

Annex G – Health, Medical, and Mass Fatality

Purpose

The purpose of the Health and Medical Annex is to describe policies and procedures for mobilizing and managing health and medical services under emergency or disaster conditions including:

- Unique health consequences and treatment options for people exposed to a hazard;
- Environmental monitoring and/or decontamination requirements;
- Organizations and/or individuals responsible for assessing and coordinating appropriate health protection measures, including public health and agriculture (e.g., controlling disease-bearing pests, decontaminating, detecting potential biological, chemical, and radioactive agents, detecting/monitoring food contamination, respiratory protection, mass clinics, and water purification).

Ambulance Services in Houston County:

- Caledonia Ambulance
- Houston Ambulance
- Spring Grove Ambulance
- Tri State

All ambulance services are 24/7 service staffed by volunteers only and are BLS only, except Tri State and one member of the Caledonia Ambulance who has ALS capability. Tri State is also the only non-volunteer ambulance service in the county. Ambulance services are dispatched through the Houston County Sheriff Department Dispatch Center.

The overall responsible parties for implementing and amending this annex are jurisdictional EMS departments and clinics.

STANDARD OPERATING GUIDELINES

Most standard health and medical operations in Houston County will be handled by first responders and local clinics. If additional assistance is needed with health and medical, Public Health may be able to assist.

[28, 53] Mass fatality planning is an important step in making sure Houston County is prepared for any disaster event and the consequences it may bring. Mass fatality response may be conducted by a local coroner, a medical examiner, and local law enforcement agencies including municipal and county.

- a. Mortuary services during a mass fatality incident will be handled as able by the funeral homes located within the county. If an incident goes beyond the means of local funeral homes, additional resources from DMORT may be required.
- b. Facilities that can double as temporary morgue operations when not handling other aspects of a disaster could be facilities located nearby the funeral homes and other places that can provide proper cooling of remains, including coolers/freezers,

basements/cellars, and other appropriate places. Funeral home directors may need to call on assistance from mutual aid for temporary morgue operations.

- c. Notifying next of kin will be performed by local law enforcement and the medical examiner as able. Further assistance may be required in a mass fatality incident.
- d. Victim identification and interviews will be held by the medical examiner with assistance from other agencies that may be able to provide confirmation of victim identification.
- e. Counseling initially can be provided by religious leaders within the county, and may need other psychological personnel later on.
- f. Families will be reunified with remains in a timely manner as appropriate in conjunction with response and recovery efforts of the incident. Local law enforcement and MNDOT may be able to assist in any travel necessary to accompany the remains to the family.

Family Assistance Centers, often confused with Family Reunification Centers, are designed to assist grieving families with any information they may need in response to the death of a loved one. Family Assistance Centers are an incredibly rare occurrence in Houston County and may happen if many people were to pass while visiting the county from other locations.

In turn, Family Reunification Centers are information hubs for families to go to learn about how to begin rebuilding their lives after a disaster. Family Assistance Centers may contain Reunification Centers, but they are not the same thing.

- a. If a Family Assistance Center is needed to be open due to a mass fatality event, Houston County will more than likely have assistance from mutual partners, state agencies, and volunteer agencies to develop a center. The first step will be the reunification of families and their deceased loved ones, which will be handled by the medical examiner in conjunction with local law enforcement and mutual agencies.
- b. It is important during a mass fatality event to collect as much information as possible and share with the public and families of the deceased as much as possible. Houston County will utilize the media as appropriate to disseminate public information, and will use case managers from volunteer agencies to provide sensitive information to families of the deceased.
- c. Staffing Family Assistance Centers will require volunteers and mutual aid agencies as long as the centers need to be opened.
- d. Equipment for Family Assistance Centers may be provided as an emerging need during or after an event.
- e. Family Assistance Center training for individuals can be provided on an as-needed basis.

Situation and Assumptions

Situation

- A well-planned health, behavioral health, medical, and mortuary support network is essential at any time, but becomes vital during emergency situations.
- Houston County has sufficient health care, medical services, and mortuary facilities to handle routine health care, medical services, and mortuary requirements in the county.

It does not, however, have a hospital within its borders. For large scale events, Houston County may have to ask for assistance from other counties, non-profit organizations, and private agencies in the region or from mutual aid to respond to an emergency including for behavioral health care.

Assumptions

- A large-scale emergency situation may significantly increase demand for public health, behavioral health, medical, and mortuary requirements in the county and its municipalities.
- An emergency situation involving large areas of the county may both adversely affect local resource response capabilities and damage the existing medical infrastructure.
- When local resources can no longer meet the demand of the situation, additional regional, State, and Federal resources will be requested through the Emergency Operations Center (EOC).
- Depending on the nature of the emergency situation, complications may include general health and mental problems, traumatic injury, communicable diseases, food-borne illness, and contamination of water, air, and soil.
- The release of toxic or hazardous materials may result in human and environmental contamination.
- During severe storm conditions, responder and rescue operations may be suspended or halted to protect the responders from becoming victims themselves.
- Disaster events involving responders will be coordinated from the Sheriff's dispatch center, unless an on-scene command post or the EOC is activated.
- Disruption of the county's communication systems will severely impede the timely delivery of emergency medical response services.
- EMS is most critical within the first thirty minutes of the emergency.
- Existing mutual aid agreements that call for additional medical, health, and mortuary services may not be available in the initial critical stages of an emergency situation.
- Under certain circumstances, it may be necessary to relocate nursing home patients and assisted living residents, including the seriously ill.

CONCEPT OF OPERATIONS

A significant disaster event may cause injuries to a considerable number of people, produce physical or biological health hazards throughout the affected area, and create a widespread need for medical care or public health guidance. Because of the myriad of natural and man-made disasters, many decisions will have to be made at the time of the incident based on an expedient capability assessment and the availability of medical resources. These decisions must be made by the incident commander based on the best advice and recommendations given by the appropriate response personnel. Federal and state officials may also assist in the decision-making process. During an emergency situation, all health and medical requirements including outside assistance will be coordinated and prioritized in the EOC.

Emergency operations for health and mental health services will be an extension of normal agency and facility responsibilities. Volunteer and other organizations will work under this framework and allow local control of the incident. The magnitude of health and medical care provided will be adjusted to fit the disaster type and size.

As mentioned earlier, there are no hospitals in Houston County. Hospitals from surrounding counties have satellite clinics in the county, which form a natural referral system. In the event of a disaster, EMS personnel may need to call on assistance from local volunteers who may come from these clinics, nursing homes, dentist offices, veterinary clinics, or off-duty/retired doctors and nurses.

In the event of a mass casualty occurrence, funeral home directors may be available to assist the medical examiner in the identification, care, and disposition of remains.

Houston County will rely on regional partners for additional resources for behavioral health services for volunteers, professionals, and victims.

[\[12\]Medical Services](#)

During an emergency situation in a municipality, the City EMS Director with responsibility for the affected area will coordinate on-scene triage services and medical transport to the appropriate medical facility. During a county-wide disaster, representatives from local clinics or surrounding hospitals will work under the command of the EOC to determine and execute the level of triage needed and the staff required to conduct triage.

During a county-wide disaster, mass care will be diverted to hospitals within Southeast Minnesota, Northeast Iowa and Western Wisconsin. If a regional or national event occurs beyond the capacity of these regional medical and health facilities, families will be encouraged to provide care for family members within the setting of their homes with direction and education from EMS and satellite clinic personnel.

Medical transport may be provided by ambulance providers, mass transit vehicles such as buses (when available), or helicopter transport provided by Gundersen Health System in La Crosse.

[\[26\]](#)Patients and employees requiring decontamination after an event will first be instructed to self-decontaminate. Self-decontamination will require the contaminated individuals to remove the hazardous material from their person which may involve disrobing, showering, or any other means of decontamination. If individuals need to go to a decontamination facility, they will be provided with clothing alternatives; otherwise, anybody who self decontaminates without going to a facility will not be provided clothing. All contaminated articles will be bagged for safe disposal. When possible, basic decontamination procedures will occur immediately onsite to prevent additional exposure to those affected and those at-risk of infection. Gundersen Medical Center in La Crosse has decontamination abilities for chemical, biological, and radiological abilities if people need to be transported for decontamination. If antidotes are crucial to the event, procurement of the Chem Pack assets will be requested through the Minnesota Duty

Officer. Decontamination trailers and equipment are also available upon request from the Minnesota Duty Officer.

Trauma care for patients can be accessed through St. Mary's Hospital and Olmsted Medical Center in Rochester, MN and Gundersen-Lutheran Health System in La Crosse, WI. St. Mary's Hospital is a Level I Trauma Hospital. A Level I Trauma Center has a full range of specialists and equipment available 24 hours a day and admits a minimum required annual volume of several injured patients. A Level I Center has a program of research, is a leader in trauma education and injury prevention, and is a referral resource for communities in nearby regions. Olmsted Medical Center and Gundersen-Lutheran Health System are Level II trauma hospitals. A Level II Trauma Center works in collaboration with a Level I center. It provides comprehensive trauma care and supplements the clinical expertise of a Level I institution. It provides 24-hour availability of all essential specialties, personnel, and equipment. Minimum volume requirements may depend on local conditions. These institutions are not required to have an ongoing program of research or a surgical residency program.

[Mortuary](#)

The Medical Examiner, in coordination with law enforcement officials, will coordinate mass fatality response. In the event of a mass fatality incident, additional mortuary services may be required, and will be requested via the EOC.

[Public Health](#)

The primary public health concern is disease prevention and control. The Public Health Director in coordination with MDH, will implement effective environmental health, nursing, and health education practices to minimize the occurrence of disease and illness; through disease surveillance and mass dispensing centers when necessary.

If the Strategic National Stockpile (SNS) of Federal supplies is required, it will be requested by the Public Health Director or a designee. The SNS will then be coordinated and distributed locally by Public Health or designees. Coordination of Mass Dispensing Sites and other Points of Dispensing will be established by Houston County Public Health.

The Public Health Director, in coordination with city and county government, is responsible for ensuring that SE MN Regional Pharmaceutical Cache supplies get to first responders. Public Health will also work with the Logistics and Safety Officers to assure that employees and volunteers are taking appropriate health protection measures (e.g., respiratory protection, inoculation, water purification, pest control, etc).

[\[25\] BEHAVIORAL HEALTH](#)

Department heads are responsible for arranging crisis counseling for their employees for any event affecting their specific department. First responder leaders are responsible for providing emergency workers with counseling when necessary. Access to behavioral health counseling resources can be obtained through Human Services or through the EOC, when Human Resources is stretched for resources which could be very quickly. For large-scale events, Human

Services or Logistics is responsible for arranging and coordinating crisis counseling such as Critical Incident Stress Debriefing for emergency workers.

Behavioral health counseling will be coordinated through the EOC for disaster survivors and may involve local religious organizations, local volunteer psychologists, emerging counseling volunteers during/after the disaster, and state resources.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Local EMS/first responders and county clinics will organize, coordinate, and supervise emergency public health and medical service operations.

Specific Key Responsibilities

EMS/First Responders will:

- Provide situational reports containing the number, type and severity of casualties to the IC/EOC.
- Coordinate emergency health and medical functions with satellite clinics or hospitals as necessary
- Perform all administrative and operational functions of the EMS Service
- Assess the medical capabilities on hand and report these to local units of government.
- Establish medical procedures for evacuees at the shelters.

[13]Clinics will:

- Provide regular health and medical services during an emergency as able until their capacity is exceeded.
- Contact public health concerning potential disease outbreaks.
- Prepare local triage in conjunction with EMS/first responders as needed
- Provide tracking of injured victims in conjunction with EMS/first responders. Tracking will include communication with hospital personnel and the EOC to report location of victims to relatives.
- When possible, assist with community wide mass dispensing of prophylaxis.

Medical Examiner will:

- Develop procedures for the recovery, identification, registration and disposition of the dead. These procedures should include use of professionals and volunteers to sort, document, and identify dead and the establishment of a morgue.
- Be prepared to recruit other professionals and volunteers to assist with sorting, documenting, and identifying human remains, and establishing temporary morgues, as required
- During a mass fatality incident, coordinate medical examiner and mortuary operations with law enforcement, ambulance services, and other known agencies as needed.

- Coordinate notification of next of kin, and release remains and deceased person's personal effects, with local law enforcement and clergy services.
- Coordinate with the EMD if outside assistance is required for resource equipment and supplies.
- Develop a tracking system/procedures for human remains.

[23]The Public Health Director will:

- Upon request, report to the HC Emergency Operations Center to provide direction and control for public health operations and disease control.
- Act as liaison with MN Department of Health and CDC.
- Provide direction and control for emergency public health operations, in consultation with MDH.
- Develop and issue appropriate health alerts, announcements, and educational materials to the public.
- Work to acquire health and medical volunteers prior to an emergency.
- Contact appropriate state organizations to respond for food inspections for contamination, clean water supply, and sanitation.
- Be prepared to request the Strategic National Stockpile (SNS) of assets, and distribute locally, if required.
- Establish procedures to expeditiously coordinate with local pharmacists for required medications during emergency operations.
- If required, establish mass dispensing sites to dispense needed medication or vaccinations to emergency workers and/or the general public in accordance with the HC Mass Dispensing Plan.
- Provide guidance regarding isolation and quarantine measures as directed by MDH.
- Maintain listing of nursing homes and send updated copies to EMD
- Provide surveillance systems to monitor early detection of public health situations through local public health plans and MDH.

[24]The Emergency Management Director will:

- Assist city EMS in coordinating health functions.
- Provide situation reports containing the number, type and severity of casualties to the state EOC.
- Make requests for medical assistance, equipment, supplies and health manpower, as appropriate
- Ensure that nursing homes develop evacuation procedures including the discharge of less critically ill patients.
- Establish procedures for evacuating medically ill patients with county-wide partners.

The Sheriff's Department/Local Police Departments will:

- Provide security and escorts, as required to obtain the SNS and conduct Mass Dispensing Site operations.
- Identify and ensure access routes are available.
- Coordinate in the EOC with the law enforcement agencies from non-impacted areas in the state for the provision of security and restricting access at health and medical facilities within the affected area as needed.
- Provide emergency transportation of blood, health/medical personnel, and medications, if needed and as capacity allows.
- Coordinate with health care facilities and the medical examiner on the release of names of casualties and proper notification to kin.

American Red Cross Director will:

- Assist human services with identifying evacuees in emergency shelters and mass care facilities that may require critical incident stress debriefing or behavioral health care services
- Provide blood and plasma through blood donor programs
- Provide nursing staff and aids as requested.
- Provide volunteers to assist in the care of people with disabilities and activity limitations.

Superintendents of Schools:

- Provide buses and drivers, on request, for evacuations of medical and health care facilities as available. Caledonia, Spring Grove, and La Crescent schools do not have their own busses or drivers.
- Provide school facilities for mass care facilities, emergency shelters and mass causalities as able.
- Provide trained school professionals such as clerical staff, school nurses, and teachers to assist with education, data, entry, treatment, etc.

ADMINISTRATION AND LOGISTICS

CONTINUITY OF GOVERNMENT

Line of Succession – Houston County Public Health 1. Public Health Department Head. 2. Public Health Educator. 3.

Line of Succession –Houston County Human Services 1. Human Services Director. 2. Financial Assistant Supervisor 3. Social Services Supervisor

Line of Succession – Medical Examiner 1. HC Medical Examiner. 2. TBD.

Line of Succession – Other Organizations Supporting this Annex. Lines of succession for other organizations that support this Annex are in accordance with the organization's established policy

Reports and Records

The Public Health Director will determine what operating records will be essential for post-disaster analysis and will require maintenance of these records:

- Mutual Aid Agreements. Assist in creation of mutual aid agreements leading to availability of additional human and physical resources.
- Disease Outbreak Data. Collected and forwarded to appropriate State, and Federal officials
- Environmental Health Inspections. May be required with increased frequency during and following an event. Requested through MDH regional or state offices.
- Maps, Charts, GIS Data. Maintain maps, charts, and GIS data relative to the public health issues in emergency situations.
- Mass Dispensing Site Records. Records of individuals receiving prophylaxis at mass dispensing sites and other points of dispensing.
- Recall Rosters.

PLAN DEVELOPMENT AND MAINTENANCE

This plan will be reviewed and updated as changes are required.

This annex will be revised whenever:

- Lessons learned from emergency can be addressed in the plan.
- Review, exercises, and/or drills reveal deficiencies or shortfalls.
- Local government structure changes.
- Community situations/hazards change.
- Federal/State requirements change.

The annex should be reviewed by affected departments/agencies when changes are made in the agency regarding health and medical response. Each agency or department listed in this annex is responsible for developing and maintaining appropriate mutual aid agreements, Standard Operating Procedures (SOPs) and resource documents to implement the responsibilities they are assigned. These should also be reviewed at least annually. This information will be coordinated with and provided to the Emergency Management Director, as necessary.

Training and Exercises

Training

Training to and exercise of individual organization's SOPs that support this annex are the responsibility of each respective organization.

Exercises

The EMD will develop a county-wide exercise plan to assess the effectiveness of the entire EOP annually. All tasked agencies will participate in scheduled exercises as practical.

AUTHORITIES AND REFERENCES

Laws/Statues

Emergency Health Powers Act Chapter 12

<http://www.health.state.mn.us/divs/opa/mehpafs04.html>

Local Public Health Act (Minnesota Statute 145A)

<http://www.health.state.mn.us/divs/cfh/lph/legal.html>

Standard Operating Procedures

See Houston County Public Health Policy Manual.

Interagency Agreements/Compacts/Mutual Aid Agreements

(See Public Health Plan)