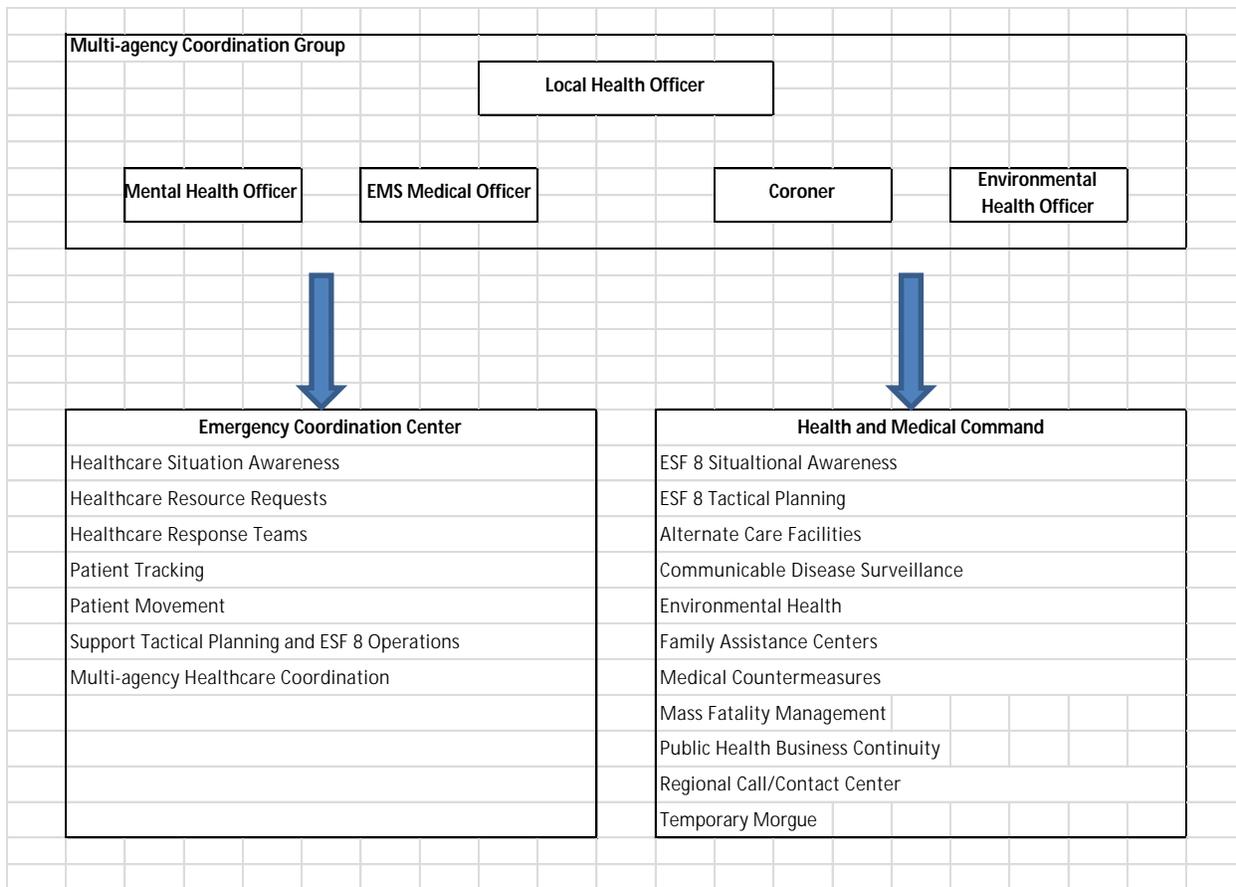
ESF 8 agencies will collaborate with local, state, tribal, and federal governmental agencies, as well as local community based organizations to assure an effective and efficient response. Public/private partnerships will be leveraged to improve situational awareness, increase availability of resources, and speed recovery efforts. ESF 8 agencies will support recovery activities aimed at restoring health and medical services to pre-event status. Public Health and the regional healthcare coalition will coordinate with emergency management and response agencies in providing assistance to community recovery efforts.

Public Health will leverage the powers and duties of the local health officer as stated in RCW 70.05.070, to take such actions as necessary to maintain the health of the public.

Organization

COLUMBIA COUNTY PUBLIC HEALTH: The Columbia County Public Health Officer has overall responsibility for protection of the health of the population within Columbia County. The Health Officer reports to the Columbia County Board of Health, which sets local health policy with guidance from the State Board of Health. The Columbia County Board of Health is composed of the three elected Columbia County Commissioners.

Because of the potential complexity of the health and medical response issues and situations, conditions may require special advisory groups or experts to be assembled by the ESF-8 representative. They would review health and medical intelligence information, and provide advice on specific strategies to be employed in order to appropriately manage and respond to a specific situation. This may be in the form of a multi-agency coordination group processing situational information and providing advice, including but not limited to the below groups:



ESF-8 response and recovery activities will be coordinated from the ECC when it is activated and has become operational. The ECC will consist of core personnel supplemented by other local government and private organizations, as the situation dictates.

Depending on the size, complexity and geographic dispersion of emergencies and disasters, it may be necessary to activate an area command to direct and manage the healthcare system response. Area command will be established when multiple incident or response sites, each being managed by an ICS organization, require coordination and direction. This management tool is activated to coordinate emergency response efforts among multiple agencies vying for the same resources. When activated, this organizational structure will be led by the Area Commander, who reports to the Local Health Officer. The Area Commander establishes direction (SMART objectives) for the ESF 8 response, supervises section chiefs and command staff, and ensures continuity with the Local Health Officer. This can be scaled back to an incident command post with an Incident Commander performing the same duties for a single incident smaller in size and complexity.

Procedures

Columbia County Emergency Management department provides emergency coordination services within the County jurisdiction and to surrounding jurisdictions in accordance with

agreed upon procedures outlined within local City/Town Ordinances, Interlocal Agreements, Memorandums of Understanding, the Master Mutual Aid Agreement and other agreements (such as emergency declaration resolutions) as determined necessary to protect residents and their property. Providing the residents and first/second responders with timely and accurate lifesaving information during major incidents is of highest priority.

Columbia County and its municipalities will maintain the capability to rapidly warn the public when disaster threatens so that residents may take the necessary actions to protect themselves and their property. Columbia County has SOPs to be followed for the activation of CodeRed in emergency or disaster situations when emergency evacuation procedures are required.

The Columbia County Public Health Department maintains emergency operating procedures and plans for various contingencies. Hospitals and clinics, local fire/EMS agencies, the coroner, local EMD, and all support agencies operate under their internal, local and regional disaster plans, which are based on accreditation and state requirements.

Mitigation

EMD encourages and promotes mutual aid and cooperation between local jurisdictions and agencies. These organizations are encouraged to participate in a variety of community activities and training exercises to test equipment, identify areas needing improvement or specialized support, and develop and evaluate operational procedures.

Columbia County EMD promotes using affiliated and unaffiliated volunteers as resources to fill gaps identified while developing implementation strategies. This includes determining knowledge, skills, and abilities of individual volunteers and developing job descriptions where volunteers may be assigned.

EMD encourages and promotes resource typing, both individual and equipment capabilities, including entering this information into electronic database such as WebEOC to provide real-time crisis management information.

EMD encourages participation of local residents at public education events offered throughout the year, which are focused on community involvement in the areas of prevention, protection, mitigation, response and recovery.

The Columbia County Public Health Department works with regional, state, and federal programs and local community partners to promote public awareness and use of standard health and safety practices, maintenance of routine immunization levels in the population, disease prevention, nutritional support and education, overview water and on-site sewage systems, and promotion of conditions for a safe and healthy population in Columbia County.

Public Health activities, in the prevention and mitigation areas, attempt to prevent hazards from developing into disasters and/or to reduce the effects of these disasters when they do occur. Activities include communicable disease surveillance, investigation, vaccination and community

containment; environmental health protective actions such as vector control, environmental sampling, identification and notification of food product embargoes; and the development of medical stockpiles when possible.

Preparedness

EMD coordinates with appropriate departments and agencies within the county, to ensure that those with health and medical service capabilities have appropriate plans and procedures in place to support their assigned emergency mission.

Support agencies should develop and maintain an inventory of personnel and equipment capabilities and resources, noting availability and response criteria, and noting any deficiencies or limitations in respect to supporting this ESF (including emergency contact lists, resource lists, departmental/functional plans, procedures, protocols, and ECC job aids). Also, develop and maintain appropriate standards of operating procedures (SOPs) in support of their mission, support of this ESF, and train personnel to that standard. This information is requested to be shared with the EMD for central coordination of response capabilities.

Ensure after action reports are completed documenting the incident, what went well, where are the gaps/shortfalls, if any, and develop training and/or exercises to improve response capabilities. ESF 8 should be reviewed regularly and updated as needed based on this analysis and other lessons learned. Ensure necessary supplements to ESF 8 are developed and maintained.

Pre-incident coordination and planning activities conducted by Public Health in the preparedness phase include developing operational and tactical plans, training and exercising, and conducting vulnerability assessments. This phase also includes ongoing health protection activities such as provider education, and food and water safety.

Response

Public Health under the legal authority of the Local Health Officer will establish and lead and appropriate incident command structure for the local or regional healthcare system response during emergency or disasters. The specific command structure established for a given incident may vary depending on the type of incident, threat and risk posed, jurisdictions involved, suspected criminal activity, and legal responsibilities and authorities of participating agencies.

A single command will be used to establish ICS and conduct the initial situation assessment. The situation assessment will determine whether a single command post led by an ESF 8 agency Incident Commander can meet the direction and control requirements of an incident. The response needs of these incidents can be met primarily by the resources of individual ESF 8 agencies.

Representatives from Public Health may assume the role of Incident Commander for health or medical incidents under specific circumstances:

- Legal authorities identify the local health department as the lead agency for the response;
- Specific health consequences require the leadership and expertise of Public Health in the command function; and
- Public Health is the only responding agency to the incident.

Public Health, EMS and other healthcare agencies may be identified as participants within a Unified Command and/or Joint Information Center (JIC) during multi-agency incidents, and will identify and train personnel to serve as needed. Unified Command will be responsible for establishing a common set of objectives and strategies in a single Incident Action Plan (IAP).

Public Health will assign appropriate personnel to ESF 8 functions in the ECC and other emergency operations centers as needed (for example escalation to a regional incident). ESF 8 support agencies may also be requested to serve as liaisons within an Area Command or to an Incident Commander (usually a Fire Department or Law Enforcement agency) at a site-specific incident command post during incidents that include health and medical consequences.

For a site-specific or non-health led incident, Incident Command may be established at the ECC or incident site and Public Health, EMS and other Healthcare agencies may serve as the lead for the health and medical response within the Operations Section, or may staff various positions with the Planning Section.

Planning Section

The planning section collects, analyzes, documents and disseminates incident information to support operational decision making across ESF 8. The section gathers incident information from various sources, including ECC and develops the ESF 8 situation and snapshot reports. The section facilitates development of the ESF 8 operational objectives and incident action plan for each operational period, analyzes circumstances that may affect response and recovery efforts beyond the current operational period, tracks availability of resources, and develops the demobilization plan.

Public Health activities in the response phases are event specific, aligned with the responsibilities outlined within this plan. Procedures for other ESF 8 organizations' emergency operations are outlined in their individual agency disaster plans and regional plans. Procedures for activating mutual aid agreements and other memorandums of understanding are embedded in the individual agreements, as well.

Operations Section

The operations section addresses or investigates health hazards and their immediate consequences, and works to stabilize events and restore normal conditions. The Section coordinates the deployment of Public Health resources and carries out the operational objectives established by the Incident Commander, in close coordination with the ECC. Within the operations section the potential exists for multiple branches/groups/teams depending on the aspects of the incident:

External Operations

- Fatality Management Branch (Morgue)
- Mass Care Group (1st Aid, Support Groups)
- Med Countermeasure Group (Pharmacy)
- Patient Tracking
- Patient Movement (Long-term care)

Internal Operations

- Contact Center
- Bio-surveillance Group (Environmental)
- Bio-surveillance Group (Com. Disease)
- Behavioral Health Branch (Mental Health)
- Health Education Team

Logistics Section

The Logistics Section coordinates resource support and services to all Public Health responders and provides medical logistics support for healthcare organizations, local business partners, local federal/state agencies and governmental partners throughout Columbia County. Specifically, the Logistics section addresses transportation and communication issues, assessment and support for response facilities, computer network and systems support, and coordination with local vendors, suppliers and healthcare facilities to support medical resource needs. The Section Chief works closely with Operations and Finance to ensure sufficient resources are acquired, staged and transported where needed. Columbia County Emergency Management will likely function in this capacity along with other agencies due to the specialized nature of incidents occurring in which ESF 8 would be activated.

The Logistics Section will prioritize, acquire, stage, transport, dispense, track and demobilize medical resources and volunteer personnel in support of regional healthcare agencies activated for a particular incident. The Logistics Section will document resource requests, track inventories, track personnel and communicate resource priorities as defined by the Incident Commander using WebEOC or any other method possible depending upon the circumstances (i.e. ICS paper forms should a power issue exist). Healthcare agencies will request medical resource support through the ECC.

Within field command structures in the ESF 8 response, the Logistics Section will be responsible for coordinating on-scene facility issues, assuring communications capability, monitoring inventory levels and submitting re-supply requests to the ECC, coordinating personnel and client transportation (where appropriate), erecting and maintaining signage, and distributing food to residents and responders.

Communications

During a disaster some ESF 8 agencies such as a healthcare organization, will manage internal call center operations. In addition and if resources are available, during a public health crisis the Public Information Center (PIC) may be activated by the ECC to provide non-diagnostic/non-medical information, instruction and resource referrals in an effort to consolidate or help alleviate calls to ESF 8 response partners throughout Columbia County. This may be accomplished by Columbia County Public Safety Communications personnel providing up-to-date non-medical information: where to go for care, facts on the health emergency, facts on the medication/vaccination being administered, symptoms, preventative steps to take, and referrals to other key community and information sources, if the information needed is provided to the call center and the 911 system is not overloaded.

If conditions warrant, the PIC can provide medical triage provided by nurses or in coordination with external agency nurse lines. It may also serve as the central point through which initial missing persons reports and welfare queries are managed after a mass fatality incident.

In the case of a health event, ESF 8 partners should anticipate high demand for information from the media. Accurate, clear and coordinated risk communication messaging to the public will help preserve human life and health.

Public Health will be the primary expert source of public information regarding health, medical, mortuary and environmental health response for emergencies in Columbia County. Public Health will play a central role in communicating to the local population about the risks associated with the emergency in a credible, simple and ongoing manner as well as provide instruction as to what actions the public can take to protect and aid themselves and others.

Public Health will also work with the JIC, if activated, to coordinate all releases of health information and ensure consistent messaging between Public Health and ESF 8 partners during a health event.

Other Areas of Responsibility

Pre-Hospital Care. Columbia County Fire District's 1, 2, & 3 will coordinate public EMS basic and advanced (based upon their individual capabilities) life support response during emergencies and disasters. Coordination of county-wide EMS resource mobilization is coordinated through the County Public Service Answering Point (PSAP).

Behavioral Health. Blue Mountain Counseling, in conjunction with Public Health Command, will coordinate response to community mental health needs during emergencies and disasters according to the IAP. The American Red Cross and other disaster assistance agencies will provide additional resources needed to address community mental health needs.

Fatality Management. Investigation into the cause and manner of death resulting from an emergency or disaster is the domain of the Columbia County Coroner/Prosecutor. Investigative services are contracted out for Columbia County. The Coroner would make the determination if these agreements need to be activated. The Coroner will coordinate and supervise the recovery, identification and final disposition of all fatalities in coordination with Public Health. Death certificates for all emergency or disaster related deaths in Columbia County are issued by vital statistics within the Public Health department.

Vulnerable and At Risk Populations. During an emergency, limited material and personnel resources create a challenge to meet the needs of the population. Populations that face barriers in meeting their basic needs (such as food or housing) on a daily basis are more likely to be disproportionately impacted by a disaster or emergency event and the time it takes to recover will be longer for these populations than for less vulnerable populations. Goals should be established to:

- Ensure that essential public health information reaches residents in all vulnerable population segments prior to, throughout, and following an emergency event.

- Collect and monitor situational awareness/status of community and faith based organizations and the vulnerable populations they serve.
- Identify, address and resolve issues that impact particular vulnerable population groups.
- Ensure critical resource needs of community partners are identified and communicated to the Public Health Logistics Section or local ECC.
- Advocate for the inclusion of special needs considerations into command decisions and policy.
- Inform command about the impacts the situation will have on vulnerable populations.

Recovery

ESF 8 agencies will support recovery activities aimed at restoring health and medical services to pre-event status. Public Health and the regional healthcare coalition will coordinate with emergency management and response agencies in providing assistance to community recovery efforts.

The recovery phase of an event begins with the planning process for all individual ESF 8 partner organizations.

In a single command incident, Columbia County Emergency Management in coordination with Public Health and partner organizations will:

- Coordinate the ESF-8 support of recovery activities.
- Coordinate the restoration of ESF-8 resources and/or capabilities as needed.
- Ensure ESF-8 representatives provide appropriate records of costs incurred.
- Conduct an ESF-8 after action review.

In a unified or area command incident a more formal general staff section may be activated:

Finance & Administration Section

The Finance and Administration section, should resources be adequate to activate, documents all department response and recovery costs and the financial impacts associated with the incident, mobilized department staff and volunteers as needed to support response efforts, and addresses labor-related issues that arise or are anticipated during the incident. The Section Chief works closely with Public Health Administration and Finance Officer to identify and address administrative and finance issues. Cost Management is critical in order to obtain federal reimbursement should an emergency declaration make reimbursement funding available.

Within field command structures embedded in the ESF 8 response, the finance section will be responsible for serving as a liaison on compensation/claims issues from the site, timekeeping, and volunteer/workforce management functions such as credentialing and verification of responders, if the ECC is not activated.

Depending on the magnitude of the emergency or disaster, volunteer resources may be utilized to aid in the activities focused on restoring the community to pre-event conditions.

V. RESPONSIBILITIES

Primary Agency

Columbia County Public Health Department responsibilities include:

- Provide leadership and direction in responding to health and medical emergencies across Columbia County consistent with the authority of the Local Health Officer.
- Activate MAC Group and Joint Information System as appropriate
- Staff jurisdictional ECC(s) as needed and establish and maintain ongoing communication with response partners.
- Maintain 24/7 Duty Officer Program and serve as the primary point of notification for health and medical emergencies in Columbia County.
- Conduct countywide surveillance to track the spread of disease and its impact on the community.
- Issuing permits and inspecting all businesses selling food to the public.
- Issuing permits for on-site septic systems, small public water systems, and solid-waste disposal facilities.
- Evaluating and responding to complaints about garbage accumulations, failing septic systems, potential toxins in the environment, contaminated wells, vermin, and other potential public health risks.
- Collecting and analyzing disease reports to detect outbreaks and trends.
- Issuing birth and death certificates.
- Continue to provide advice and monitoring through the recovery phase of an emergency or disaster.

Public Health – Health & Medical Command

- Assess the health and medical impacts and potential consequences posed by emergencies and disasters and determine appropriate courses of action.
- Direct and manage medical surge capabilities including, alternate care facilities, medication centers and temporary morgues.
- Manage and direct the mobilization of medical volunteers.
- Support the healthcare system’s planning and response efforts for medical surge capability including mass casualty and mass fatality incidents.
- Support ESF 8 agencies with implementing altered standards of medical care, as directed by the Local Health Officer.
- Oversee a temporary facilities established to provide a private, safe and secure place for survivors of disaster victims to gather, to facilitate the coordination of psycho-social support services.
- Coordinate with the ECC and manage incident information and medical resources for healthcare agencies across Columbia County.
- Direct and manage regional isolation, quarantine, and other control measures necessary in response to disease outbreaks.
- Direct and manage mass vaccination and antibiotic dispensing programs.

- Coordinate requests for medical resources with private vendors, ECC, and Washington State Department of Health, as required.
- Support the Red Cross and other Human Service organizations in meeting demands for county mental health services.
- Activate the PIC (Public Information Center) as needed. Acting as lead for public health information.

Public Health – Environmental Health

- Assist in surveillance for animal viruses through liaison with the State Department of Agriculture and Department of Fish & Wildlife and investigate possible zoonotic disease outbreaks.
- Coordinate the identification and treatment of zoonotic disease outbreaks with local veterinarians and the WSU Extension Office.
- Provide guidance and oversight for the disposal of animal carcasses to ensure public health is not at risk
- Coordinate assessment and response to disaster consequences affecting food safety, water quality, and sanitation. Investigate possible food and water borne illnesses.
- Collaborate with community response agencies in identifying environmental impact, remediation, and recovery activities.
- Coordinate the response of regional veterinarian services and animal care groups.
- Direct response activities to vector-borne public health emergencies.
- Support mass care sheltering plans throughout the county in coordination with the American Red Cross and ESF 6 Mass Care agencies by completing environmental health assessments at shelters.
- Coordinate and provide environmental health services including inspections and technical guidance for water and food contamination, vector control, temporary shelters, emergency housing, temporary debris staging and reduction sites, and disposal of disaster related solid waste.
- Coordinate countywide surveillance of potential problems related to public water supplies; sewage disposal system failures; solid waste accumulation and disposal; food storage; preparation and serving areas (i.e. shelters, food kitchens) disease carrying animals and insects, and natural gas leaks.
- Work with the Public Health Information personnel to develop and disseminate risk communication messages to the public concerning communicable disease transmission and surveillance, vaccine safety, and other related issues.

Support Agencies

Columbia County Hospital District responsibilities include:

- Implement response measures, including surge capacity strategies, consistent with those outlined in the Regional Healthcare System Emergency Response plan, as capacity and resources allow.
- Develop all-hazards hospital emergency plans which include procedures for facility evacuation.

- Performing patient triage and expediting treatment and care. Other mission-essential responsibilities include providing a safe environment including decontamination, safe ingress and egress (facility lockdown), having adequate supplies and resources, coordination of care and resources through other hospital systems, and the protection of staff.
- Report any reportable conditions to Public Health.
- Developing policies and procedures for activation of hospital disaster plans to ensure adequate staffing and bed capacity to maintain operations at maximum levels.
- Collaborate with the ECC and provide liaison(s) to the county ECC when requested by ESF-8 representative.
- Conducting an internal damage assessment of facilities and determine the status of patients and personnel, communications capabilities, utilities and other essential resources. This information should be relayed to the ESF-8 representative in the county ECC.
- Requesting assistance and/or resources through the ESF-8 representative.
- Providing medical care for the ill and injured at local hospitals, and their clinics and temporary treatment facilities when indicated. Direction and control of emergency operations at these facilities will be in accordance with NIMS/ICS.
- Conducting decontamination of patients prior to the delivery of emergency medical care when indicated.
- Stand up the hospital ECC when the internal hospital plan is activated, notify the ESF-8 representative when activated and provide contact information for dissemination of information.
- Provide adequate planning for maintaining emergency capabilities under disaster conditions or other episodes of utility service interruption to include but not limited to:
 - Back-up power, sanitation, and potable water provisions.
 - In-house capability or emergency service contracts for utility systems repair, damage stabilization, and water/debris removal.
 - Adequately plan for obtaining emergency medical supplies; pharmaceuticals and linens under disaster conditions to include but not limited to in-house capability by maintaining back up supplies stored onsite; or emergency service contracts with medical supply and pharmaceutical vendors.

Long-term Care Providers (Nursing Homes/Skilled Nursing Facility)

- Notify ECC of emergencies impacting long-term care communities.
- Develop facility emergency plans, to include facility evacuation as a component.
- Cooperate with and support other long-term organizations as needed.
- Having a plan and the resources to execute plan.
- Conducting an internal damage assessment of facilities and determining status of patients and personnel, communications capabilities, utilities and other essential resources. Relaying this information to ESF-8.
- Coordinating with ESF-8 on resource needs when their agency resources have been exhausted.
 - Providing surge capability when appropriate.

Home Health and Home Care Providers

- Notify the ECC of emergencies impacting continuity of Home Health and Home Care services in Columbia County and coordinate activities with advisory centers.
- Provide ECC with a list of critical patients without access to care.
- Cooperate with and support other home health and home care providers as needed.

Mental Health Providers responsibilities include:

- Coordinate with ESF-8 to provide specialized counseling services as requested.
- Conduct an internal damage assessment of facilities and determine the status of patients and personnel, communications capabilities, utilities, and other essential resources. Relay this information to ESF-8 representatives.
- Triage mental health needs within the community.

Fire Services/EMS/Medical Transportation responsibilities include:

- Coordinate emergency transportation of ill and/or injured with private ambulance (as needed) companies and mutual aid as appropriate.
- Providing emergency medical services in accordance within their capabilities and authorities.
- Conducting damage assessments and determining operational status of facilities and equipment and relaying the information to the ESF-8 representative.
- All Columbia County EMS agencies will respond to the emergency or disaster to establish field triage areas, direct triage, and start procedures as the situation dictates.
- County fire and emergency medical services will request mutual aid when resources indicate.
- Ground ambulance transportation may be supplemented by air ambulance transportation when indicated and as resources allow.
- Field response may include decontamination of patients before treatment and/or transport of disaster victims. Field decontamination may be needed for large numbers of victims.
- Private and public ambulance agencies may provide personnel to perform decontamination operations at local health care facilities if resources allow.
- EMS response personnel will make reasonable attempts to preserve crime-scene evidence.
- EMS personnel will notify the medical examiner of the existence and location of fatalities at the scene and will not move or remove any remains without coroner/medical examiner authorization.
- Columbia County Public Transportation may supplement the transport of “walking wounded” resulting from mass casualty incidents.

Columbia County Coroner and local Mortuary responsibilities include:

- The Columbia County Coroner is the lead agency in the jurisdiction of human remains/deceased persons who die unattended or as a result of trauma/injury or unnatural causes or events.
- Transportation and movement of human remains will be at the direction of the Columbia County Coroner.

- Conducts an internal damage assessment of local mortuary facilities and determine operational status. This information should be relayed to the ECC and ESF-8 representative.
- Employs multiple methods to assume jurisdiction on coroner cases to determine cause and manner of death, establishing positive identification of the deceased as needed including but not limited to visual, dental, medical/radiology fingerprints (Washington State Patrol Latent Print Lab), and DNA.
- Coordinates necessary operations with the ECC, Columbia County Public Health Department, Columbia County Sheriff's Office, fire districts, area funeral directors, local hospitals, and other associated agencies and organizations.
- Coordinates with other agencies to notify next of kin and facilitate appropriate disposition.
- Coordinate emergency procedures in the management and transportation of deceased/human remains.
- Coordinate temporary morgue locations and operations when indicated.
- Provide victim identification and decontamination of remains.

Blue Mountain Chapter of the American Red Cross responsibilities includes:

- Establishing and operating emergency shelters in accordance with public health standards and regulations.
- Establishing procedures whereby names of victims will be obtained for health and welfare communications by appropriate agencies and immediate family.
- Assisting disaster victims with replacement of personal medical supplies, glasses, dentures, hearing aids, wheelchairs, prosthesis, etc.

Columbia County Emergency Management Department:

- Provide 24-hour duty officer coverage in support of field response activities and activate the county ECC as indicated.
- Evaluate, prioritize, and coordinate emergency resource requests.
- Assist in training and coordination in support of this plan.

Pharmacies and Dispensing Partners

- Activate dispensing plans as necessary when notified by Public Health.
- Assure that healthcare professionals receive relevant communications from Incident Command in a timely and efficient manner.
- Coordinate the release of public information and messaging with Public Health PIO.

Umatilla Tribes

- Coordinate with the ECC regarding health and medical response is managed by Public Health through Incident Command. Tribal clinics should coordinate with the ECC and Incident Command for resource needs consistent with other ambulatory care. Healthcare organizations may also coordinate directly with the tribal nation in their geographic area, if needed.

Inter-governmental Agencies

- Columbia County has the City of Dayton and the Town of Starbuck and several special purpose districts. These agencies provide a range of municipal services including roads, transportation, power, utilities, and fire and rescue services. During a disaster these entities support disaster response through the provision of their normal service and management of impacts that may disrupt their service delivery. Coordination with these agencies is managed by the Incident Commander through the ECC.

Columbia County Sheriff

- Provide security for health and medical field operations, as available.
- Establish a traffic control plan at the site of health and medical operations.
- Assist the delivery and enforcement of health and/or court orders, as needed.
- Coordinate with Incident Command regarding incident site preservation, crime scene investigation, and removal and identification of human remains.

Washington State Department of Health

- Represent ESF 8 at the SEOC, if activated.
- Interface with Federal and State partners including Washington Military Department, Washington State EMD, and other health jurisdictions in Washington State, EPA, and Centers for Disease Control to support the local response.
- Support local communicable disease response by processing samples through the State Public Health lab.
- Provide state assistance, when available, and request federal assistance to support the local health and medical response.
- Support and coordinate public messaging with local health departments.
- Coordinate statewide surveillance activities.
- Coordinate statewide call/contact center activities as appropriate.
- Receive antiviral medicines and other medical supplies from the Strategic National Stockpile (SNS) and immediately deploy these supplies to local health departments based on population.

VI. RESOURCE REQUIREMENTS

Resources required by this ESF include medical service personnel and health professionals, logistic support for coordinating emergency medical attention, and the resources required by the implementing procedures and plans of the organizations operating under this support function.

Additional personnel will be necessary to communicate resource availability to the ECC during emergency situations. Additional response resources are also discussed in

- ESF 1 - Transportation,
- ESF 2 - Communications,
- ESF 6 - Mass Care,
- ESF 4 – Fire Fighting, and
- Columbia County Mass Casualty Incident (MCI) Plan.

Local jurisdictions, agencies, and service organizations should identify and develop their resources, including trained personnel, primary and backup equipment, and backup power options. When necessary, the requisite personnel and equipment can be made available to fulfill the roles and responsibilities identified in this ESF. As a minimum, all agencies, jurisdictions and organizations should expect to sustain operations for 72 hours, and have other resources programmed for use up to 14 days.

Disasters are very expensive and a major responsibility of the primary agency or Finance/Admin unit if designated by the incident commander is to begin the process of tracking and recovering costs at the beginning of any activation. There is never a guarantee that the county will be reimbursed. Even when reimbursement occurs, rarely is the amount received equal to the expense incurred and it is a long and complex process.

To position the County for the best possible outcome, whenever the ECC is activated for an incident or event that creates substantial damage or costs, and specifically one that is likely to require public and/or individual assistance available under the Stafford Act, Incident Command should immediately:

- Establish a system for tracking all costs.
- Emphasize the importance of tracking cost to all departments/agencies.
- Differentiate between the costs directly related to a disaster and those incurred under regular operating costs (i.e. sheriff vehicle usage for evacuating individuals following a disaster and vehicle use for responding to 911 calls outside the disaster).

Not only is this accounting necessary for reimbursement purposes, but it also provides the public with information that demonstrates the county’s commitment to fiscal responsibility with public funds. Because of the Federal and State regulations that must be met, this position is critical in the overall Emergency Management function at any level of activation.

VII. REFERENCES

Authorities:	
42 USC 264	Public Health and Welfare
RCW 18.39	Funeral Directors, Embalmers, Establishments
RCW 18.73	Emergency Medical Technicians, Transport Vehicles
RCW 36.39	Assistance and Relief
RCW 43.20	State Board of Health
RCW 68.50	Human Remains
RCW 68.52	Public Cemeteries and Morgues
RCW 70.02	Medical Records
RCW 70.05	Local Health Departments, Boards and Officer
RCW 70.58	Vital Statistics
RCW 70.168	State-wide Trauma Care
WAC 246-100	Communicable Diseases

WAC 246-500	Handling of Human Remains
WAC 308-48	Funeral Directors and Embalmers
Coordinating Plans:	Columbia County Public Health Communicable Disease and ERP
	Columbia County Public Health Pandemic Influenza and ERP
	Columbia County Hazard Mitigation Plan
	County Comprehensive Emergency Management (Basic) Plan