

Emergency Support Function 8 – HCC Preparedness and  
Response Plan Public Health, Mental Health and Medical Services

**Southwest Utah**



Date	Who	What
February 2014	Paulette Valentine	Annual Plan review, change to CHERC name to ESF8 Coalition.
December 2014	Paulette Valentine	Reviewed following Ebola Regional VTTX.
July 2016	Paulette Valentine	Reviewed added POD information in the volunteer section.
March 2018	Steven Rossberg	Update for HPP/HCC Preparedness Plan elements
March 2019	Paulette Valentine	Slight changes in working. Updated for HPP/HCC requirements.
May 2019	Paulette Valentine	Included information on HCC from the Medical Surge Capacity and Capability document from U.S Department of Health and Human Services
May 2019	Mike Gale	Changed County Emergency Management to Primary Agency from Support Agency
June 2019	Mike Gale	Added Resource Assessment. Updated Table list.

Table 1: Record of Changes

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## **Coalition Introduction**

### **Purpose**

The purpose of Emergency Support Function 8 - Health and Medical Services (ESF 8) and Health Care Coalition (HCC) Preparedness and Response Plan is to provide for the prioritization, organization, mobilization, and coordination of health and medical services and resources in an imminent emergency threatening the public's health or during other emergencies or disasters that require the involvement of or activation of ESF 8 at the County EOC. This will usually occur after resources from the individual facilities have been depleted. The HCC will coordinate with the ESF 8 lead to accomplish the objectives of this plan.

### **Scope**

In a medical surge event, the majority of medical care is provided at the local level in hospitals, surgical centers, outpatient clinics, community health centers, and private physician offices, re-hab and long-term care facilities and with home health and hospice agencies. The success of an incident depends in part on how well the healthcare organizations coordinate together to support the point-of-service healthcare organizations.

The Southwest Utah HCC works together to optimally manage the SWHCC resources and integrate with the response community to mitigate, prepare for, respond to, and recover from potential hazards identified in the Southwest Utah Jurisdictional Risk Assessment (JRA.) The health and medical services of ESF 8 partners and HCC partners include Southwest Utah Public Health Department (SWUPHD), regional hospitals, surgical centers, long term care facilities, home health agencies, private health care providers and facilities, community mental health services, emergency medical services (EMS), and the Deputy Medical Examiners/Investigators. Health and medical services are supported by key community response agencies. Activities within the scope of health and medical services include:

- Organizing, mobilizing, supporting, coordinating, and directing health and medical services in the event of a health emergency or disaster overwhelming the capability of the local hospital or local facility.
- Supporting an alternate care site as requested by local hospital facility. Alternate care site activation is the responsibility of each local hospital in each of the southwest Utah five counties.
- Supporting the delivery of mass care to trauma victims consistent with the Counties Emergency Plans. This may include activation of the Family Notification Center (FNC) Plan, the Family Assistance Center (FAC) Plan and/or the Southwest Utah Medical or Mental Health Response Teams.
- Coordinating or providing medical and environmental surveillance and monitoring activities with other medical service providers and support agencies.
- Coordinating the medical and environmental surveillance for and containment of communicable or other diseases in an emergency disaster shelter.

- Implementing public health measures designed to prevent the spread of disease or environmental contamination.
- Assisting to support the recovery of fatalities.
- Assist to coordinate the identification of the cause and manner of death.
- Establishing, maintaining and supporting effective and reliable means of communication with health services agencies, health care providers, support agencies, the general public, and the media.
- Assisting in the coordination and supporting the crisis intervention and mental health services during and following an emergency or disaster event.

### **Authorities**

- Authority of Southwest Utah Board of Health
- Authority of the Local Health Officer
- Mandates of Local Health Officer
- Duties and Responsibilities of Local Health Officer
- Isolation and Quarantine (IDER) Plan
- Southwest Utah Public Health Communication Plan
- Communicable and certain bioterrorist diseases or other disease plans
- Responsibility and authority of the Medical Examiner or Deputy Medical Examiner/Investigators
- Local Health Officer supports the Registrar of Vital Statistics
- Enforcement of Isolation and Quarantine Orders by law enforcement.
- Fire Department Paramedic policies and procedures
- County EMS and Private EMS Paramedic policies and procedures
- Emergency Medical Services policies and procedures
- State-wide Trauma Care System (Strike Teams etc.)
- Disaster Teams (DMAT, DMORT)
- Authority of each of the hospitals in the region
- Authority of the other private health facilities or businesses in the region (surgical centers, long-term care, community health care centers, private medical providers, home health and hospice agencies)

### **Administrative Support**

The Coalition members will approve the initial plan and maintain involvement in regular reviews of the response plan. The plan will be updated as necessary to reflect learning from exercises and real-world events. The review will be presented and approved by the HCC core members (Executive Team) and other vested members throughout the Southwest region. The review will include identifying gaps in the preparedness plan and working with HCC members and external partners to define strategies to address the gaps.

The plan will be reviewed on an annual schedule in conjunction with the coalition leadership and advisory group. The plan would then be shared to other ESF8 and coalition members in the HCC region. The Coalition coordinator will regularly update the plan with support from health department staff and coalition members.

## **Policies**

Guiding policies for ESF8/HCC health and medical services and agencies responding to a health emergency or other emergency or disaster in Southwest Utah include:

- Plan is activated when a health emergency or disaster occurs overwhelming the capabilities of the local hospital or other facility and a coordinated response, including resources, of health, medical and environmental response from multiple agencies or organizations is required.
- SWUPHD assign appropriate staff to support ESF8/HCC functions in the Southwest Utah Region, emergency operations centers (EOCs), and incident command posts as needed or requested by the EOC.
- A National Incident Management System (NIMS) compliant Incident Command System (ICS) will be utilized for direction and control of ESF8/HCC response agencies. Facilities will utilize the Healthcare Incident Command Structure (HICS).
- ESF8/HCC agencies and partners may commit if available; resources, expertise, and experience as needed in an emergency or disaster in support of facilities.
- ESF8/HCC agencies will strive to collaborate with local, state, tribal, federal agencies, and local community-based organizations to assure an effective and efficient response to health, medical, and environmental emergencies or disaster.
- ESF8/HCC will help disseminate information during a major health care emergency or disaster. The coalition will strive to exercise communication methods on a regular basis to ensure communication can occur. ESF8/HCC has established a standardized communication and resource coordination mechanism (UNIS) for information sharing and management of medical resources and response activities during emergencies through the Utah Notification and Information System (UNIS). The coalition will serve as a supporting body to organize region-wide healthcare assets and provide consultation to public officials through the EOC. The Southwest Utah Public Health Department Communication plan may also be activated.
- In coordination with ESF8/HCC, SWUPHD and the HPP Coordinator will strive to provide leadership in coordinating health, medical services, and environmental response policies and decision making, the acquisition of medical resources, and development of information to share with medical providers, the public and the media in a disaster or emergency.
- The Local Health Officer (LHO) has authority to implement such measures as necessary to protect the public's health as authorized by state law.
- The regional hospitals will maintain functions to respond to incidents, disasters or emergencies for each County.
  - Dixie Regional Medical Center directs the healthcare response in Washington County,
  - Cedar City Hospital directs the healthcare response in Iron County
  - Beaver Valley/Milford Memorial Hospitals direct the healthcare response in Beaver County
  - Kane County Hospital directs the healthcare response in Kane County

- Garfield Memorial Hospital directs the healthcare response in Garfield County.
- Private and public EMS services will continue as possible basic and advanced life support response in an emergency or disaster and may be coordinated by dispatch. ESF8/HCC leads will support EMS as requested.
- The Southwest Behavioral Health Lead may be asked to activate the Southwest Mental Health Response Team as required to coordinate community mental health needs. Private mental health providers, the American Red Cross as well as and other disaster assistance agencies may provide additional mental health resources as requested.
- Southwest Medical Response Team, made up all most entirely of home health medical professional, may be activated to support patients, provide outside triage or any other medical needs as requested by the hospital or other facility.
- The Community Information and Support Center (CISC) will provide information and support for the community for assistance for the hospitals. The trigger for setting up the CISC will come from the ESF8/HCC lead at the EOC in coordination with the hospitals. The CISC will provide support, information and facilitate collaboration of mental health/religious leaders as requested. The CISC staffing and coordination is the responsibility of the individual city or county where requested.

SWUPHD will be the primary expert source of public information regarding health, medical, and environmental response to health emergencies and disasters in Southwest Utah after the hospitals are overwhelmed. SWUPHD Public information Officer (PIO) plans to work with Joint Information Centers (JICs) in Southwest Utah to coordinate all releases of public information with the public, media, and with appropriate response partners.

The Deputy Medical Examiner/Investigator Officer along with support from the funeral directors in each county will be the lead for planning and responding to mass fatalities resulting from a health incident, emergency or disaster. The Deputy Medical Examiner/Investigator is the lead in determining and certifying the cause of deaths, other than naturally occurring disease outbreaks, in the five Southwest Utah Counties (confirming disaster related deaths). Naturally occurring disease outbreaks cause of death is the responsibility of the physician of the decedent. Coordination of the final disposition of the victims or decedents will be the responsibility of the ME with partnership of the local funeral directors and city sextons if available. (SEE Southwest Utah Mass Fatality Plan)

Family Notification and Southwest Utah Public Health Department Emergency Preparedness and Response Division will take the lead to establish and support a Family Notification Center (FNC) and Family Assistance Center (FAC) as requested by the Incident Commander for the emergency event or the Emergency Operation/Coordination Center.



## **Coalition Overview**

### **Introduction**

The SWUHP Coalition (HCC) consists of health, medical and other organizations who work together to mitigate the likelihood of a hazard negatively impacting the ability of a health and medical system to provide services and to prepare for, respond to, and recover from consequences of a disaster.

### **Role**

The HCC regional approach to health and medical preparedness is based on the belief that the medical needs of the population in the region will be best met if healthcare organizations, essential partners, and other partners cooperate with each other and coordinate preparedness and response efforts to maintain proper access to care.

### **Location**

Multiagency coordination will occur at the respective EOCs in each county or city where the disaster has occurred. The SWUPHD buildings both in St. George and also in Cedar City has the capacity to be used for multiagency coordination.

### **Focus**

The focus of the Southwest Utah ESF8/HCC Response Plan is to facilitate preparedness and response efforts as well as resources to assist communities with sustainment of a Health and Medical Services (ESF8) Capability to respond and recover from disasters, especially those with regional impact.

## **Coalition Boundaries**

Populations covered by Southwest Utah Healthcare Preparedness Coalition (HCC) total is– updated with 2017 census data and estimated 2018.

Beaver	6,386	2.71% of total population
Garfield	5,078	2.15% of total population
Iron	51,001	21.63% of total population
Kane	7,567	3.21% of total population
Washington	165,662	70.30% of total population
<b>TOTAL</b>	<b>235,694</b>	<b>100.00%</b>

Table 2: Data 3/2019 by <https://www.census.gov/quickfacts/UT>

Justification: Southwest Utah is one of the fastest growing areas in Utah, with a population of almost 229,000 residents. Southwest Utah Region covers over 17,478+ square miles. Within its borders are 44 incorporated Cities and Towns, as well as multiple special purpose districts (fire, school, water, health, etc.), one federally recognized tribe with two local bands, ten state parks, one national forest, and two national parks. When disaster strikes, it may not stay within boundary lines; so incorporating federal, tribal, public, private and non-profit sectors in response efforts may benefit all who reside in or visit Southwest Utah. Southwest Utah Region also has

over 4.2 million visitors to our parks each year, making an average of ~11,507 extra persons visiting each day in the Southwest Utah Public Health Department region. 11,507 divided by 5 counties estimated average totaling 2302 extra persons in each county per day, most of this is seasonal, so numbers will vary. But for this plan an average number is taken.

(Data from <https://www.statista.com/statistics/254237/number-of-visitors-to-the-zion-national-park-in-the-us/>)

## **Coalition Members**

### **Lead Agencies:**

Southwest Utah Public Health Department in collaboration with the Southwest Utah Health Care Coalition, (HCC)

### **Primary Agencies:**

Southwest Utah Region Hospitals

Public and Private Emergency Medical Services providers (EMS)

Southwest Behavioral Health Center and providers

Other mental health providers

Other medical providers

Skilled nursing facilities, long term care and assisted living facilities

Home Health and Hospice agencies

Medical Equipment provider companies

Surgical Centers

Community and Private Provider clinics

Dialysis Centers

Access and Functional Needs support groups

School Districts

Universities (DSU, SUU, RVU)

Pharmacies and Pharmacists

County Office of Emergency Management

### **Support Agencies:**

American Red Cross

ARES and Ham radio clubs and operators

Local City and County CERT

Medical Reserve Corp (MRC)

County Department of Transportation

Fire Departments in the Region

Law enforcement offices and agencies

State Department of Emergency Management

Private Medical Providers

Private Medical Facilities

Utah Hospital Association

## **Organization Structure/Governance**

The charter for the SWUPH Coalition (HHC) was established in 2010. The charter and members continues evolve as it is updated.

### **Structure**

The SWUPH Coalition (HHC) has an executive leadership team comprised of public health, all hospitals in the region and a member from various disciplines supporting health and medical response. This includes: Emergency Management, EMS, Life flight, Clinics, Community Health, Skilled Nursing Facilities, and Home Health. This group meets to approve the spending of the shared coalition funds and assists to determine the general direction, areas of focus and training needs throughout the region. The leadership executive group meets 2 to 3 time a year.

The general HCC membership meets on a regular basis in each county in our ESF8/HCC meeting. These groups meet 3 to 6 times a year depending on the county and are trained according to the focus and training needs determined by the coalition leadership.

### **Integration**

The SWHCC Coalition lead is housed at the SWUPHD and works directly for the ESF8 lead. Cooperation and Coordination of both the SWHCC and the SWESF8 is done in a seamless and appropriate manner.

## Risks

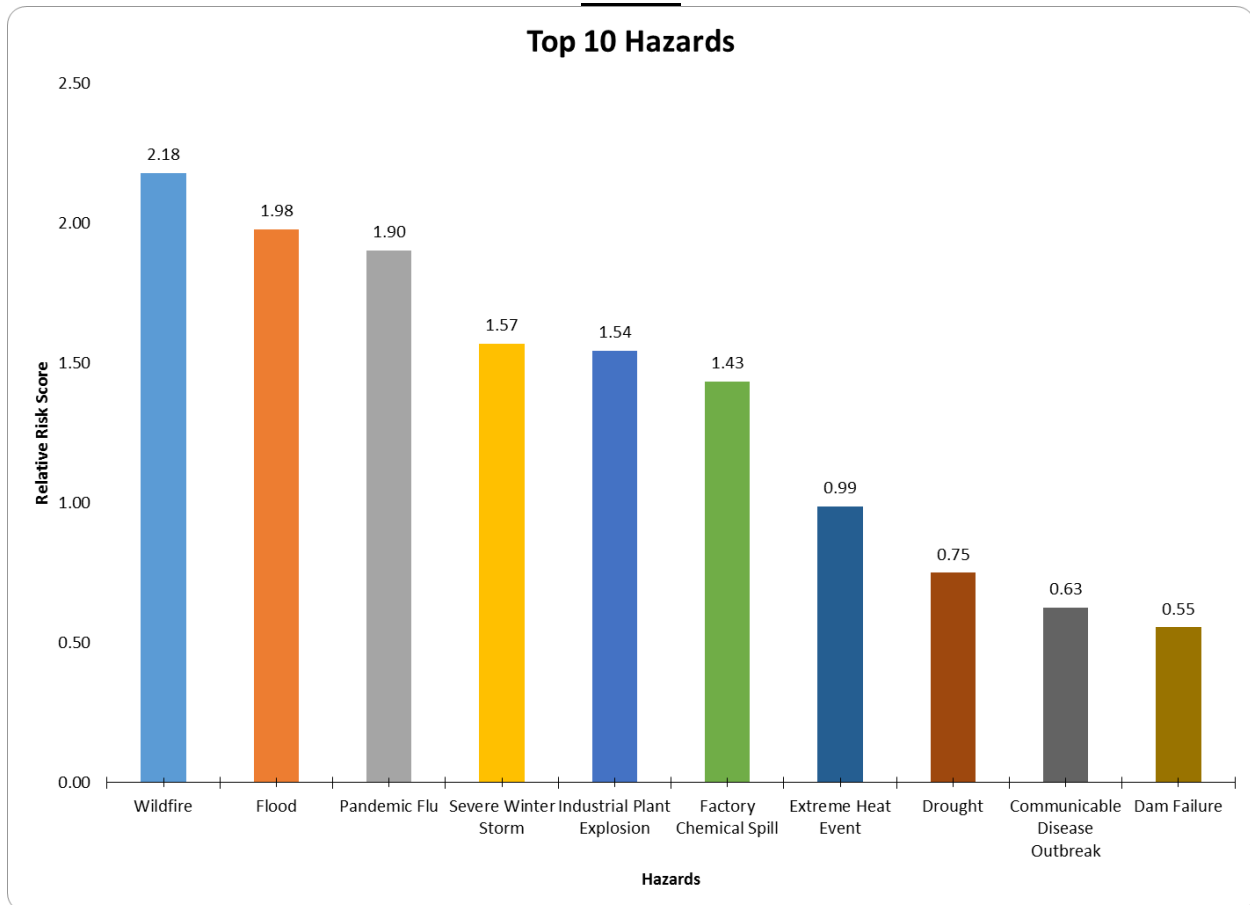


Table 3: Joint Risk Assessment for Public Health Impacts March 2019

<b>SWUHP HVA</b>	
<b>Hazard</b>	<b>Rank</b>
Earthquake	1
Communication Failure	2
Hazardous Weather	3
Workplace Violence	4
Hazmat Incident	5
Infectious Disease	6
Weapon	7
Fire	8
Utility Failure	9
HVAC Failure	10

Table 4: Hazard Vulnerability Assessment for Health Care Facilities

### **Emergency/Disaster Conditions and Hazards**

The Southwest Utah region could periodically experience naturally occurring or deliberately caused emergency or disaster conditions that may result in illness, injury or death. Emergencies or disasters may also result in harm to the environment. These conditions may include natural disasters, accidents, acts of terrorism, and outbreaks of disease as identified in local Hazard Identification and Vulnerability analysis.

### **Planning**

The ability of SW ESF 8/HCC health and medical services agencies to respond to an emergency or disaster is based on the knowledge that:

- SWUPHD, regional hospitals, and EMS have the capability to respond to an emergency 24 hours a day, 7 days a week.
- Regional ESF 8/HCC primary agencies also have 24 hours a day, 7 days a week coordination or communication capability.
- Health care providers and private medical facilities that do not have 24 hours a day, 7 days a week response capability and may be incorporated into an emergency response as needed.
- The ESF8/HCC leads have the capability to respond 24 hours a day, 7 days a week.
- Southwest Utah health and medical service businesses and agencies have planned, exercised and prepared to maintain internal emergency response capabilities under emergency or disaster conditions to the best of their abilities.

### **Activation of the Plan**

- This plan will be activated when a city or county EOC is set up, when a facility or asks for the SW ESF8/HCC plan to be activated, when a emergency declaration is made or when requested for activation by SW ESF8/HCC partners.
- ESF 8/HCC agencies or organizations will strive to have evacuation and relocation plans for their health care facilities and clients, should the facility become unusable because of damage or other conditions the SW ESF8/HCC will assist as much as possible with resources as needed.
- Working through the ESF 8/HCC leads public health, medical services, access and functional need agencies, and environmental emergency response agencies will collaborate to assure a coordinated response within ESF 8/HCC plan. Report of the Essential Elements of Information (EEI) will be provided as needed to the EOC and other agencies periodically following the Southwest Utah Region Communication Plan which includes different methods and redundant means for information sharing.

- A significant emergency of natural or intentional origin has the potential to impact the region in a manner in which a region-wide coordination of health, medical, and environmental activities may be required to ensure an efficient and effective response.
- Health and medical emergencies may involve casualties requiring varying levels of treatment.
- Access to transport and treatment facilities may be limited. During the first 72 hours of a large-scale disaster event, the public should not anticipate that routine emergency medical services may be accessible by calling 911. ESF8/HCC will continue to encourage personal and family responsibility for the first 72 hours after a disaster or emergency.
- Health care facilities may be over taxed, over utilized or inaccessible. Hospitals and other medical facilities may be taxed to their maximum capacity and ability to receive patients. Healthcare facilities may request support and waivers as needed.
- The public should not anticipate the participation in routine public health services, such as regular check-ups, immunizations or special nutritional programs for children at least the first 72 hours of a large-scale disaster event.
- Healthcare supplies may be over utilized or unavailable. The ESF8/HCC lead will determine what resources are available upon request from health and medical partners.
- Hospitals, skilled nursing facilities and other critical care in-patient facilities may need to rely on existing emergency service contracts with medical supply, and pharmaceutical vendors to the maximum extent possible, and may maintain back up supplies stored on site, (including food, water and basic medical supplies) to maintain operations for a minimum of three days.
- Support agencies may provide emergency services to the best of their abilities. Personnel available to provide full support functions may be limited by injury, illness, personal concerns/needs or by limited access to or compromise of the facilities where they work.
- Infrastructure supporting health care facilities may be interrupted, causing water, power, gas, food and other supplies and services to be impaired.
- ESF 8/HCC Coordinators may support hospitals and assist to arrange for the use of other facilities such as gymnasiums, community centers, schools or churches as temporary community treatment facilities. Staffing and supply of temporary treatment facilities may be consistent with the ability to mobilize and

transport staff and supplies from other medical facilities, temporary employment agencies, volunteers, or private medical suppliers and may take up to 72 hours.

- An emergency may pose a threat to the psychological and emotional well being of citizens that may result in a significant increase in demand on community mental health agencies. Local mental health resources, coordinated through Southwest Behavioral Health Services, represent a limited response capability and may require supplementation with state and federal resources. The Southwest Utah Mental Health Response Team can be activated upon request by either the ESF8 lead or the Southwest Behavioral Health lead.
- An emergency may result in casualties that significantly exceed daily capabilities of County Deputy Medical Examiner/Investigators for identification, documentation and disposition of fatalities and assistance may be requested from the Medical Examiners Office.
- An emergency may require the triage and treatment of large numbers of individuals which will have a direct impact on regional hospitals and health care facilities. Surge triage plans are the responsibility of the individual hospitals located in Southwest Utah.
- An emergency may require the isolation or quarantine of individuals in their home or in temporary facilities. Isolation and Quarantine plans have been developed in separate documents and exercised periodically.
- An emergency that may require the isolation or quarantine on tribal lands should be coordinated with the affected tribal authority and the CDC.
- An emergency that may require the isolation or quarantine of passengers on planes, trains or buses may be coordinated with the appropriate airport authorities, FCC and the CDC, and are detailed in the SWUPHD Infectious Disease Emergency Response Plan Annex.
- An emergency may require implementation of public health measures to contain and control a communicable disease or spread of environmental hazard.
- An emergency may also impact neighboring counties and health departments thereby limiting the availability of mutual aid.
- Each agency responding to emergencies under ESF 8/HCC may contribute to the overall response capability but will retain control over its own facility or agency resources and personnel. The ESF8/HCC Response Plan is here to support response capacity and capabilities at individual facilities and agencies.
- State and federal emergency response assets may be limited and deployment may occur well after the initial local request has been made through the EOC.

- Emergency medical, health and medical examiner services will be restored to normal during the recovery period as soon as practical and within the limitations and capabilities allowed of affected agencies and facilities following the emergency.
- In monitoring the scalability of an incident, if it is likely to exceed the surge capacity of local facility or agencies capabilities, it may be necessary to maintain close contact with the Utah Department of Health (UDOH) and the Utah State EOC to expedite requests for outside assistance and resources. These entities are a support to the Local EOC and not an authority in the ESF8/HCC response.

**Crisis Standards of Care**

Individual hospitals will activate the Crisis Standards of Care when the decision is made internally in the facility following the protocols of the facility.



## Limitations

1. It is the policy of the Southwest ESF8/HCC Coalition in the county to assist as needed but no guarantees are implied by this plan. Because local government assets and systems may be limited by damage, destroyed, or overwhelmed, the ESF8/HCC Coalition and its partners can only endeavor to make a responsible effort to respond based on the situation, information, and resources available at the time. Decision of response and activation will be determined by the event of the emergency.
2. Every effort will be made to respond to the emergency/disaster and make decision based on the event of the emergency.
3. Adequate funding is needed to support this function and its programs. The performance of the assigned tasks and responsibilities will be dependent on resources, appropriations and funding to support the plan. Lack of funding may degrade the services envisioned under this function.

## Emergency/Disaster Conditions and Hazards

Hazard	Relative Risk	Score Rank
Wildfire	2.18	1
Flood	1.98	2
Pandemic Flu	1.90	3
Severe Winter Storm	1.57	4
Industrial Plant Explosion	1.54	5
Factory Chemical Spill	1.43	6
Extreme Heat Event	0.99	7
Drought	0.75	8
Communicable Disease Outbreak	0.63	9
Dam Failure	0.55	10
Aerosolized Anthrax	0.55	11
Thunderstorm & Lightning	0.32	12
Landslide	0.28	13
Tularemia	0.26	14
Vectorborne Disease	0.26	15
Emergent Disease	0.24	16
Windstorm	0.23	17
Food Supply Contamination	0.21	18
Mass Casualty HazMat Incident	0.21	19
Pneumonic Plague	0.19	20
Sewer Failure	0.19	21
Intentional Food Contamination	0.18	22
Intentional Water Contamination	0.18	22
Train Accident-Chemical Release	0.17	24

Table 5: Joint Risk Assessment March 2019 by Value

## Resource Assessment

Item	Notes
EMS Mutual Aid Plan	Specifies request process, commitment, notification, etc. between EMS agencies and details other services/assets. Include any written MOA/MOU and other agreements.
Public Health Behavioral Health Plan	Including identification of population at risk, community support, screening, access to services, treatment.
EMS Behavioral Health Plan	Includes critical incident stress support, access to information about normal stress responses, psychological first aid training, and professional behavioral health support to providers. Ideally, this should also include tracking and follow up of at-risk employees after critical incidents.
EMS IS/IT System Failure/ Compromise Plan	Includes downtime, cyberattacks (e.g. denial of service attack on 911), redundancy measures, training, PHI substitutions, and recovery measures.
Public Health Legal/ Regulatory Plan	Defines powers of State vs. local jurisdictions and local ordinances that may affect disaster response (e.g. disaster declarations, emergency orders, seizure powers, isolation and quarantine, changes to usual rules/requirements in disasters)
Public Health Medical Countermeasures Plan	Include mass vaccination/prophylaxis (closed and open PODs), Chempack, and plans for receipt and distribution of other countermeasures from the SNS and other assets.
EMS Active Shooter/ Armed Assailant/ Active Threat Response Plan	Documents integration with law enforcement during response to active shooter/blast event scenes prioritizing access to victims, the role of EMS providers, mass triage, rapid interventions including hemorrhage control, early evacuation, and treatment/transport.
EMS Alerting/ Notification Plan	Describes alert and notification of the following during an incident for public safety and private sector based systems: 911 PSAP/dispatch centers, area hospitals, and EMS supervisors/management/ medical direction staff. Should including any indicators/triggers for activation of MCI plan.
EMS HAZMAT/ Decontamination Plan	Describes roles of EMS and Fire including agent identification, setting up hot, warm and cold zones, capability for mass decontamination, and use of medical countermeasures for chemical, biological and radiological incidents. Include use of available antidotes (including CHEMPACK reference). Addresses delivery of contaminated patients to specialty care hospitals when needed and available.
EMS Infectious Disease Plan	Includes guidelines for situational awareness and notification of outbreaks associated with seasonal and emerging infectious disease agents, dispatch communication to crews, hospitals and PH, personal protective equipment, infection prevention and control measures, specialized transport and response protocols to tiered levels of treatment facilities.
EMS Patient Tracking and Movement Plan	Documents the responsibilities of EMS/PH/Hospitals/EM for tracking incident-related patients and during patient redistribution activities or patient reception activities (e.g. NDMS) in the area. Urban areas should reflect secondary patient movement to achieve load-balancing between hospitals. Rural areas should specify plans to obtain EMS support (including multi-modal options- marine, air, ground transports, rotor-wing) to transport multiple patients to other receiving facilities from the overloaded local facility. (NOTE: this may be the same plan as developed under "Coalition Resources"). Should specify policies/procedures for MCI tracking versus healthcare facility evacuation patient tracking of transports.

Hospital COOP, Recovery/Business Continuity Plan	Hospital continuity of operation (COOP) plans may help address HVAC, IT/EMR, utility, potable water, power, fuel, vendor / supply chain, food, communications, transportation, and other issues. Facility plans should incorporate these issues with detailed mitigation/redundancy planning, staffing plans, and structural / damage assessments.
Public Health Access and Functional Needs Plan*	Defines populations in the community at risk of potential access/care based on emPOWER and other databases, demographic information, coordination with renal and other patient networks, liaison with cultural and advocacy groups and defining challenges and solutions for the needs of specific populations in relation to access to care, appropriate shelter accommodations, transport, and treatment needs.
Public Health Alternate Care Systems/ Sites Plan	Including telephonic/telemedicine, screening/early treatment, and non-ambulatory care – EM and hospitals will have contributing responsibilities.
Public Health Mass Mortuary/Fatality Plan	Includes role of the facilities, medical examiner/coroner and roles and responsibilities of the local agencies.

Table 5: Top 15 Gaps identified in 2019 Resource Assessment

### **Roles and Responsibilities**

The following organizations may endeavor to complete, to the best of their abilities the objectives listed below:

#### **Southwest Utah Public Health Department (SWUPHD)**

- Establish and maintain ongoing communication through the SWUT communication plan with health, medical, environmental, and response partners during an emergency.
- Facilitate and coordinate with the County ESF8/HCC Coalition members to effectively manage decisions and health and medical resources during emergencies and disasters.
- Assess the Public Health impact and potential consequences posed by an emergency and determine appropriate public health course of action.
- Provide leadership and direction in responding to a health emergency in the community consistent with the authority of the Local Health Officer.
- Support and counsel regional and tribal leaders and elected officials making policy decisions during incidents with public health consequences.
- Direct the development and dissemination of health messages to the public, media, and response partners. With engagement of the SWUPHD PIO, regional response agencies may assist in these efforts.
- SWUPHD PIO may support regional and tribal leaders and elected officials in responding to local public information and media relations needs.
- Coordinate and direct isolation, quarantine, social distancing and other control measures required by an outbreak of disease.
- Coordinate and direct mass vaccination and antibiotic dispensing operations during public health emergencies.
- Coordinate the health assessment of and response to food safety, water quality, and sanitation emergencies.

- Coordinate and collaborate with community response agencies in identifying environmental impact, remediation, and recovery activities necessitated by the emergency or disaster.
- Coordinate medical resource requests from the ESF8/HCC Coalition (one in each county) to supplement local capacity. This may include SWUPHD and HCC resources, Medical Countermeasure Supplies, Strategic National Stockpile, and other state and federal sources.
- Provide medical advice and treatment protocols to EMS, hospital, and health care providers during a public health emergency.
- Support Southwest Behavioral Health Center and the Southwest Utah Mental Health Response Team and the American Red Cross in meeting district wide mental health services in an emergency or disaster.
- Assist in coordination of regional critical incident stress management for first responders through Utah State Critical Incident Stress Management Team (CISMT).
- Provide epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism, disease outbreaks and outbreaks of food borne illness.
- Establish surveillance systems to monitor health and medical conditions in the community, conduct field investigations, provide health, medical and environmental consultation, and develop appropriate prevention strategies.
- Support evacuation plans throughout the county in coordination with the American Red Cross and Utah State Plan ESF 6 Mass Care, Housing and Human Services agencies. Public Health's role in evacuation planning and response will focus on assisting with environmental health provisions and surveillance for disease outbreaks at temporary shelters.
- Coordinate laboratory services for identification required to support health, emergency medical services, and first responders
- Coordinate as needed the response of regional veterinarian services and animal care groups in an emergency.
- Collaborate with partners who coordinate activities assisting with vector-borne concerns in public health emergencies.
- Coordinate with and provide technical assistance to organizations that provide services and support to vulnerable populations on an ongoing basis. Assist these organizations with planning and response activities to ensure the services they provide to vulnerable populations are maintained during emergencies. Help those agencies or organizations to plan and prepare for a health or medical emergency related to a disaster or other emergency need.
- Coordinate with local funeral directors and the Southwest Utah Region Deputy Medical Examiners/Investigators regarding the filing of death certificates.
- Conduct regular exercise and trainings to increase capacity and capabilities of ESF 8/HCC collaborative partners

#### **Office of Vital Records**

- The SWUPHD Office of Vital Records will maintain a system for keeping records of incident related deaths resulting from an emergency or disaster.
- Coordinate with local funeral directors, physicians and the Southwest Utah Region Deputy Medical Examiners regarding the filing of death certificates and issuing of

cremation / burial transit permits for fatalities resulting from an emergency or disaster.

### **The Deputy Medical Examiners and Investigators**

- Investigate and determine the cause and manner of deaths resulting from an emergency or disaster event.
- Coordinate the disposition of casualties resulting from an emergency or disaster
- Maintain the official log of reported and confirmed deaths resulting from an emergency incident
- Serve as the lead agency for the release of information regarding deaths resulting from an emergency.

### **Southwest Utah Region Hospitals**

- Provide primary medical care in an emergency consistent with the Local Hospital Emergency Response Plan.
- Follow communications protocols. Maintain communications with 'Hospital Control' and provide information to ESF8/HCC leads upon request.
- Collaborate with ESF8/HCC leads to assure the effective use of available hospital bed capacity.
- Activate surge capacity and capability plan to meet trauma and burn patient care needs.
- Activate plans to meet initial isolation of hospital patients with communicable disease.
- Incorporate facility evacuation as a component of hospital emergency plans. Coordinate development and actual protocols of hospital facility evacuation with ESF8/HCC and first response agencies.
- Advise the Healthcare Coalition (HCC) on policy decisions that may arise during emergencies and disasters.
- Coordinate with the Healthcare Coalition (HCC) to ensure appropriate assessment and distribution of medical resources.
- Collaborate with SWUPHD in developing and releasing information about the incident to the public and media.
- Coordinate directly with EOCs of the cities and county in which they are located for non-medical equipment, supply or service needs according to the hospital emergency operations plan.
- Update Utah Hospital Resource and Medical System (UHRMS) web site upon request and during emergencies.
- Coordinate communications among regional hospitals.
- Direct EMS transport of patients from the field to regional hospitals in a mass casualty incident.
- Notify SWUPHD Health Officer of emergencies impacting the hospital system.
- Coordinate with ESF8/HCC to identify medical equipment and supply needs and communicate those needs as appropriate.
- Identify and communicate the hospital capacity issues that may arise during emergencies.

- Coordinate facility evacuation plans and protocols. Direct the planning and response components of patient transport during evacuation events. Request to evacuate patients out of Southwest Utah Region, as needed.
- Track patient transfer according to protocols.
- Participate in exercises and trainings to increase collaboration within SW UT region

Notify ESF8/HCC leads that a multiple casualty incident or other system wide emergency has occurred. Hospital control may also notify the SWUPHD Health Officer of:

Nature of the emergency or problem  
Projected number of patients, if known  
Hospital status or needs

### **Emergency Medical Services (EMS)**

- Respond to emergency medical incidents in the field.
- Provide initial patient assessment, treatment triage and transport of ill or injured patients.
- Prioritize treatment and transport of patients from an incident involving multiple patients.
- Support local hospitals as needed in planning for and responding to evacuations of hospital facilities.
- Follow the patient care procedures established by the EMS director. Paramedics may receive medical direction from their local Hospitals.
- Help to coordinate Stress Management program support to emergency medical service providers.
- Report fatalities to the Deputy Medical Examiner before moving or transporting fatalities from an incident site. The Deputy Medical Examiner may provide specific guidance on preserving the incident site and the disposition of victims.
- Communicate needed support and resources to the ESF8/HCC leads.
- Participate in ESF8/HCC training and exercise events to strengthen capacity and capabilities of Southwest Utah.

### **Private Medical Facilities**

This includes but is not limited to: Clinics, Community Care Centers, Surgical Centers, Long-term Care, Rehabilitation Centers, Dialysis Centers

- Activate Emergency Plan as needed.
- Communicate to Staff and others for support.
- Maintain operations as much as possible to maintain access to care for patients.
- Assist patients with needed supplies to maintain their health during an emergency.
- Report situational awareness to ESF8/HCC leads.
- Request support from ESF8/HCC as needed.
- Participate in ESF8/HCC training and exercise events.

### **American Red Cross**

- Assist in disseminating official information or warnings, when feasible.
- Assist in coordination of volunteer agencies relief efforts.
- Provide support to Southwest Utah Region Department EOCs in providing food and drinking water to support emergency workers at temporary treatment centers and

incident sites as volunteer staffing and resources allow, consistent with the County Disaster Plan.

- Provide emergency first aid and Disaster Health Services, as availability, training, and skills allow according to Red Cross Health Services protocols.
- Assist with emergency medical support needs at temporary treatment centers, as availability, training, and skills allow according to Red Cross Health Services protocols.
- In coordination with Southwest Behavioral Health Center, provide Disaster Mental Health Services to the community as volunteer staffing allows.
- Carry out all ESF6 Mass Care functions as far as possible.
- Participate in ESF8/HCC training and exercise events.

#### **Southwest Behavioral Health Center**

- Coordinate the delivery of community mental health services and crises response consistent with the Southwest Behavioral Health Center's Mental Health Emergency Disaster Response Plan.
- Coordinate with the Southwest Utah Service Center regarding the provision of American Red Cross Disaster Services.
- Assist SWUPHD and the Healthcare Coalition (HCC) with preparedness and administrative activities including coordination of preparedness planning and communication among hospitals regarding psychological first aide.
- Participate in ESF8/HCC trainings and exercise events if possible.

#### **Utah State Poison Center**

- Provide 24-hour telephone information to health care providers and the public with information regarding any and all chemicals, "poisons", and suspected poisonings.
- Provide on-line poison information and first aid intervention to non-English speakers in 140 languages utilizing Language Line Services.
- Provide information regarding environmental and toxicological concerns to ESF-8 response agencies.

#### **Local Law Enforcement**

- Be responsible for assuring the safety and security of field operations including EMS, health and medical partners and community-based dispensing and vaccination activities to the best ability of the agency.
- Provide crowd control at scene of an emergency or at the site of health and medical field operations.
- Provide emergency traffic routing information and establish a traffic control plan at the scene of an emergency or site of health and medical field operations.
- Participate with ESF8/HCC in the development of a regional SWUPHD-Law enforcement team to assist the delivery and enforcement of isolation and quarantine orders.
- Coordinate with the Deputy Medical Examiner's Office regarding incident site preservation, crime scene investigation, and remove of victims and remains.
- Participate in ESF8/HCC trainings and exercise events if possible.

## Concept of Operations

### **General**

While incidents may vary in size and significance, the population density of Washington County can magnify the potential impact of an event in that part of the region. An effective and efficient response to an event in Southwest Utah requires coordination among health facilities, medical services, and all supporting agencies. Southwest Utah ESF8/HCC will follow the HHS medical Surge capability and Capability guidelines identified in, *A Management System for Integrating Medical and health Resources During Large-Scale Emergencies*. ESF8/HCC leads are the central point for notification of an event requiring response by ESF8/HCC agencies and partners. As needed, SWUPHD may conduct a situation assessment, initiate surveillance and monitoring activities as needed, and notify appropriate ESF8/HCC support agencies. When the County and/or City EOC or other EOCs are activated (such as hospital EOC), SWUPHD may assist coordinate staffing of these facilities by appropriate ESF 8/HCC partner representatives according to facility policy.

If an emergency or disaster requires response by public health, SWUPHD may activate the Southwest Utah Public Health EOC. SWUPHD may establish an incident command model consistent with the response and resources required by an event. In a natural occurring disease outbreak, the incident commander will be a representative from SWUPHD. Incident response may be guided by plans such as the Southwest Utah Pandemic Plan, the SWUPHD All Hazard Emergency Operations Response Plan and its annexes, the County Emergency Operation Plan with its ESF functions, and the response plans of other supporting agencies.

ESF8/HCC may coordinate with ESF8/HCC facilities and agencies to assure the effective use of local medical resources and determine additional medical resource requirements. If needs cannot be met locally, SWUPHD may transmit a request for assistance through the County EOC or other Region Coordination Center in Southwest Utah Region to the State of Utah. If the State is unable to meet these needs, the state may forward the request to the Federal government. Examples of request that might result in a Federal response are the resources represented by elements of the National Disaster Medical System or the Strategic National Stockpile. Government, private and non-profit organizations may be requested to support the regional medical health, mental health and environmental emergency response by providing resources and support consistent with their capabilities.

Investigation into the means and cause of death resulting from an emergency or disaster is the domain of the Utah State Medical Examiner's Office. The County Deputy Medical Examiner/Investigator may supervise the recovery and final disposition of fatalities in the county.



SWUPHD may be the primary agency for developing the message and determining the timing for release of accurate and consistent health and medical information to the public, media, and community response partners.

ESF8/HCC agencies may support recovery activities aimed at restoring health and medical services to pre-event status. SWUPHD may coordinate with emergency management and response agencies in providing assistance to community recovery efforts.

### **Procedures**

Emergency operating procedures for Public Health are maintained in the SWUPHD All Hazard Emergency Operations Response Plan with its Annexes.

Procedures for emergency medical services are identified in:

- Internal procedures for each city and fire district;
- Southwest Utah Region, Five (5) Counties Emergency Management Plans, Fire Service Department.
- Southwest Utah Regional Disaster Plan, Southwest Utah Region Fire Resource Plan. Southern Utah Regional HazMat Disaster Plan.

Procedures for other organizations are outlined in individual agency disaster plans, policies and procedures.

Organization of Public Health in Southwest Utah Region will lead the response of ESF 8 health and medical services in an emergency or disaster in coordination with ESF8/SWUHP COALITION. The specific command structure established for a given incident and the role each ESF 8 agency may play within that structure may vary depending on the type of incident, threat and risk posed, jurisdictions involved, suspected criminal activity, and legal responsibilities and authorities of participating agencies. The application of ICS may progress as follows:

#### **Single Command**

A Single Command may be used to establish ICS and conduct the initial situation assessment. The situation assessment may determine whether a Single Command led by an ESF 8 agency Incident Commander can meet the direction and control requirements of an incident. The response needs of these incidents can be met primarily by the resources of individual ESF 8 agencies.

Public Health may assume the role of Incident Commander for health or medical incidents under specific circumstances:

- Legal authorities identify Public Health as the lead agency for the response
- Specific health consequences require the leadership and expertise of Public Health in the command function
- Public Health is the only responding agency to the incident

Response to a food borne outbreak at a known location is an example of the application of a Single Command.

If a Single Command cannot meet the response needs of an incident, Incident Command may transition to Unified Command or Area Command.

### **Unified Command**

ESF 8 agencies may form Unified Command during incidents involving overlapping responsibilities, authorities or jurisdictional boundaries. Response agencies may contribute members to fill positions within the Unified Command. The Unified Command may be responsible for the analysis of incident information and establishing a common set of objectives and strategies in a single Incident Action Plan. An example of an incident requiring the establishment of Unified Command is an act of bioterrorism where SWUPHD may be the lead health agency and the FBI and local law enforcement leading the criminal investigation. Other agencies with responsibilities or jurisdiction may become part of the Unified Command as needed.

Public Health and EMS agencies may be identified as participants within a unified command and Joint Information Center during multi-agency incidents. Public Health and EMS agencies may identify and train staff to serve in a Unified Command.

Health Care Coalition members may serve as an ESF 8 unified command during emergencies with significant health and medical impacts that exceed regional capabilities.

### **Area Command**

The size, complexity and geographic dispersion of response activities may require the establishment of an Area Command. Area Command is established when multiple incident or response sites, each being managed by an ICS organization, require central coordination and direction. Area command may set overall strategy and priorities, allocate critical resources, ensure that response activities are properly managed, objectives are met, and strategies are followed.

An example of an incident that might result in the establishment of an Area Command is the need to distribute antibiotics across multiple jurisdictions. An incident management strategy might include dividing the county into geographically defined areas and establishing Incident Command within in each area. Area Command may direct the overall response of each established Incident Command.

#### *When a supporting agency assumes Incident Command*

ESF 8 coalition members may be requested to serve as liaisons to the Incident Commander (usually a Fire Department or Law Enforcement agency) at a site specific incident command post during incidents that include health and medical consequences.

Incident Command may be established at an EOC or incident site and Public Health, Hospital and EMS agencies may serve as the lead for the health and medical response within the Operations Section, or may staff various positions within the Planning Section. An example may be a health and medical response to an incident at a port facility where the local fire department has established Incident Command and Public Health and EMS may serve as Operations Section participants.

### **Emergency Communications**

Emergency communication plans for health, hospital, EMS, and regional ESF8 support agencies have been developed and continue to improve. Communication drills are conducted on a regular basis with Southwest Region ESF8/HCC partners.

The SWUT communication plan also addresses interoperability, assignment of talk groups, and alternative communications resources 800 MHz radios, VHF radios, the Hospital website, Amateur radio (ARES), Utah Notification and Information Network (UNIS), and SWUPHD website.

### **Maintenance and Sustainability of HCC**

The Southwest Utah Public Health Department is committed to supporting the health and medical emergency preparedness effort in the region. The overriding concept is to provide access to medical care while supporting the hospitals and other medical partners is the main goal of the SW Healthcare Coalition.

### **Children, Pregnant Women, Senior, Individuals with Access and Functional Needs**

The ESF8/HCC supports and engages each of the groups identified in this section. Working closely with the Access and Functional Needs Coalition. The coalition works to enhance the capabilities of agencies, organizations, families and individuals who serve or have responsibilities for people with access and functional needs (AFN) in planning for the survival and recovery of those with AFN from emergencies and disasters in southwestern Utah.

All families, individuals, agencies and organizations with responsibilities for people with access and functional needs throughout our five-county area are encouraged to have personal preparedness and disaster plans that they routinely review and exercise.

This coalition continues to develop and maintain a robust, widely representative Access and Functional Needs (AFN) Coalition membership thereby providing a regular venue for networking and fostering open lines of communication between Public Health, HCC, Offices of Emergency Management, and community organizations, effectively increasing emergency preparedness for AFN populations.

ESF8/ HCC will support the AFN Coalition.

- Use EmPower data and the RAMP tool to identify current AFN needs within the C-MIST planning framework
- Guide the coalition to set, evaluate and update AFN Coalition goals
- Provide protective medications and vaccines to AFN Coalition members, their families, staff and clients in an emergency
- Communicate current situational awareness to AFN Coalition members

- AFN Coalition leaders will communicate with coalition members to give 1) preparedness education, 2) information during emergencies and 3) after-action reviews through UNIS, email and other redundant communication means.
- Host quarterly meetings
- Continue collaboration through outreach and invitation of relevant members
- Follow up with members who've been absent from coalition meetings and share education and minutes with them
- Seek out communities/AFN groups not represented and invite their participation in the AFN coalition
- Maintain current AFN Coalition member contact info and exercise communication at least quarterly with members
- Encourage/assist organizations to make a UNIS spreadsheet, call down list, or other communication plan and exercise it within their own organization
- Coalition members will promote community-wide emergency preparedness for people with access and functional needs (AFN).
- Include AFN in their respective organization's emergency plan
- Involve people who have AFN in their organization's planning process
- Assist individuals with AFN to create personal preparedness plans that include
  - Means of communication
  - Medication and medical support
  - Devices and equipment to maintain independence
  - Protocols for supervision needs
  - Means of transportation
- Disseminate the "Preparedness Buddy" pamphlets to their clients
- Share preparedness education to the public through social media, community classes, expos, mass media, etc.
- In an emergency, share information links on social media and through UNIS.
- Encourage families/individuals to use the special needs registry at [specialneedsutah.org](http://specialneedsutah.org) or call 211 to register; share information regarding 211 and its benefits
- Encourage families/individuals to sign up for Citizen Alert System online at [911register.com](http://911register.com) or county emergency management websites
- Develop a stockpile of assistive devices and equipment that would be needed to support individual independence in an emergency
  - Identify specific needs
  - Collaborate to acquire/share equipment
  - Keep a current inventory of what is available to the coalition
- Assist agencies during an emergency to provide supervision, assistance and coping support for people with AFN, particularly children and others whose caregivers may be ill, injured or missing.

## **Volunteers**

Volunteers may be utilized according to the request of facility Command and the EOC. A Volunteer collection point may be established to register volunteers. Volunteer agencies may include CERT, VIPS, MRC, Red Cross and other agencies or nongovernment

organizations. Assignments will be given depending upon the need as requested and the scope of practice of the volunteers.

- Trained Volunteers may be asked to assist in staffing strategies and gaps according to hospital and facility policy. SWUT Medical Reserve Corp will have periodical trainings for volunteers to assist in this ESF8/HCC Response plan.
  
- Trained Volunteer may be asked to assist in the Point of Dispensing (POD) Plan. Each POD is responsible for:
  1. Receiving and distributing Medical Counter Measure (MCM) or Strategic Nation Stockpile (SNS) assets
  2. Assist in Inventory of MCM assets
  3. Set up of site for mass prophylaxis operations
  4. Assist with operations and support actions as requested
  5. Assist with Pre-event education
  6. Just-In-Time Training for volunteers
  7. Delivery of MCM assets to public
  8. Accurate record keeping and reporting

A mixture of SWUPHD staff and community volunteers and partner agencies will oversee MCM operations at each POD site. At a minimum Security, Traffic, Greeting, Triage, Registration, Screening, Dispensing, Exit (currently the dispensing area should have a licensed medical person to oversee the distribution of medication).

Others positions suggest if possible: Counseling, Runners, Staging Leader (check in and check-out area and rest and refreshments for the workers)

The positions and plan for response at the location is the responsibility of the POD Team Manager. The POD Manager will have contact information for the SWUPHD nurse liaison for questions or support. The list of those nurses will be given at the time of the emergency. When the faith-based agreement is utilized, each POD site may also have a number of pre-trained volunteers from the faith-based organization to assist the POD Manager with POD operations.

The SWUPHD plan for medication is for head of household to pick up at the POD for all in their household. This method would greatly reduce the throughput needs. Head of household plan for Southwest Utah is not limited in the number of regimens they are authorized to pick up. A reasonable amount is what will be handed out. All that is needed is correct information such as name, birthday etc. This decision was based on a large number of individuals that reside in the households found in Southwest Region and serviced by Southwest Utah Public Health.

ESF8/HCC partners are encouraged to become a Closed POD and exercise and train with SWUPHD in MCM/SNS distribution processes.

## **REFERENCES**

Homeland Security Bioterrorism Response Plan  
Southwest Utah Public Health Emergency Operations Plan.

Southwest Utah Public Health Emergency Operations Center Procedures Manual  
Region Hospital Emergency Response Plans (under revision)  
Utah Disaster Plan for Private and Public Organizations  
Utah Medical Examiner Mass Fatality Plan  
Utah Multiple Casualty Incident Response Plan  
Southwest Utah Public Health Isolation and Quarantine Plan (under development)  
Southwest Utah Public Health Strategic National Stockpile / Mass Vaccination / Mass  
Dispensing Plan  
Southwest Utah Pandemic Influenza Response Plan  
Southwest Utah Public Health Epidemiological Response Plan  
Southwest Behavioral Mental Health Disaster Response Plan