Catastrophic Incident Annex

Tab D:
Public Health, Healthcare, and Emergency Medical Services

Table of Contents

Purpose 3
Scope 3
Situation Overview 3
General 3
Hazards 3
Planning Assumptions 4
Concept of Operations 6
Organization & Assignment of Responsibilities 7
Direction, Control & Coordination 10
General 10
Information Collection, Analysis, & Dissemination 10
Information Collection 10
Information Analysis 12
Information Collection and Dissemination 12
References and Supporting Guidance 12

Purpose

This Tab describes the Public Health, Healthcare, and Emergency Medical Services (EMS) core capability in the context of catastrophic incidents and reflects the catastrophic planning that has taken place across the state of Washington for the associated Critical Tasks. The strategic goal for Tab D is to protect the healthcare system from overwhelming catastrophic effects to sustain healthcare services and reduce excess mortality and morbidity stemming directly or indirectly from the disaster.

Scope

This Tab applies to catastrophic incidents consistent with the scope of the CIA Base document and all activities within that scope related to or supporting the Public Health, Healthcare, and EMS core capability.

Situation Overview

General

Catastrophic incidents are characterized by high casualty figures that overwhelm the capability and capacity of jurisdictions and healthcare systems to respond effectively. The core capability addressed in this Tab, Public Health, Healthcare, and EMS, is associated with the Health & Medical community lifeline. This lifeline is critical for assessing and prioritizing the employment of Public Health, Healthcare, and EMS resources used to directly address high casualty figures and stabilize catastrophic incidents. Components of the health and medical lifeline include:

- Medical care
- Patient movement
- Public health
- Medical supply chain

Health and medical resources located within a disaster zone, such as hospitals, clinics, congregate care centers, healthcare staff, evacuation vehicles, and evacuation routes are vital to stabilizing community lifelines, but are also vulnerable to the catastrophic incident's effects. Many of the most capable hospitals in Washington State are in the most heavily populated areas that are vulnerable to earthquakes, tsunamis, and volcanic eruptions.

Hazards

See CIA Base Plan for catastrophic hazards and hazard profiles.

Governmental Health System

The governmental health system in Washington is a network of state, local, and tribal agencies and non-profit associations. For a broad description of the governmental health system in Washington, see the ESF#8 appendix to the State Response Annex.

Washington's health system functions are distributed across separate agencies. The Governor's Healthcare Subcabinet was created in 2001 to coordinate policy and purchasing decisions across these agencies. The Subcabinet is a strategic policy-level body consisting of principles from the following agencies:

- The Health Care Authority (HCA)
- The Department of Health (DOH)
- The Department of Social and Health Services (DSHS)
- The State Board of Health
- The Governor's Executive Policy Office
- The Office of Financial Management (OFM)
- The Department of Labor and Industries (LNI)
- The Department of Corrections (DOC)
- The Department of Veterans Affairs
- The Office of the Insurance Commissioner

Executive order 01-02 describes the Subcabinet's stated purpose to develop and coordinate state healthcare policy and purchasing strategies. This strategic policy body or representatives from its member agencies could convene during a catastrophic response to develop long term policy and purchasing strategies to support response and recovery from a catastrophic incident.

Tribes

Tribes are sovereign, therefore coordination with them is considered government-to-government engagement. They have the right to engage directly with the federal government for support or to work with the State of Washington, whichever they decide is most beneficial. DOH typically includes a tribal liaison officer within its IMT structure to engage directly with Tribes.

Planning Assumptions

Following a Presidential disaster declaration in the wake of a catastrophic incident, the Secretary of Health and Human Services (DHHS) will declare a public health emergency under section 319 of the Public Health Service Act.

Critical health and medical infrastructure will be severely damaged or inoperable.

Medical first responders will be unable to perform traditional incident response roles due to losses of personnel, facilities, and equipment.

Local capabilities and mutual aid agreements in public health, health care, and EMS will be overwhelmed.

Span of control for public health, health care, and EMS organizations and resources will be impractical for the first several operational periods.

Situational awareness will take days to acquire due to disruption of information systems The

WA DOH has the authority to convene the Governors Healthcare Subcabinet in the wake of a catastrophic incident as established by precedent.

At the onset of a catastrophic incident, hospitals will follow the HHS Administration for Strategic Preparedness and Response (ASPR) hospital preparedness program and Joint Commission preparedness standards.

Hospitals will be operating at reduced capacity due to overwhelming patient numbers, facility damage, staffing, and other shortfalls.

Local medical reserve corps members will be affected by the incident, and some will be incapable of responding.

Hospital beds will be rapidly filled, driving an immediate need for alternate care facilities and patient movement.

Medical supply chains will be severely disrupted thereby exacerbating capability and capacity shortfalls.

Vital wrap around services for air ambulances will be disrupted.

Public health risks will increase due to infrastructure damage, hazmat releases, and disruptions to preventive and chronic care.

Damage to communications infrastructure will present a challenge for coordination, public health messaging and information sharing.

At least one Disaster Medical Coordination Center (DMCC) will be capable of performing DMCC functions.

Concept of Operations

The strategic goal of the Public Health, Health Care, and EMS core capability is to reduce excess mortality and morbidity stemming directly or indirectly from the effects of a catastrophic incident. This is accomplished through:

- lifesaving medical treatment to increase the survival of victims with acute injuries.
- targeted public health interventions to reduce disease stemming from infection and environmental exposures.
- medical support to continue the management of chronic conditions.
- Behavioral health support to reduce the effects of stress including self-harm.
- movement of patients to the appropriate care location, which may mean movement out of Washington State

This TAB will be executed in four phases in accordance with the FEMA catastrophic phase construct described in the base CIA:

Phase 1 (Prepare)

This phase begins upon issuance of the catastrophic incident annex and includes all preparedness and mitigation activities to increase healthcare-system and public health resilience in the wake of catastrophic incidents. Priorities of effort for this phase include socializing catastrophic scenarios with stakeholders in public health, health care, and EMS to develop a common operating picture, plus planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions to prepare for a rapid response. These activities comprise the FEMA preparedness cycle that ensures effective coordination during incident response. Key to success in WA State is developing partnerships to conduct preparedness activities across jurisdictions and between the public and private sector. This phase ends when a catastrophic incident occurs and the priority shifts from preparedness to response.

Phase 2a (Initial Response)

This phase begins when a catastrophic incident occurs. The focus of this phase is establishing ESF-8 coordination nodes, establishing communications with affected jurisdictions, establishing contact with federal partners, assessing critical infrastructure and capabilities essential to the health and medical lifeline. Local EMS and medical partners begin triage and initial stabilization of casualties followed by transport to appropriate levels of care. Key activities during this phase include activating the SEOC ESF-8 desk, establishing the DOH agency coordination center, and

activating the state disaster medical coordination center (DMCC). This phase ends upon the establishment of a unified command group (UCG).

Phase 2b (Employment Response)

This phase begins with the establishment of a UCG and the beginning of coordinated response operations. DOH establishes its Type 3 IMT and begins support and coordination of resources for LHJs and Tribes. Lifesaving efforts continue during this phase as the flow of resources into the state increases to support requests for mutual aid and federal support. Critical activities during this phase include sustaining hospitals, establishing and sustaining alternate care facilities, coordinating and facilitating patient movement from hospitals and alternate care facilities to APODs for evacuation, deploying medical, behavioral health, and public health resources to sustain responders and to support victims in congregate settings. Identifying and supporting special-needs populations is a primary focus for public health. This phase ends when the UCG determines that sufficient objectives have been met to begin transitioning to recovery.

Phase 2c (Transition to Recovery)

The phase begins when ESF#21 is activated to begin recovery operations. Through ESF#21, the Health Services Recovery Support Function (RSF) begins using damage assessments to coordinate and support recovery of the healthcare sector. Especially during a catastrophic response, recovery is likely to coincide with ongoing response operations for some time. This phase is characterized by a change in focus from lifesaving to life sustaining. Hospitals will begin transitioning to normal operations as they discharge disaster victims and regain capacity for chronic care. Key decisions during this phase include downgrading continuum of care standards and releasing mutual aid and federal resources. This phase ends when all response operations have ceased, and response resources are demobilized or transitioned to support recovery operations.

Organization & Assignment of Responsibilities

WA Dept of Health

- Perform all duties and tasks as described in the CEMP Base Plan and Response Annex as the coordinating agency for ESF-8.
- Gain situational awareness and assess the impact of infrastructure damage on the health-and-medical lifeline.
- Establish communications with LHJs, Tribal health organizations, and health care facilities in affected areas.

- Convene the Governor's Healthcare Subcabinet as necessary to coordinate state-level strategic healthcare policy and purchasing decisions in support of catastrophic response and recovery.
- Mitigate medical surge by coordinating with HHCs to support waiver requests.
- Work with the Governor's Office to secure federal public health emergency declaration.
- Coordinate with HCA to convene the Governor's Healthcare Subcabinet as needed.
- Identify critical shortfalls in public health and medical care.
- Activate and deploy personnel, supplies, and equipment to support state-level missions, local and tribal needs, and healthcare facilities.
- Coordinate interstate mutual aid requests for public health and medical assistance and initiate requests for federal health and medical resources.
- Provide resource management support including equipment, medical supplies, and pharmaceuticals for local health jurisdictions, tribes, and healthcare organizations.
- Manage the staging, storage and statewide distribution of medical surge supplies and equipment.
- Coordinate dispensing of medical countermeasure (MCM) and CHEMPACK caches.
- Coordinate distribution strategies for medications and medical supplies received through the Strategic National Stockpile.
- Support and implement non-pharmaceutical interventions to control the spread of disease.
- Conduct disease surveillance, health promotion activities, and epidemiological investigations to prevent and control disease outbreaks of both human and zoonotic diseases.
- Monitor population health effects related to water and air quality, toxic chemicals, and radiation, and respond with messaging, interventions, and technical assistance.
- Coordinate public health messaging including Health Protection Orders with ESF-8 partner agencies and local health officers.
- Support and coordinate the mobilization of crisis intervention and behavioral health services.
- Coordinate with local public health and medical officials to affect intrastate and interstate patient movement.
- Coordinate with regional Disaster Medical Coordination Centers (DMCC) to manage statewide bed availability and patient movement.
- Direct statewide surge capacity strategies to support local health jurisdictions, tribes, and healthcare facilities.

WA State Emergency Management Division

See base annex

Local Health Jurisdictions

- Perform preliminary assessment of public health, health care, and EMS capabilities and functions and report by any means available to the SEOC and/or the DOH ACC. Continue reporting in accordance with Incident Action Plans (IAP).
- Gain span of control of resources as quickly as possible.
- Request mutual aid from other jurisdictions through the Washington Mutual Aid System (WAMAS)
- Provide mutual aid to other jurisdictions.
- Provide timely and accurate risk information to the public within respective jurisdiction.
- Deliver medical countermeasures to exposed populations.
- Activate Medical Reserve Corps (MRC) as necessary.

Tribal Health Organizations

- Communicate tribal needs to federal, state, and local partners.
- Provide situational awareness of healthcare infrastructure to federal, state, and local partners.

Disaster Medical Coordination Centers

- Coordinate patient placement for patient movement within respective jurisdiction and between jurisdictions.
- Coordinate patient distribution and load balancing for patients during a disruptive event, MCI, and/or hospital evacuation.
- Be prepared to perform duties as the State DMCC if Harborview Medical Center is not available.
- Report overall status of DMCC operations to the DOH ACC and/or the ESF-8 coordinator at the SEOC.
- Coordinate with NDMS for outbound patient movement.

Healthcare Coalitions

- Activate Healthcare Emergency Coordination Centers to support partners
- Provide situational awareness to partners
- Coordinate cross-leveling of supplies and equipment between acute care facilities
- Support patient movement activities through partner organization coordination and decision making, operations, situational awareness, and resource coordination

- Coordinate interstate evacuation with federal NDMS partners to track patients evacuated to other states
- Share NDMS patient information with DOH
- Convene healthcare leadership and clinical SMEs to formulate response policy decisions
- Support coordination and implementation of alternate care strategies and planning

Direction, Control & Coordination

General

As the Coordinating Agency and sole Primary Agency for ESF#8, DOH has primary oversight and coordination responsibilities for Public Health, Health Care, and EMS resources. Catastrophic incidents are characterized by disruption of normal response activities and timelines, and the resulting difficulty of establishing communications and span of control. Therefore, first responders are likely to operate rather independently throughout Phase 2A.

Priorities:

- Establish local span of control.
- Establish 24-hr staffing of the ESF-8 desk.
- Establish DOH Incident Management Team.
- Identify a viable State Disaster Medical Coordination Center

Tactical control of Public Health, Health Care, and EMS assets will be maintained at the lowest practical level while operational control remains with the parent organization. The ESF-8 appendix to the Response annex of the State CEMP describes applicable authorities at every level of jurisdiction.

Information Collection, Analysis, & Dissemination

This section outlines the Essential Elements of Information (EEI) needed to determine the disaster's effects on the subcomponents of the Health and Medical Community Lifeline. The assessed conditions of these lifelines assist ESF coordinating agencies with developing objectives. Lifeline assessments are important for Senior Leadership Briefs (Tiers 1 & 2) to inform response personnel and senior leadership/decision-makers. More information on SLBs can be found in the base annex.

Information Collection

Information collection in the first few operational periods will be challenging because state and local operations centers, health departments, healthcare facilities, and EMS providers will have difficulty establishing communications. Information may be gathered or received from local

jurisdictions, responding organizations, private sector partners, and the public by whatever means are available given the status of communications networks and systems. Information collection is driven by the information needs of agency administrators and incident commanders in the form of Essential Elements of Information.

Essential Elements of Information (EEIs)

Community Lifeline	Lifeline Component	Lifeline Subcomponent	Essential Element of Information
Health and Medical	EMS	Patient Movement	• Ambulances available • Ambulance crews available • Air ambulances available • Status of airfields and heliports
		Emergency Medical Treatment	• Fire/rescue services available • EMT/Paramedics available • Emergency Departments available • Estimated number of injured victims
	Medical Care	Acute Care Hospitals	• # and types of beds available • Hospitals available, damaged, & destroyed • Ors available • Impact/loss of ancillary services
		Pharmacies	• Pharmacies available
		Long-Term Care Facilities	• # impacted and/or evacuated survivors with disabilities and others with AFN • # facilities needing assistance with relocation • # electrically dependent and ambulatory persons (medical equipment or AFN) evacuated and unable to return
		Veterinary Services	• # of veterinary services needed within shelters • # veterinary services available for community
		Behavioral Health	• # participants seeking crisis counseling – immediate service impacts • # and types of services needed • # 988 crisis line calls/day

Community Lifeline	Lifeline Component	Lifeline Subcomponent	Essential Element of Information
		Clinics	• # of operational urgent care clinics • # of operational dialysis centers • # of operational ambulatory surgical centers
	Public Health	Population Health	• Viable community health centers • Viable public health labs • Suspected or potential communicable disease outbreaks

Information Analysis

Analysis of information concerning public health and medical care occurs primarily at the DOH ACC. In the immediate aftermath of a catastrophic incident, the focus of analysis will be on gaining situational awareness of requirements versus capabilities and determining shortfalls that inform requests for support through mutual aid or federal resources.

Information Collection and Dissemination

In the State of Washington, the state agencies and local jurisdictions primarily use WebEOC to disseminate information on the status of lifelines. DOH has other information systems that may be used to both receive information from and disseminate it to external audiences. These systems may be limited or completely unavailable in the wake of a catastrophic incident due to damages to essential communications infrastructure. Systems include the Washington Disease Reporting System, the Electronic Syndromic Surveillance System (ESSENCE I), WATrac, and WAHEALTH. These systems can provide near real time information for the common operating picture to aid decision making.

References and Supporting Guidance

WA Governor's Executive Order 01-02

State Comprehensive Emergency Management Plan (CEMP) Base Plan

CEMP Response Annex

Emergency Support Function 8 (ESF#8) Appendix to the CEMP Response Annex

Catastrophic Incident Appendix to the CEMP Response Annex

Washington Mutual Aid System (WAMAS)

FEMA Community Lifelines Poster

FEMA Community Lifelines Fact Sheet

Public Health, Health Care, and EMS Core Capability Development Sheet

Network tool kilt on crisis standards of care