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ESF 8: Public Health and Medical



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# Poweshiek County
# Emergency Management Commission

## Plan Adoption Document

2022

We hereby certify that the attached/enclosed plans, portions of plans or Emergency Support Functions (ESF) to the Poweshiek County Comprehensive Emergency Response Plan have been approved and adopted by the members of the county Emergency Management Commission on this the 23rd day in the month of June in the year 2022. This plan shall become part of the county emergency response and emergency operations plan once adopted.

Plans or ESFs Adopted:

ESF 8: Health & Medical including all appendices and attachments

Chairperson, Emergency Management Commission — Date: 6/22/22

Daniel J Sicard

Chairperson, EMC-Printed

Coordinator, Emergency Management Agency — Date: 6/22/22

Brian Paul

Coordinator, EMA-Printed

**ESF Coordinator**

Poweshiek County Emergency Management
UnityPoint Grinnell (Poweshiek County) Public Health

**Primary Agencies**

***Primary agencies that will take the lead in developing and implementing this ESF***

Poweshiek County Public Health
UnityPoint Grinnell Regional Medical Center
Poweshiek County EMS Agencies
Poweshiek County Emergency Management Agency

**Support Agencies**

*Major supporting agencies to support the Primary agencies*

UnityPoint Health Systems
Iowa Department of Public Health
Iowa Department of Homeland Security and Emergency Management
Service Area Healthcare Coalition
Poweshiek County Medical Examiner

## Purpose

*Why are we writing this plan?*

This Emergency Support Function (ESF) plan describes the actions required and/or necessary to coordinate public health, medical, and mortuary services prior to, during, and after a disaster or emergency.

## Scope

*What does this plan cover?*

This plan provides guidance in identifying and meeting the public health and medical needs of victims of an emergency or disaster. This support will generally be provided in the following functional areas:

### Public Health

- Assessment of local health and medical needs within Poweshiek County
- Surveillance to public health measures-epidemiology
- Dissemination of public information/education materials
- Coordination of mental health and spiritual support for victims and responders
- Sanitation-potable water, food safety
- Vector control-carriers of disease carrying microorganisms
- Implementation of infection control and prevention methods and measures
- Quarantine and isolation methods and measures, when indicated

### Medical

- Patient management- in-hospital care and evacuation of patients
- Adequate staffing, worker health and safety.
- Resource management of health and medical supplies and equipment
- EMS- pre-hospital patient management
- Medical care for vulnerable populations, patients at risk, institutionalized patients, and homebound patients.

### Fatality Management

- Care, Identification, movement, storage, and disposition of the deceased.

The assumption is made that the agencies and organizations involved in public health and medical response activities have existing emergency plans and procedures. Some of these specific plans may be included as annexes to this overall plan. ESF 8 is ***not*** designed to take the place of these existing plans, rather it is designed ***coordinate and support*** existing plans and procedures.

# Situation

*What is creating the need for a health and medical plan?*

## What Can Happen

The Poweshiek County Hazard Mitigation Plan identifies the most probable natural and man-mad disasters or major emergency incidents facing Poweshiek County. The risk of such events could result in the following hazards:

- Significant property damage to health and medical facilities
- A significant number of injured, sick, or dead people that overwhelms the local medical system
- A threat to the health and well-being of a significant number of people

Annually, UnityPoint Grinnell Regional Medical Center conducts a Health Vulnerability Assessment (HVA) and Community Health Needs Assessment (CHNA) to determine the vulnerability of communicable disease and other illness, as well as identifying key issues affecting health in a community and health problems people in the community experience.

- Pandemic or another outbreak
- Mass vaccination needs

## How It Can Impact Us

UnityPoint Grinnell Regional Medical Center, area medical clinics, nursing homes, pharmacies, and other medical buildings may be severely damaged, destroyed, or rendered unusable. Those facilities that survive with little or no structural damage may be rendered unusable or only partially usable because of;

- Loss of utilities
- Staff unable to report for duty
- Damage or disruption of communication and transportation system

Medical and healthcare facilities which remain operational and have the necessary utilities and staff will probably be overwhelmed by those seeking medical attention in the immediate aftermath of the occurrence.

At risk and vulnerable populations may not be able to access supplies and equipment or other medical resources to meet their need.

Uninjured persons who require maintenance medications, especially those medications that are considered lifesaving, may have difficulty in obtaining them because of damage or destruction of normal supply locations and general shortages within a disaster area.

In a widespread event such as a pandemic, response capability of local health providers, the hospital, and medical systems may be overwhelmed.

### Resources and Capabilities

**Attachment 1** has contacts and resources, provides a detailed description of the health and medical resource, their relevant capabilities and how to access them.

## Assumptions

*What can we realistically assume if the above situation(s) should occur?*

### General

- Infrastructure (transportation, communications, utilities, etc.) may be damaged and impact the delivery and/or accessibility of local health and medical services.
- Some health and medical facilities may be severely damaged or destroyed
- Mutual aid and outside resources will be available to assist if the incident is "localized"
- Availability of medical care personnel may be limited due to illness, injury, personal concerns/needs or limited access to work locations.
- People with physical or cognitive disabilities; who are dependent on medical equipment; who are medically frail or elderly; or who are mentally ill are at additional risk during a disaster
- The damage and destruction caused by an emergency or disaster may produce significant needs for mental health crisis counseling and spiritual support for disaster victims and response personnel

### Pre-Hospital Emergency Medical Services

- Any incident which generates an emergency patient load which exceeds the normal day-to-day capabilities of local emergency medical services may be considered a Mass Casualty Incident (MCI). This could be as few as 4, or more patients requiring transport to a medical facility depending on severity of injuries.
- All EMS providers within the county use the Iowa Department of Public Health (IDPH)-Bureau of EMS-EMS protocols. All EMS services review service protocol at least annually, and have their protocols approved and signed by their Medical Director.
- EMS providers are trained, equipped, and have procedures to provide prophylactic measures.
- EMS response capability within the county may be reduced during daytime weekday hours (typically 0800-1700) due to job commitments from responders. Response capability for a second ambulance from the same service will likely be reduced even further during the same hours.

### Medical Facilities

- Hospitals and other medical facilities in the region may be taxed to their maximum capacity to receive patients
- Hospitals, long-term care facilities, pharmacies, and others will rely on existing emergency service contracts with vendors for medical equipment, pharmaceuticals, and supplies. These facilities plan and stock for three days (72 hours) of self-sufficiency.
- Medical facilities still operational after a disaster may be overwhelmed by the walking wounded and worried well.
- In a declared disaster, the governor, or other official licensing entities that have authority may waive specific regulations or rules. These authorities may also provide additional support, guidance, or direction during a disaster
- Any medical facility evacuating patients to other facilities/off-site locations will provide medical records of patients, professional staff, and as many supplies and equipment practical

### Public Health

- Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury
- Some forms of communicable disease may need ongoing tracking and identification before, during, and after medical intervention
- In the event of a biological emergency, local officials, the healthcare community, and general public will look to the local and state public health agencies to coordinate the response.

## Policies

*What policies are in place that will govern response?*

### General

This ESF applies to Poweshiek County, all incorporated cities, non-governmental and private sector entities with assigned emergency responsibilities in this plan.

The ESF Coordinator and the support agencies are critical members of the EOC Team and will work within the EOC structure as described in ESF 5-Incident Management. Each agency or organization is responsible for ensuring that reporting staff is adequate and available to support the EOC and that individuals reporting are:

- Authorized to carry out the activities tasked to their agency or organization
- Knowledge of the resources and capabilities of their respective agencies or organizations.

All operations shall align with the National Incident Management System and the Incident Command System. All EOC personnel should be trained to at least the NIMS 100 and ICS 700 level.

Primary and support agencies will develop and maintain their internal procedures and support materials necessary to fulfill their responsibilities under this plan.

## Pre-Hospital Emergency Medical Services

Emergency Medical Services personnel will operate under the established Iowa Department of Public Health-Emergency Services Bureau-Emergency Medical Services protocols. Any response actions taken by emergency services personnel outside their approved scope of practice or outside their service protocol must have approval from the Iowa Department of Public Health and the service's Medical Director.

EMS providers within Poweshiek County will operate from a common Mass Casualty Incident response plan and procedures.

## Medical Examiner's Office

The Poweshiek County Medical Examiner has independent authority in all cities, towns, and unincorporated areas of Poweshiek County.

The Poweshiek County Medical Examiner is Dr. James B Paulson, MD. All autopsies are performed at the State Medical Examiner's Office in Ankeny, IA.

Medical Examiner and Medical Examiner Investigator contact information is located in **Attachment 1.**

## Public Health

Poweshiek County Public Health will coordinate health and medical assistance and response through the Emergency Operations Center.

The Public Health Director, in coordination with the Poweshiek County Board of Health, shall take such action necessary to maintain the health of the people within Poweshiek County.

The Director or designee may implement isolation and quarantine policies and/or health orders when required due to incidents of mass communicable disease exposure. Upon conferring with the Iowa Department of Public Health, local public health may invoke the powers of law enforcement officers to enforce health orders authorized under the Code of Iowa, 137.6, 137.21, and 135.35.

The local board of health has jurisdiction over maters pertaining to the preservation of the lives and health of the people in Poweshiek County in accordance with Iowa Code Chapter 137.

### Victim and Responder Assistance

Spiritual support and assistance to victims of disaster will be coordinated through local churches and Iowa's Disaster Human Resource Council (IDHRC) Emotional and Spiritual Care Committee.

Local Responders may be affected during a disaster or major incident too. Local response agencies should have plans and/or policies in place that govern the use of Critical Incident Stress Management (CISM) and Critical Incident Stress Debriefing (CISD). **Refer to Attachment 4 for additional information on CISM/CISD.**

## Concept of Operations

*This section will describe how the primary and support agencies will organize and work to support the overall response effort.*

### General

In the absence of the Health and Medical Coordinator or designated agency representatives, alternate contacts identified will serve as the authorized representative for that agency.

### Activation of the EOC

Initiation of ESF #8 should be considered when any situation as generally described in the Situations or Assumptions section of this ESF is anticipated or has occurred.

The following personnel have the authority to request the EOC be activated:

- Emergency Management Coordinator/Designee
- Health and Medical Coordinator/Designee
- Senior elected official of the jurisdiction or their designee
- The Incident Commander

The EOC may be activated following procedures as established in the Emergency Management Annex – ESF #5, to support on-scene operations and response needs.

### Notification

When the EOC is activated, the Primary Agency Representative[s] will be requested to report to the EOC by the EOC Director or Poweshiek County Dispatch Center.

Poweshiek County has two (2) identified Emergency Operations Centers. Each are capable of providing 24-hour sustainability. The determination of which EOC will be activated will be up to the Incident Commander and Emergency Management. These positions will confer with one another to make the decision to use the EOC that will best serve the needs and location of the incident.

**Poweshiek County Public Safety Building**
**4802 Barnes City Rd**
**Montezuma, IA 50171**

**Grinnell Public Safety Building**
**1020 Spring St**
**Grinnell, IA 50112**

Additional information on the EOC an EOC Activation and functionality can be found in **EOC Annex Plan.**

## Mission

When activated, the ESF 8- Health and Medical Group will provide support and coordination for the following general mission areas. The activities listed may, but are not limited to, coordination with appropriate primary and support agencies to include:

**Preparation Activities**: Activities that maintain the health of the community and develop health and medical response capabilities.

- Develop and maintain the ESF
- Conduct planning and exercising with other primary and support agencies.
- Conduct individual and agency training to carry out the provisions and procedures of the ESF
- Establish databases for critical facilities and vulnerable populations
- Promote public health programs, education, and services.
- Maintain communication systems between public health-medical partners, volunteer organizations, and state counterparts.
- Identify mental health counseling, spiritual support, and critical incident debrief sources.
- Identify Emergency Medical Services capabilities.
- Identify auxiliary power for critical facilities.

**Response Activities:** include coordination with appropriate primary and support agencies to provide care of the sick, injured, or dead.

- Assess the health and medical needs of the community
- Assistance with emergency pharmacy and laboratory services
- Gathering information on the status of the disaster and its impact on public health.
- Assist as needed or requested with public information resources.

- Assistance, as capable, to jurisdictions and organizations to conduct wellness checks, particularly for people who are at risk, i.e., people who are medically frail, chronically ill, have mental illness, developmental disabilities, etc.
- Coordination with ESF 6-Mass Care and Human Services t support needs of people with special needs such as people who have mental illnesses, are chemically dependent, developmentally disabled, medically frail, or have chronic illness, etc.
- Assistance to affected populations in clean-up or follow-up activities with technical advice on health and safety issues related to returning to damaged areas.
- Assistance with restoration of pharmacy services to operational status.
- Coordination of requests for alternate care sites, or sites that could be utilized to support people with special needs. Coordination with these entities that have existing facility agreements.
- Coordination of the deployment of volunteer emergency medical workers.
- Coordinate the assigned health and medical resources and personnel
- Provide nursing staff for special needs shelters, comfort stations, etc.
- Arrange for the provision of medical personnel, equipment, and supplies as needed to health and medical facilities.
- Assist with patient evacuation ad post-event relocation
- Identify hospital and nursing home bed vacancies
- Arrange for emergency behavioral health services to individuals and communities.
- Arrange for the Disaster Mortuary Team (DMORT), and victim identification services.
- Provide port-o-lets and dumpsters to comfort stations and other locations
- Assist in hazardous materials response through technical support, consultation, or staff deployment.
- Provide liaison and coordination with the State.

## Recovery Activities

- Participation in post event assessment of response activities and adjustment of plans and protocols as necessary.
- Support recovery operations with equipment and staff
- Assist in the restoration of essential health and medical resources
- Assist in the restoration of pharmacy services to operational status
- Monitor environmental and epidemiological systems.
- Monitor public and private food supplies, water, sewage, and solid waste disposal
- Compile health reports
- Identify populations requiring event-driven health, medical, or social services
- Initiate financial reimbursement process
- Assistance to affected populations in clean-up or follow-up activities with technical advice on health and safety issues related to returning to damaged areas.

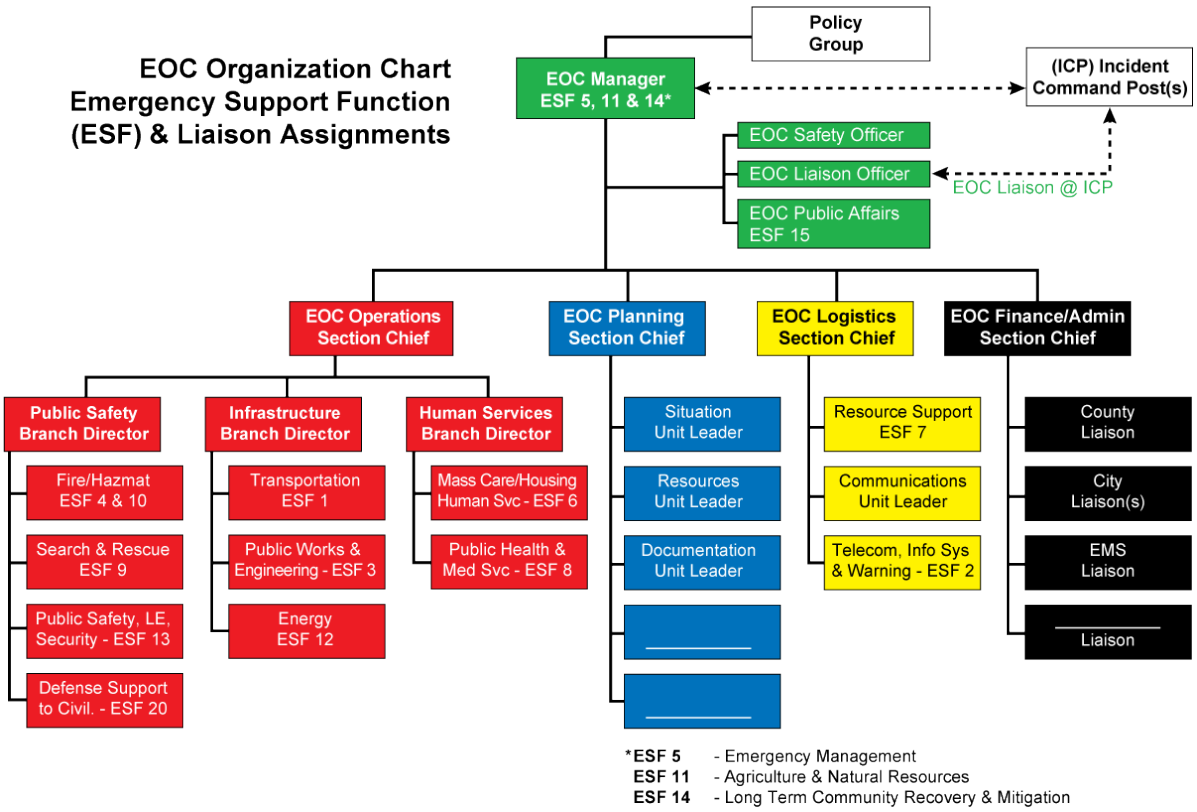
- Support response personnel with critical incident stress debriefing resources.

Responsibilities will generally be in line with those of normal day-to-day operations of the responding agencies and organizations. However, in a disaster situation agencies and staff may be assigned responsibilities beyond their normal scope of activity.

**Primary and Support Agency responsibilities are identified as objectives in checklist format and included as Attachment 2**

## Command Structure

Placement of the Health and Medical Group with the EOC will be determined by the EOC Director. Generally, ESF 8 will be categorized under the Operations Section. Organization within the Health and Medical Group will be accomplished following ICS guidelines and principles under the Health and Medical Coordinator.




## Communications

Communications may be informal and direct to the intended party when exchanging information or obtaining resources. Typically, this will occur when there is a need to:

- Communicate with support agencies operating within the Medical Group

- Coordinate closely with other active ESF groups within the EOC
- Communicate outside the EOC with field staff, other agencies, or individuals to obtain resources, information, etc. that may be needed to assist in the development or implementation of plans.

### Assistance

Requests for emergency assistance will be resolved at the county level if possible. If requests for assistance cannot be filled at the county level, regional or state assistance will be coordinated through the local EOC, the Service Area Healthcare Coalition, Iowa Homeland Security and Emergency Management Department (through the State EOC), and Iowa Department of Public Health. These resources are listed in **Attachment 1.**

## Plan Maintenance

The ESF Coordinator will be responsible for the review of the Health and Medical Plan on an annual basis. Any corrections, additions or deletions will be made and the updated plan forwarded to the appropriate stakeholders. Dissemination of the plan will be made by the emergency Management Agency following the guidelines within the **Base Plan**. Revisions or significant operational changes in the plan resulting from exercises or actual events will be accomplished through the ESF 8 Health and Medical Planning Team.