

OKANOGAN COUNTY Comprehensive Emergency Management Plan

EMERGENCY SUPPORT FUNCTION 8 HEALTH AND MEDICAL SERVICES

RESPONSIBILITY SUMMARY:

Primary Response

Okanogan County Public Health
Okanogan County Department of Emergency Management
Emergency Medical Services
The American Red Cross
Okanogan County Coroner

Supporting

Okanogan County Communications Center
Fire Services
Local Hospitals, Medical Clinics and Dentists
Law Enforcement
Public Works Departments
Okanogan Valley Transportation and Nutrition
Transit for Greater Okanogan (TRANSCO)
Amateur Radio Emergency Services (ARES)/Radio Amateur Civil Emergency
Service (RACES)
Local Home Health Agencies
Local Volunteer Agencies
Washington State Department of Health

Plan Preparation & Maintenance

Okanogan County Public Health District
Okanogan County Department of Emergency Management

I. INTRODUCTION

A. Purpose & Scope

Plan for, mobilize and manage health, medical, and Okanogan County Public health during the response and recovery phases of a disaster. Identify health, medical and human service needs of Okanogan County residents after a disaster.

II. POLICIES

A. State coordinated health and the Washington State Department of Health through the Secretary of Health or the designated representative directs medical assistance to local jurisdictions.

- B. Local jurisdictions will activate mutual aid agreements when their resources are depleted or committed. When agreements have been activated, local agencies should notify the County EOC. Additional state and federal assistance will be requested through the County EOC and coordinated/provided through the Washington State Emergency Management Division/EOC, when local public and private resources have been exhausted.
- C. Procedures for isolation and quarantine are under the auspices of the Okanogan County Health Officer as defined in RCW 70.05.070.
- D. **Authorities**
 - 1. RCW 43.20.050(5) in part states that all police officers, sheriffs, constables, and all other officers and employees of the state or any county, city/town or township thereof, shall enforce all rules adopted by the State Board of Health.
 - 2. RCW 70.05.070 outlines the powers and duties of the local health officer. In part, states that the local health officer shall control and prevent the spread of any dangerous contagious or infectious disease that may occur in his/her jurisdiction.
 - 3. WAC 246-101-505 outlines the duties of the local health officer or local health department. In part, states that local health officers shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention, and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.
 - 4. WAC 246-101-425 outlines the responsibilities of the general public. In part, states that members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.

III. SITUATION

- A. **Emergency/Disaster Conditions and Hazards**
 - 1. A significant natural disaster, epidemic, technological, or human event that overwhelms Okanogan County would require both state and federal health and medical assistance, in addition to mutual aid resources. For example, an event resulting in as few as 25 to 50 patients would require extensive mutual aid, and coordination of all involved health care facilities. However, events such as earthquakes or severe storms could result in significantly more patients, depending on the location, time of day, and other factors.
 - 2. Disruption to communication and/or transportation would cause further complications. The sudden onset of such a large number of victims would stress the local medical system, requiring time-critical assistance from the state and federal government. Such a large disaster could pose a variety of public health threats, including

- problems related to food, disease vectors, water, wastewater, solid waste, and mental health effects. Pets, livestock, and wild animals may also be affected, and could create health and safety problems.
3. Hospitals, clinics, nursing homes, pharmacies, and other medical and health facilities may be structurally damaged or destroyed. Facilities with little or no structural damage may be unusable or only able to provide partial services due to disruption of vital services such as communication, utilities, water or sewer. Off-duty staff may not be able to report to work.
 4. The psychological effects of a public health event could have a severe impact on the community well. The implications of such an attack could cause panic among a wider population than actually is affected, with greater numbers of people seeking treatment than have been physically harmed. These individuals are referred to as “worried well”. Health facilities still in operation will likely be overwhelmed by a large number of incoming patients, including the “worried well” from the community, as well as patients transferred from damaged or endangered health care facilities.
 5. Due to increased needs, medical supplies, pharmaceuticals, and linens will likely be in short supply. Most medical facilities only maintain inventory to meet their short-term (72 hours) normal patient load needs. Disruptions in communication and transportation systems could delay or prevent the ordering and delivery of needed supplies.
 6. Uninjured individuals may have difficulty in obtaining their daily medications because of damage to their homes or because of communication problems, transportation problems, or shortages of medication within the disaster area. Persons with special needs may be displaced from their homes or facilities and have difficulties with access to care and necessary aids to daily living.
 7. Disasters such as fires and floods do not typically result in large numbers of casualties. However, there may be a noticeable impact on health due to evacuation, shelters, and returning water, wastewater, and solid waste facilities to operation. Pets, livestock, and wild animals may also be affected, and may become a health and safety problem.
 8. An emergency resulting from an explosion, toxic gas, or radiation release could produce a large concentration of specialized injuries that would overwhelm the local medical system. Additionally, this type of event may result in other widespread health issues affecting food, water, and animals.
 9. A mass casualty incident, epidemic, or disaster could result in large numbers of fatalities. Morgue facilities, transportation for the deceased, and related supplies and equipment may be in short supply.

- B. **Specific situations with special considerations would include the following:**
1. Radiological emergencies.
 2. Chemical/hazardous materials emergencies.
 3. Disease or epidemics.
 4. Bioterrorism.
- C. **Planning Assumptions**
1. Resources within the affected area will be inadequate to clear casualties from the scene or treat them in local hospitals. Additional medical capabilities will be needed to supplement and assist local jurisdictions to triage and treat casualties in the affected area, and then transport them to the appropriate hospital or health care facility. Additionally, medical resupply will be needed throughout the disaster area. It may be necessary to arrange for air transportation to areas that have sufficient available hospital beds and where patients will receive necessary definitive medical care.
 2. There will be an inadequate number of personnel with needed medical and public health knowledge and skills to perform medical and public health response.
 3. Damage to agricultural storage facilities, sewer lines, treatment systems, water distribution systems, and secondary hazards such as fires may result in significant hazards to the surviving population and response personnel. These hazards may include exposure to toxic chemicals, contaminated water supplies, food products, crops, and livestock.
 4. The damage and destruction caused by a disaster will produce urgent needs for mental health crisis counseling for victims and emergency responders.
 5. Assistance in maintaining the continuity of health and medical services will be required.
 6. Disruption of sanitation services and facilities, disrupted utilities, displacement of people, displacement of domestic and wild animals, and massing of people in shelters will increase the potential for disease and injury.

IV. **CONCEPT OF OPERATIONS**

- A. **General**
1. When there is a potential for, or occurrence of, a significant emergency or disaster, DEM is to be notified.
 - a. When activated, DEM will request necessary personnel to staff the EOC.
 - b. Based on the situation, the OCPHD, medical facilities, and response agencies will be notified of the potential for or the occurrence of the event. This may be done by the Okanogan County Communication Center (Dispatch), response

- agencies, or EOC staff, but the EOC is to verify that it has been completed.
- c. Medical and health facilities, response agencies, and support agencies will activate their own emergency or disaster procedures as needed for the potential or actual event and will maintain communication with the OCPHD designee in the county EOC as to needs and status.
 - d. In the event of a public health emergency where the OCPHD/EOC has been activated, OCPHD will notify the County Emergency Management Director immediately.
2. Once the county EOC is operational, all ESF 8 response and recovery activities will be directed from/through the County EOC. The OCPHD is the lead agency for this ESF. County EOC staff for this ESF will include the OCPHD designee, and other technical staff as needed for the event.
 3. Necessary support agencies and organizations will be notified, and requested to provide 24-hour representation to the EOC or be available by direct communication. Each support agency and organization is responsible for ensuring that sufficient staff is available to support the EOC and carry out the activities tasked to their agency or organization on a continuous basis. Individuals staffing the EOC, or acting as liaison with the EOC, need to have extensive knowledge of the resources and capabilities of their respective agencies or organizations, and have access to the appropriate authority for committing those resources during response and recovery operations.
 4. The County EOC and OCPHD staff will maintain communication and coordination with response agencies, medical and health facilities, and other organizations and officials to identify current and projected medical and public health status and requests for assistance. Written situation reports will be prepared on a regular basis.
 5. Response agencies and health care facilities will report needs or potential needs to the County EOC. Medical and health needs that cannot be met with local and regional resources and mutual aid will be directed to the WAEMD/EOC. WAEMD/EOC may provide advice or technical assistance, and they may provide direct support with personnel, equipment, and/or supplies.

B. Organization

1. The OCPHD coordinates health and medical response to an incident. The OCPHD also provides public health services and public health emergency response to an incident and coordinate their activities through the County EOC. In the event of a major event that is primarily a public health emergency, such as epidemic, the OCPHD will function as the lead agency. Response by health professionals other than through the hospitals, such as

veterinarians, pharmacists, and mental health care providers, will be coordinated through the OCPHD with its community partners.

2. EMS, law enforcement, fire departments and other first responders operate under their directors and coordinate their activities through the County EOC.
3. The Okanogan County Coroner is responsible for mortuary service operations in the event of an incident as outlined in Appendix C – Mass Fatality Plan (currently under development).
4. The local hospitals participate in local and regional disaster response plans. They will provide a representative to the county EOC or they will stay in communication with the county EOC regarding situation updates, their response activities, capacity, public information coordination, and other activities and information as is appropriate.
5. The American Red Cross (ARC) provides shelter, food, and mental health support for evacuated and other displaced people and operates under its organizational direction and coordinates its activities with the County EOC.
6. The county EOC coordinates overall activities.

C. Mitigation Activities

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

D. Preparedness Activities

1. State of Washington departments and agencies with health and medical services responsibilities develop plans and procedures using standardized planning procedures for accomplishing response and recovery activities to assist local jurisdictions as well as the state.
2. The OCPHD, county DEM, and local hospitals participate in local planning, developing response and recovery procedures, and participate in local emergency and disaster exercises.
3. Public information and critical communications will be developed prior to events for the Center for Disease Control and Prevention (CDC) Category A Agents and for other types of public health events. As well as, coordinating with the Washington State EOC and the WSDOH.
4. Disease reporting and surveillance activities will be performed. Reportable diseases and potential disease outbreaks will be investigated.

5. Training will be provided to the OCPHD staff and its response partners so that all will be able to meet planning assumptions.
6. Support agencies, such as the ARC and other volunteer organizations maintain their nationally developed plans, and develop local elements of their response and recovery plans. They are encouraged to participate in local planning, and emergency and disaster exercises through the County EOC.

E. Response Activities

1. Alerts and notifications as outlined in Appendix A (pg. 17 of this ESF) – Activation and Operations Procedures and Notifications.
2. **Local hospital and walk-in clinic contact information**
 - a. OCPHD will notify hospitals and walk-in clinics under the following circumstances:
 - (1) A declared Public Health Emergency.
 - (2) In the event of possible or probable excessive demand on the capacity of hospitals or walk-in clinics.
 - (3) In the event of unusual health threats requiring special preparations and/or precautions.
 - b. Notification is to be followed-up promptly with faxed or emailed information and instructions appropriate to the emergency.
3. **State, regional, and other local public health agencies**

All public information is an integral part of the Okanogan County CEMP as outlined in ESF 15 – Public Affairs. As such public information relating to the Health and Medical emergency response:

 - (1) Will be coordinated through the County EOC Public Information Officer (PIO).
 - (2) Will be approved by the ranking public health professional on duty or their designee.
 - (3) Will be preferentially based on previously prepared messages, as appropriate.
 - (4) Will be coordinated with the State Department of Health and regional emergency response to ensure consistency of messages.

F. Recovery Activities

1. **OCPHD**
 - a. Monitor recovery activities, assess for potential or actual health hazards during the recovery phase, and makes recommendations or carries out interventions as needed. This may include drinking water safety, injury prevention, vector control, mental health assessment and intervention,

- and other standard public health assessment response and assurance activities.
 - b. Prepares after-action reports of the event.
 - c. Record costs of providing public health response activities.
2. **Other agencies**
- a. Support and coordinate recovery activities consistent with their missions and capabilities, including continued mental health support, public information and education, and liaison with regional, state, and federal agencies.
 - b. Provide after-action report input to the OCPHD for the event.
3. **Support agencies, such as various city/town and county departments, the ARC, and other volunteer organizations**
- a. Support recovery activities consistent with their organization missions and capabilities.
 - b. Provide after-action report input to the OCPHD's for the event.

V. RESPONSIBILITIES

A. Local

The following agencies will provide the core local response to incidents:

1. OCPHD

- a. The OCPHD is the lead for ESF 8 – Health and Medical Services response. The OCPHD's responsibility is to identify and meet the health, safety, and medical needs of the people of Okanogan County in the event of an emergency or a disaster by utilizing existing expertise and personnel to provide:
 - (1) Surveillance.
 - (2) Response.
 - (3) Event tracking.
 - (4) Rapid health risk assessment.
 - (5) Environmental health services.
 - (6) Community education.
 - (7) Coordination with community partners.
 - (8) Dissemination of information.
 - (9) Event command and control through the Incident Command System.
 - (10) Post event recovery recommendations.

- (11) Support to DEM in planning for, and providing medical and public health assistance to local jurisdictions affected by an emergency or disaster.
 - (12) Coordinate and maintain situation reports.
 - (13) Coordination with hospitals, clinics, extended care facilities, and the county EOC staff, (including the EMS Director, the County Coroner), and other support agencies.
 - (14) Coordination establishment of medical care points or facilities when needed outside of existing hospitals.
 - (15) Coordination the location and authorization of additional and/or alternate means of transporting patients when needed.
 - (16) Assistance in the establishment of temporary morgues with the County Coroner when needed.
- b. **Other specific responsibilities**
- (1) Control of communicable disease, including isolation and quarantine if necessary.
 - (2) Receive administer the Strategic National Stockpile (SNS) in accordance with the Okanogan County SNS Plan.
 - (3) Monitor quality of public water systems.
 - (4) Test public and private water systems.
 - (5) Test and investigate reports of septic tank system problems.
 - (6) Inspect temporary food booths.
 - (7) Investigate illegal dumping activities and inspect solid waste disposal facilities as needed.
 - (8) Investigate reports of rodents, insects, and disease vectors and other environmental health hazards, make recommendations or take corrective action as needed.
 - (9) Provide public information and education through the County/organization PIO.
 - (10) Provide liaison with mental health providers and mental health emergency support services for assistance to citizens and victims.
 - (11) Coordinate with the ARC and other relief and volunteer agencies re: shelters, feeding sites, first aid, and other health and medical issues.
 - (12) Develop and maintain Public Health Emergency planning and response

- (a) All hazards emergency planning, preparedness, and response.
- (b) Biological and chemical hazards.
- (c) SNS planning and response.
- (d) Coordinate support health care and medical services in Okanogan County during an emergency.
- (e) Communications and information to health care providers.
- (f) Support of special needs populations.
- (g) Health support services for evacuation.
- (h) Emergency mental health assessment and response.
- (i) Public information for health, medical, and safety concerns.
- (j) Potable water, wastewater, and solid waste disposal.
- (k) Victim identification and mortuary services.

2. **Okanogan County DEM**

- a. Ensure communications lines are established and participants are clear on what actions need to be taken if a public health emergency arises.
- b. Develop a call-down list and activation procedures for the EOC.
- c. Provide logistical and other support to responders upon request from the IC.
- d. Provide public information through a PIO.
- e. Coordinate mass alert and warning of persons located in effected area.
- f. Coordinate additional communication equipment as needed.
- g. Maintain liaison with supporting agencies.
- h. Provide needed information and documentation to WAEMD regarding emergency and/or disaster declarations.

3. **Emergency Medical Services**

- a. The Okanogan County EMS Council will provide a liaison to the county EOC in a disaster event.
- b. The EMS liaison works closely with State, Regional, and local EMS and fire officials, local hospitals, and field EMS providers.

- c. Establish immediate communication with the Okanogan County Communication Center (Dispatch), and EMS agencies.
 - d. Determine availability of EMS units and personnel.
 - e. Determine geographical location of available EMS units and personnel.
 - f. Monitor emergency transports, evaluates evacuations, and emergency medical cases.
 - g. Monitor activities of all EMS vehicles and personnel during a disaster and monitors issues that may affect them.
 - h. Assist the OCPHD, as needed, such as when emergency medical facilities are established outside of existing hospitals, coordination is needed regarding establishing temporary morgues, or there are conditions affecting EMS providers.
 - i. Coordinate with other agencies and resources when patients need to be transported out of the county.
 - j. Coordinate with Okanogan County Behavior Health and ARC to provide stress management support of emergency workers and volunteers.
4. **Okanogan County Behavior Health Organization**
- a. Plan for the delivery of mental health services during an emergency.
 - b. Coordinate mental health services for the community and emergency responders during and following the emergency.
5. **The American Red Cross (ARC)**
- a. Services are coordinated through the county EOC.
 - b. Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to victims in mass care shelters, selected disaster feeding and/or clean-up areas, and other sites deemed necessary by the Okanogan County Health Officer.
 - c. Supplement local existing health care system; subject to availability of staff.
 - d. Provide supportive counseling for the family members of the dead and injured.
 - e. Provide personnel, if available, to assist in temporary infirmaries, immunization clinics, morgues, hospitals, and nursing homes.
 - f. Acquaint families with available health care resources and services and make appropriate referrals.
 - g. Provide blood and blood products through regional blood centers at the request of the appropriate agency.

6. Okanogan County Coroner

The Okanogan County Coroner's office investigates sudden, unexpected, or suspicious deaths, working closely with law enforcement, fire service/EMS, hospitals, the OCPHD, PIO, and others.

- a. Coordinate all care of deceased, victim identification, and mortuary services.
- b. Coordinate with PIO regarding press releases and conferences. Provide specialized/technical information regarding the coroner's response and findings for press conferences, etc.
- c. If necessary, designates sites/locations for temporary morgues in coordination with the OCPHD. There are specific considerations for potential temporary morgue(s).
 - (1) Refrigerated truck trailers may be used, but should have steel decks only.
 - (2) Trailers used for hauling raw meat should be avoided.
 - (3) Buildings used should have concrete or other non-porous flooring (not wood), not used for food storage or processing, have large open areas and be fairly cool.
 - (4) Psychological impact on owner/occupants of building will be considered.
 - (5) Sites should have good access for large vehicles, including tractor/trailer rigs.
 - (6) Some possible sites include fruit storage facilities, or facilities at the county fairgrounds.
 - (7) Financial issues include any rent, cleaning costs, and the care and death investigation of the deceased. The coroner staff can provide the EOC with estimated costs.

B. Supporting Agencies

The following agencies will provide the support for the primary responders to incidents:

1. **Region 7 Public Health Emergency Planning Coordinator**

Provides epidemiology and technical support services and regional public health response support services. The Region 7 Epidemiologist supports local and regional responses to disease investigation.
2. **WSDOH**
 - a. Coordinate and develop response strategies in support of healthcare facilities, local, and tribal partners.

- b. Route requests for federal medical resources through the SEOC.
 - c. Conduct field investigation and laboratory analysis. These activities are provided by the Community and Family Health, Environment Health, Epidemiology, Health Statistics, and Public Health Laboratory, Health Services Quality Assurance, and Management Services program.
3. **Okanogan County Agriculturist/WSU Extension Agent**
- a. Specializes in issues affecting human food, animal feed, livestock, agriculture, horticulture, dairies, and honeybees, and transportation of same. The Extension Representative may be requested to report to the EOC, or maintain communication with the EOC as needed.
 - b. Provide information and advice to the EOC from local sources, WSU, other areas of the United States, as well as other countries. Coordinates with the OCPHD, and others as needed, regarding issues affecting health and safety.
4. **Mental Health Providers**
- Provide crisis intervention, as well as short term and long-term counseling and education. Work with the ARC, is a resource for the community and emergency workers, and is coordinated through the County EOC.
5. **Local Hospitals and Clinics**
- a. There are three hospitals in Okanogan County. Mid-Valley Hospital is licensed for 46 beds normally and 94 in an emergency, North Valley Hospital is licensed for 25 beds normally and 40 in an emergency, and Three Rivers Hospital is licensed for 25 beds normally and 35 in an emergency. However, due to other programs and uses within the hospitals, there are not that many actual patient beds available for use. All hospitals cover a wide variety of services to the public.
 - b. Both North Valley Hospital & Three Rivers Hospital have home health programs. The home health agencies have a number of nurses, certified nurse assistants (CNAs), and other medical staff. Their first priority during a disaster would be to serve their clients. However, some medical staff may be available to report to the sponsoring hospital.
 - c. Many local clinics have walk-in or minor emergency areas that are open extended hours, and can provide specialized services such as x-ray, laboratory, and pharmacy. In

addition, there are many doctors' offices throughout the county, some that provide limited laboratory and/or x-ray services in addition to basic services. Some doctors' offices may only be staffed limited hours.

C. State

The WSDOH directs and coordinates the provision of health and medical assistance to fulfill the needs identified by the authorities in the affected local jurisdictions. This includes the overall public health response and recovery, triage, treatment and transportation of victims, and evacuation of patients from the area of the event, utilizing resources available from:

1. Supporting state departments and agencies.
2. The National Disaster Medical system (NDMS), which extends to the federal level.
3. Other non-governmental sources such as major pharmaceutical suppliers, hospital supply vendors, the Washington State Funeral Directors Association, and other volunteer organizations.

4. WSDOH

Assist local jurisdictions; provide state mandated services and inspections, certifications and licensing. WSDOH activities are covered in the following basic categories:

- a. Community and Family Health.
- b. Environmental Health.
- c. Epidemiology, Health Statistics, and Public Health Laboratory.
- d. Health Systems Quality Assurance.
- e. Management Services.

VI. PLAN PREPARATION & MAINTENANCE

- A. The OCPHD and the DEM are responsible for the plan preparation and maintenance of this ESF.
- B. This ESF is to be reviewed every four years by OCPHD. Any necessary updates and revisions are prepared and coordinated between OCPHD and DEM based on deficiencies identified in exercises and emergencies.
- C. Changes will be distributed to all plan holders.

VII. RESOURCE REQUIREMENTS

A. Medical Transportation

Arrangements for medical transportation will begin at the local level. Transportation requirements will be coordinated and authorized by the County EOC Manager. During a mass casualty incident or a widespread disaster, use of vehicles that are not licensed as ambulances may be authorized for patient transport. If the local ESF 8 staff determines that the local or regional resources are inadequate, a request for state medical

transportation assistance will be submitted to the WAEMD/EOC, and will be coordinated with representatives from the WSDOT. (See ESF 1 - Transportation for more information).

B. Medical Facilities

Coordination for medical facilities is primarily a local jurisdiction function. The hospital liaison will play a key role in this coordination, keeping in mind that if the local EOC is activated, information and coordination will need to be routed through the EOC. Requests for hospital support should be routed through the County EOC to the WAEMD, ESF 8 staff.

C. Medical Equipment and Supplies

If local resources and normal re-supply methods are inadequate, local Mutual Aid Agreements will be activated. If this is inadequate or unavailable, then requests for aid are to be made to WAEMD/EOC. When the state authorizes their support, representatives from the Departments of Health, General Administration, Social and Health Services, Transportation, and the Military Department will coordinate the procurement and transportation of medical equipment and supplies to the affected area.

D. Personnel

OCPHD staff may be augmented by and from professional organizations. The Health Department will supervise the activities of the volunteers.

E. Communications

1. The County EOC will establish communications with the state EOC, local hospitals, emergency services providers, and involved support services as needed. Communication with adjacent county EOCs may also be necessary. Systems available include the regular phone system (including fax and e-mail), Satellite phones, local cellular phone system, state and local emergency radio systems, and amateur radio.
2. The WAEMD/EOC will establish communications necessary to coordinate health and medical assistance. They will maintain communications with various state agencies, FEMA, and local jurisdictions as necessary.

F. Assets Critical for Initial 12 Hours

The most critical requirements during the first 12 hours of an event will be medical response personnel, necessary medical supplies and equipment, transportation, hospital and clinic beds and facilities, logistical and administrative support, and communication systems support. The principal requirements will be:

1. Alerting and deploying/obtaining additional medical facility staff
2. The alerting and deployment of field medical personnel and teams, including supporting military units to assist in the delivery of patient

care to victims and provide mortuary services as needed. Patient care will likely be performed under extreme field conditions during casualty clearing, triage and patient staging, and transportation.

3. Medical supplies and equipment will be necessary to replace what has been damaged or destroyed by the event. Additionally, re-supply will be needed for deployed medical teams and military medical units, as well as local jurisdiction medical units that are providing patient care.

G. Bioterrorism Event

1. In the event of Bioterrorism; public health assessment, investigation and response capacity will also be necessary.
2. Public health may need medical personnel, law enforcement and public works support for the receipt and deployment of the SNS.

H. Assets Critical After Initial 12 Hours

The assets required for the initial 12 hours will also be required for the remainder of the response and recovery activities. At six (6) hours, if the situation is likely to continue longer than 12 hours, a prolonged situation staffing protocol is to be activated; ESF 7 – Resource Support. Continuous situation and status updates will dictate what assets are needed, and when they can be released. Demobilization activities often take as long, or longer, and require as much clerical and communication support as the initial response does. Planning for and implementing demobilization is a major part of the recovery phase.

I. Transportation Support

1. Aircraft for transporting incoming medical personnel, supplies and equipment.
2. Ground transportation for deployment of incoming assets, within the affected area.
3. Ground transportation, fixed and rotary-wing aircraft for movement of casualties within, and out of the affected area.
4. Refer to ESF 1 – Transportation.

J. Logistics and Administrative Support

1. Representatives of each involved ESF 8 primary and support agency will be needed at the county EOC, or available by direct communications, as needed to support health and medical efforts in the affected area.
2. Clerical/administrative support staff will be needed at the county EOC and other key locations.
3. Reference materials including plans, directories, and maps as necessary for coordination of medical and public health response.

4. Coordination/liaison with other EOC staff, public works, fuel companies, or others as needed, to assure fuel and other necessary supplies are available for ground and air transport vehicles used to transport medical workers and patients.

K. Communication Systems.

1. Voice and data communication systems between local and state EOC.
2. Intra-regional voice communication systems connecting local, regional and state officials involved in the medical response and recovery operations.
3. Computer network support for communications, data collection, and analysis, including Geographic Information Systems (GIS) function.
4. Communications required to support casualty clearing, patient evacuation, and reception operations.

VIII. REFERENCES

- A. OCPHD Isolation & Quarantine Plan
- B. OCPHD Emergency Response Plan
- C. Okanogan CEMP, Appendix 1 – Definitions
- D. Okanogan County CEMP, Appendix 2 – Acronyms
- E. Okanogan County CEMP, ESF 15 – Public Affairs
- F. Okanogan County CEMP, ESF 1 – Transportation

IX. APPENDICES

1. Appendix A: Activation and Operations Procedures and Notifications
2. Appendix B: Okanogan County Mass Fatality Plan (Under development.)
3. Appendix C: Okanogan County Mass Causality Plan

APPENDIX A

ACTIVATION AND OPERATIONS PROCEDURE AND NOTIFICATIONS

The activation of ESF 8 will be coordinated through the county EOC under the direction of the DEM and the OCPHD. Should communications be interrupted, OCPHD will maintain an activation list of Health Department staff by telephone and by location.

Hospitals and clinics will be notified under the following circumstances:

1. A declared Public Health Emergency
2. In the event of possible or probable excessive demand on the capacity of hospitals or walk-in clinics
3. In the event of unusual health threats requiring special preparations and/or precautions

Notification is to be followed-up promptly with instructions appropriate to the emergency.

APPENDIX B
OKANOGAN COUNTY MASS FATALITY PLAN
(CURRENTLY UNDER DEVELOPMENT)

APPENDIX C MASS CASUALTY PLAN

The Okanogan County Mass Casualty Incident Plan is maintained as a separate document, located at the Department of Emergency Management.