

**EMERGENCY SUPPORT FUNCTION - EIGHT  
PUBLIC HEALTH AND MEDICAL SERVICES**

**PRIMARY AGENCIES:** Chelan/Douglas County Health District  
Chelan County Emergency Management  
North Central EMS and Trauma Care  
Chelan County Coroner  
American Red Cross

**SUPPORT AGENCIES:** RiverCom Communications Center  
Local Hospitals, Medical Clinics and Dentists  
WSU Extension Agent  
Amateur Radio Operators (R.A.C.E.S./A.R.E.S.)  
WA State Dept. of Health  
WA State Dept. of Transportation

May need to advise: Area Fire and Ambulance Services  
County Veterinary Coordinator  
Law Enforcement  
Public Works  
LINK Transit  
Amateur Radio Operators (R.A.C.E.S./A.R.E.S.)  
The National Disaster Medical System

**INTRODUCTION**

**A. PURPOSE**

The purpose of this Emergency Support Function (ESF) is to provide Chelan County with guidelines for preparedness and response relating to health in the event of an event of natural or technological disaster, bioterrorism, epidemic disease, or other public health emergency.

**B. SCOPE**

This ESF involves identifying and meeting the health, safety and medical needs of the people of Chelan County in the event of an emergency or a disaster by utilizing the existing expertise and personnel of the Chelan Douglas Health District, Emergency Medical Services, Chelan County Emergency Management and the American Red Cross with local government agencies and community partners through the Incident Command System. This response at the local level utilizes resources from local, state and federal governments, private agencies and entities, health care facilities and personnel, veterinary service providers and volunteers.

**POLICIES**

- A. State coordinated health and medical assistance to local jurisdictions is directed by the WA State Dept. of Health (DOH) through the Secretary of Health or the designated representative.
- B. Local jurisdictions will activate mutual aid agreements when their resources are depleted or committed. Additional state and federal assistance will be requested through the Chelan County Emergency Operations Center (EOC), and coordinated and provided through the WA State EOC, when local public and private resources have been exhausted.
- C. Authorities
  - 1. Revised Code of WA (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 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 it 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. Washington Administrative Code (WAC) 246-101-505 outlines the duties of the local health officer or local health department. In part, it 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, it 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.

**SITUATION**

- A. Emergency/Disaster Hazards and Conditions
  - 1. A significant natural disaster, epidemic, technological or human event that overwhelms Chelan County would necessitate both state and federal health and medical assistance, in addition to mutual aid resources. For example, an event resulting in as few as 25-50 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, necessitating 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 would 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 large numbers 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 (24-48 hour) 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 or 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, vector control, and returning water, wastewater and solid waste facilities to operation.
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. There is only one trauma hospital in the area and this hospital could be affected by a disaster situation. 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. Local Emergency Medical resources will become overwhelmed in any large scale event.
  3. Damage to chemical or industrial plants, sewer lines or treatment systems, and 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, and 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.
  7. Chelan County does not have large scale established mortuary storage capabilities.

## **CONCEPT OF OPERATIONS**

- A. General
1. When there is a potential for, or occurrence of, a significant emergency or disaster, Chelan County Emergency Management is to be notified. This notification could be to advise of a need for some level of activation of the Emergency Operations Center (EOC), or to pass on a request for assistance from the state.

- a. When activated, the Chelan County Assistant Emergency Management Director will request necessary personnel to staff the Chelan County EOC.
  - b. Based on the situation, the Chelan Douglas Health District, medical facilities, and response agencies will be notified of the potential for, or occurrence of the event. This may be done by RiverCom Communications 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 Chelan Douglas Health District or designee in the EOC as to needs and status.
  - d. In the event of a public health emergency where the Chelan Douglas EOC has been activated, but not the County EOC, the Public Health Administrator or designee will notify the County Emergency Management office and the State Health Officer of the activation.
2. Once the Chelan County EOC is operational, all ESF 8 response and recovery activities will be directed from the EOC. The Chelan Douglas Health District is the lead agency for the ESF 8 Health and Medical Services. Chelan County EOC staff for ESF 8 will include the Chelan Douglas Public Health Administrator or designee, the Chelan County EMS Director, 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 Chelan County EOC and the Chelan Douglas Health Dept. 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 assist EOC staff and other officials with a need for this information.
  5. Response agencies and health care facilities will report needs or potential needs to the Chelan County EOC. Medical and health needs that cannot be met with local and regional resources and

mutual aid will be directed to the WA State EMD EOC. WA EMD/EOC may provide advice or technical assistance and they may provide direct support with personnel, equipment, and/or supplies.

6. The Chelan Douglas Health District has responsibility for situations dealing with communicable diseases, terrorist incidents involving nuclear, biological and chemical elements, and all other issues dealing with public health. This includes, but is not limited to public information, health advisories, and disease prevention measures to be taken during a disaster.

#### B. Organization

1. The Chelan Douglas Health District coordinates health and medical responses to an incident. The Health District may also provide public health services and response and will operate under the Chelan Douglas Health District Administrator. The Chelan Douglas Health District will coordinate their activities through the Chelan County EOC. The Chelan Douglas Health District will be the lead agency on any major event which is primarily a public health issue, such as an epidemic. Response by health professionals other than through the hospitals such as veterinarians, pharmacists, and mental health care providers will be coordinated through the Health District.
2. Emergency Medical Services (EMS), law enforcement, fire departments, and other first responders operate under their directors and coordinate their activities through the Chelan County EOC.
3. The Chelan County Coroner will be responsible for operations and coordination of temporary morgues. This can be done either by use of existing morgues or use of local cold storage warehouses, as appropriate. The Coroner will also coordinate with local funeral homes to handle mass fatalities.
4. Central Washington Hospital (CWH) is the area's trauma center. In the event that CWH is either unable to provide services or is overwhelmed, sites that can be used to assist are:
  - a. Wenatchee Valley Hospital, Wenatchee
  - b. Cascade Emergency Medical Center, Leavenworth
  - c. Eye & Ear Hospital, Wenatchee
  - d. Lake Chelan Community Hospital, ChelanAll of the above are limited in their capabilities and depending upon the situation, request for support may have to be made to the State.
5. The local hospitals participate in local and regional disaster response plans and will stay in communication with the EOC regarding situation updates, response activities, capacity status, public information coordination, and other activities and information as is appropriate.
6. The Red Cross provides shelter, food and mental health support for evacuated and other displaced people and operates under its

organizational direction. The Red Cross will coordinate its activities with the Chelan County EOC.

7. Emergency Medical care at shelters will follow Red Cross' Shelter/Mass care plan. This includes ensuring appropriate Emergency Medical care at shelters. The Mass Care Plan of the Red Cross establishes the coordination of religious crises counseling and other appropriate functions.
8. The Chelan County EOC coordinates overall activities.

#### C. Procedures

Each organization affected by this ESF will be responsible for developing and following their own internal Suggested Operation Procedures (SOP) dealing with response to an incident. Response to an incident will follow the concepts of the National Incident Management System.

#### D. Mitigation Activities

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

#### E. 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 Chelan Douglas Health District, Chelan County Emergency Management, and local hospitals participate in local planning, development of response and recovery procedures, and participate in local emergency and disaster exercises.
3. Disease reporting and surveillance activities will be performed and reportable diseases and potential disease outbreaks will be investigated.
4. Training will be provided to the Chelan Douglas Health District staff and its response partners so that all will be able to meet planning assumptions.
5. Support agencies, such as the Red Cross, 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 Chelan County EOC.

## F. Response Activities

1. Alerts and notifications as outlined in Appendix A – Activation and Operations Procedures and Notifications
2. Local hospital and walk in clinic contact information
  - a. Local emergency management and public health 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 information and instructions appropriate to the emergency.
3. State, regional and other public health agencies  
All public information is an integral part of the Chelan County CEMP as outlined in ESF 15 – Public Affairs. As such public information relating to the Health and Medical emergency response:
  - a. Will be communicated through the Chelan County EOC Public Information Officer (PIO).
  - b. Will be approved by the Chelan County Public Health Administrator or the ranking public health professional on duty or their designee
  - c. Will be coordinated with the State Dept. of Health and regional emergency response to ensure consistency of messages.

## G. Recovery Activities

1. Chelan Douglas Health District
  - a. Monitors recovery activities, assesses 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, mental health assessment and intervention, and other standard public health assessment, response and assurance activities.
  - b. Prepares after action reports of the event.
  - c. Records costs of providing public health response activities.
2. Chelan County agencies, including EMS, Coroner, etc.
  - 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. Prepare after action reports of the event.
3. Supporting agencies, such as various city and county departments, Red Cross, other volunteer agencies
  - a. Support recovery activities consistent with their organization missions and capabilities.
  - b. Provide after action report input to the Chelan Douglas Health District for the after action report of the event.

## **RESPONSIBILITIES**

### A. Primary Agency

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

1. Chelan Douglas Health District (CDHD)

The CDHD Administrator is the lead for ESF 8 – Health and Medical Services response. The CDHD's responsibility is to identify and meet the health, safety, and medical needs of the people of Chelan County in the event of an emergency or a disaster by utilizing the CDHD's existing expertise and personnel to provide:

  - a. Surveillance
  - b. Response
  - c. Event tracking
  - d. Rapid health risk assessment
  - e. Environmental health services
  - f. Community education
  - g. Coordination with community partners
  - h. Dissemination of information
  - i. Event command and control through the Incident Command System
  - j. Post event recovery recommendations
  - k. Support to Chelan County Emergency Management in planning for, and providing medical and public health assistance to local jurisdictions affected by an emergency or disaster.
  - l. Coordinate and maintain situation reports
  - m. Coordination with hospitals, clinics, and extended care facilities and the Chelan County EOC staff including the EMS Director, Chelan County Coroner, and other support agencies
  - n. Coordination in the establishment of medical care points or facilities when needed outside of existing hospitals
  - o. Coordination of the location and authorization of additional and/or alternate means of transporting patients when needed
  - p. Assistance in the establishment of temporary morgues with the Chelan County Coroner when needed

2. Other specific responsibilities
  - a. Control of communicable disease, including isolation and quarantine if necessary
  - b. Local receipt and administration of the Strategic National Stockpile (SNS)
  - c. Monitor quality of public water systems
  - d. Test public and private water systems
  - e. Test and investigate reports of septic tank system problems
  - f. Inspect temporary food booths
  - g. Investigate illegal dumping activities and inspect solid waste disposal facilities as needed
  - h. Investigate reports of rodents, insects, and disease vectors and other environmental health hazards, make recommendations or take corrective action as needed
  - i. Provide public information and education through the Chelan County PIO
  - j. Provide liaison with mental health providers and mental health emergency support services for assistance to citizens and victims
  - k. Provide liaison with the Red Cross and other relief and volunteer agencies re: shelters, feeding sites, first aid and other health and medical issues
  - l. Public Health Emergency Planning and Response
    - ❖ All hazards emergency planning, preparedness and response
    - ❖ Biological and chemical hazards
    - ❖ Strategic National Stockpile (SNS) planning and response
    - ❖ Coordinate support health care and medical services in Chelan County during an emergency
    - ❖ Communications and information to health care providers
    - ❖ Support of special needs populations
    - ❖ Health support services for evacuation
    - ❖ Emergency mental health assessment and response
    - ❖ Public information for health, medical and safety concerns
    - ❖ Potable water, wastewater, and solid waste disposal
    - ❖ Victim identification and mortuary services
2. Chelan County Sheriff's Office Emergency Management
  - 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 Incident Commander
  - d. Provide public information through the Public Information Officer
  - e. Coordinate mass alert and warning of persons located in the affected area
  - f. Coordinate additional communication equipment as needed
  - g. Maintain liaison with supporting agencies
  - h. Provide needed information and documentation to WA EMD regarding emergency and/or disaster declarations
3. North Central EMS and Trauma Care
- a. The EMS Director supports the Chelan Douglas Health District Administrator with ESF 8 – Health and Medical Services response in addition to fulfilling specific EMS roles and responsibilities
  - b. The EMS Director works closely with all first responder officials as well as with the hospitals
  - c. Establish immediate communication with RiverCom (Dispatch)
  - d. Determine availability of EMS units and personnel
  - e. Determine geographical location of available EMS units and personnel
  - f. Monitors emergency transports, evaluates evacuations and emergency medical cases
  - g. Monitor activities of all EMS vehicles and personnel during a disaster, and monitor issues that may affect them
  - h. Maintain a roster of certified EMS personnel and agencies
  - i. Assist the Chelan Douglas Health District Administrator 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
  - j. Coordinate with other agencies and resources when patients need to be transported out of the county
  - k. Coordinate with mental health providers for support of emergency workers and volunteers
  - l. Additional services provided include:
    - (1) System development and evaluation
    - (2) Education and training
    - (3) Quality assurance
    - (4) Maintain status of certified field EMS providers and agencies
    - (5) Coordinate between jurisdictions and the various levels of response and medical care
4. Red Cross
- a. Services are coordinated through the Chelan County EOC

- b. Maintain list of personnel with current CPR and First Aid training, licensed volunteer nurses especially RNs and doctors
  - c. 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 Chelan County Health Officer
  - d. Supplement local existing health care system, subject to availability of staff
  - e. Provide supportive counseling for family members of the dead and injured
  - f. Provide available personnel to assist in temporary infirmaries, immunization clinics, morgues, hospitals, and nursing homes
  - g. Acquaint families with available health care resources and services and make appropriate referrals
  - h. Provide blood and blood products through regional blood centers at the request of the appropriate agency
  - i. Provide coordination for uploading of appropriate patient casualty information from ESF 8 into the Disaster Welfare Information system
5. Chelan County Coroner
- The Chelan County Coroner's office investigates sudden, unexpected, or suspicious deaths, working closely with law enforcement, fire service, EMS, hospitals, Public Health district and the County PIO.
- a. Coordinate all care of deceased, victim identification and mortuary services
  - b. Coordinate with the Chelan County PIO regarding press releases and conferences. Responsible for providing specialized/technical information regarding the coroner's response and findings for press conferences.
  - c. If necessary, designates sites/locations for temporary morgues in coordination with the Chelan Douglas Health District. There are specific considerations for potential temporary morgues:
    - (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 airport hangars, or facilities at the county fairgrounds such as a community service building
  - (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
1. WA State Department of Health
    - a. Provide technical assistance, consultation and coordination
    - b. Conduct field investigations and laboratory analysis
  2. WA State Department of Transportation (when assistance from WA EMD is requested)
    - a. Coordinate movement of seriously ill or injured patients from the affected area to locations where definitive medical care is available
    - b. Assist in identifying and arranging for utilization of all types of transportation such as air, rail, marine and land vehicles
    - c. Coordinate with the Federal Aviation Administration for air traffic control support for priority missions
  3. 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. The local extension agent may not have the expertise relating to animal issues, but should be able to act as a liaison to the agent who is knowledgeable in this area.
  4. Local Hospitals and Clinics
    - a. There are four (4) hospitals in Chelan County. Central Washington Hospital is the trauma center for the Chelan Douglas County area. Also in the Wenatchee area is Wenatchee Valley Hospital which is associated with the Wenatchee Valley Clinic, as well as Lake Chelan Community Hospital in Chelan and Cascade Medical Center in Leavenworth.
    - b. Wenatchee has a Veteran's Medical Center which provides services to veterans. During an emergency they may be able to provide outpatient care to a limited number of citizens after first meeting their obligations to veterans.
    - c. There are several medical clinics in the county, many associated with Wenatchee Valley Clinic.

- (1) Wenatchee Valley Medical Center has facilities in Wenatchee, East Wenatchee, and Cashmere
- (2) Columbia Valley Community Health is located in Wenatchee
- (3) Eye and Ear Clinic of Wenatchee is located in Wenatchee
- (4) Family Physicians (Central WA Hospital) is located in Wenatchee
- (5) Workcare is located in Wenatchee
- (6) Columbia Pediatrics is located in Wenatchee

C. State Dept. of Health

The WA State Dept. of Health (DOH) 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. Within the WA State DOH
2. Supporting state departments and agencies
3. The National Disaster Medical System which extends to the federal level
4. Other non-governmental sources such as major pharmaceutical suppliers, hospital supply vendors, the WA State Funeral Directors Association, and other volunteer organizations
5. WA State Dept. of Health
 

Assist local jurisdictions, provide state mandated services and inspections, certifications and licensing. State DOH 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

## **RESOURCE REQUIREMENTS**

- A. Medical transportation Arrangements for medical transportation will begin at the local level. Transportation requirements will be coordinated and authorized by local authorities such as the Chelan County EMS Director. 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 determine that the local or regional resources are inadequate, a request for state medical transportation assistance will be submitted to the State of WA EMD/EOC

and will be coordinated with representatives from the WA State Dept. of Transportation.

- B. **Medical Facilities** Coordination for medical facilities is primarily a local jurisdiction function. If the local EOC is activated, information and coordination will need to be routed through the EOC. Request for hospital support should be routed through the local EOC to the State of WA EMD, 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 the WA State EMD/EOC. When the state authorizes their support, representatives from the Dept. 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** Chelan Douglas Health District staff may be augmented by and from professional organizations. The Health District will supervise the activities of the volunteers.
- E. **Communications** The Chelan 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), local cellular phone system, state and local emergency radio systems and amateur radio. WA State EMD/EOC will establish communications necessary to coordinate health and medical assistance. They will maintain communications with various local, state, and federal agencies 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 communications system 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.
4. Public Information
- G. 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.
- H. 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 Strategic National Stockpile (SNS).
- 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 Chelan 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 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/or air transport vehicles used to transport medical workers and patients

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

### **REFERENCES**

- A. Appendix A Activation and Operations Procedure and Notifications
- B. Appendix B Public Information
- C. Appendix C Mortuary Services
- D. Chelan County Comprehensive Emergency Management Plan (CEMP)  
Appendix 1 – Definitions
- E. Chelan County CEMP Appendix 2 – Acronyms
- F. Chelan County CEMP ESF 15 – Public Affairs
- G. Chelan County CEMP ESF 1 – Transportation

**EMERGENCY SUPPORT FUNCTION EIGHT  
PUBLIC HEALTH AND MEDICAL SERVICES**

**Appendix A  
Activation and Operations Procedure and Notifications**

The activation of ESF 8 will be coordinated through the Emergency Operations Center (EOC) under the direction of the Chelan County Emergency Management Assistant Director and the Public Health Administrator or designee. Chelan Douglas Health District will maintain an activation list of Health Department staff by telephone and by location should communications be interrupted.

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 faxed information and instructions appropriate to the emergency.

**EMERGENCY SUPPORT FUNCTION EIGHT  
PUBLIC HEALTH AND MEDICAL SERVICES**

**Appendix B  
Public information**

Public Information relating to Public Health and Medical emergency response:

1. Will be communicated through the Emergency Operations Center Public Information Officer as outlined under CEMP ESF 15 – Public Affairs
2. Will be approved by the Chelan Douglas Health District Administrator or Ranking Public Health professional on duty or their designee
3. Will be coordinated with the State Department of Health and regional Emergency response to ensure consistency of messages.

## **EMERGENCY SUPPORT FUNCTION EIGHT PUBLIC HEALTH AND MEDICAL SERVICES**

### **Appendix C Mortuary Services**

#### **PURPOSE**

The purpose of the Mortuary Services appendix is to provide guidelines for rapid response to events resulting in a large number of deaths.

#### **POLICIES**

- A. The WA State Dept. of Licensing, Funeral and Cemetery Unit, represents death care concerns of the state and provides liaison with the Dept. of Health, medical examiners and coroners, licensed funeral directors, embalmers, funeral establishments, the WA State Funeral Directors Association, and the National Funeral Directors Association.
- B. If a disaster exceeds the resources of the local jurisdiction and its funeral professionals., the funeral and cemetery unit will assist in the coordination with the WA State Funeral Directors Association and the National Funeral Directors Association to recruit the needed professionals to meet the needs. The state and national funeral associations have Comprehensive Emergency Management plans in place.