



## Harvey County, Kansas Emergency Operations Plan

### ESF 8 – Public Health and Medical Services

**Coordinating Agency:**

Harvey County Health Department

**Primary Agency:**

Harvey County Emergency Management

**Support Agencies:**

American Red Cross  
City of Burrton  
City of Halstead  
City of Hesston  
City of Newton  
City of North Newton  
City of Sedgwick  
City of Walton  
Harvey County Administration  
Harvey County Auxiliary Communications Service  
Harvey County Sheriff's Office/Detention Center  
Kansas Department of Agriculture  
Kansas Department of Health and Environment  
Kansas Division of Emergency Management  
Kansas Funeral Directors Association  
Kansas National Guard  
NMC Health  
Prairie View  
State Animal Response Team  
The Salvation Army  
United Way of the Plains  
USD 369 – Burrton  
USD 373 – Newton  
USD 439 – Sedgwick  
USD 440 – Halstead  
USD 460 – Hesston

## **I. Purpose and Scope**

### **1.1 Purpose**

This Emergency Support Function (ESF) annex describes the actions required to coordinate public health and medical services during a disaster. Specifically ESF 8 addresses:

- Local Health Department (LHD) notification, coordination and response
- Emergency Medical Services (EMS) activities
- Mental health needs during and after an event
- Coordination among health care providers
- Mass fatalities management

### **1.2 Scope**

ESF-8 benefits Harvey County through coordination with partner agencies, outside organizations and the public. This annex specifically addresses:

- Command, Control, and Notification including the roles of County and City agencies with emergency responsibilities and their working relationships with the volunteer agencies providing public health and medical services;
- A flexible organizational structure capable of meeting the varied requirements of different emergency scenarios with the potential to require activation of the Emergency Operations Center (EOC) and implementation of the Emergency Operations Plan (EOP). The number of people in need and the type of services required will vary greatly depending on the hazard and its severity.
- Coordination of voluntary organizations offering emergency assistance programs to meet disaster-related public health and medical service needs.

## **II. Concept of Operations**

This section provides a narrative description summarizing the Concept of Operations for the following ESF 8 activities; 1) Command, Control, and Notification, 2) Continuity of Operations, 3) Medical Surge, 4) Epidemiology and Surveillance, 5) Fatality Management, 6) Medical Countermeasure Distribution and Dispensing, 7) Medical Material Distribution, 8) Non-pharmaceutical Interventions, 9) Responder Health and Safety, 10) Environmental Health, 13) Behavioral Health, and 14) Considerations for Functional and Access Needs Populations and Children.

### **2.1 Command, Control, and Notification**

Managing the health and medical components of any mass casualty event is a complex, multi-faceted process and as such requires the careful coordination of resources. In order to best facilitate this process, Harvey County recognizes the need for multiple

support agencies. From an operational standpoint, responsibilities for ESF 8 coordination are assigned as follows:

Local Health Department (Public Health Response)

- Disease Surveillance
- Epidemiology Investigation
- Isolation and Quarantine
- Non-Pharmaceutical Interventions
- Countermeasure Response and Reporting

Emergency Medical Services (Casualty Management)

- High Demand for EMS Services
- Patient Tracking
- Hospital Diversion
- Large Venue / Scenario Pre-Planning

Hospital Service (Acute Care Management)

- Medical Surge
- Alternate Care Sites
- National Disaster Medical System (NDMS)
- South Central Health Care Coalition

Coroner (Fatality Management)

- Local Funeral Directors
- Sedgwick County Regional Forensics Science Center
- Coordination with Local and State Agencies

Behavioral Health Care

- Prairie View Mental Health

Activation of ESF 8 may result from one of the following:

- An event that originates as a Health and Medical Emergency such as a widespread disease that is being monitored by the Local Health Department and hospital in the County that escalates beyond normal capabilities;
- An event that originates as a multiple injury EMS call that escalates beyond normal capabilities; or
- Another primary event that has resulted in the activation of the EOC that also involves the need for coordinated health and medical services.

In situations originating as a health and medical emergency, or EMS call, the Local Health Department or responding EMS Department will keep the Emergency Management Department informed of situations with the potential to require activation of the Harvey County EOC.

When the Emergency Management Director is notified of an event that requires the activation of the EOC, the Emergency Management Director, in consultation with the County Administrator, will determine which Emergency Support Functions are required

for activation in support of emergency operations. If the request to activate the EOC came from the Local Health Department or EMS Departments, from an event that originated as a health and medical emergency, ESF 8 will automatically be activated. If another primary event resulted in activation of the EOC and it is determined that health and medical services are needed, the Emergency Management Director will contact the Coordinating Agency for ESF 8 and request representatives to report to the EOC to attend an initial briefing regarding the situation.

Depending on the complexity or severity of the event, the Emergency Management Director, or designee, may advise the County Administrator that the need exists to declare a local emergency.

The ESF-8 Coordinator is the Harvey County Health Department. The ESF-8 Coordinator is responsible for contacting the primary and support agencies with liaison roles including adjacent counties and the State and briefing them on the situation. The ESF-8 Coordinator will provide departments with the designated methods/timeframes for submitting data/information and updates to the EOC regarding processes and protocols.

### **2.1.1 Communication Systems**

ESF-8 has several communication resources to assist with health and medical agencies in an emergency. Brief overviews are provided below for these communications resources:

- EMResource is the region's primary method of communicating hospital status and capabilities and coordinating patient routing during a mass-casualty incident (MCI). EMResource, a web-based program providing real-time information on hospital emergency department status, patient capacity, and the availability of staffed beds and specialized treatment capabilities, is used in the metropolitan area to link all acute-care hospitals and most EMS agencies.
- Electronic Incident Command System (eICS) Hospital based online system to manage Hospital Incident Command System (HICS) either on a standalone or regional basis
- To assist with coordination and communication among multiple emergency medical agencies providing out-of-hospital emergency medical care in the area, the Major Emergency Response Group (MERGe) is designed to maximize the existing resources of EMS agencies and hospitals.
- Phone, Pager, Fax, E-mail, Mobile and Portable Radios and Amateur (Ham) Radio capabilities are available for use in emergency situations to both receive information and provide information to the EOC.

### **2.2 Continuity of Operations**

During serious emergency situations, the LHD will consider focusing all resources on managing the public health aspects of the situation. When necessary, the LHD will reassign staff and, if necessary, the planning section will discuss ongoing and/or long term LHD staffing needs. If the decision is made to suspend non-essential services, LHD staff will be available to perform various functions as requested. LHD personnel

may be notified for duty on a very short notice and rescission of planned leaves and other absences will be instituted as necessary.

If necessary and feasible, the EOC will activate the mutual aid agreements signed with neighboring jurisdictions to provide additional staff to assist with health and medical activities. Assistance with LHD activities may be requested from private sector resources, voluntary organizations, and regional health department partners.

## **2.3 Medical Surge**

Harvey County's bed capacity is as follows:

- NMC Health is licensed for 99 beds.

In the event of a MCI, the number of seriously injured or ill patients could easily overwhelm Harvey County's hospital capacities. If this occurs, additional beds will be sought at other metropolitan area hospitals. NMC Health Emergency Operations Plan may be activated.

### **2.3.1 Monitor Bed Availability**

In the event of a mass casualty incident an alert will be posted on EMResource. The alert can be local in nature (i.e., issued to the five hospitals closest to the incident) or it can be issued to the hospitals metro-wide.

In some instances, hospitals may be the first to identify a mass casualty incident through the presentation of walk-in patients. In this scenario, the affected hospital(s) will notify Harvey County Communications/911. Harvey County Communications/911 will alert the Emergency Management Department and other appropriate officials in their jurisdictions.

Upon notification or recognition of an event, NMC Health will activate their disaster response plans. Communications between the hospital and the Harvey County EOC may occur using phones or radios.

### **2.3.2 Patient Tracking**

NMC Health and EMS agencies in the Harvey County area track patients and route them to appropriate healthcare facilities.

Hospitals will continually update patient treatment capability information to the EOC.

### **2.3.3 Information Sharing/Victim Identities**

Harvey County follows the September 2, 2005 bulletin from the U.S. Department of Health and Human Services Office for Civil Rights regarding HIPAA Privacy and Disclosures in Emergency Situations.

When a health care provider is sharing information with disaster relief organizations such as the American Red Cross who are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

The ESF 8 Coordinator will work closely with ESF 6 to develop and provide a comprehensive reunification effort.

## **2.4 Epidemiology and Surveillance**

In responding to public health emergencies, the assistance of hospitals, schools, industry, pharmacies, ambulances, emergency rooms, and others are required to collect and share information with local and state public health officials. Information and methods to confidentially collect this information include a direct line phone number to the LHD 316-283-1637.

### **2.4.1 Disease Surveillance**

The LHD has disease surveillance systems in place to continually collect, analyze, interpret, and disseminate data to prevent and control disease. The LHD uses a variety of methods to conduct disease surveillance including Passive Surveillance, Syndromic Sites and Active Surveillance Sites.

#### **Passive Surveillance**

Health care providers and laboratories are required to notify public health regarding patients with suspected or confirmed reportable diseases. The list of reportable diseases is defined by Kansas statute ([K.S.A. 65-118, 65-128 and 65-6001 through 65-6007; and by K.A.R. 28-1-2 and 28-1-18](#)). The LHD Communicable Disease Control program receives daily disease reports concerning communicable and environmental diseases.

EpiTrax is the primary tool used in Harvey County to communicate and share case information with the Kansas Department of Health and Environment (KDHE) regarding disease reports. This database of all reportable diseases in Kansas is a secure, internet-based disease surveillance tool that allows for the rapid input of data, complete documentation of individual disease investigation records, advanced analysis of data, and the ability to view aggregate data for the entire state. Due to increased electronic lab reporting in recent years, EpiTrax is currently the major source of disease reports received by the LHD. The LHD continues to receive notification of reportable diseases via confidential phone and fax. All reportable disease cases are recorded in EpiTrax.

Individual disease reports are investigated as outlined in specified timeframes. The Chief Epidemiologist reviews EpiTrax cases at minimum on a biweekly basis and publishes a monthly reportable disease summary report on the health department website including comparison to the same month from the previous year, year-to-date, and the 5 year annual median for reference.

### **Active Surveillance**

Active surveillance will be established and maintained by the Chief Epidemiologist in the event of a suspected or confirmed infectious disease outbreak or bioterrorism event. Active surveillance will provide two-way communication and information regarding morbidity and mortality of disease in Harvey County. The following conditions would warrant activation of these surveillance sites:

- Disease outbreaks of the same illness occurring in noncontiguous areas;
- Unusual illness in a population;
- Unusual routes of exposure for a pathogen;
- Large numbers of ill persons with a similar disease or syndrome;
- Large numbers of unexplained disease, syndrome or deaths;
- Higher morbidity and mortality with a common disease;
- Failure of a common disease to respond to routine therapies and treatments;
- Unusual strains or variants of organisms or anti-microbial resistance patterns different from those circulating;
- Similar genetic type among agents isolated from distinct sources at different times or locations;
- Higher attack rates in those exposed in certain areas, such as inside a building if released indoors, or lower rates in those inside a sealed building if released outside;
- Disease with an unusual geographical or seasonal distribution;
- Unusual, atypical, genetically or antiquated strain or agent identified;
- Disease normally transmitted by a vector that is not present in the local area;
- Endemic disease with unexplained increase in incidence;
- Atypical aerosol, food, or water transmission or contamination;
- Increased numbers of absenteeism from work and school;
- Increased numbers of dead animals, birds, or insects;
- Multiple simultaneous or serial epidemics of different disease in the same population;
- A single case of disease by an uncommon agent, (Smallpox);
- Disease that is unusual for an age group;
- A disease outbreak with zoonotic impact;
- Intelligence of a potential attack, claims by a terrorist or aggressor of a release, or discovery of munitions or tampering.

### **Syndromic Surveillance**

The LHD has the ability to monitor key reportable conditions as well as syndrome trends for Harvey County residents using ESSENCE—Electronic Surveillance System for the Early Notification of Community-based Epidemics through access granted by the KDHE. This system provides access to de-identified record-level data from hospital emergency departments.

ESSENCE users have the ability to create time series, set alerts, and design queries based on free text fields such as chief complaint or discrete fields like ICD-10 codes. A custom dashboard has been created to quickly visualize trends in total emergency

department visits and certain syndromes including influenza-like illness and gastrointestinal illness. The dashboard also includes records of interest such as measles and mumps to detect and facilitate follow-up on reportable diseases that have not previously been reported to public health.

Local public schools serve as syndromic surveillance sites to report key sets of symptoms of a potential outbreak to the Chief Epidemiologist. This information is aggregated, reviewed, and submitted back to the reporting schools. An analysis of these reports serves as an early warning system for disease outbreak detection.

### **2.4.2 Disease Investigation and Follow Up**

Upon receiving information regarding a disease reportable to KDHE, the LHD will forward the initial report information via the KDHE hotline at 1-877-427-7317 and/or via EpiTrax as the situation warrants. KDHE will provide assistance in determining the diagnosis and disposition of the patient.

An epidemiological investigation will be necessary to determine if individuals have been exposed and/or infected. The Environmental Health Division of the LHD will coordinate with the EPA regarding contamination of buildings and the environment.

When passive, syndromic, and/or active surveillance indicates a deviation from the norm, the data will be analyzed for trends and patterns. Any clustering or increase in a particular disease or syndrome will be investigated immediately by the LHD. The KDHE and CDC epidemiologists may be brought in to assist with investigations. A Disease Protocol Manual on-line ([http://www.kdheks.gov/epi/disease\\_investigation.htm](http://www.kdheks.gov/epi/disease_investigation.htm)) used for investigation and managing disease outbreaks, was prepared and maintained by the Kansas Department of Health and Environment (KDHE)-Bureau of Epidemiology and Public Health Informatics (BEPHI).

### **2.4.3 Radiological Emergencies**

In an event involving potential radiation exposure to persons in Harvey County, the LHD in conjunction with emergency management and the Kansas Department of Health and Environment Radiation Division may set up a population monitoring community reception center (CRC). The CRC will screen for the presence of radiation, decontaminate, and refer persons for medical care as deemed necessary.

## **2.5 Fatality Management**

The Harvey County Coroner is responsible for the proper examination, care and disposition of fatalities. Some specific duties of the Harvey County Coroner are:

- Establish temporary morgues and temporary interment sites, as required;
- Establish and coordinate activities of the survey and recovery teams;
- Determine victim identification and cause of death;
- Coordinate notification of next of kin;



- Coordinate security and transportation of remains and personal effects;
- Report pertinent information to the EOC thru the Incident Command System;
- Coordinate with HazMat and/or Public Health experts on decontamination requirements for deceased;
- Estimate the number of deceased;
- Excavation of remains;
- Body tag procedures and tracking system;
- Determine, request and coordinate additional required resources;
- Coordinate with other agencies as required.

Harvey County Mass Fatality Management (MFM) Standard Operating Guide (SOG) supports all existing local mass fatality planning documents. Any incident resulting in fatalities that exceed the normal operating capacity of the District 9 Coroner will be considered a mass fatality incident and will trigger activation of this SOG.

Ultimately, the District 9 Coroner standard operating guidelines govern all actions and procedures performed by Coroner personnel. This SOG, while operational in nature, is meant to direct mass fatality management planning, response, and recovery for Harvey County.

### **State Resources and Kansas Funeral Directors Association Disaster Team**

The Coroner will coordinate with the Harvey County EOC to request activation of State resources. The Kansas Funeral Directors and Embalmers Association (KFDA) is available to assist local Coroners in Kansas as needed and requested. A KFDA Disaster Mortuary Response Team can be activated in accordance with the KFDA Mass Fatalities Disaster Plan.

Additional information may be found on the KFDA Website at: <http://www.ksfda.org/>, and on the Kansas State Board of Mortuary Arts (KSBMA) website at: <https://ksbma.ks.gov/resources/license-listings/establishments-by-city-K-O> (-K-O, Kansas City, KS; -A-D, Bonner Springs, KS) which includes a list of funeral homes and their address, and KSBMA website: <https://ksbma.ks.gov/resources/license-listings/establishments-with-refrigeration-units> which lists funeral homes with refrigeration units along with their maximum storing capacities.

### **Federal Resources**

If the event exceeds local, regional, and state capabilities, Harvey County can request assistance from Federal Disaster Mortuary Operational Response Teams (DMORT) resources. When needed, the state EOC will work with the federal government to activate federal disaster mortuary operations.

## **2.5.1 Family Assistance Center**

A Family Assistance Center designed and staffed to take care of the needs of the victims' families and survivors will be established and coordinated through ESF 6 during

a mass fatality incident. Depending on the needs of those affected, the FAC will assist in the collection of ante mortem data to identify victims and serve as the primary point for releasing remains to families. The FAC will also coordinate support from professional mental health and spiritual care providers.

## **2.6 Medical Counter Measures Dispensing (MCM)**

The Medical Counter Measure Dispensing (MCM) section has been developed in collaboration with a diverse group of emergency management, public health, law enforcement, medical, behavioral health agencies and other public and private organizations to promote their understanding and connection to Medical Counter Measures (MCM) activities. Harvey County population does not require a Regional Distribution Site.

The main goal of this section is to outline the steps necessary for mass dispensing of prophylactic medications/vaccinations during a public health emergency and to assign individual or group responsibilities for MCM activities. Primary responsibility for MCM dispensing falls on the LHD. Large-scale MCM requires a community response; involvement and participation of community organizations, businesses, and volunteers.

Regional, State, and Metro partners have collaborated in the creation of this section to maintain a certain level of consistency and planning issues, specifically, in maintaining consistent nomenclature for cross training purposes and to coordinate the opening of Points of Dispensing (PODs). While the focus of this section is MCM in response to a WMD or public health emergency event, the concepts henceforth will be applied to other infectious disease outbreaks or emergencies that may require similar resources; these include but are not limited to receiving and distributing the Strategic National Stockpile (SNS), dealing with pandemic influenza, or responding with other mass immunizations.

Dispensing of the local pharmacy and pharmaceutical cache will be initiated from a recommendation to the EOC from the Incident Commander. Use of the cache may necessitate the requesting and dispensing of Strategic National Stockpile (SNS) supplies and materials. Initiation of the SNS will be coordinated through KDHE and the EOC.

### **Antivirals**

The use of antivirals received from the SNS will be used for treatment only and must begin within 48 hours from the onset of symptoms. Standing orders for the SNS stockpile and the state cache of antivirals will be written by the Kansas State Health Officer while the Local Health Officer will issue standing orders for dispensing of local and regional caches. SNS antivirals will be delivered by KDHE to Harvey County.

### **Vaccination**

Vaccination will be required when the presence of a disease can be mitigated by the administration of a vaccine to possible tertiary contacts of contacts to prevent further spread of some diseases.

Distribution of the vaccine will be decided by the State Health Officer in consultation with the State Epidemiologist. Distribution of the SNS vaccine will be by KDHE. Vaccine will be packed for each county and delivered to the Local Health Departments in Kansas.

The Local Health Department will oversee the administration of the vaccine at their PODs. It is probable that vaccination will require a second dose; however, KDHE will make recommendations for prioritization and second dosing. Priority vaccination will follow priority countermeasure guidelines. Note: the web-based Dispense Assist systems and forms will be utilized for both vaccination and dispensing. See [www.dispenseassist.net](http://www.dispenseassist.net)

Smallpox vaccine use in a confirmed response will be directed and coordinated through the LHD, EOC, KDHE and the CDC. Both antibiotics or antivirals and vaccines may be needed for certain diseases.

Use of the pharmacy cache will provide countermeasure to some but not all persons involved in public health emergency. The pharmacy cache will be utilized to provide countermeasure to priority countermeasure dispensing personnel and their families, ill persons (as appropriate), and contacts of ill persons based on epidemiological investigation and the priority countermeasure list. See “Priority Countermeasure” section for more information.

Harvey County recognizes the need to prevent illness and death resulting from a natural or malicious infectious disease outbreak. This need has been acknowledged by the allocation of federal funds for state and local WMD preparedness initiatives.

### **Considerations and Assumptions**

Any person exposed to a potentially infectious disease while in Harvey County will receive Post-Exposure Countermeasure (PEP) to the best of our ability and dependent on availability of proper materials for such countermeasure.

Any person exposed to a potentially infectious disease while in Harvey County that subsequently leaves the jurisdiction of Harvey County, will be provided Post- Exposure Countermeasure by the jurisdiction that individual is currently in.

Both the mass dispensing and mass vaccination sections can be used for a variety of public health emergencies—from small outbreaks requiring Post- Exposure Countermeasures of a small number of people to large outbreaks that require Post- Exposure Countermeasures of most of the Harvey County population.

Priority Prophylaxis will be provided at NMC Health for first responders, medical personnel, volunteers and government officials applicable to distribution.

Only asymptomatic persons will receive Post-Exposure Countermeasures at any dispensing site. Symptomatic persons shall be diverted to an Acute Care Treatment Center.

All recipients will be required to complete a Dispense Assist or a *Name, Address and Personal History* form. Head of Households may pick up medications for all family members and close contacts; nursing home personnel may pick up allotted counter measures for facility population. In order to receive medications for children they will need knowledge of health history, demographics and weight.

If the mass exposure is limited to a localized area, public health and other trained medical/health providers will respond. All Visitors not staying in a private residence will report to or be transported to the nearest Open Site. Information regarding the specifics of the open sites is located in the Harvey County Mass Dispensing Standard Operating Guide

Harvey County is responsible for dispensing to all persons under custodial or incarcerated status.

The EOC will arrange transportation of medication and supplies to these facilities as the need arises based on the advice of LHD officials. Information regarding the specifics of functional and access needs populations is located in the Mass Dispensing Standard Operating Guide.

Home Health Agencies will be contacted by the LHD in coordination with the EOC and/or Area Agency on Aging to arrange pickup of medications for dispensing to homebound recipients.

Other special populations will be provided PEP by the LHD utilizing those agencies that currently provide services to said persons.

### **Direction and Control**

The Local Health Department (LHD) will utilize the Incident Command Structure. See the Mass Dispensing SOG.

Emergency Operations Center (EOC) personnel involved in Medical Countermeasure Dispensing will operate through the EOC Unified Command structure. The EOC will notify the appropriate agencies, coordinate logistics, request mutual aid and include other jurisdictions as necessary as described in ESF 5 – Emergency Management, the essential support function of the LEOP.

Open Sites will be assigned personnel who will be given operational control during activation. Harvey County utilizes one Open Point of Dispensing location at Newton High School or the Chisholm Trail Shopping Center. Back up locations are at each Unified School District High School Gymnasium. Closed Sites will have individuals who will be given this same control.

The Medical Director, or designee, will be responsible for approving all decisions regarding the allocation of pharmaceutical assets among delivery sites based on input from the reports mentioned above, in consultation with the Incident Commander, Logistics Section Chief, KDHE, CDC and/or other regional or federal agencies.

Workforce will be expanded as needed via pre-existing or new partnerships with various local organizations that may include:

- Harvey County Employees
- Bethel College, Nursing, and Allied Health Students and faculty
- Newton Fire and EMS
- Health Ministries Clinic
- South Central Metro Region Partners (Butler, Sedgwick, Marion, Sumner, Cowley and Reno Counties)

\* The EOC must request these resources per the EOP

### **Priority Countermeasure**

Designated individuals within local government and throughout the County have been identified as Priority Countermeasure recipients. The LHD will notify these agencies that dispensing is to occur. Information regarding the specifics of the Priority Countermeasure distribution is located in the Mass Dispensing Standard Operating Guide.

All volunteers and workers will receive countermeasure at their assigned site. All volunteers and workers not assigned to a site will receive countermeasure from the Priority Countermeasure Dispensing Site.

To implement and sustain a MCM response, responding individuals need to be assured that the health and the well-being of their loved ones is not in immediate jeopardy. Therefore, supplies of individual doses in local pharmacy caches will first be provided to potentially immune compromised individuals (as appropriate) and their contacts based on epidemiological investigation and the priority countermeasure list and dispensers and their families.

Priority countermeasure designation will alter when:

- The scope of the event warrants,
- Medication/vaccine supplies are limited,
- The medication is contraindicated or may involve risk to the individual,
- There is not sufficient time or adequate staffing to do dispensing activities.

Each agency and/or organization that has individuals eligible for priority countermeasure has been asked to estimate the number of persons eligible and provide that information to the EOC. This will be used to estimate required priority countermeasure from each organization. Information regarding the Priority Countermeasure Needs Assessment Summary is located in the Mass Dispensing Standard Operating Guide.

### **Bulk Dispensing**

This method of dispensing will help meet the needs of the portion of the population that have special needs or are at-risk. Agencies and/or organizations will be the link to these special population members. A signed Memorandum of Understanding with the LHD is required.

### **Drive-Through Site**

This method is optional for pills only and will also help reduce the numbers of individuals receiving countermeasure medications at an Open Site. A drive-thru site may also serve as a secondary dispensing site, if needed.

### **Considerations**

The recommended hours of public access to Open Sites will be from 8 a.m. – 8 a.m., (24 hours), unless otherwise determined by the Incident Commander.

Harvey County employees will perform the roles of the Medical Counter Measure Personnel as will volunteer groups. Those with health care training will be utilized as effectively as possible. All activated personnel will be notified and supplied with Just-In-Time training.

### **Security**

ESF 13 will coordinate security at dispensing sites. Other participating agencies and organizations include the Harvey County Sheriff's Office and area Law Enforcement agencies, the Kansas Highway Patrol (KHP), and the security personnel of individual designated sites (if any). Law Enforcement will oversee all facets of security.

Individualized identification badges will be provided thru the EOC to identify site workers and those who have security clearance for restricted areas of operations. These badges will ensure that workers are granted access to the facilities and locations described in this plan and are able to move throughout the county, if necessary, to carry out their duties. Harvey County employees may use their employee name badges.

## ***2.7 Medical Material Distribution***

The Medical Advisor/Health Officer and Chief Epidemiologist will project immediate and long term needs for treatment and post-exposure countermeasure. They will prioritize the use of such assets and identify primary deficits that will require Federal (SNS) assistance and make the necessary recommendation to the EOC.

The Logistics Branch will routinely monitor appropriate local, regional, and state medical materiel asset availabilities and will maintain a summary of these assets. This data will

be made available on the county Crisis Information Management System (CIMS), Web EOC.

With some degree of overlap and simultaneous use, it is anticipated that medical materiel resources will be utilized in the following order:

#### **Local and Hospital Pharmacies**

- On hand pharmaceuticals,
- For treatment of incoming patients and Post-Exposure Countermeasure of pre-selected workers,
- Availability is immediate upon determination of need.

#### **Regional Pharmaceutical Vendors (drug wholesalers)**

- Vendors may provide primarily medical/surgical supplies, IV fluids, and/or unanticipated drug needs.
- Availability dependent on vendor quantities on hand.

#### **Strategic National Stockpile**

- The SNS will arrive at point of transfer to state within 12 hours of need determination, request and CDC approval. Due to its size, SNS material may require substantial time to offload, stage, apportion, and further transport. Thus, it is anticipated that assets will be available within 24 hours of need determination, request and CDC approval. Refer to the Activation of SNS section for more detailed information.

### ***2.8 Non-pharmaceutical Interventions***

As a guideline for procedures and requirements for pandemic influenza, the LHD will use the CDC “Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States.” Non-Pharmaceutical Interventions are personal and community-level public health measures that do not involve vaccines or drugs that may serve as a first line of defense to help reduce the spread of disease. During the on-set of a public health emergency in which pharmaceuticals are not available, the LHD will work to delay the spread of a pandemic to allow time for vaccine production; to help lessen the demand for and preserve scarce healthcare resources; and help to reduce the overall number of people who become sick, therefore, reducing suffering, illness and death by the use of Non-Pharmaceutical Interventions. Examples of these interventions are:

- Advising people to stay home if they are sick (7 to 10 days),
- Asking people who have been exposed to a sick person to stay at home (7 days),
- Dismissing children and teenagers from schools and preventing them from re-congregating in the community (possibly up to 3 months),

- Asking people to work from home if possible and use measures to increase the distance between people at the workplace,
- Closing of mass gatherings.

To determine the trigger for these interventions, the LHD will utilize the CDC Pandemic Severity Index (PSI) ([http://www.cdc.gov/media/pdf/mitigation\\_slides.pdf](http://www.cdc.gov/media/pdf/mitigation_slides.pdf)) and the National Strategy for Pandemic Influenza Implementation plan, (<http://www.flu.gov/planning-preparedness/pdf/pandemic-influenza-implementation.pdf/html>).

### **Isolation and Quarantine**

The rationale and background justification (both from public health and legal perspectives) for the use of isolation and quarantine of exposed individuals can be found in the Community Containment SOG. Kansas Statutes 65-119 and 65-126-129 authorize the Local Health Officer (LHD Medical Director) or the Kansas Secretary of Health and Environment to order and enforce isolation and quarantine of people afflicted with or exposed to infectious or contagious disease.

The LHD will assist local institutions in implementing appropriate policies and procedures to reduce the risk of infectious disease exposure within populations they serve. Information regarding the need for isolation for particular disease is provided by the CDC.

Isolation of suspect infectious patients is a primary function of hospitals. Unless otherwise specified, standard hospital isolation will occur when the disease situation warrants, based on KDHE and CDC recommendations and guidelines.

The LHD will impose quarantine when circumstances warrant (considering the nature of the disease and whether it has been identified). Individuals exposed to a known infectious disease will be quarantined based on state and CDC guidelines and recommendations for the identified disease.

To ensure daily compliance with quarantine, the LHD Epidemiology Division, or their designee, will monitor quarantined contacts daily by a variety of means including, but not limited to, home visits and/or phone calls. Food and supplies will be coordinated through the EOC via ESF 6.

## **2.9 Responder Health and Safety**

All emergency responder and emergency receivers may be asked to perform duties under dangerous circumstances and consideration must always be given to employee safety. Further, since employee activities may directly affect the level of morbidity and mortality of disease, responders will be provided education at their orientation and annually thereafter, regarding appropriate precautions to limit likelihood of exposure to potentially toxic and/or infectious agents.



Hospitals, Public Health, EMS, and the Coroner are responsible for providing sufficient Personal Protective Equipment (PPE) for employees. *Respiratory protection is usually provided through the use of Powered Air Purifying Respirators (PAPR).* In situations where warranted, fit testing of N95 masks will be conducted annually using standard fit test guidelines with test records kept on file at each agency. If needed, additional personnel may be fit tested for N95 masks and other PPE obtained through the EOC or the South Central Health Care Coalition.

## **2.10 Environmental Health**

KDHE and Local Health Department (LHD) will work with the EOC to identify resources to provide air quality monitoring in the disaster area(s) and in support of other emergency activities (such as debris burning operations). In most cases, the resources of the United States Environmental Protection Agency (EPA) and Kansas Department of Health and Environment (KDHE) will be used to support local air monitoring operations.

KDHE and the EPA shall be tasked with ascertaining when it is safe for the general public to re-enter an affected area. The KDHE and EPA have resources available for the testing of air and water quality in areas where a known or suspected agent has been released. The results of these tests shall help identify environmental risk and will aid in determining the need for decontamination. Assistance from the EPA for environmental concerns shall be requested through the KDEM and/or KDHE, as early in the incident as is practical.

## **2.11 Behavioral Health**

Every effort will be made to provide crisis-counseling services to people affected by the disaster. Depending on the magnitude of the event, a representative from Prairie View may be requested to report to the EOC to serve as the Mental Health Services Coordinator. The director or designee will then activate the center's disaster response call system.

Trained mental health counselors are available through Prairie View and volunteer organizations have the ability to provide both faith-based and non- faith-based disaster counseling services.

Emergency services personnel will be notified to be alert to signs of high stress, emotional instability or unusual behavior among both disaster victims and emergency workers and will notify ESF 6 of such conditions. The Mental Health Services Coordinator will work with primary and support agencies to assess disaster mental health requirements and, based on the needs of the event, deploy appropriately trained staff to provide services at:

- Disaster sites,
- Damage areas,
- Shelters,
- Medical Facilities,

- Assistance Centers,
- Mortuary facilities,
- Dispensing sites,
- Mental health offices,

ESF 6, specifically the Mental Health Services Coordinator, will work with ESF 15 to ensure information regarding the availability of crisis counseling services is provided to the public. If dictated by the scope of the event, a special phone number may be established to take calls specifically related to disaster mental health issues.

### ***2.12 Considerations for Functional and Access Needs Populations and Children***

In large or complex disasters, the EOC will work to ensure services are delivered in a manner consistent with the ADA.

Evacuation Plans have been independently developed for institutions housing functional and access needs populations and children by the administrations of those facilities including:

- Long term care facilities;
- Assisted Living Centers;
- Independent Living Facilities;
- Schools;
- Hospitals;
- Day Care Facilities.

In many cases, these evacuation plans have been communicated in advance to medical services agencies. In the event of evacuation of a large facility, ESF 8 would coordinate closely with ESF 1 and other transportation providers to provide appropriate transportation for the medically fragile. ESF 1 and ESF 8 have access to transport resources to accommodate those with functional and access needs.

The Department of Health and Human Services has identified the top 15 languages spoken in households in Kansas. English was identified as the primary language and Spanish as the secondary language spoken in households within Harvey County.

For those languages for which no individuals have been identified, Harvey County employs four Spanish translators and also utilizes several vendors for interpretation and translation services. This service is available to all emergency response agencies and the Public Information Officers throughout the county.

### III. Actions and Responsibilities

#### 3.1 Actions

This section describes responsibilities and actions designated to coordinating, primary and support agencies. Actions are grouped into phases of emergency management: Preparedness, Response, Recovery and Mitigation. The Primary Agency and its responsibilities are listed first. Then Supporting Agencies follow in alphabetical order.

| <b>Overall Actions Assigned to All Members</b>   |  |
|--|--|
| <i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i> |  |
| 1  | Maintain MOUs or MOAs in place to share medical resources            |
| 2  | Capture incident related expenses to be used in emergency response   |
| 3  | Participate in county medical countermeasure planning                |
| 4  | Coordinate activities in preparing at-risk populations for disasters |

| <b>Overall Actions Assigned to All Members</b>  |   |
|---|---|
| <i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i> |   |
| 1   | Communicate ESF 8 information to and between support agencies   |
| 2   | Coordinate medical operations activities and resource needs for the following: Health department, Hospital(s) , EMS, Environmental health, Pharmacy(ies), Behavioral health center(s)/team(s), Clinic(s), Funeral director(s)/coroner |
| 3   | Coordinate support activities to ESF 6 for Vulnerable Needs at shelters   |
| 4   | Communicate incident related health and medical information to citizens including at-risk populations   |
| 5   | Determine the extent or threat of contamination from chemical, radiological or infectious agents  |
| 6   | Track the injured (Registration to discharge process)   |
| 7   | Document and track resources that are committed to specific missions and costs  |
| 8   | Activate and conduct activities that may be involved in community disease containment measures including isolation, quarantine, and gathering cancelation   |
| 9   | Report incident related injuries to EOC   |
| 10  | Report incident related fatality to EOC   |
| 11  | Activate and conduct medical care activities during a disaster  |
| 12  | Activate and perform decontamination of patients, service animals and pets  |
| 13  | Dispose of medical supplies   |
| 14  | Conduct decontamination activities, in coordination with ESF 10, from chemical, radiological or biological agents   |
| 15  | Coordinate community outreach to at-risk populations  |
| 16  | Provide communication of at-risk populations' needs to the ESF 8 Coordinator  |

| <b>Overall Actions Assigned to All Members</b>                                      |   |
|---|---|
| <i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i> |   |
| 1   | Coordinate with health and medical sector agencies submitting response and recovery information to emergency management |
| 2   | Conduct and monitor health effects post-disaster  |



### 3.2 Responsibilities

The following list identifies the responsibilities designated to each of the Primary and Support Agencies for ESF 8. The Primary Agency and its responsibilities are listed first. The Supporting Agencies follow in alphabetical order.

| <b>Coordinating: Harvey County Health Department</b>  |  |
|---|--|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |  |
| 1   | Identify organizations or facilities responsible for providing initial notification for ESF 8  |
| 2   | Identify liaison to communicate between health department and ESF for emergency related information  |
| 3   | Coordinate with ESF 6, to identify at-risk individuals in advance of, during, and following an emergency   |
| 4   | Identify health services needed to support identified disaster risks and provision of those services   |
| 5   | Identify county's fatality management capabilities   |
| 6   | Coordinate local efforts related to K-SERV and medical professional volunteer registration   |
| 7   | Identify currently available health and medical sector related volunteer organizations   |
| 8   | Identify alternate care site planning activities   |
| 9   | Coordinate activities related to health department SOG development   |
| 10  | Participate in the CDC Public Health Preparedness Program  |
| 11  | Coordinate health department's exercise program  |
| 12  | Coordinate community medication dispensing activities including vaccines and pharmaceuticals   |
| 13  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8  |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |  |
| 1   | Coordinate and maintain ESF 8 situational awareness  |
| 2   | Identify specific health and safety risks for disasters  |
| 3   | Coordinate and activate mutual aid, K-SERV and other methods for requesting additional medical providers and support personnel   |
| 4   | Coordinate surveillance and epidemiological activities of the local health department including activities with community partners: schools, EMS, hospitals, private medical providers, and others |
| 5   | Recommend or determine health-related protective actions   |
| 6   | Activate community alternate care site   |
| 7   | Operate community alternate care site  |
| 8   | Coordinate fatality management process and requests additional support   |
| 9   | Activate and conduct county's mass dispensing campaign priorities and general activities   |
| 10  | Activate continuity of operations plan   |
| 11  | Activate and conduct county's disease surveillance system  |
| 12  | Recommend or determine health department's protective action   |
| 13  | Provide liaison to communicate between health department and ESF 8 for emergency related information   |



|   |  |
|---|--|
| 14  | Provide liaison for communication between hospitals and ESF 8 related to patient numbers and information                                   |
| 15  | Coordinate and activate mortuary services during an emergency  |
| 16  | Coordinate and activate patient decontamination activities with EMS agencies   |
| 17  | Coordinate with at-risk populations at a community shelter   |
| 18  | Coordinate and activate the Kansas Funeral Directors Association to support fatality management according to the Kansas Mass Fatality Plan |
| 19  | Coordinate local efforts related to K-SERV and medical professional volunteer registration   |
| 20  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8  |
| <b>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</b> |  |
| 1   | Activate family reunification policies or procedures to be used by ESF 8   |
| 2   | Provide public health input into community recovery affairs  |
| 3   | Provide incident reports for elected officials   |
| 4   | Assist at-risk populations in recovering from disasters including programs provided  |
| 5   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8  |
| <b>Mitigation Actions for ESF 8 - Public Health and Medical Services</b>            |  |
| 1   | Identify the public health impact of identified risks  |
| 2   | Provide vaccinations against preventable diseases including tetanus, influenza, pertussis, etc   |
| 3   | Provide hand washing and other disease prevention campaign activities  |

|  |   |
|--|---|
| <b>Primary: Harvey County Emergency Management</b>                                     |   |
| <b>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</b> |   |
| 1  | Identify organizations or facilities responsible for providing initial notification for ESF 8                       |
| 2  | Identify liaison to communicate between health department and ESF for emergency related information                 |
| 3  | Coordinate with ESF 6, to identify at-risk individuals in advance of, during, and following an emergency            |
| 4  | Identify health services needed to support identified disaster risks and provision of those services                |
| 5  | Identify county's fatality management capabilities  |
| 6  | Identify currently available health and medical sector related volunteer organizations                              |
| 7  | Credential and badge department employees prior to an incident  |
| 8  | Coordinate health department's exercise program   |
| 9  | Credential medical staff  |
| 10   | Coordinate credentialing/privileging procedures to utilize volunteer behavioral health professional and other staff |
| 11   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                             |
| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b>  |   |
| 1  | Coordinate and maintain ESF 8 situational awareness   |
| 2  | Identify specific health and safety risks for disasters   |
| 3  | Coordinate with ESF 7 for requesting resources  |



|   |  |
|---|--|
| 4   | Coordinate and activate mutual aid, K-SERV and other methods for requesting additional medical providers and support personnel             |
| 5   | Coordinate fatality management process and requests additional support   |
| 6   | Activate the Kansas Funeral Directors Association Disaster Team to support fatality management according to the Kansas Mass Fatality Plan  |
| 7   | Activate continuity of operations plan   |
| 8   | Coordinate and activate mortuary services during an emergency  |
| 9   | Coordinate emergency organization credentialing/privileging procedures   |
| 10  | Coordinate with at-risk populations at a community shelter   |
| 11  | Coordinate and activate the Kansas Funeral Directors Association to support fatality management according to the Kansas Mass Fatality Plan |
| 12  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8  |
| <b>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</b> |  |
| 1   | Activate family reunification policies or procedures to be used by ESF 8   |
| 2   | Record damage assessment information   |
| 3   | Provide incident reports for elected officials   |
| 4   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8  |

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|--|---|
| <b>Supporting: American Red Cross</b>  |   |
| <b>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</b> |   |
| 1  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b>  |   |
| 1  | Coordinate with at-risk populations at a community shelter                              |
| 2  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</b>    |   |
| 1  | Activate family reunification policies or procedures to be used by ESF 8                |
| 2  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |

|  |   |
|--|---|
| <b>Supporting: City of Burrton</b>   |   |
| <b>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</b> |   |
| 1  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |
| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b>  |   |
| 1  | Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc. |
| 2  | Coordinate and activate patient decontamination activities with EMS agencies                                  |
| 3  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |
| <b>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</b>    |   |
| 1  | Restore water and wastewater capabilities in coordination with ESF 3  |
| 2  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |



| <b>Supporting: City of Halstead</b>   |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc. |
| 2   | Coordinate and activate patient decontamination activities with EMS agencies                                  |
| 3   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Restore water and wastewater capabilities in coordination with ESF 3  |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |

| <b>Supporting: City of Hesston</b>  |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc. |
| 2   | Coordinate and activate patient decontamination activities with EMS agencies                                  |
| 3   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Restore water and wastewater capabilities in coordination with ESF 3  |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |

| <b>Supporting: City of Newton</b>   |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc. |
| 2   | Coordinate and activate patient decontamination activities with EMS agencies                                  |
| 3   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Restore water and wastewater capabilities in coordination with ESF 3  |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8                       |

**Supporting: City of North Newton**



| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
|---|---|
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Restore water and wastewater capabilities in coordination with ESF 3                    |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |

| <b>Supporting: City of Sedgwick</b>   |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Restore water and wastewater capabilities in coordination with ESF 3                    |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |

| <b>Supporting: City of Walton</b>   |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Restore water and wastewater capabilities in coordination with ESF 3                    |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |

| <b>Supporting: Harvey County Administration</b>   |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Develop procedures to appropriately vet and release casualty and fatality information   |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Provide incident reports for elected officials  |





|  |   |
|--|---|
| 2  | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b>Mitigation Actions for ESF 8 - Public Health and Medical Services</b> |   |
| 1  | Provide hand washing and other disease prevention campaign activities                   |

|   |  |
|---|--|
| <b>Supporting: Harvey County Auxiliary Communications Service</b>                     |  |
| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b> |  |
| 1   | Provide liaison for communication between hospitals and ESF 8 related to patient numbers and information |

|  |  |
|--|--|
| <b>Supporting: Harvey County Sheriff Office/Detention Center</b>                       |  |
| <b>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</b> |  |
| 1  | Identify county’s fatality management capabilities   |
| 2  | Develop procedures to appropriately vet and release casualty and fatality information  |
| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b>  |  |
| 1  | Coordinate fatality management process and requests additional support   |
| 2  | Coordinate and activate mortuary services during an emergency  |
| 3  | Conduct mortuary services during an emergency  |
| 4  | Coordinate and activate the Kansas Funeral Directors Association to support fatality management according to the Kansas Mass Fatality Plan |

|   |  |
|---|--|
| <b>Supporting: Kansas Department of Agriculture</b>                                 |  |
| <b>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</b> |  |
| 1   | Inspect food service establishments prior to resuming business |

|  |  |
|--|--|
| <b>Supporting: Kansas Department of Health and Environment</b>                         |  |
| <b>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</b> |  |
| 1  | Identify liaison to communicate between health department and ESF for emergency related information                            |
| 2  | Identify health services needed to support identified disaster risks and provision of those services                           |
| 3  | Coordinate local efforts related to K-SERV and medical professional volunteer registration                                     |
| 4  | Coordinate health department’s exercise program  |
| 5  | Participate in the Hospital Preparedness Program   |
| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b>  |  |
| 1  | Identify specific health and safety risks for disasters  |
| 2  | Coordinate and activate mutual aid, K-SERV and other methods for requesting additional medical providers and support personnel |
| 3  | Coordinate vector surveillance activities  |
| 4  | Perform vector surveillance activities   |
| 5  | Provide briefs or updates related to vector surveillance activities to ESF 8   |
| 6  | Coordinate local efforts related to K-SERV and medical professional volunteer registration                                     |

|  |  |
|--|--|
| <b>Supporting: Kansas Division of Emergency Management</b> |  |
|--|--|



| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b> |   |
|---|---|
| 1   | Identify specific health and safety risks for disasters |

| <b>Supporting: Kansas Funeral Directors Association</b>                               |   |
|---|---|
| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b> |   |
| 1   | Coordinate fatality management process and requests additional support  |
| 2   | Activate the Kansas Funeral Directors Association Disaster Team to support fatality management according to the Kansas Mass Fatality Plan |
| 3   | Conduct mortuary services during an emergency   |

| <b>Supporting: NMC Health</b>  |   |
|--|---|
| <b>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</b> |   |
| 1  | Identify hospital's ability to perform decontamination of patients, service animals and pets  |
| 2  | Identify health services needed to support identified disaster risks and provision of those services                                      |
| 3  | Monitor available medical beds and reports to ESF 8   |
| 4  | Identify county's behavioral health response capabilities   |
| 5  | Identify alternate care site planning activities  |
| 6  | Develop procedures to appropriately vet and release casualty and fatality information   |
| 7  | Credential medical staff  |
| 8  | Participate in the Hospital Preparedness Program  |
| 9  | Coordinate community medication dispensing activities including vaccines and pharmaceuticals  |
| <b>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</b>  |   |
| 1  | Activate community alternate care site  |
| 2  | Operate community alternate care site   |
| 3  | Coordinate fatality management process and requests additional support  |
| 4  | Activate the Kansas Funeral Directors Association Disaster Team to support fatality management according to the Kansas Mass Fatality Plan |
| 5  | Provide liaison for communication between hospitals and ESF 8 related to patient numbers and information                                  |
| 6  | Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc.                             |
| 7  | Provide numbers of available beds, resources, medical capabilities and medical specialties to the ESF 8 Coordinator                       |
| 8  | Coordinate and activate behavioral health care activities   |
| 9  | Conduct behavioral health care activities   |
| 10   | Identify hospital's ability to perform decontamination of patients, service animals and pets  |
| <b>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</b>    |   |
| 1  | Report damages of hospitals to ESF 8  |
| 2  | Identify hospital's ability to perform decontamination of patients, service animals and pets  |

| <b>Supporting: Prairie View Mental Health</b> |  |
|---|--|
|---|--|



| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
|---|---|
| 1   | Identify county’s behavioral health response capabilities   |
| 2   | Coordinate credentialing/privileging procedures to utilize volunteer behavioral health professional and other staff |
| 3   | Coordinate behavioral health capabilities of the organization   |
| 4   | Coordinate organization’s behavioral health disaster team   |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Coordinate and activate behavioral health care activities   |
| 2   | Conduct behavioral health care activities   |

| <b>Supporting: The Salvation Army</b>  |  |
|--|--|
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |  |
| 1  | Coordinate with at-risk populations at a community shelter |

| <b>Supporting: United Way of the Plains</b>   |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Coordinate with at-risk populations at a community shelter                              |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Activate family reunification policies or procedures to be used by ESF 8                |
| 2   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |

| <b>Supporting: USD 369 - Burrton</b>  |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |

| <b>Supporting: USD 373 - Newton</b>   |   |
|---|---|
| <b><i>Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services</i></b> |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Response (During Event) Actions for ESF 8 - Public Health and Medical Services</i></b>  |   |
| 1   | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
| <b><i>Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services</i></b>    |   |



|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

**Supporting: USD 439 - Sedgwick**

***Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

***Response (During Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

***Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

**Supporting: USD 440 - Halstead**

***Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

***Response (During Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

***Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

**Supporting: USD 460 - Hesston**

***Preparedness (Pre-Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

***Response (During Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

***Recovery (Post Event) Actions for ESF 8 - Public Health and Medical Services***

|   |   |
|---|---|
| 1 | Coordinate and maintain family reunification policies or procedures to be used by ESF 8 |
|---|---|

#### **IV. References and Authorities**

The following reference documents are available from Harvey County Emergency Management:

##### ***References***

1. U.S. Department of Health and Human Services Office for Civil Rights bulletin dated September 2, 2005 regarding HIPAA Privacy and Disclosures in Emergency Situations.

##### ***Authorities***

1. Kansas Administrative Regulations 28-1-2 and 28-1-18
2. Kansas Statutes Annotated 65-118, 65-128, and 65-6001 through 65-6007
3. Kansas Statutes Annotated 65-119 and 65-126 through 129