

ESF 8: Public Health, Medical, and Mortuary Services

PRIMARY AGENCIES:

Central Washington Comprehensive Healthcare
Walla Walla County Coroner
Walla Walla County Department of Community Health
Walla Walla County Emergency Management Department
Walla Walla County Emergency Medical Services Department

SUPPORT AGENCIES:

Amateur Radio Emergency Services
Fire Services
Hazardous Materials Response Teams
Law Enforcement
Local Home Health Agencies
Local Hospitals, Medical Clinics and Dentists
Local Volunteer Agencies (Hospice, Parish Nursing, etc.)
Public Works Departments
American Red Cross serving Central and Southeastern Washington
The National Disaster Medical System (NDMS)
Valley Transit
Walla Walla County Agriculturist / WSU Extension Office
Walla Walla County Agriculturist/WSU Extension Office
Walla Walla County Emergency PIO
Walla Walla County Emergency Services Communications Center
Walla Walla County School Districts
Washington State Department of Health
Washington State Region 8 Public Health Response Coordinator

I. INTRODUCTION

A. Purpose

The purpose of Emergency Support Function (ESF) 8 is to provide Walla Walla County with guidelines for preparedness and response relating to health in the event of an event of natural or technological disaster, terrorism, 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 Walla Walla County in the event of an emergency or a disaster by utilizing the existing expertise and personnel of the Walla Walla County Department of Community Health (WWDCH), Central Washington Comprehensive Healthcare, Emergency Medical Services, Emergency Management, Coroner, and the American Red Cross Serving Central and Southeastern Washington (ARC) 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 services providers, and volunteers.

II. POLICIES

- A. State coordinated health and medical assistance to local jurisdictions is directed by the Washington Military Department 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 Walla Walla County Emergency Management (WWEM) Emergency Operations Center (EOC), and coordinated and provided through the Washington State Military Department, Emergency Management Division (WAEMD)/State Emergency Operations Center (SEOC), when local public and private resources have been exhausted.
- C. Refer to WWDCH policies and procedures for quarantine and isolation.
- D. Authorities
 - 1. Revised Code of Washington (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. Revised Code of Washington (RCW) 70.05.060 outlines the powers and duties of the local board of health; each local board of health has supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction.
 - 3. RCW 70.05.070 outlines the powers and duties of the local health officer. It 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.
 - 4. Washington Administrative Code (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.
 - 5. 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 Walla Walla 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 to 50 patients would require extensive mutual aid, and coordination of all involved health care facilities. 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. Large numbers 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 natural or man-made disaster or public health event could have a severe impact on the community well. The implications of such an event 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. Local Hospitals have developed stand-alone plans for 96-hour capacity during an emergency incident or triggers for evacuation due to compromise of key infrastructure or resources within the 96-hour timeframe.
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 functional 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. 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. Widespread disease or epidemics.
 4. Terrorism.
- C. Planning Assumptions
 1. Resources within the affected area may 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 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.

IV. CONCEPT OF OPERATIONS

- A. General
 1. When there is a potential for, or occurrence of, a significant emergency or disaster, WWEM is to be notified. This notification could be to advise of a need for some level of activation of the WWEM EOC, or to pass on a request for assistance from the state.
 - a. When activated, the Walla Walla County Director of Emergency Management will request necessary personnel to staff the EOC.
 - b. Based on the situation, WWDCH, medical facilities and response agencies will be notified of the potential for, or occurrence of the

event. This may be done by the Walla Walla Emergency Services Communication Center (WESCOM), response agencies, or EOC staff, but the WWEM 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 WWEM EOC as to needs and status.
 - d. In the event of a public health emergency where WWDCH EOC has been activated but not the WWEM EOC, the Director of Community Health or designee will notify the Director of Emergency Management and the Washington State Secretary of Health of the activation.
2. Once the WWEM EOC is operational, all Emergency Support Function (ESF) 8 response and recovery activities will be directed from the EOC. WWDCH is the lead agency for the ESF 8 Public Health, Medical and Mortuary Services. WWEM EOC staff for ESF 8 will include the Walla Walla County Director, Community Health or designee, the Walla Walla 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 WWEM EOC or be available by direct communication. Each support agency and organization is responsible for ensuring that sufficient staff is available to support the WWEM EOC and carry out the activities tasked to their agency or organization on a continuous basis. Individuals staffing the WWEM 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 WWEM EOC and WWDCH 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 other 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 WWEM EOC. Medical and health needs that cannot be met with local and regional resources and mutual aid will be directed to the Washington State Military Department, Emergency Management Division (WAEMD)/State Emergency Operations Center (SEOC). WAEMD/SEOC may provide advice or technical assistance, and they may provide direct support with personnel, equipment, and/or supplies.

B. Organization

1. WWDCH coordinates Health and Medical Response to an incident. WWDCH also provides public health services and public health emergency response to an incident and will operate under the Director, Community

Health and coordinate their activities through the WWEM EOC. In the event of a major event that is primarily a public health emergency, such as epidemic, WWDCH 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 WWDCH with its community partners.

2. Emergency Medical Services (EMS), law enforcement, fire departments and other first responders operate under their directors and coordinate their activities through the WWEM EOC.
3. The Walla Walla County Coroner is responsible for mortuary service operations in the event of an incident as outlined in Appendix C - Mortuary Services.
4. The local hospitals participate in local and regional disaster response plans and will stay in communication with the WWEM EOC regarding situation updates, their response activities, capacity status, public information coordination, and other activities and information as is appropriate.
5. The American Red Cross Serving Central and Southeastern Washington 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 WWEM EOC.
6. The WWEM EOC coordinates overall activities.

C. Mitigation Activities

WWDCH 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 water and on-site sewage systems, and promotion of conditions for a safe and healthy population in Walla Walla 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. WWDCH, EMS Director, Coroner and local hospitals participate in local planning, develop response and recovery procedures, and participate in local emergency and disaster exercises.
3. Public information and critical communications will be developed prior to events and coordinated with the WAEMD/SEOC and the Washington State Department of Health. Public information relating to health and safety concerns is an integral part of the Walla Walla County Comprehensive Emergency Management Plan (CEMP), ESF 15 – Public Affairs.
4. Disease reporting and surveillance activities will be performed and reportable diseases and potential disease outbreaks will be investigated.

5. Training will be provided to WWDCH staff and its response partners so that all will be able to meet planning assumptions.
 6. Support agencies, such as ARC-SCSW 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 WWEM EOC.
- E. 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 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 clinics.
 - (3) In the event of unusual health threats requiring special preparations and/or precautions.
 - b. Notification is to be followed-up promptly with 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 Walla Walla 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 EOC Emergency Public Information Officer (EPIO).
 - b. Will be approved by the Walla Walla County Director, Community Health or the ranking public health professional on duty or their designee.
 - c. Will be preferentially based on previously prepared messages as appropriate.
 - d. Will be coordinated with the State Department of Health, neighboring public health jurisdictions in Benton, Columbia, Franklin, Counties in Washington; Umatilla and Wallowa Counties in Oregon; Public Health Emergency Preparedness Region 8; the three hospitals in Walla Walla County, Providence Saint Mary Medical Center, and Jonathan M Wainwright Memorial Veterans Affairs Medical Center; and the Washington State Penitentiary hospital to ensure consistency of messages.
 4. WWDCH will provide personal protective equipment and medical monitoring recommendations to responding agencies appropriate to the hazards identified in the event.

5. Assist the ARC-SCSW and other agencies by monitoring the conditions in mass care shelters (ARC-SCSW is not able to shelter any person with an infectious disease).
- F. Recovery Activities
1. WWDCH
 - a. Monitor 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, vector control, mental health assessment and intervention, and other standard public health assessment, response and assurance activities.
 - b. Recommend to responding agencies appropriate monitoring of their responding personnel and volunteers
 - c. Prepares after-action reports of the event.
 - d. Record the costs of providing public health response activities.
 2. Walla Walla County EMS Director, Walla Walla County Coroner and 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. Prepare after-action reports of the event.
 3. Support agencies, such as various city and county departments, the ARC-SCSW, and other volunteer organizations.
 - a. Support recovery activities consistent with their organization missions and capabilities.
 - b. Provide after-action report input to WWDCH for the after-action report of the event.

V. RESPONSIBILITIES

A. Local

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

1. Walla Walla County Department of Community Health
 - a. The Walla Walla County Director, Community Health is the lead for ESF 8 – Health and Medical Services response. WWDCH’s responsibility is to identify and meet the health, safety and medical needs of the people of Walla Walla County in the event of an emergency or a disaster by utilizing WWDCH’s existing expertise and personnel to provide:
 - (1) Surveillance.
 - (2) Response.
 - (3) Event tracking.
 - (4) Rapid health risk assessment.

- (5) Environmental public 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 Walla Walla County Emergency Management 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, and extended care facilities and WWEM EOC staff, including the Walla Walla County EMS Director, the Walla Walla County Coroner, and other support agencies.
 - (14) Coordination establishment of alternate care facilities when needed outside of existing hospitals.
 - (15) Assistance in the establishment of temporary morgues with the Walla Walla County Coroner when needed.
- b. Other specific responsibilities
- (1) Control of communicable disease, including isolation and quarantine if necessary.
 - (2) Local receipt and administration of the Strategic National Stockpile (SNS).
 - (a) Refer to Walla Walla County Public Health Emergency Response Plan, Tab VII, for details.
 - (3) Monitor quality of public water systems.
 - (4) Test and investigate reports of septic tank system problems.
 - (5) Approve and Inspect temporary food facilities.
 - (6) Investigate illegal dumping activities and inspect solid waste disposal facilities as needed.
 - (7) Investigate reports of rodents, insects, and disease vectors and other environmental health hazards, make recommendations or take corrective action as needed.
 - (8) Provide public information and education through the Walla Walla County EPIO.
 - (9) Provide liaison with mental health providers and mental health emergency support services for assistance to citizens and victims.
 - (10) Provide liaison with the ARC-SCSW and other relief and volunteer agencies re: mass care facilities, shelters, feeding

sites, first aid and other health and medical issues (The ARC-SCSW) is limited to daily medications and helping meet activities of daily living guidelines).

- (11) Public Health Emergency Planning and Response
 - (a) All hazards emergency planning, preparedness and response.
 - (b) Biological and chemical hazards.
 - (c) Strategic National Stockpile (SNS) planning and response.
 - (d) Coordinate support health care and medical services in Walla Walla County during an emergency.
 - (e) Communications and information to health care providers.
 - (f) Coordinating Support for functional needs populations.
 - (g) Health support services for evacuation.
 - (h) Public information for health, medical and safety concerns.
 - (i) Potable water, wastewater, and solid waste disposal.
- (12) Plan for the delivery of mental health services during an emergency.
- (13) Coordinate mental health services for the community and emergency responders during and following the emergency.

2. Walla Walla County 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 WWEM EOC.
- c. Provide logistical and other support to responders upon request from the Incident Commander.
- d. Provide public information through an EPIO.
- 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 Washington Military Department, Emergency Management Division regarding emergency and/or disaster declarations.

3. Walla Walla County Emergency Medical Services
 - a. The EMS Director supports the Walla Walla County Director, Community Health with ESF 8 – Health and Medical Services response in addition to fulfilling specific EMS roles and responsibilities.
 - b. The EMS Director works closely with the County Medical Program Director, State, Regional and local EMS and fire officials, local hospitals, and field EMS providers.
 - c. Establish immediate communication with the Walla Walla Emergency Services Communication Center (WESCOM), Medical Control¹, 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. Maintain a roster of certified EMS personnel and agencies.
 - i. Assist the Walla Walla County Health Director, Community Health as needed, such as when emergency medical facilities are established outside of existing hospitals (Medical Control issue), 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 and Critical Incident Stress Management 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. The American Red Cross serving Central and Southeastern Washington
 - a. Services are coordinated through the WWEM EOC.

¹ Medical Control/Trauma Control is maintained at Providence St. Mary Medical Center

- b. Maintain lists of personnel with current Cardio Pulmonary Resuscitation (CPR) and First Aid training, and licensed volunteer nurses; especially registered nurses (RNs) doctors, licensed practical nurses, and certified nursing assistants.
- 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 WWDCH.
- d. Supplement local existing health care system; subject to availability of staff.
- e. Provide supportive counseling for the family members of the dead and injured.
- f. Provide available personnel to assist in alternate care facilities, 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. Walla Walla County Coroner

The Walla Walla County Coroner's office investigates sudden, unexpected, or suspicious deaths, working closely with law enforcement, fire service/EMS, hospitals, WWDCH, EPIO, and others.

- a. Coordinate all care of deceased, victim identification, and mortuary services.
- b. Coordinate with EPIO regarding press releases and conferences. Responsible for providing the specialized/technical information regarding the coroner's response and findings for press conferences, etc. (See Appendix C – Mortuary Services for further information).
- c. If necessary, designates sites/locations for temporary morgues in coordination with WWDCH. 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 airport hangers, or facilities at the county fairgrounds, such as the 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 WWEM EOC with estimated costs.

B. Supporting Agencies

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

1. **Region 8 Public Health Emergency Planning Coordinator**
Provides epidemiology and technical support services and regional public health response support services.
2. **Washington State Department of Health (DOH)**
 - a. Provide technical assistance, consultation, and coordination,
 - b. Conduct field investigations and laboratory analysis.
 - (1) These activities are provided by the Community and Family Health, Environmental Health, Epidemiology, Health Statistics, and Public Health Laboratory, Health Services Quality Assurance, and Management Services programs.
3. **Washington State Department of Transportation (WSDOT)**, when assistance from the Washington State Military Division, Emergency Management Department (WAEMD)/State Emergency Operations Center (SEOC) 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 (FAA) for air traffic control support for priority missions.
4. **Walla Walla 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 WWEM EOC, or maintain communication with the EOC as needed.
 - b. Provide information and advice to the WWEM EOC from local sources, WSU, other areas of the United States, as well as other countries. Coordinates with the Walla Walla County Director, Community Health, and others as needed, regarding issues affecting health and safety.
5. **Central Washington Comprehensive Healthcare**

Provide crisis intervention, as well as short term and long term counseling and education. Works with the ARC and WWDCH, coordinated through the WWEM EOC.

6. Local Hazardous Materials Team

Have training and equipment to treat and decontaminate victims of an event.

7. Local Hospitals and Clinics

a. There is one hospital in Walla Walla County: Providence St. Mary Medical Center is licensed for 142 beds.

b. Providence St. Mary Medical Center also has 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. The Jonathan M Wainwright Memorial Veterans Administration (VA) Medical Center provides services to veterans, and during a mass casualty situation, would be able to provide outpatient care to a limited number of citizens with minor injury or illness after meeting their first obligations to the VA system. The VA Medical Center has limited services, and it is doubtful that non-veterans would be cared for.

d. The Walla Walla Clinic and Providence St. Mary Medical Group have walk-in clinics that are open extended hours, and can provide specialized services such as x-ray, laboratory, and pharmacy. In addition, Walla Walla Clinic, Providence St. Mary Medical Group, Waitsburg Clinic and Family Medical Center, primary care and some specialty care on sight. Some doctors' offices may only be staffed limited hours.

8. Other support agencies and entities

Support agencies, such as city and county departments, and other public, private and volunteer organizations.

C. State

The Washington State Department 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 Washington State DOH.
2. Supporting state departments and agencies.
3. The National Disaster Medical system (NDMS), which extends to the federal level.

4. Other non-governmental sources such as major pharmaceutical suppliers, hospital supply vendors, the Washington State Funeral Directors Association, and other volunteer organizations.

VI. PLAN PREPARATION & MAINTENANCE

- A. WWDCH and WWEM are responsible for the plan preparation and maintenance of this Emergency Support Function (ESF).
- B. This ESF will be reviewed as required by the Washington Military Department, Emergency Management Division. Any necessary updates and revisions are prepared and coordinated between WWDCH and WWEM based on local, state and national guidance and deficiencies identified in exercises and emergencies.
- C. Changes in this ESF will be coordinated by WWEM and distributed to all holders of the plan.

VII. 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 Walla Walla 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 WAEMD/SEOC, 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. Medical Central Control will play a key role in this coordination, keeping in mind that if the WWEM EOC is activated, information and coordination will need to be routed through the EOC. Requests for hospital support should be routed through the WWEM EOC to the State of Washington Military Department, Emergency Management Division, 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/SOC. 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**
WWDCH staff may be augmented by and from professional organizations. The Department of Community Health will supervise the activities of the volunteers.
- E. **Communications**

1. The WWEM EOC will establish communications with WAEMD/SEOC local hospitals, emergency services providers, and involved support services as needed. Communication with adjacent county EOCs/EOCs may also be necessary. Systems available include the regular phone system (including fax and e-mail), local cellular phone system, satellite phones, WebEOC, state and local emergency radio systems, emergency notification systems and amateur radio.
2. WAEMD/SEOC 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 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 as well as local jurisdiction medical facilities that are providing patient care.
4. Public information.

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 Strategic National Stockpile (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 WWEM 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 WWEM 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 WWEM 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. See ESF 2 – Telecommunications, Information Systems, and Warning.
 2. Voice and data communication systems between local EOCs and the WAEMD/SEOC.
 3. Amateur Radio Emergency Services (ARES)
 4. Intra-regional voice communication systems connecting local, regional and state officials involved in the medical response and recovery operations.
 5. Emergency notification systems for notifying the general public.
 6. Computer network support for communications, data collection, and analysis, including Geographic Information Systems (GIS) function.
 7. Communications required to support casualty clearing, aero medical staging, and patient evacuation and reception operations.

VIII. REFERENCES

- A. Appendix A: Activation and Operations Procedure and Notifications
- B. Appendix B: Public Information
- C. Appendix C: Mortuary Services
- D. Walla Walla County Department of Community Health Isolation & Quarantine Manual
- E. Walla Walla County Department of Community Health Emergency Response Plan
- F. Walla Walla County Comprehensive Emergency Management Plan (CEMP), Appendix 1 – Definitions
- G. Walla Walla County CEMP, Appendix 2 – Acronyms

- H. Walla Walla County CEMP, Emergency Support Function (ESF) 15 – Public Affairs
- I. Walla Walla County CEMP, ESF 1 – Transportation
- J. Walla Walla County CEMP, ESF 2 – Telecommunications, Alert and Warning

APPENDIX A: Activation and Operations Procedures and Notifications

The activation of ESF 8 will be coordinated through the Walla Walla Emergency Management (WWEM) Emergency Operations Center (EOC) under the direction of the Director of Emergency Management and the Director, Community Health or designee. WWDCH will maintain an activation list of Department of Community Health 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 follow-up promptly with information and instructions appropriate to the emergency.

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APPENDIX A: Public Information

Public Information relating to Health and Medical emergency response:

1. Will be communicated through the Walla Walla Emergency Management (WWEM) Emergency Operations Center (EOC) Public Information Officer (PIO) as outlined under CEMP Appendix 2.
2. Will be approved by the Walla Walla County Director, Community Health or the ranking Public Health professional on duty or their designee.
3. Will be preferentially based on previously prepared messages as is appropriate.
4. Will be coordinated with the local healthcare facilities, the State Department of Health and regional emergency response to ensure consistency of messages.
5. See also Walla Walla County CEMP, ESF 15 – Public Affairs.

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APPENDIX C: Mortuary Services

I. PURPOSE

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

II. POLICIES

- A. The Washington State Department of Licensing, Funeral and Cemetery Unit, represents death care concerns of the state and provides liaison with the Department of Health, medical examiners and coroners, licensed funeral directors, embalmers, and funeral establishments, the Washington 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 Washington State Funeral Directors Association and the National Funeral Association to recruit the needed professionals to meet the needs. The state and national funeral associations have Comprehensive Emergency Management Plans in place.

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