

## **Emergency Support Function (ESF) #8 Health and Medical Services**

<b>Lead Coordinating Agency:</b>	Green County Health Dept.
<b>Primary Agencies:</b>	Green County Coroner's Office Monroe Clinic Local EMS Units
<b>Support Agencies:</b>	Green County Emergency Management Green County Sheriff's Office / Municipal Police Departments Local Fire Departments Green County Highway Dept. / Municipal Public Works Green Co. Human Services Beloit Memorial Stateline Regional CISD Team Green County Chaplains Local Pharmacies Local Funeral Homes
<b>State and Federal Agencies:</b>	Wisconsin Department of Health Services (DHS) Wisconsin Emergency Management Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP)
<b>Volunteer Agencies:</b>	American Red Cross/Salvation Army Volunteers Medical Reserve Corp

### **I. Introduction**

#### **A. Purpose**

ESF #8 identifies how the County will identify and provide health, medical and mortuary services of victims of an emergency or disaster.

#### **B. Scope**

ESF #8 provides guidance in identifying and meeting the public health, medical and mental health needs of victims in an emergency or disaster.

1. Assessment of health and medical needs
2. Public Health surveillance
3. Mental health of disaster victims, first responders and volunteers.
4. Assessment of adequate medical equipment and supplies and mobilization of resources
5. Victim identification and mortuary services.
6. Prevent and/or control outbreak of diseases and provide adequate sanitization.

**II. Policies**

- A. County and governments are responsible for providing health and medical services for citizens in the event of an emergency. The Green County Health Department is the lead coordinating agency, and identified primary and support agencies will assist the local efforts as necessary.
- B. The Green County Health Department is the primary coordinating agency for Green County ESF 8. The Green County Health Department has the authority to plan for and respond to disasters involving health and medical services under the powers and authorities granted them in State Statutes Chapters 250-255. Additional authorization is contained in the Federal Disaster Relief and Emergency Assistance Act (Stafford Act-PL 100-707), Health Insurance Portability and Accountability Act of 1996 (HIPAA – PL 104-191), and state statutes Chapters 323 and 250.
- C. Support of ESF 8 activities and services will be provided in accordance with local, county, tribal, state and federal statutes, rules and regulations.
- D. Health and medical services will be provided without regard to economic status or racial, religious, political, ethnic or other affiliation.
- E. The Department of Health Services (DHS) is the primary state coordinating agency for ESF 8. DHS has the authority to plan for and respond to disasters involving health and medical services under the Public Health Emergency Plan. Additional authorization is contained in the Federal Disaster Relief and Emergency Assistance Act (Stafford Act-PL 100-707), Health Insurance Portability and Accountability Act of 1996 The Department of (HIPAA – PL 104-191), and state statutes Chapters 323 and 250.
- F. EMS Units will operate under their established SOP's and established medical services patient care protocols.
- G. Monroe Clinic Hospital, under their emergency plans, will activate WEAVR and WiTrac
- H. All medical providers support and volunteer agencies shall operate under HIPPA laws.
- I. Under the coordination efforts of the Green County Human Services, the Beloit Memorial Hospital's Stateline Regional Emergency Medical Systems Critical Incident Stress Management Team and clergy from the Green County Chaplains will be activated to provide mental health needs.

### **III. Concept of Operations**

#### **A. General**

1. Green County ESF #8 is activated and coordinated by the director of the Green County Health Department principally through the EOC or her/his department. State ESF #8 resources can be activated through either the DHS Duty officer system, the WEM Duty Officer System or through the State Emergency Operations Center (if activated) or through the declaration of a local public emergency according to Wisconsin Statutes or by the declaration of a Public Health Emergency as defined in Wisconsin Statutes Chapter 323.
2. Support from primary and support agencies may vary depending on an assessment of incident impact, the magnitude and type of event, and the stage of the response and recovery efforts. Agencies that are activated will identify persons in their agency to report to the Command Post or EOC.
3. This ESF is based upon the concept that the daily functions of the health department, medical and coroner/mortuary services which do not contribute directly to the emergency/disaster may be suspended for the duration of the emergency.

#### **B. Organization**

1. Green County Health Department is the Lead Coordinating Agency and the Green County Coroner's Office, Monroe Clinic and local EMS units are the primary agencies for ESF #8. These agencies will coordinate the deployment of all personnel and material resources from public, private and relief agencies to ensure an appropriate response to the situation. Response activities will be coordinated from the EOC and/or Incident Command Post.
2. ESF #8 is designed to reduce duplication of effort to the extent possible. Recovery efforts are initiated concurrently with response activities. This includes a clearly defined process for requesting resources from state and federal agencies. Close coordination is required among the federal, state, county, local, tribal and volunteer agencies responsible for response and recovery operations.
3. ESF #8 promotes the use of trained volunteers to assist in public health and medical emergencies, through the Wisconsin Emergency Assistance Volunteer Registry (WEAVR), managed by DHS, and the local Medical Reserve Corps (MRC) units, as available.
4. All primary and support agencies and volunteers will operate under NIMS and the Incident Command System.
5. All agencies shall conduct an assessment of damage to their systems and report them immediately to the EOC and assist in recovery activities as requested.

**C. Phases of Emergency Management**

The following activities will be performed by county agencies and private organizations as appropriate.

**1. Mitigation Activities**

- a. Personnel with supervisory, command level responsibility, or who may be working in the EOC from county agencies, municipalities, villages and cities, should registered on E-Sponder and request permission to access the Green County site. Green County's site contains the emergency response plan, and other pertinent documents which can be downloaded. EOC activities can be documented on this secure system and WEM may require state assets to be requested through E-Sponder
- b. Participate in exercises and trainings, such as Incident Command and other specialized training to support ESF 8 and the Green County Emergency Response Plan for the purpose of developing and testing abilities to ensure effective response to various types of emergencies.
- c. Maintain contact and resource lists for mutual aid.
- d. Individual agencies Develop and maintain SOP's to support ESF #8.
- e. Immunization Programs
- f. Continuous health inspections
- g. Epidemic intelligence, ongoing surveillance of communicable diseases
- h. Promote public health awareness programs

**2. Preparedness Activities**

- a. Maintenance of medical supplies and knowledge of available additional emergency medical resources.
- b. Research and establish written mutual aid plans with other jurisdictions.
- c. Coordinate with Municipal Water Department officials to ensure water quality/safety.
- d. Coordinate with Municipal Wastewater Treatment officials to ensure safe waste disposal.
- e. Emergency plans for laboratory activities regarding examination of food and water, diagnostic tests, and identification, registration and disposal of the deceased.

### **3. Response Activities**

- a. In accordance with ESF #5, primary agencies shall designate a qualified representative in the Command Post/EOC or other designated location as deemed appropriate.
- b. Activate agency Public Information officer(s) and coordinate with the Green County PIO.
- c. All agencies shall abide by HIPPA laws.
- d. All agencies shall work within the Incident Command System and NIMS.
- d. Designate representation in the EOC and/or the Incident Command Post or other designated location as deemed appropriate.
- e. Ensure emergency responder health and safety, including mental health and crisis counseling.
- f. Maintain continued and accurate communications between all agencies.
- g. Provide emergency medical care, including patient evacuation if necessary.
- h. Coordinate requests for additional health/medical personnel, equipment and supplies.
- i. Assist addressing the needs of person with special needs.
- j. With proper authorities, coordinate and monitor potability of water, wastewater disposal, solid waste disposal, vector control, and infectious disease identification and monitoring activities.
- k. Monitor food/drug safety, radiological/chemical/biological hazards.
- l. Coordinate victim identification/mortuary services with the Coroner.
- m. Activate ESF #15 – Public Information and coordinate release of information with the lead PIO, to ensure consistent releases of information and advisories to the public
- n. Collect vital statistics and report to appropriate local, State, and Federal health or environmental authorities.

### **4. Recovery Activities**

- a. All agencies providing services to the emergency/disaster shall participate in an after action review.
- b. Support ongoing recovery activities.
- c. Continue response activities, as needed.
- d. Continue to maintain effective communications with all agencies.
- e. Compile health reports for state and federal officials.

- f. Compile report of mutual aid resources utilized.
- g. Identify potential or actual continuing hazards affecting public health and offer appropriate guidance for mitigation and harmful effects.
- h. Assist with reentry efforts, where possible.
- i. Inventory and replace supplies as needed.

#### **IV. Responsibilities**

##### **A. All Agencies**

1. All agencies (including volunteer) will operate under NIMS and the Incident Command System. Agencies are responsible to ensure personnel are properly trained in ICS and EOC operations. All agencies will use plain language – no ten codes.
2. All agencies shall conduct an assessment of damage to their systems and report them immediately to the EOC and assist in recovery activities as requested
3. All agencies providing services to the emergency/disaster shall participate in an after action review. These agencies should also review and make any necessary updates/improvements to their emergency plans and to the county's emergency response plans.
4. All agencies responding the emergency/disaster will document all costs associated with response and recovery activities (separate from normal, daily work) and provide these reports regularly/as requested to the EOC/Green County Emergency Management. This documentation should begin immediately after notification.

##### **B. Lead Coordinating Agency**

###### **Green County Health Department**

1. The Green County Health Department Director, or designee(s), in conjunction with surrounding counties, volunteer organizations and/or state and federal agencies, establishes cooperative relationships and mutual aid agreements for the provision of necessary assistance to county and local systems in major emergencies. Green County Health Department promotes the use of trained volunteers through the use of the WI Emergency Assistance Volunteer Registry (WEAVER)
2. Upon declaration of imminent declaration of an emergency or disaster, the Green County Health Director, or designee(s), shall:
  - a) In accordance with ESF #5, designate representation in the Command Post/EOC or other designated location as deemed appropriate. Utilize NIMS for organizing and response efforts.
  - b) Coordinates with public health partners with the development of Public Health Emergency response plans.
  - c) Designate a Public Health Branch Director to coordinate on-scene activities, if required.

- d) Activate the Public Health Emergency Plan
- e) Provide leadership in direction, coordinating, and integrating the overall county efforts to provide medical and public health assistance to the affected area.
- f) Determine need for additional personnel and resources and initiate request for mutual aid to public health representative in Command Post/EOC and may activate mutual assistance from WI Southern Region Local Health Departments.
- g) Requests the Strategic National Stockpile through WI DHS as required for mass medicine distribution. Activates Public Health Emergency Response Mass Clinic plan./Strategic National Stockpile Plan
- h) Manage a general infectious/communicable disease surveillance system, utilizing the Wisconsin Electronic Disease Surveillance System (WEDSS), Receive and generate reports from DHS, Hospitals, Labs and clinics. Consult with DHS as needed to coordinate disease investigations.
- i) Utilize the Public Health Alerting System to alert WI DHS, WEM local hospitals and medical facilities of incident.
- j) In conjunction with health and medical lead representatives, coordinate and direct the activation, staging, and deployment of resources from outside agencies of health/medical personnel, supplies, and equipment.
- k) Establish, as needed, active and passive surveillance systems for the protection of public health and coordinate release of appropriate and timely public health information to include boil water orders, safety issues, etc. If incident is a statewide disease outbreak health department will provide information on disease outbreak, current epidemiological information and case definitions of disease along with consultation. The Green County Health Department Director has the authority to warn the public of contaminated water supply. All informational releases will be through the lead PIO, in accordance with ESF-15.
- l) Public Health Lab Testing will be made available for event specific specimen collecting, packing, transport and testing from the Wisconsin State Lab of Hygiene.
- m) If containment measures needed Green County Health Department will provide guidelines for health care personnel and public health personnel.
  - 1. Perform or assist in a clinical assessment of cases and need for isolation.
  - 2. Review current epidemiological information on the disease outbreak so quarantine measures can be determined.
- n) Green County Health Department will assist in the coordination of routine responsibilities, which include communicable disease, epidemiology, and public and environmental health issues within the shelters for disaster victims.
- o) Assist with coordinating response for:
  - 1) Hazardous materials/radiological hazards
  - 2) Livestock and zoonotic disease

- 3) Safety of food and water supply
- 4) Mental health and crisis counseling for victims
- 5) Vector Control
- 6) Potable water/wastewater/solid waste
- 7) Re-entry plans for evacuees
- 8) Assist in assessment of damage to public health and medical systems and facilities, and in recovery activities of the same.
- 9) Identifies and implements protective actions and evaluates the long-term health effects of the incident.

**C. Primary Agencies**

**Monroe Clinic**

1. Monroe Clinic shall establish cooperative relationships and agreements for the provision of necessary assistance to county and local systems in major emergencies.
2. Upon activation, or upon declaration or imminent declaration of an emergency, disaster, or terrorist act, Monroe Clinic's Medical Director, or designee(s), shall:
  - a) In accordance with ESF #5, designate a qualified representative in the Command Post/EOC or other designated location as deemed appropriate.
  - b) Designate hospital personnel as an Assistant Medical Branch Director to coordinate on-scene activities, provide medical guidance as needed to EMS, and continue efforts to monitor medical command and control.
  - c) Implement internal and/or external hospital disaster plan.
  - d) Assist with providing leadership in direction, coordinating, and integrating the overall county efforts to provide medical assistance to the affected area.
  - e) Advise appropriate representative in the Command Post/EOC of conditions of the hospital and number and type of available beds.
  - f) Establish and maintain field and inter-hospital medical communications.
  - g) Determine the need for additional medical personnel and resources.
  - h) Coordinate with EMS, other hospitals, and any medical response personnel at scene to ensure that casualties are transported to the appropriate medical facility. Distribute patients to and among hospitals and/or satellite clinics both inside and outside the area based on severity and types of injuries, as determined by the triage team(s).
  - i) Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.



- j) Coordinate with other hospitals and with EMS on the evacuation of patients from affected hospitals, if necessary. Evacuation provisions are outlined in the Monroe Clinic's Disaster Control Plan.
- k) In conjunction with health and medical lead representatives, coordinate and direct the activation, staging, and deployment of resources of health/medical personnel, supplies, and equipment.
- l) Assist with establishing emergency rehabilitation centers and shelters for essential emergency medical responders and their families.
- m) During and upon termination of the incident, determine the need for and assist with arrangements for providing Critical Incident Stress Debriefing (CISD) for emergency response personnel.
- n) Assist with providing information through the PIO, in accordance with ESF-15, to the news media on the number of injuries, deaths, etc.
- o) Establish and staff a reception and support center at the hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
- p) Provide patient identification information to the American Red Cross upon request.
- q) Assist the Green County Coroner's Office with deceased victim identification and establishing temporary morgue sites.
- r) Assist in assessment of damage to public health and medical systems and facilities, and in recovery activities of the same.

#### **Emergency Medical Services (EMS)**

1. EMS units in Green County have mutual aid agreements for the provision of necessary assistance to county and local systems in major emergencies.
2. In accordance with ESF #5, designate representation in the Command Post/EOC or other designated location as deemed appropriate.
3. Upon notification that a major incident has occurred in Green County, EMS units shall respond according to ESF #8, Attachment 1 with the necessary units, emergency medical personnel and equipment to the scene. Ambulance services whose service does not cover the scene will also be notified and will be placed on standby status to respond to the scene if the situation warrants.
4. First-in EMS personnel shall assume the appropriate role in the ICS. If ICS has not been established, assume command, provide a first-in report, and initiate response and mitigation operations.
5. Upon arrival at the incident, all EMS personnel will report to the Staging Manager and will operate under his/her direction.
6. EMS personnel shall:
  - a) Triage, stabilize, treat, and transport the injured. Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate

facilities. Members of the Triage Team will not provide on-scene patient care until all victims have been triaged.

- b) Determine the need for additional EMS personnel and resources and initiate request for mutual aid to the Medical Branch Director. The Green County Sheriff's Office will request mutual aid as outlined in the Green County EMS Commission Communication Guidelines. Additionally paged EMS personnel, affiliated with an EMS service and capable of providing emergency care, should respond immediately to their base unit and provide assistance in accordance with their unit's emergency response protocol. EMS responders shall report to the designated location relayed with notification information and comply with transportation and deployment arrangements as communicated through the IC. This prevents unnecessary traffic near and around the staging area. All EMS personnel responding for mutual aid will operate under the direction of the Staging Manager.
- c) Establish and maintain field communications and coordination with other responding emergency teams (medical, air ambulances, fire, police, public works, coroner/mortuary services, search and rescue teams, etc.) and radio or telephone communications with the Medical Branch Director, hospitals, etc., as appropriate.
- d) Assist with evacuating patients from affected hospitals and nursing homes as needed and as availability permits.
- e) Coordinate with hazardous material responders to isolate and decontaminate patients, if needed, to avoid the spread of chemical or bacterial agents to other patients, ambulances, and hospital staff.
- f) Assist the Safety Officer to ensure the safety and care of emergency responders.
- g) Recognize and assist with providing Critical Incident Stress Debriefing (CISD) for emergency responders.
- h) Assist, as needed, with emergency rehabilitation centers and shelters for essential emergency responders and their families.
- i) Cooperate with and assist with coordination of the activities for local health care and medical facilities and volunteer organizations in planning and exercising the EMS component of emergency response capabilities.
- j) Assist other local EMS agencies in recovery activities and assessment of damage to those systems.

#### **Coroner/Mortuary Services**

1. The Green County Coroner's Office establishes cooperative relationships and agreements for the provision of necessary assistance to county and local systems in major emergencies.
2. In accordance with ESF #5, designate representation in the Command Post/EOC or other designated location as deemed appropriate.
3. Designate a Morgue Division Supervisor to coordinate on-scene activities.

4. In conjunction with health and medical lead representatives, assist with the activation, staging, and deployment of voluntary resources of health/medical personnel, supplies, and equipment.
5. Provide for the collection, identification, and care of human remains, determining the cause of death, inventorying and protecting the deceased's personal effects, and locating and notifying the next of kin.
6. Pre-identify and establish temporary morgue sites as needed.
7. Establish and maintain a comprehensive record-keeping system for continuous updating and recording of fatality numbers.
8. Provide leadership, direction and coordination with:
  - a) Search and rescue teams, hospitals, EMS, and other emergency responders.
  - b) Funeral directors, morticians, and assets for transportation of deceased persons.
  - c) Other coroners, medical examiners, pathologists, and DMort Teams
  - d) The American Red Cross for location and notification of relatives.
  - e) Dentists and x-ray technicians for purposes of identification.
  - f) Law enforcement agencies for security, property protection, and evidence collection.
  - g) Command Post/EOC to arrange for clergy at the scene or morgue.
9. Coordinate providing information through the PIO, in accordance with ESF-15.

**D. Support Agencies  
Green County Emergency Management**

1. In accordance with ESF #5 activate and manage the EOC.
2. Maintain resource list of available resources throughout the county.
3. Coordinate with responding agencies to ensure their respective needs are met i.e.: additional resources etc.
4. Establish and coordinate emergency rehabilitation centers and shelters for essential emergency medical responders and their families.
5. To the extent of its capabilities, provide or coordinate direct assistance to local EMS systems and providers involved in emergency management incidents in situations for which a state of emergency is not declared and the Green County EOC is not activated.
6. Assist agencies in assessment of damage to their systems and in recovery activities.
7. Activate ESF #15 – Public Information and assist with providing information through the PIO.
8. Coordinate and facilitate AAR of the emergency/disaster.

### **Fire Services**

1. In the notification of a mass casualty incident or a disaster , which would include manmade, natural, pandemic etc. fire services personnel shall activate, along with their own SOP's, Green County ESF #4 "Fire and Rescue."
2. Assume appropriate role in the ICS and communicate with the Incident Commander in the Command Post.
3. Identify and prioritize immediate and potential problems.
4. Suppress fires, contain and stabilize hazardous incidents.
5. In conjunction with EMS services, extricate and/or remove victims from hazardous areas.
6. Establish and maintain field communications and coordination with other responding emergency teams (medical, air ambulances, other fire services, police, public works, coroner/mortuary services, search and rescue teams, etc.) and radio or telephone communications with the Medical Branch Director.
7. Determine the need for additional resources.
8. Assist local EMS agencies in recovery activities and assessment of damage to those systems.

### **Law Enforcement**

1. In the notification of a mass casualty incident or a disaster, which would include manmade, natural, pandemic etc. law enforcement personnel shall activate, along with their own SOP's, ESF #13 "Law Enforcement, Public Safety and Security."
2. Assume appropriate role in the ICS and communicate with proper authority in the Command Post/EOC.
3. Identify and prioritize immediate and potential problems.
4. Maintain law and order through traffic and crowd control. This may involve various jurisdictions throughout Green County.
5. Establish and maintain field communications and coordination with other responding emergency teams (medical, air ambulances, fire services, other police agencies, public works, coroner/mortuary services, search and rescue teams, etc.) and radio or telephone communications with the EMS OIC.
6. Notify emergency response agencies of evacuating danger areas, where appropriate.
7. Determine the need for additional resources.
8. Assist Coroner/Mortuary Services with security, property protection, and evidence collection of deceased victims at the scene and/or temporary morgue sites.
9. Establish a secure perimeter about a mass casualty incident and begin evidence collection as quickly as possible.

### **Public Works**

1. In the event of a mass casualty incident or disaster strikes, which would include manmade, natural, pandemic etc. activate ESF #3 “ Public Works and Engineering.”
2. Assume appropriate role in the ICS and communicate with the Incident Commander in the Command Post.
3. Provide emergency public works activities in the affected jurisdiction and coordinate with other affected jurisdictions
4. Coordinate with the health/medical group any response and mitigating actions that may be required of public works/engineering staff.
5. Determine the need for additional resources.
6. Coordinate all mutual aid resources requested and work with their respective supervisors.
7. Assist with evacuation and movement of population as required in ESF #1.
8. Assist health/medical group with barricades, traffic control points, signage, arrows and markers as requested.
9. Assist EMS and other health services with replenishing parts/equipment/fuel necessary for continued operation of emergency vehicles.

### **Green County Human Services**

1. In the event of a mass casualty incident or disaster strikes, which would include manmade, natural, pandemic etc. activate ESF #6 Mass Care, Sheltering and Human Services along with ESF #5, “Emergency Management.”
2. In accordance with ESF #5, report to the proper authority in the Command Post/EOC, or other proper location relayed with notification information.
3. Determine the need for additional resources.
4. Assist with providing information through the PIO, in accordance with ESF-15, to the news media.
5. Assist health and medical personnel, American Red Cross and the Salvation Army with sheltering needs of Special Needs/Assisted Care persons, elderly, children who are separated from their parents and others in the community who are unable to respond independently to an emergency. Human Services personnel may assist with the registration, notification, and transportation for the Special Needs Population.
6. Assist with establishing mental health crisis counseling center. Coordinate with Critical Incident Stress Debriefing Team (CISD)/clergy, American Red Cross and other agencies that may be providing these services.
7. Assist with providing Critical Incident Stress Debriefing (CISD) for emergency response personnel.
8. Assist with emergency care centers/shelters for essential emergency medical responders and their families.
9. Perform follow-up assistance during recovery of the incident/disaster.

**Local Pharmacies**

1. Maintain emergency pharmaceutical supplies.
2. Assess ability to operate on an emergency basis.
3. Maintains communication with the EOC.

**Local Funeral Homes**

1. May be requested to assist in the processing of human remains.
2. Maintain communication with the EOC.

**E. State and Federal Agencies**

1. Assist accessing the health impacts of the incident.
2. Support local entities with obtaining medical/health resources and personnel to provide assistance to those impacted by the disaster.
3. If necessary request Federal resources.
4. Support and coordinate with the local entities to identify and implement appropriate protective actions.
5. Provide technical advice and assistance regarding emergency health issues to humans and animals.

**F. Volunteer Organizations**

1. Volunteers will come forward to help perform essential tasks. Their efforts will be coordinated through the Staging Manager. They will remain in the personnel staging area until receiving notification for deployment.
2. Volunteers will operate under the Incident Command System and under the authority of the supervisor for which task they are assigned.
3. Volunteers shall adhere to all professional and legal standards in the performance of duties.
4. All volunteers must be signed in, wearing appropriate clothing and signed out upon completion of their task.

**Beloit Memorial Stateline Regional CISD (Critical Incident Stress Debriefing) Team  
Green County Chaplains**

1. Upon notification of major incident and upon arrival at the scene, or otherwise instructed to report to; CISD team personnel/clergy shall:
  - a) Report to the proper authority in the Command Post/EOC, or other proper location relayed with notification information. Green County 911 Center will notify CISD team/clergy upon receiving request initiated by the EMS OIC.
  - b) Determine the need for additional resources.

- c) Assist with establishing mental health crisis counseling centers.
- d) Assist with providing Critical Incident Stress Debriefing (CISD) for emergency response personnel. Coordinate with Green County Human Services, American Red Cross and other agencies who may be providing these services.
- e) Assist with emergency rehabilitation centers and shelters for essential emergency medical responders and their families.

#### **American Red Cross/Salvation Army**

1. Upon notification of major incident and upon arrival the American Red Cross and Salvation Army personnel shall:
  - a) In accordance with ESF #5, report to the proper authority in the Command Post/EOC, or other proper location relayed with notification information. Green County Emergency Management Agency shall make the proper notification for assistance from the American Red Cross/Salvation Army.
  - b) Determine the need for additional resources.
  - c) Assist health and medical personnel, and Human Services with providing assistance for the special needs of the handicapped, elderly, and those children separated from their parents, and within capability. Red Cross and Salvation Army personnel may also assist addressing the needs of special populations.
  - d) Establish shelters and provide food for emergency response workers, volunteers, and patients.
  - e) Maintain a system in coordination with hospitals, aid stations, and field triage units to collect, receive, and report information about the status of victims through the PIO to the news media.
  - f) Provide a 24-hour telephone number for disaster welfare inquiries.
  - g) Assist in the notification of the next of kin of the injured and deceased.
  - h) Assist with the reunification of the injured with their families.
  - i) Provide first aid and other related medical support at temporary treatment centers, as requested, and within capability.
  - j) Assist with establishing mental health crisis counseling centers and coordinating with other agencies that may be providing these services.

#### **Medical Reserve Corp**

Wisconsin Medical Reserve Corp has 7 volunteer units in Wisconsin. MRC volunteers include medical and public health professionals, such as physicians, nurses, pharmacists, dentist, veterinarians, and epidemiologists. To be deployed The Green County Public Health Department contacts the Dane County MRC directly or through WEAVER.

1. MRC Volunteers can supplement existing local emergency and public health resources.

- a) Assist local hospitals and health departments with surge personnel needs.
- b) Participate in mass prophylaxis and vaccination exercises and community disaster drills.
- c) Assist with other medical and public health needs as requested.

**V. RESOURCE REQUIREMENTS**

- A. In responding to a need for emergency resources any Branch Director or Division Supervisor referenced in ESF-8 may ask for resources from any or all entities within and outside the county. If the EOC is activated these requests must be brought to the EOC. Additional resources may be found in resource lists provided by the Green County Emergency Management Agency and in accordance with ESF#7.
- B. Sources of medical supplies and equipment may be obtained from local stores, hospitals, pharmacies, emergency vehicles, local government resources, county-stored emergency supply centers/vehicles, mutual aid jurisdictions, private sector suppliers, private sector health care organizations that maintain a supply system for medical supplies and equipment, or State and/or Federal resources.

**VI. PLAN DEVELOPMENT AND MAINTENANCE**

- A. Green County Emergency Management, in coordination with the lead agencies is responsible for the development, annual review/updating of ESF-8, its attachments and distribution. Each agency/service with emergency assignments is responsible for assisting with the development and maintenance of their own portion of ESF-8, the appropriate attachment, and their own SOGs. Each agency/service is also responsible for assigning personnel, equipment, and providing training necessary to carry out emergency functions. All agencies/services shall provide current personnel/equipment resource lists to the Green County Emergency Management office upon request.
- B. This ESF will be reviewed at least annually and updated based on deficiencies identified by drills and exercises, post-disaster critiques, self-assessments, audits, administrative reviews, changes in local government structure, technological changes or any other reasons that necessitate revisions. Copies will be available to copyholders of record by downloading them from E-Sponder, [www.greencountyem.com](http://www.greencountyem.com) or requesting a copy from Green County Emergency Management.

**VII. REFERENCES**

- A. See Basic Plan
- B. Green County Public Health Emergency Plans
- C. Green County Mass Clinic Plan
- D. Monroe Clinic Plans
- E. Local Units - Emergency Medical Services Plan
- F. Wisconsin Hospital Emergency Preparedness Plan



- G. Strategic National Stockpile Plan
- H. The Wisconsin EMS Emergency Preparedness Plan (WEEPP)
- I. Wisconsin Pandemic Influenza Operational Plan
- J. Fatality Incident Response Plan
- K. Wisconsin Emergency Response Plan

**VIII. ATTACHMENTS**

- 1. Green County Multiple Casualty Incident (MCI) Response Plan

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Attachment 1 to ESF#8

Green County Multiple Casualty Incident (MCI) Response Plan

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**ATTACHMENT 1 TO ESF#8**

**GREEN COUNTY MASS CASUALTY INCIDENT (MCI) RESPONSE PLAN**

**1. INTRODUCTION**

This plan is developed to assist first-in emergency responders in the management of a mass casualty incident. The Incident Command System (ICS) shall be utilized at all incidents.

ICS is not intended to give power to specific individuals or take away power or expertise from specific individuals. In order to be effective, all agencies and individuals involved in the incident must follow the ICS. Freelancing is not allowed. Everyone must act within a team. The Incident Command System complements the Emergency Operations Center (EOC) to ensure that resources are not duplicated. ICS is on-scene management whereas the EOC provides resources and acts as a liaison with others.

Selection of participants to work effectively within a unified command structure depends on the location and type of incident. Previous training or experience of the individuals as a group may be an additional factor. A unified command structure could consist of key officials from each jurisdiction or representatives of several functional departments within a single political jurisdiction. Unified command is a shared responsibility for overall incident management. Each incident should have integrated communications. Emergency responders should know how to communicate within the Green County radio system and be familiar with the necessary frequencies.

If an incident involves non-vehicular, medical triage, or a public health emergency, the Health/Medical Group, in accordance with ESF-8, should establish the field Incident Command Post. In mass fatality situations, the medical examiner/coroner and/or the mortuary response team's coordinator, if activated, will coordinate all operations in the mass casualty division under the Incident Command structure.

In the event the incident is a terrorist act, the scene is to be considered a crime scene. The IC will have assured the FBI has been notified and is responding. It is imperative that the scene be determined safe for responder operations, regardless of the number of casualties, their demeanor and the nature of their injuries. Responder safety is the first priority. No initiation of medical response shall occur until the Safety Officer has determined the scene safe.

**2. ALERTING AND COMMUNICATIONS**

Upon receipt of information indicating a potential mass casualty incident, Green County 9-1-1 Communications Center shall alert and activate the appropriate EMS services and other necessary agencies, such as:

- a. Fire, Police, Public Works
- b. Emergency Management – An incident where six (6) or more patients require the services of six (6) or more ambulances or six (6) or more EMS Services are responding to a similar or the same incident, the Green County Emergency Management Director will be notified.
- c. Notify Monroe Hospital Clinic Emergency Department
- d. Other agencies, such as, air ambulances, coroner, CISM team, Green County Public Health, American Red Cross, Salvation Army, Green County Human Services, etc., if deemed necessary, and as directed by Incident Command.

The Green County 9-1-1 Communications Center shall also relay pertinent information in the initial notification such as:

- a. The nature and scope of the incident
- b. An estimated number of potential victims
- c. The presence of fire, hazardous materials, radiological substance, or other detrimental substances.

The Green County 9-1-1 Communications Center shall request mutual aid as outlined in the Green county EMS Commission Communication guidelines. All communities shall remain responsive during a major incident by the activation of a mutual aid system, which will provide for assistance and “move-up”.

If possible, the Green County 9-1-1 Communication Center shall repeat the first-in report when alerting mutual aid services. During the incident, Green County 9-1-1 Center dispatchers shall also maintain communication with command officers in the Command Post and the EOC, if activated.

All transmissions by all agencies should be short, precise, and in clear, normal language. From this point forward, to avoid confusion, no coded messages shall be used.

### **3. INITIAL RESPONSE AND ESTABLISHING COMMAND**

The crew chief of the first-in ambulance, or other apparatus, shall assume the role of the Incident Commander, if one has not already been designated. The IC shall assign an Emergency Medical System Sector. The EMS Sector may appoint triage, treatment, and transport positions. This position will report to the IC in the Command Post and will interface with all other appointed Officers as needed.

The first-in ambulance and crew shall remain on the scene and assume all EMS related scene command functions, until relieved, until command is passed or transferred, or until all patients are cleared from the scene.

### **4. INCIDENT COMMANDER**

The Incident Commander is responsible for all incident activities, including the development and implementation of strategic decisions, approving, ordering, releasing of resources, and authorizing information releases to the media.

Incident Commander Checklist:

- a. Don the appropriate vest/identification.
- b. Establish and clearly identify a Command Post and staging area, and advise the communications center.
- c. Establish, coordinate and maintain communication with all agencies.
- d. Identify and prioritize immediate and potential problems.
- e. Act on problems requiring immediate attention.
- f. In terrorist events, assure the safety of all personnel and the existence of any secondary devices.
- g. Ensure that no EMS personnel or other emergency responders approach the incident without first determining the nature of the incident and establishing that the scene is safe.
- h. Assess the situation and confirm that a multiple casualty incident is in progress. This information is relayed to the Green County 9-1-1 Communication Center dispatchers, who then relay this information to responding agencies and the hospital Emergency Department. If possible, an estimated number of injuries should be provided. At this time, all agencies shall be asked to activate their Emergency Operations Plans.

- i. Identify, appoint and brief staff as needed. (Aid(s), Liaison Officer, Safety Officer, Public Information Officer, Operations Section Chief, Logistics Section Chief, Planning Section Chief).
- j. Personnel shall be assigned and briefed by conveying a plan of action with operational details and expected results including time frames, if possible. Personnel should be given job duties (checklists) and vests/identification for the job title that they have been assigned. Instruct all emergency responders to refer news media to the PIO.
- k. Coordinate overall emergency activities, including activities of outside agencies.
- l. Determine the need for additional resources.
- m. Assure the FBI has been notified if the incident is a suspected terrorist act.
- n. Authorize dissemination of incident information to the news media via the PIO.
- o. Coordinate the activation of the PASS system to identify, screen, account for, and allow only authorized emergency personnel in the appropriate incident area(s).
- p. Evaluate progress of emergency efforts.
- q. Release incident personnel, apparatus, and equipment as needed.

## 5. MEDICAL BRANCH

The Medical Branch Director will establish control of all medical aspects of the emergency scene. The Medical Branch Director reports directly to the Operations Section Chief. The Medical Branch Director oversees the Groups of triage, treatment, transportation, and Morgue. Authority over EMS patient care operations in the field shall belong to the EMS unit that has primary, daily service responsibility for that area.

Medical Branch Director Checklist:

- a. Don appropriate vest/identification.
- b. Establish, coordinate and maintain communication with the on-scene Incident Commander, Operations Chief, hospitals and other care facilities as needed.
- c. Identify and prioritize immediate and potential problems and assure a safe scene, including the existence of any secondary devices.
- d. Act on problems requiring immediate attention.
- e. Assign and brief **Group** Supervisors of the triage, treatment, transportation, morgue, and other **Groups**, as appropriate.
- f. Coordinate location of triage, treatment, transportation and morgue areas with Group Supervisors.
- g. Reevaluate resource needs. Anticipate supply and relief personnel needs.
- h. Monitor availability of hospitals and emergency care facilities through Transport Group Supervisor. Request a hospital staff/physicians to report to the scene, to be assigned to Triage.
- i. Assist with ensuring the safety of all responders.
- j. Delegate retrieval of triage tag ends to determine the number of immediate and delayed patients.
- k. Coordinate activities with other emergency response agencies.
- l. Ensure law enforcement, FBI, and/or coroner involvement as needed. (Photos or a sketch will be made of the disaster site and the scene will be divided into areas for ease of gridding and tagging victims, personal effects, etc.) None of the remains shall be moved or touched by workers until the coroner or the appropriate person in command has given direction and approval. If possible, the area should be photographed; both still shots and videotape, before any search or recovery activities commence.
- m. Assign a position (Medical Supply Group) to coordinate the location, procurement, screening and allocation of health and medical supplies and resources.
- n. Oversee and coordinate all EMS activities at the scene until the incident is resolved or until relieved.
- o. Provide information to the PIO as requested.

**6. TRIAGE GROUP SUPERVISOR AND TRIAGE PERSONNEL**

The Triage Group Supervisor is in charge of sorting patients to establish priorities of treatment and transportation. He/she is responsible for the movement of patients to the treatment and transportation area.

Triage Group Supervisor Check List:

- a. Don appropriate vest/identification.
- b. Establish a proper triage area.
- c. Maintain control of sorting patients to establish priorities of treatment and transportation of patients.
- d. Ensure the safety of all triage personnel.
- e. Inform assigned triage personnel as to what procedures have begun, the location of the triage area, the number of casualties, and the number transported. Members of the Triage Division will not provide on-scene patient care
- f. Reevaluate and request resources as needed.
- g. All patients should be tagged using the approved triage tagging system. Collect triage tag ends to determine the number of immediate and delayed patients. The ends of the tags are returned to the Medical Branch Director. This provides an estimate of casualties and the degree of serious injuries so the Medical Branch Director may reassess the level of needed resources.
- h. Ensure proper medical triage procedures are followed.
- i. Expedite movement of victims to the Treatment Area.
- j. Maintain record of activities.
- k. Ensure that triage is redone at the treatment and transportation areas.
- l. Oversee all triage activities at the scene until disposition of patients is completed or until relieved.

Triage Group Check List:

- a. Assess all patients rapidly.
- b. Separate the urgent patients from the non-urgent patients (urgent: yes/no).
- c. Triage tags will be used to identify all patients.
- d. Rapidly triage the urgent patients into categories of urgency (minor, delayed, immediate).
- e. Locate key injuries to determine how to move patients onto rigid boards (C-spine: yes/no)
- f. If possible, stabilize most seriously injured patients first. (Assure ABCs rapidly without extensive treatment)
- g. Place a triage tag on EACH victim. The ends of the tags are to be given to the Medical Branch Director so evaluation of resources can be accomplished.
- h. Personal effects should be placed in a waterproof bag. The numbered tear-off portion of the victim's triage tag must be placed in the bag along with personal effects of the victim.
- i. The Treatment Group will fill out the front or Anatomy side of the tag as information is available on scene. The patient will be moved to the treatment area.
- j. Indicate injuries on diagram.
- k. Enter time of B/P, Pulse and Respirations on triage tag, and initial.
- l. Enter name of patient, home street address, and city and state, if patient is conscious or coherent.
- m. Tear off all colored tabs BELOW determined priority.
- n. Attach tag securely to clothing or body (arm, leg, around neck, etc.) so that it is clearly visible.
- o. After tagging, patients should be placed in areas or rows according to priority.
- p. All Triage Group personnel will be under the command of the Triage Group Supervisor and will perform triage activities at the scene until disposition of patients is completed or until relieved.

## 7. TRIAGE PROCEDURES

All ambulances and emergency rescue vehicles in Green County will be equipped with field triage tags. It is imperative that all agencies use the same type of triage tag. These tags are to be furnished by the emergency responder. Green County Emergency Management Agency may supplement current supplies of tags.

Use of a triage tag also allows for effective documentation by providing identification of all victims by a simple numbering and status, standardizing information obtained and organizing the information for easier communication by the Transportation Group Supervisor to the base hospital. The Rapid START Triage System will be utilized.

The first concern of the triage team is whether or not the patient is contaminated. If the answer to that question is no, remove the Contaminated portion of the tag and begin START triage. In the event the patient exhibits signs of contamination, responders must take necessary precautions prior to approaching the patients. Contaminated patients must be decontaminated prior to treatment. Primary/Gross decontamination is completed immediately; the patient's clothing is removed. Secondary decontamination is completed, and then the patient is transported to the treatment area per triage level. Once decontaminated the Contaminated strip is removed and placed with the patients clothing.

Three priorities have been established for treatment and evacuation purposes. They are:

1. **Immediate - Patients whose survival depends on immediate emergency care.**  
Patients are categorized Immediate if:
  - a. They have a respirations greater than 30 or less than 8
  - b. Capillary refill takes more than two (2) seconds
  - c. They are unable to follow simple commands
2. **Delayed – Patients who will survive regardless of treatment.**
  - a. Respirations are within normal ranges
  - b. Capillary refill completed within two (2) seconds
  - c. Patient is able to follow simple commands
3. **Minor – Patients who will need little or no treatment**
4. **Morgue (BLACK) – Victims with fatal injuries whose chances or survival are improbable even with ideal medical care.**

## 8. TREATMENT GROUP SUPERVISOR & TREATMENT PERSONNEL

The Treatment Group Supervisor is responsible for the direction and coordination of on-site medical care and triage of victims in the treatment area.

Organizational and leadership skills, as well as the ability to command and control are essential qualities of this position. **This position also provides no hands on treatment.** The Treatment Group Supervisor's immediate supervisor is the Medical Branch Director, and subordinates are the treatment teams. This job includes requesting enough personnel to staff the treatment area(s), identify and prioritize the most critical patients for the Transportation Group Supervisor, and requests



medical supplies as needed. In addition he/she is to verify through the Transportation Group Supervisor that the continuation for standing orders have been obtained from the hospital. Once initial triage is complete, he/she is responsible for having the patients re-triaged and their condition updated during the treatment function.

Treatment Group Supervisor Check List:

- a. Receive briefing from the Medical Branch Director
- b. Don appropriate vest/identification.
- c. Assess the situation.
- d. Appoint and brief staff.
- e. Organize treatment teams.
- f. Design and control movement in the treatment area.
- g. Assign treatment teams to patients.
- h. Ensure the safety of all treatment team personnel.
- i. Consider organizing central treatment area.
- j. Separate patients by triage status and mark priority areas.
- k. Ensure proper medical care procedures are followed.
- l. Verify continuation of standing orders.
- m. Maintain records of activities.
- n. Prioritize patients for Transportation Group Supervisor.
- o. Request additional medical supplies and personnel as needed.
- p. Ensure continued re-triage of patients.
- q. Request personnel from Medical Branch Director.
- r. Oversee and coordinate all activities within the treatment area until disposition of patients is completed or until relieved.

Treatment Group Personnel:

These are the essential first assigned working positions. The Medical Branch Director will assign members of the treatment group to the Treatment Group Supervisor. The treatment personnel will be assigned to the most critical patients first. Their primary duty is to perform treatment and update patient status. During treatment, as time is available, injuries and vital signs will be listed on the tag. Treatment personnel need to report changes in patient status to the Treatment Group Supervisor. ALS orders will be requested of the Assistant Medical Branch Director if available. This is necessary to avoid possible miscommunications that can occur as a result of transferring technical information requests through personnel with various levels of medical skills. It is the responsibility of the treatment personnel to complete all appropriate EMS paperwork after arrival at the receiving medical facility.

Treatment Personnel Check List:

- a. Receive briefing from Treatment Group Supervisor.
- b. Don appropriate identification.
- c. Perform treatment on most critical patients first.
- d. Reevaluate patient status.
- e. Record treatment/patient information on triage tag.
- f. Report changes in patient status to Treatment Group Supervisor.
- g. Record patient ID number in incident report. Tag personal effects accordingly, if applicable.
- h. Complete EMS paperwork immediately after the call by using the triage tag.
- i. All treatment personnel will operate under the command of the Treatment Group Supervisor.

## 9. TRANSPORTATION GROUP SUPERVISOR

The Transportation Group Supervisor is a vital link in the system during an emergency incident. The Medical Branch Director will assign the Transportation Group Supervisor, probably from the first arriving unit. The Transportation Group Supervisor directs the loading and transportation of patients. His/her function is to maintain communications with the hospital, to assure proper patient transportation and destination, and to coordinate patient information from the treatment personnel and triage tag information to the base hospital. The Transportation Group Supervisor may assign an assistant (Medical Communications Team Leader) to establish and maintain communications with the hospital.

Transportation Group Supervisor Check List:

- a. Receive briefing from the Medical Branch Director. Briefing should include a total number of patients, including the number in each priority category.
- b. Don appropriate vest/identification.
- c. Assess the situation.
- d. Appoint and brief staff.
- e. Evaluate and request resources as needed.
- f. Locate the most critical patient available for transport from the Treatment Group Supervisor.
- g. Establish communications with the hospital.
- h. Upon opening communications with the hospital, the Transportation Group Supervisor should state that he/she is establishing communications for an MCI.
- i. Transmit an overall scene description and the initial triage information to the hospital, so the hospital can prepare for receiving patients.
- j. Obtain permission for standing orders and/or to continue standing orders and confirm to Treatment Personnel.
- k. Assist with directing ambulances from the staging area to transportation area in an orderly fashion.
- l. Assure that all transporting ambulances are adequately staffed (One EMT per patient).
- m. Coordinate with Treatment Group Supervisor to select patients to leave on a priority basis and move them to "On-Deck" ready areas.
- n. Receive basic patient information and injury status from the treatment personnel working on the patient and from information on the tag, determine where patient is to be transported, and transmit information to the receiving hospital. **(Transporting ambulances will not communicate with the receiving medical facility while en route.)**
- o. Supervise patient movement from the treatment area to the ambulance.
- p. Distribute patients evenly among near and specialty hospitals.
- q. Write the hospital destination obtained from the base hospital on the triage tag
- r. Transmit the time the patient leaves the scene.
- s. Document information on Patient Disposition forms.
- t. Continue this process until all patients are off scene.

## 10. STAGING MANAGER

The Staging Manager is responsible for all arriving ambulances and other apparatus, emergency response personnel, and equipment. His/her supervisor is the Operations Chief. In a MCI, an Ambulance Staging Manager may (**ALSO**) need to be established early into the incident. All personnel need to be aware of the location of the Staging Area(s). The Staging Manager provides ambulances from the staging area for the Treatment Group Supervisor and will confirm these conditions with the ambulance attendants on their arrival. The Staging Manager shall also coordinate the deployment of EMS personnel and equipment upon request.

Staging Manager Check List:

- a. Don appropriate vest/identification.
- b. Work with the Medical Branch Director to select vehicle approach and staging areas (closest are for patient retrieval), patient collection area (near vehicle staging area), and equipment stockpile area (adjacent to patient collection areas).
- c. Obtain and set-up traffic cones to form a "cattle chute" into the collection areas.
- d. Stage ambulances so they have a path of egress and do not block other incoming rigs. (Consider school bus(s) for low priority patients.)
- e. When ambulances are staged, crews should stay with their rigs until requested. Try to avoid splitting crews. Ambulance crews should be assigned patients to transport and treat. **Do not allow crews to freelance.**
- f. Establish an equipment stockpile area, adjacent to the Patient Collection areas. Assure the necessary equipment is available on the scene.
- g. Coordinate and track deployment of all personnel and equipment.

**11. MORGUE GROUP SUPERVISOR**

The Morgue Group Supervisor is responsible for the direction, protection and identification of bodies under the direction of the coroner.

Morgue Group Supervisor Check List:

- a. Don appropriate vest/identification
- b. Obtain situation briefing from the Medical Branch Director.
- c. Assess the situation.
- d. Appoint and brief staff.
- e. Advise coroner's office of the situation.
- f. Cover and tag bodies.
- g. Move bodies to morgue area, only when necessary.
- h. Maintain security of all personal belongings and keep with the body.
- i. Ensure law enforcement/coroner involvement as needed. Photos or a sketch will be made of the disaster site and the scene will be divided into sections for ease of gridding and tagging victims, personal effects, etc. None of the remains shall be moved or touched by workers until the medial examiner/coroner or the appropriate person in command has given direction and approval. If possible, the area should be photographed; both still shots and videotape, before any search or recovery activities commence.
- j. Maintain communications with the Medical Branch Director.
- k. Maintain record of activities.

Coroner

- a. Provides for the collection, identification and care of human remains, conducts autopsy's, collects the personal effects of the deceased and locates and notifies the next of kin.
- b. Establishes a recordkeeping system.
- c. Maintains close liaison with the IC and the EOC.
- d. Assures security for the deceased.
- e. Coordinates with local funeral home directors and/or DMort teams.
- f. Establishes temporary morgues as needed.

**12. SAFETY OFFICER**

The individual given the Safety Officer's assignment by the IC must monitor and assess the safety hazards and unsafe situations to develop measures for ensuring personnel safety. The Safety Officer is assigned to manage the safety of all personnel and to relieve the IC of direct involvement in this

responsibility. The Safety Officer also keeps all Branch Directors informed of present problems and potential hazards. He/she should not only identify problems, but should suggest solutions to minimize the risks.

The Safety Officer has the authority to bypass the chain of command when it is necessary to correct unsafe acts immediately, such as removing all personnel from areas of imminent danger. The IC and all Branch Directors must always be informed of these corrective actions.

### **13. PUBLIC INFORMATION OFFICER**

The public information officer is responsible for interfacing with the media and other appropriate agencies. The public information officer is the only one to work with the press, establishes a press area, arranges press conferences, etc. The information officer informs all media of the location of the press area and outlines their roles at the scene. The information officer coordinates all press releases with the Incident Commander. In the event a Joint Information Center is established at the EOC, the on-scene information officer coordinates with that position as well as the IC.

A press area may need to be established. It should be away from the Command Post and all incident activities. Media representatives need to be made aware of its location and the importance for them to report there. The Public Information Officer acts as a central clearing point for the dissemination of the information, reducing the risk of receiving conflicting information from multiple sources.

The Public Information Officer must coordinate all releases of significant information with the IC/EOC. He/she will decide on sensitive topics, such as the cause of the incident, victims' names, and any other information that should not be released immediately to the press. The Public Information Officer is responsible for providing the media with accurate and consistent information. (See ESF-15)

### **14. HOSPITAL SUPPORT POSITIONS**

A hospital physician will be available on-scene throughout the MCI to provide on-line medical control for triage consultation, patient management, and special facility transport/disposition. Where appropriate, the Assistant Medical Branch Supervisor will also be available to authorize additional ALS procedures beyond standing orders.

The Emergency Room in-charge R.N. will function to coordinate orderly dispositions of victims to the appropriate hospitals. When an MCI is declared, the R.N. will investigate availability of area trauma centers and other facilities in the area. The R.N. will coordinate hospital assignments and patient information with the field Transportation Group Supervisor.

#### **Response**

- a. Advises the EOC of its condition, available resources, and number of beds.
- b. Establishes and maintains communications with the EOC, IC, and EMS responders.
- c. Advises EMS responders.
- d. Aids in the appropriate transport of the injured.
- e. Coordinates with emergency responders' isolation and decontamination of patients as needed.
- f. Activates its disaster plans.
- g. Works with hospital bioterrorism planning regionally.
- h. Maintains contact with regional public health consortium to coordinate the management of casualties.
- i. Coordinates information with the PIO and/or Joint Information Center.

### Suggested ICS Organization Chart

