

EMERGENCY SUPPORT FUNCTION #8

PUBLIC HEALTH AND MEDICAL SERVICES

ANNEX COORDINATOR:

Thurston County Public Health and Social Services (TCPHSS)

JOINT PRIMARY AGENCY:

Thurston County Public Health and Social Services
Thurston-Mason Behavior Health Organization
Thurston County Coroner
Thurston County Medic One
Thurston County Emergency Management (TCEM)
Disaster Medical Control Center (DMCC)
Providence St. Peter Hospital and Family of Clinics
Capital Medical Center and Family of Clinics

SUPPORT AGENCIES:

Region 3 Healthcare Preparedness Coalition
Fire Chief's Association
Thurston County Fire Districts and Municipal Fire Departments
Private Ambulance - (AMR and Olympic)
Long Term Care
Blood Services & Dialysis Providers
Urgent Care
Law Enforcement
American Red Cross
Washington State Department of Health
Tribal Nations
Pharmacies and Dispensing Partners
National Disaster Medical System
Local Emergency Management
Mortuary Service Providers
Disaster Assistance Council (DAC)
Thurston County Medical Reserve Corps (MRC)
Thurston 911 Communications (TCOMM911)

I. INTRODUCTION

A. Purpose

1. To organize, mobilize, coordinate and direct public health, medical resources in an emergency or disaster within the incorporated and unincorporated areas of Thurston County.

2. To provide for the coordination of pre-hospital, hospital, medical community and fatalities management.
3. To provide for the care of the sick, injured and dead resulting from an emergency or disaster.
4. To facilitate the coordinated use of medical resources such as personnel, facilities, equipment and supplies.
5. To provide for the coordination of crisis response, along with coordinating behavioral health services for all persons who suffer from reactions to the emergency or disaster.
6. To provide for the systems required for surveillance, mitigation and interventions to reduce the impact(s) from events potentially or actually affecting public health in Thurston County including food safety, environmental health and communicable diseases.

B. Scope

This Emergency Support Function (ESF) identifies Emergency Medical Services (EMS), public health, medical and related services provided to citizens of Thurston County along with guidelines for the coordination of these services.

These guidelines by no means meant to circumvent the use of training, practice, experience, and judgment of the primary and support agencies involved in the delivery of this ESF.

This ESF involved assistance to Thurston County in identifying and meeting the health, medical and mortuary needs of people affected by a major emergency or disaster. This assistance includes but is not limited to the following:

1. Assessment of medical/health needs
2. Health surveillance
3. Medical care personnel
4. Medical/health equipment and supplies
5. Patient evacuation
6. Patient care
7. Safety and security of drugs, biologics and medical devices
8. Blood and blood products
9. Food safety and security
10. Agriculture safety and security (See ESF 11 for detailed information)
11. All-hazard public health and medical consultation, technical assistance and support.
12. Behavior health care
13. Public Health and medical information
14. Vector control (rats, pests, etc.)
15. Potable water
- 16.

- 17. Wastewater and solid waste management
- 18. Mass fatality management

II. POLICIES

- A. Thurston County Medic One, Emergency Medical Responder, Emergency Medical Technicians (EMT) and Paramedics who provide emergency medical assistance in Thurston County shall operate under the current Thurston County Emergency Medical Program Direction Patient Care Protocols and Patient Care Procedures.
- B. Thurston County Public Health and Social Services (TCPHSS) will provide guidance to the County, agencies and individuals on basic public health principles involving safe drinking water, food sanitation, personal hygiene and proper disposal of human waste, garbage and infectious or hazardous waste.
- C. Revised Code of Washington (RCW) 70.05 Local Health Departments, Boards, Officers – Regulations. The Health Officer or designee is authorized to implement measures as necessary to control communicable disease exposure or contamination of food, water and environmental resources.
- D. RCW 68.50 Human Remains and RCW 36.24 County Coroner. The Thurston County Coroner has independent authority in all cities/towns and all incorporated and unincorporated areas of Thurston County with exclusive jurisdiction over human remains in all unnatural or unlawful civilian deaths; persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; and all unclaimed bodies.
- E. RCW 246-500 Handling of Human Remains. This Washington Administrative Code (WAC) includes the guidelines that funeral directors, embalmers, medical examiners, coroners, health care providers and other directly handling or touching human remains must follow in addition to management of human remains in refrigerated storage and transportation protocols. The local health officer may impose additional requirements for the handling, care, transport or disposition of human remains or suspend the requirements of this chapter.
- F. Mass Casualty Incident Plan – Fire Agencies will provide Basic Life Support (BLS) and Medic One will provide Advanced Life Support (ALS) in accordance with the Mass Casualty Incident (MCI) plan. When an incident meets the thresholds in the MCI plan, EMS personnel are allowed to operate with the established written MCI patient care protocols and procedures.
- G. Region 3 Healthcare Preparedness Response Plan – During a MCI patient transport is directed through the DMCC and all Region 3 hospitals may receive MCI patients. Providence Saint Peter Hospital is the DMCC for Region 3, Thurston County.

- H. RCW 18.73 Emergency Medical Care and Transportation Services. All Thurston County mutual-aid emergency medical responders will operate under the authority of the local Medical Program Director.
- I. RCW 70.02 Medical Records. Patients and other qualified entities needs access to healthcare records in order to inform their healthcare decisions, protect the health of the public, and more, but records must be disclosed appropriately and in appropriate circumstances, as noted in this RCW.
- J. RCW 246.100 Communicable Diseases. It is the responsibility of every healthcare providers to provide adequate instruction in control measures to prevent the spread of disease to patients, caretakers and others. Healthcare providers must also cooperate with public health authorities during investigation of suspected or confirmed cases of notifiable conditions or communicable diseases and during outbreaks. The local health officer establishes plans, policies, and procedures for instituting emergency measure necessary to prevent the spread of communicable disease or contamination, conduct investigations, and institute disease control and contamination control measures. A state or local health officer within his or her jurisdiction may issue orders for medical examination, testing and/or counseling as well as orders to cease and desist specific activities.

III. SITUATION

A. Emergency/Disaster Conditions and Hazards

1. Reference the Hazard Mitigation Plan for the Thurston Region and local jurisdiction initiatives, Comprehensive Emergency Management Plan (CEMP) and Hazard Identification and Vulnerability Analysis (HIVA) for detailed information on the hazards with a potential to impact Thurston County.
2. Thurston County HIVA identified the following hazards as posing the greatest risks to the counties health in terms of frequency and impact:
 - Severe weather (windstorm, snow/ice, excessive heat)
 - Flooding
 - Transportation incidents
 - Power outages
 - Earthquakes
 - Water shortages
 - Active shooter incidents
 - Fires
 - Disease outbreaks
 - Terrorism

Each type of disaster has potential health impacts, including illness; injury; death; psychological trauma; exposure to environmental hazards; disruption of the healthcare system; and others. Within the context of all-hazards planning, TCPHSS, places special attention on preparing for those events that pose the greatest risk.

B. Planning Assumptions

In addition to the scope and severity of the event and the state of regional capabilities, the following factors could affect the ability of ESF 8 agencies to respond:

1. The Local Health Officer (LHO) may implement such measure as necessary to protect the public's health as authorized by state law.
2. ESF 8 agencies will commit resources and expertise as needed to address health and medical consequences of emergencies and disasters.
3. Public demand for health information and health and medical services will increase during disasters.
4. Infrastructure impacts such as damage to bridges or road closures may limit the ability to transport staff, patients and supplies through the region.
5. A significant disaster could overwhelm Thurston County medical facilities and services requiring emergency coordination of casualties.
6. The availability of emergency response resources and personnel could be limited in a regional disaster.
7. Thurston County may serve as the medical hub for neighboring counties and during a significant disaster, it may overwhelm the Thurston County medical services.
8. Thurston County hospitals, clinics, nursing homes, pharmacies and other medical and health care facilities may be severely structurally damaged, destroyed or rendered unusable.
9. A medical disaster may require the triage and treatment of large numbers of individuals (surge) which will have a direct impact on healthcare facilities.
10. A disaster can pose public health threats to food, water and personal health and may be in short supply or unavailable.
11. Damage to manufacturing facilities, waste processing and disposal facilities, sewer lines and water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards to the surviving population and response personnel.
12. The damage and destruction of a disaster may produce urgent needs for behavioral health crisis counseling for impacted communities and response personnel.
13. Disruption of sanitation services and facilities, loss of power and massing of people in shelters may increase the potential for disease and injury.
14. Preparedness, response, and recovery efforts must incorporate and address the unique needs and circumstances of vulnerable populations that include but not limited to: economically disadvantaged, homeless, have limited language proficiency, have disabilities (physical, mental, sensory or cognitive limitations), have special medical needs, experience cultural or geographic isolations, or are vulnerable due to age, as

well as those of incarcerated persons. Therefore, specific measures will be taken to ensure that these populations will have accessibility to information and health services.

15. The capability of local jurisdictions to coordinate local response activities and fulfill nonmedical resource requests from ESF 8 agencies varies.

IV. CONCEPT OF OPERATIONS

A. General

While emergencies and disasters may vary in size and significance, the population and diversity, and multi-jurisdictional environment, and concentration of critical infrastructure in Thurston County can magnify their impacts. These emergencies and disasters take a “Whole Community” approach, with an effective decision making and resource management structure, along with coordination among health and medical service providers and supporting agencies which is critical to successfully addressing the consequences of emergencies and disasters.

The “Whole Community” includes individuals, families, and households; communities; the private and nonprofit sectors; faith-based organizations; and local, tribal, state, and federal governments. This ESF is committed to communicating with the Whole Community as needed during emergency response and disaster recovery operations. The Whole Community includes populations with Limited English Proficiency (LEP), individuals with disabilities, and Access and Functional Needs (AFN). Any agency or organization that receives federal funding is required to have a plan or policy for addressing the needs of individuals with LEP, pursuant to Title VI, the Civil Rights Act. The Washington State Emergency Management Division and this ESF expects all agencies and organizations to comply with federal law. For more information on how each agency or organization complies with federal law, please contact the individual agency or organization.

The Public Health Administrator On-Call is the central point of notification for incidents requiring coordination by ESF 8 agencies. Public Health, hospital, Fire/EMS, Thurston County Coroner, Thurston-Mason Behavior Health Organization has the capacity to coordinate services to respond to emergencies 24 hours a day, 7 days a week.

As needed, Public Health will conduct a situation assessment, initiate surveillance and monitoring activities and notify appropriate agencies. When the Thurston County ECC or other ECC’s are activated, Public Health will coordinate staffing of these facilities with appropriate ESF 8 representatives, or their partners, as needed.

Incident response will be guided by each of the ESF 8 partners and their response plans.

Thurston County ESF 8 response partners will follow the National Incident Management System (NIMS) in its entirety using the Incident Command System (ICS) principles as mandated in RCW 38.52.070, and will strive to incorporate NIMS into all plans, protocols, and training.

Public Health will utilize ICS, as needed, to coordinate overall health and medical response and recovery objectives. Public Health and other ESF 8 agencies will coordinate incident information and manage the acquisition and use of medical resources.

ESF 8 may be activated during a public health emergency, such as a disease outbreak, food borne or environmental hazard, mass casualty incident, level 2 or higher mass fatality incident, DMCC activation and other environmental, man-made, or bioterrorism hazard. Other triggers not listed may also activate ESF 8.

The ESF 8 SAN (Status, Action and Needs) Reporting Process (see Attachment 1: ESF 8 SAN Reporting Process) is to assist in the situational awareness and resource management of primary and support agencies, along with Critical Healthcare Providers partners during an ESF 8 activation. This plan is to help with the coordination and continuation of service of health and medical services in Thurston County. The process of this plan is to alert primary, support and partner agencies of the activation of ESF 8. A SAN report will be sent to all Critical Healthcare Providers to determine situational awareness and resource needs. This report will be compiled and sent back out to primary and support agencies, along with Critical Healthcare Providers and partners. This process will continue through the life of the incident.

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 partnership 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.

B. Communications (See Attachment 2: ESF 8 Organizational Structure)

Communications systems must provide redundancy to support operations during an event. On a daily basis, ESF 8 partners use a variety of communication systems. Given the diversity and daily missions of these partners, the degree of availability of alternate communications technologies varies.

The Thurston County ECC may be activated to provide coordination, and technical and administrative support to the incident. The ECC would coordinate as needed with Washington State Emergency Operations Center (SEOC). Coordination with both ESF 2 and ESF 15 will take place for both internal and external communications.

Pursuant to the NIMS operating principles and protocols, public information efforts should generally focus on incident specific information.

Several forms of communications may be utilized. See Attachment 3: Communication Systems for the possible Communication Systems used for ESF 8 agencies.

C. Vulnerable and At Risk Populations

Some members of our community including, but not limited to, seniors, children, disabled, homeless, non-English speakers, low-income, or otherwise in need of ongoing support, will be more vulnerable during and after a disaster. ESF 8 primary and support agencies will work collaboratively with partners to:

- Monitor disproportionate impacts to vulnerable populations
- Develop strategies and operations that ensure equal access to care
- Mitigate barriers that may be preventing access to care
- Address communication and medical, mental health and other healthcare needs of these most vulnerable residents
- Use ethnic and community media and coordinate with community-based organizations to communicate and gain situational awareness about health impacts
- Develop and distribute language and graphic translations of health messaging

D. Organization

TCPHSS, under the legal authority of the Local Health Officer, will establish and lead an appropriate incident command structure for the healthcare system and to provide effective decision making and resource coordination during emergencies and 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 activities, and legal responsibilities and authorities of participating agencies. RCW 70.05

TCPHSS will designate an ESF 8 Lead to coordinate decision making and resource coordination during emergencies and disasters. They will assign appropriate staff to ESF 8 functions in the Thurston County ECC and other local EOCs as needed; and, will ensure a liaison will be assigned to support the local/county ECC with primary incident jurisdiction, when requested.

TCPHSS will prioritize and coordinate health and medical resources during the incident to include Strategic National Stockpile (SNS) and Medical Reserve Corps (MRC) assets. If resource needs cannot be met locally or through local/statewide mutual aid agreements, they will transmit a request for assistance through Thurston County ECC to the SEOC.

Healthcare organizations will utilize WATrac to assist with the coordination of Emergency Room bed capacity, resources, and communication during an emergency event if web services are available. WATrac is the incident management software system for the Region 3 Healthcare Preparedness Coalition which supports regional coordinating communications through the Command Center chat rooms, sending regional alerts; and tracking bed availability throughout the region and the State. (Not a Region 3 Healthcare Preparedness Coalition capability at this time: inventory tracking, including pharmaceuticals and equipment).

The size and scale of the emergency or disaster dictates the scope of ESF 8 activities. ICS will be utilized.

E. Procedures

TCPHSS and primary and supporting agencies coordinates and supports prevention, preparedness, response, recovery, and mitigation activities among health, medical, and mortuary service stakeholders within the authorities and resource limitations of ESF 8 agencies. Public Health, as the lead agency for Thurston County health, medical, and mortuary response, engages in distinct activities at each phase of the emergency preparedness cycle in order to prevent, minimize the impacts of, or promote rapid recovery from disasters or emergencies.

F. Prevention and Mitigation Activities

ESF 8 agency activities in the prevention and mitigation phase attempt to prevent hazards from developing into disasters, or to reduce the effects of disasters when they occur. Activities include communicable disease surveillance, investigation, and community containment; environmental health protective actions such as vector control, environmental sampling, and food product restrictions; and development of medical stockpiles.

G. Preparedness Activities

Coordination and planning activities conducted by ESF 8 agencies 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 vaccinations, provider education, and food and water safety assurance. The ESF 8 lead will continue to reach out to private organizations to determine their resource availability, and how ESF 8 agencies could support these organizations during a disaster. The ESF 8 lead will maintain a resource manual which outlines the availability of resources provided by public and private agencies. This manual has been constructed for ESF 8 specific needs along with healthcare available resources.

H. Response Activities

Response activities in the response phases are event specific, aligned with the responsibilities outlined in this plan. In a response and activation of ESF 8, TCPHSS will act as the lead of ESF 8 during an ECC activation. The ESF 8 lead will conduct situational awareness assessments to other ESF 8 agencies and partners. The ESF 8 lead will then create a situational awareness report, and make it available to all responding agencies and partners. Should resources be requested during this time, the ESF 8 lead will follow the ICS structure for resource requesting through TCEM or SEOC. ESF 8 agencies will coordinate with other ESF's during a response. Specifically related to evacuation, ESF 8 agencies will also coordinate with those in ESF 13. The ESF 8 role during evacuations would be to support ESF 8 responding agencies and partners. Should the hospital, long term care facilities, and other healthcare facilities need to evacuate, ESF 8 would support these efforts, as well as help with the coordination of resources.

ESF 8 will also coordinate with ESF 1, which would be necessary for the transportation efforts during an evacuation. ESF 8 Lead does not have the resources available to decontaminate survivors, and responders during and after an incident. Complete decontamination will occur in accordance with individual agency plans.

I. Recovery Activities

The recovery phase of an event begins with the planning process at individual ESF 8 partner organizations. ESF 8 organizations will incorporate and plan for the following key components of their recovery:

- Make necessary adjustments to resume normal operations
- Re-stock essential equipment and supplies
- Ensure operability of Information Technology systems
- Conduct follow up communications and debriefings
- Schedule and conduct follow up and monitoring of staff exposure
- Complete cost analysis and file for reimbursement. Detailed recovery activities are covered in the ESF 14 Annex. You may also reference Support Annex C: Financial Management.

V. RESPONSIBILITIES

A. Joint Primary Agencies

1. Thurston County Public Health and Social Services (TCPHSS)

TCPHSS will:

- a. coordinate with primary, support and partner agencies to effectively make decisions, provide situational awareness, and support resource management during an incident
- b. will also assist with public health, medical, and recovery efforts within the county
- c. support the primary and support agencies and related activities
- d. take action as necessary to maintain public health and sanitation supervision within the county to include inspection of potentially degraded sanitation systems prior to being used
- e. take actions to prevent and control the spread of emergent, communicable, and infectious diseases
- f. provide information about the source, nature, and prevention and intervention of communicable disease and disability and the preservation, promotion and improvement of public health within the County
- g. prevent, control or abate nuisances, which are detrimental to the public's health
- h. take measures necessary to promote the public's health by developing an issuing public health educational materials

- i. institute disease control measures consistent with Washington State law, TCPHSS Department Policies and Procedures and sanitary codes, and recommended Washington State Department of Health, and Centers for Disease Control and Prevention guidelines

The Thurston County Public Health Officer will make reasonable efforts to obtain voluntary compliance to isolation and quarantine orders, but has the authority to impose involuntary detention when necessary. The county health officer may invoke the powers of police officers and sheriff's deputies to enforce orders given to preserve public health (Chapter 70.05 RCW).

TCPHSS will ensure all facilities operating under ESF 6 and ESF 8 meet public health standards.

TCPHSS provides or coordinates health and sanitation services within the community, including:

- a. identification of health hazards
- b. identification, investigation, and control of communicable disease
- c. vector control
- d. examination of food and water supplies for contamination
- e. ensure compliance of emergency sanitation standards for disposal of garbage, sewage, and debris
- f. assessment of environmental contamination and public health risk from hazardous materials spills
- g. informing the County Commissioners, Emergency Management, the Thurston County Board of Health, and the public about health conditions, warnings and prevention/intervention information

If the threat to the public's health is of such magnitude that supplemental assistance is necessary, requests may be made for assistance from the State and Federal Government. Requests may be made through normal ESF 7. Local health officers may also obtain supplemental State/Federal assistance by direct request to the Secretary of Health, Washington State Department of Health.

- a. TCPHSS determines the need for and requests pharmaceuticals and medical supplies through the SNS.
- b. TCPHSS manages the use and distribution of SNS and other federal assets.

TCPHSS provides consultation guidance and technical assistance to hospitals on communicable disease control.

TCPHSS provides public health education and information and coordinated information sharing with local hospitals, medical providers, and other community partners.

TCPHSS recruits, trains and deploys the Thurston County MRC as needed to provide surge capacity for:

- a. Public health investigations
- b. Vaccination or medication dispensing Points of Dispensing (PODs)
- c. Psychological first aid

TCPHSS makes recommendations for personal protective equipment and necessary immunizations or chemoprophylaxis needed by public and emergency personnel if warranted by threat of disease.

TCPHSS provides oversight of potable water supplies. Thurston County residents obtain their drinking water from either individual water sources or public water supplies. Public supplies range in size from two connections to several thousand connections and may be publicly or privately owned and operated.

A water-testing laboratory is located in the courthouse and has the capacity to analyze several hundred water samples per day for bacterial contamination. (Laboratory normally take 24 - 48 hours to complete.)

Solid waste disposal permitting is a function of TCPHSS. There is one solid waste disposal site at the Hawks Prairie landfill; three transfer stations are located at Rainier, Rochester, and Summit Lake. Limited hazardous waste storage exists at the Hazo House facility located at the Waste and Recovery Center (household hazardous waste only).

Sewage treatment plants are located at: Olympia and Hawks Prairie (operated by LOTT), Yelm, Tenino, Boston Harbor, Tamoshan, Seashore Villa Mobile Home Park, Carlyon Beach, and Beverly Beach. The majority of rural areas are serviced by on-site sewage systems, either individual or community. Power outages may disrupt services.

TCPHSS will coordinate with the Thurston-Mason Behavior Health Organization for disaster behavioral health response.

The Director of TCPHSS is responsible for coordinating public health services and establishing priorities. Medical decisions will be made by the Thurston County Public Health Officer.

Determination of critical priorities in the public health effort will be made by the Thurston County Public Health Officer in consultation with the Thurston County Board of Health, local elected officials, and state and federal agencies involved in the response.

2. Medic One Pre-Hospital Care

The Thurston County Fire Chief's Association, along with Thurston County Medic One, will coordinate private and public EMS basic and advanced life support response during emergencies and disasters. The ESF 4 Fire Coordinator within the Emergency Services Branch at the Thurston County ECC will coordinate county-wide EMS resources mobilization.

Services provided include, but are not limited to:

- a. Identification and coordination of pre-hospital medical resources.
- b. Identification of potential sites and support staff for temporary emergency clinics.
- c. Altering standards of operations as necessary to ensure resources are available for the highest priority needs.
- d. In conjunction with TCOMM, public and private medical transportation resources.
- e. Resupply field units with consumable medical supplies, if needed and/or able.

Local Mass Casualty plans will detail operational concepts and responsibility so that the Emergency Medical Services System existing in the area will be capable of providing mass casualty emergency medical services during an emergency/disaster.

The provision of BLS and ALS services shall be provided per local plans for Fire Agencies and Medic One. Mutual aid between and among emergency medical service providers shall be utilized to make maximum efficient use of existing local, regional, or inter-regional assets, resources and services. Response requirements may exceed the capabilities of the local Emergency Medical Services System and can be augmented by services and assets provided under mutual aid if available.

Hospitals will respond according to their established emergency response plans. Medic One will act as a liaison between Public Health, Hospital, Fire Agencies, and EMS personnel. They will also manage database that responder information is inputted to track any trends.

3. Thurston Mason Behavior Health Organization – Behavioral Health

The Thurston-Mason Behavior Health Organization will coordinate the response to community behavioral health needs during emergencies and disasters as appropriate as resources are available.

Mental health services and/or critical incident stress-debriefing will be coordinated as needed through the Thurston-Mason Behavioral Health Organization (TMBHO) as resources are available.

4. Thurston County Coroner – Fatality Management

The Coroner has jurisdiction over bodies of all deceased (RCW 68.08.010). Investigation into the cause and manner of death resulting from an emergency or disaster is the domain of the Thurston County Coroner’s Office (Coroner). The Coroner has jurisdiction over all human remains resulting from the emergency or disaster and the responsibility of communicating information about the deceased to family members.

The Coroner’s Office will coordinate support to local mortuary services as needed. Local funeral directors may assist in the processing of human remains at the discretion of the Coroner.

If local resources for proper handling and disposition of the dead are exceeded, the State and/or Federal Government may provide supplemental assistance for identification, movement, storage, and disposition of the dead. The County Coroner may make a request for such assistance to Emergency Management or to the State Department of Health.

The Coroner identifies deceased persons in all of Thurston County.

Deaths are registered at the TCPHSS Vital Records Office.

5. Disaster Medical Control Center (DMCC)

The DMCC is located at Providence St. Peter Hospital. No alternate location at this time.

The DMCC will ensure a management or supervisory person and designated alternates are available to provide Region 3 Healthcare Coalition hospital coordination in the event of mass casualty incident or hospital evacuation.

The DMCC will conduct internal damage assessments of their facilities and determine the status of patients and personnel, communications capabilities, utilities and other essential resources to include resource requirement. They will then relay this information to: TC ECC, TCPHSS. (Rewrite of DMCC notification procedure in progress)

During National Disaster Medical System (NDMS) activation, the DMCC will coordinate activities with the Puget Sound Federal Coordinating Center (FCC).

Provide regional hospital coordination in the event of patient surge or MCI.

Rare circumstances, such as an inability to provide communications, may create the need to transfer primary DMCC responsibilities after the decision to transfer responsibilities to the DMCC alternate, Saint Joseph Medical Center or the Western Washington DMCC, Harborview Medical Center.

The DMCC will coordinate with FCC/NDMS for patient movement actions in or out of Thurston County and Region 3.

Provide patient care according to hospital policy. Expand patient care to alternate care sites as directed by the Hospital Incident Command Center.

Manage and train medical care personnel and caregivers to respond appropriately to emergent events, along with the use and wear of PPE and standard precautions.

Providence St. Peter Hospital serves as the DMCC.

6. Thurston County Emergency Management (TCEM)

TCEM will:

- a. Maintain and operate the Thurston County ECC.
- b. Coordinate with other local EOCs.
- c. Provide situational awareness to SEOC.
- d. Provide support for health emergencies (i.e., logistics).
- e. Activate the Joint Information Center as needed.
- f. Coordinate and manage volunteers as needed.

7. Providence St. Peter Hospital and Capital Medical Center

- a. Receive notification of a disaster situation and initiate the appropriate disaster plan.
- b. Receive incoming patients.
- c. Provide medical care.
- d. Make assessment of hospital capabilities and damages.

C. Support Agencies

The listed support agencies may or may not provide health and medical services on a daily basis but may have a role to support ESF 8 depending on the circumstances.

D. Support from Other Agencies:

U.S. Department of Health and Human Services (HHS)

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Center for Disease Control (CDC)

Washington State Disaster Medical Advisory Committee (DMAC)

Disaster Mortuary Operational Response Team (DMORT)

VI. RESOURCE REQUIREMENTS

Primary and support agencies will provide personnel, facilities and equipment necessary to coordinate the support of ESF 8's responsibilities.

Once local resources are exhausted, resources may be requested through mutual aid or through Thurston County ECC and then up to the SEOC.

VII. REFERENCE AND SUPPORT PLANS

- A. The National Response Framework
- B. Department of Homeland Security, National Incident Management System
- C. Washington State Comprehensive Emergency Management Plan
- D. Thurston County Comprehensive Emergency Management Plan
- E. Thurston County Multi-Casualty Response Plan
- F. Disaster Medical Coordination Center Policy
- G. TCPHSS Emergency Response Plan
- H. Thurston County Mass Fatality Plan
- I. Hazard Mitigation Plan for Thurston Region
- J. Local EOC Plans
- K. Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding
- L. Mutual Aid Agreement for Tribes and Local Health Jurisdictions in Washington State
- M. Washington State Public Health Inter-Jurisdictional Mutual Aid Agreement
- N. Homeland Security Region 3 Omnibus Mutual Aid Agreement

VIII. TERMS AND DEFINITIONS

Access and Functional Needs (AFN)

Advanced Life Support (ALS) – Units staffed by paramedics that can administer drugs, fluids, and other advanced procedures to sustain life until the patient can be transported to a medical facility.

American Medical Response (AMR)

Basic Life Support (BLS) – Fire service aid units staffed by Emergency Medical Technicians (EMTs).

Behavior Health Organization (BHO)

Comprehensive Emergency Management Plan (CEMP) – An all hazards emergency operations plan.

Disaster Assistance Council (DAC)

Disaster Medical Control Center (DMCC)

Emergency Coordination Center (ECC) – Location from which centralized, multiagency coordination is performed in response to emergencies or disasters.

Emergency Medical Service (EMS)

Emergency Medical Technician (EMT)

Emergency Operations Center (EOC)

Emergency Support Function (ESF) - Grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

Federal Coordinating Center (FCC)

Federal Emergency Management Agency (FEMA) – Federal Agency responsible for the coordination of domestic disaster response.

Hazard Identification and Vulnerability Assessment (HIVA) – An analysis of potential natural, human caused, and technological hazards that rates the risk, determines vulnerability, and predicts adverse impact.

Incident Command System (ICS) – Nationally accepted organizational model for management of emergency personnel.

Revised Code of Washington (RCW) – Compilation of all permanent laws now in force in the State of Washington.

Washington State Emergency Operations Center (SEOC)

Thurston 9-1-1 Communications (TCOMM 9-1-1) – A non-profit intergovernmental corporation providing 9-1-1 service to all citizens within Thurston County and providing dispatch services to all law enforcement, fire service and medic one agencies within Thurston County.

Limited English Proficiency (LEP)

Local Health Officer (LHO)

Mass Casualty Incident (MCI)

National Incident Management System (NIMS)

National Disaster Medical System (NDMS)

Points of Dispensing (POD)

Status, Action and Needs (SAN)

Strategic National Stockpile (SNS)

Thurston County Emergency Management (TCEM)

Thurston County Medical Reserve Corps (MRC)

Thurston County Public Health and Social Services (TCPHSS)

Washington Administrative Code (WAC)

IX. ATTACHMENTS

Attachment 1: ESF 8 SAN Reporting Process

Attachment 2: ESF 8 Organizational Structure

Attachment 3: Communications Systems

Attachment 4: Critical Healthcare Provider List

Attachment 1: ESF 8 SAN Reporting Process

This is the alerting, notification and situational status reporting process that will support situational awareness and resource coordination of critical healthcare agencies.

**ESF 8
Activation Alert**

Form sent to Critical Healthcare Facilitates

Information Request Document
(via e-mail, phone, text)

SAN Report: Request to complete by critical healthcare partners

Alert sent to primary and supporting agencies that ESF 8 is activated and Situational Awareness Report Sent (via WA Secure/e-mail, text, phone)

ESF 8
Information reported
(via submitted form)

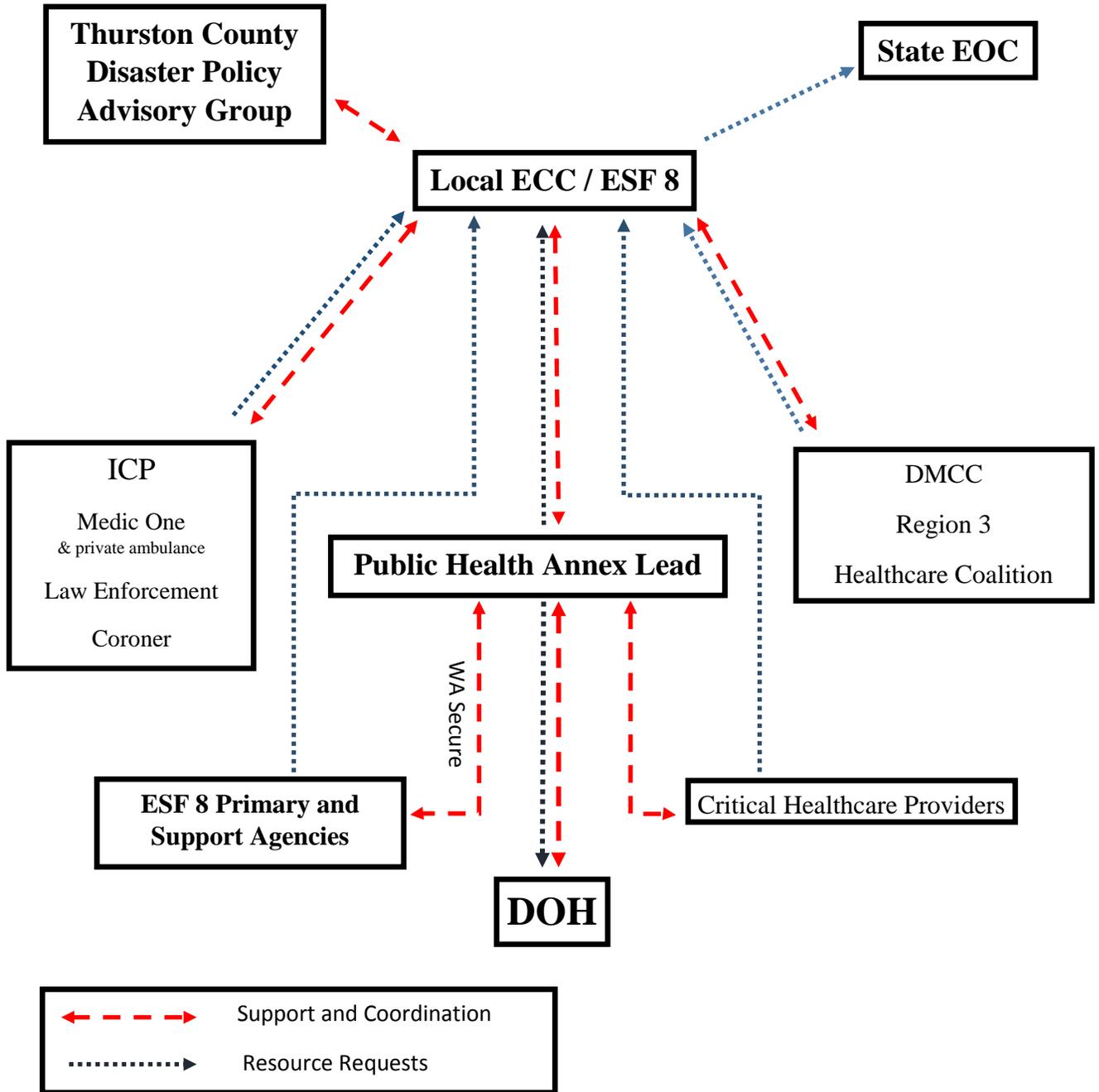
Situation Report created and alerted
(via e-mail, text, phone)

Revolve back to alert throughout activation

Purpose:

- Status Update—Situation Report / Situational Awareness
- Resource evaluation
- Forecasting coordination and continuation of service of health and medical services in Thurston County

Attachment 2: ESF 8 Organizational Structure



| Attachment 3: Communications Systems | |
|---|--|
| WATrac | Washington’s web-based healthcare resource tracking and alert system for statewide collaboration on a daily basis and during emergency responses. WATrac allows healthcare and public health partners to: - view real-time data related to the status of healthcare in Washington – post and share documents internally and externally – conduct on-line chat 24/7; inviting WATrac users from all healthcare sectors and in all parts of the state – send emergency alert notifications via email, text message, or pager – use standard and ad hoc reporting to turn data into actionable information. |
| Everbridge / WA Secure | A platform which has the ability to deliver comprehensive communications, and location aware and contextual content, to keep people safe and businesses running. |
| WAServ | Washington State Emergency Registry of Volunteers |
| Washington State Hospitals EMS Emergency Radio System (WHEELERS) | Inter-hospital and EMS communications used during disasters by those hospitals in Region 3 (Thurston, Mason, Pacific, Lewis, and Grays Harbor Counties) |
| Thurston County Alert and Notification | Different alerting systems used by Thurston County Emergency Management to alert individuals residing or working in Thurston County. These notifications range from boil orders, to extreme weather, to flooding, just to name a few. |
| WebEOC | A web-based information management system that provides a single access point for the collection and dissemination of emergency or event-related information. |
| General Communications | Landlines, text messaging, cell phones, e-mail, etc. |