ESF 8
Health and Medical

Primary Coordinating Agency

Lexington Fayette County Health Department

LEXINGTON FAYETTE
EMERGENCY MANAGEMENT

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Primary Coordinating Agency

The Lexington Fayette County Health Department (LFCHD) is the Emergency Support Function 8 Health and Medical (ESF 8) primary coordinating agency.

During EOC activations, the ESF 8 coordinator provides coordination among the various health care providers, such as:

A. Processing and prioritizing requests for health and medical services.

B. Facilitating communications with and between hospitals, nursing homes, the Kentucky Blood Center, and first responders.

C. Developing resource lists.

D. Providing information for release to the public.

E. Facilitating medical care at medical needs shelters.

F. Facilitating mass fatalities care and behavior health needs.

G. Establishing liaisons with surrounding counties and state and federal health service providers.

ESF 8 activities may include, but are not limited to, the following:

A. Monitoring, surveillance, and notification of public health threats.

B. Food safety and security.

C. Potable water/waste water.

D. Emergency care and treatment of casualties.

E. On-scene triage services.

F. Coordinate medical transport from disaster scenes to medical facilities.

G. Coordinate medical transport to shelters.

H. Medical monitoring and/or services at shelters.

I. Coordinate behavior health care for incident victims and response workers.

J. Provide safety and security of health and medical equipment and supplies.

K. Coordinate patient evacuation with ESF 1, ESF 5, and cognizant staff.

L. Coordinate mass casualties management.

M. Coordinate mass fatalities management activities with the Fayette County Coroner.

These activities will be performed to protect the lives, health, and well-being of citizens throughout Lexington Fayette. Agencies in ESF 8 will have their own organizational policies, procedures, and guidelines. This document does not take the place of those plans but is designed to complement and support them.

Local Supporting Agencies

Local supporting area agencies that coordinate and actively participate in management and execution of the primary functions within ESF 8 include the following (this list of local supporting response agencies may be shortened or expanded based on the specific needs of each emergency):

A. Lexington Division of Fire and Emergency Services (FES)

B. University of Kentucky (UK)

C. University of Kentucky Healthcare - Good Samaritan Hospital

D. St. Joseph East Hospital

E. Veterans Administration Hospital

F. Shriners Childrens Hospital

G. Eastern State Hospital

H. Kentucky Blood Center (KBC)

I. St. Joseph Hospital

J. Cardinal Hill Rehabilitation Center

K. Ridge Behavioral Health System

L. Fayette County Coroner (FCC)

M. Rural Metro Ambulance

N. Assisted Living Centers

O. Long Term Care Centers

P. Lexington Division of Community Corrections

Q. Bluegrass Comprehensive Care

R. Bluegrass Chapter American Red Cross (ARC)

S. E911

T. Home Healthcare Agencies

State, Regional, and Federal Agencies and Organizations

The Cabinet for Health and Family Services (CHFS) provides most of the state's human services and health care programs including the Department for Community Based Services, Department for Medicaid Services, and Department for Public Health. Within CHFS, the Kentucky Department for Public Health (KDPH) is responsible for coordinating public health and medical preparedness, response, and recovery activities for any all-hazards event involving public health, behavioral health, medical care, and mass fatalities.

The Department for Health and Human Services, U.S. Public Health Service (HHS) is the lead Federal Agency for ESF 8 under the Federal Response Plan. Assistance may include support of pre-hospital care services, including activation of Disaster Medical Assistance Teams (DMAT) and other specialty teams, health care and auxiliary health care facilities, and activation of the National Disaster Medical System (NDMS) to evacuate patients to definitive care facilities outside the affected area.

A. Assistant Secretary of Preparedness and Response

B. Centers for Disease Control and Prevention

C. FEMA Region IV Unified Planning Coalition

D. Kentucky Air National Guard

E. Kentucky Army National Guard

F. Kentucky Board of Emergency Medical Services

G. Kentucky Cabinet for Health and Family Services

H. Kentucky Commission on the Deaf and Hard of Hearing

I. Kentucky Community Crisis Response Board (KCCRB)

J. Kentucky Department for Aging and Independent Living

K. Kentucky Department for Behavior Health, Mental Developmental, and Intellectual Disabilities

L. Kentucky Department for Community Based Services

M. Kentucky Department for Medicaid Services

N. Kentucky Department of Agriculture

O. Kentucky Department of Corrections

P. Kentucky Department of Education

Q. Kentucky Department of Military Affairs

R. Kentucky Department of Veterans Affairs

S. Kentucky Department of Workforce Development

T. Kentucky Division of Emergency Management (KYEM)

U. Kentucky Department for Environmental Protection

V. Kentucky Hospital Association

W. Kentucky Justice and Public Safety Cabinet

X. Kentucky Labor Cabinet

Y. Kentucky Local Health Departments

Z. Kentucky Medical Examiner's Office/Kentucky Coroner's Incident Response Team

AA. Kentucky Medical Reserve Corps

BB. Kentucky Pharmacists Association

CC. Kentucky Regional Poison Center

DD. Kentucky State Police

EE. Kentucky Transportation Cabinet

FF. Office for the Blind

GG. Office of Communications and Administrative Review

HH. Office of Inspector General

II. Ohio Valley Appalachia Regional Geriatric Education Center

JJ. U.S. Department of Health and Human Services

KK. U.S. Department of Veterans Affairs

LL. U.S. Food and Drug Administration

Purpose

A. To coordinate and direct health care related activities within Lexington Fayette.

B. To provide emergency care and treatment of casualties resulting from an incident including Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) incidents that could occur during a war or terrorist attack.

C. To help continue provision of routine emergency and medical care for the general population.

D. To provide emergency public health services that will prevent and/or mitigate the spread of infectious diseases.

E. To provide mental health services for both victims and emergency responders.

F. To provide guidance and coordination of health and medical resources under the following conditions:

    1. When the Lexington Fayette Emergency Operations Center (EOC) is partially or fully activated and coordination of, or monitoring of, medical emergency services is necessary.

    2. When an emergency situation exceeds the normal response capabilities of a health or medical response agency and additional resources are required.

    3. When an actual or potential disaster threatens the health and medical well-being throughout Lexington Fayette.

Activation of ESF 8 may be due to a public health or medical event such as a disease outbreak, i.e., pandemic flu, bioterrorism attack, or the result of a natural or man-made disaster causing risk and injury to the public's health or well being.

ESF 8 can provide personnel and resources to support preparation, mitigation, response, and recovery in support of the primary emergency management objectives. ESF 8 resources are used when individual agencies are overwhelmed and additional health and medical assistance is requested.

ESF 8 will coordinate health care and mortuary activities, emergency care and treatment of casualties resulting from any type of incident, emergency public health services, preventative and remedial measures to offset biological, chemical, and radiological incidents or warfare, disposal of the dead, maintenance of sanitation services, mental health services, and the prevention and mitigation of the spread of infectious disease.

Some of the issues may include:

A. Identifying health and medical needs of Lexington Fayette before, during, and after a disaster.

B. Coordinating the health and medical resources needed in responding to public health and medical care needs following a significant natural disaster or man-made event.

C. Developing policy guidelines for sheltering people with medical needs.

D. Developing strategies to ensure adequate staffing for the Medical Needs Shelter and the registration of people with medical needs.

E. Providing personnel and resources to support preparation, mitigation, response, and recovery in support of the primary emergency management objectives.

F. Using ESF 8 resources when individual agencies are overwhelmed and additional health and medical assistance is requested.

Situations and Assumptions

General situations, assumptions, and policies are found in the Basic Plan and are not repeated in this ESF. Only statements specific to ESF 8 are stated here. Accepted policies and assumptions include, but may not be limited to, the following:

A. Most disasters occur with little or no warning; however, ESF 8 may be activated when there is imminent threat or advance warning of floods, winter storms, tornadoes, etc.

B. Essential resources (personnel, vehicles, fuel, and critical supplies) may be prepositioned and readied for activation when an area is under imminent threat.

C. Emergencies can quickly reach a magnitude that require additional resources from local, state, federal, or other organizations through mutual aid agreements. Requests for additional assistance from outside of Lexington Fayette will be made through and by ESF 8 via the KYEM Mutual Aid System.

D. Hospitals or public health officials may request that the local EOC establish non-hospital treatment sites to provide medical care for patients.

E. ARC and/or LFCHD have established Memorandums of Agreement (MOAs) with local churches and schools or other similar types of facilities to use these facilities to establish treatment or sheltering sites during declared states of emergency.

F. During emergencies and disasters there is a possibility that unaccompanied minors may present at shelters or medical facilities.

G. Depending on the nature of the disaster, complications may include general health and mental health issues in addition to traumatic injury, communicable disease, or foodborne illnesses.

H. Depending on the nature of the disaster, food and/or water contamination could result. The release of toxic or hazardous materials may result in human and environmental contamination.

I. When a disaster or emergency event strikes a community, it affects people of various cultural backgrounds, functional needs and/or disabilities, sometimes disproportionately. ESF-8 will coordinate with partner agencies to assist those with special needs as needed.

J. During emergencies and disasters there will be an increased need for medical or mental health services by chronically ill, but uninjured citizens, or walking wounded.

K. In the event of a mass fatalities occurrence, area funeral home directors are authorized to assist the FCC in the identification, care, and disposition of remains.

L. Although a primary hazardous event may not initiate a public health emergency, secondary events stemming from the initial event may do so.

M. A large-scale emergency will result in increased demands on hospitals, FES, health and medical personnel. ESF-8 Coordinators and partner agencies should be familiar with the Kentucky Public Health (KDPH) Crisis Standards of Care; Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency.

N. The potential for disease and injury will increase as shelters' populations increase.

O. The potential for disease and injury will increase as water shortages occur or as basic sanitation and utility services are disrupted by other disasters or incidents.

P. Required vaccines, appropriate antidotes, medications, medical supplies, and equipment needed to counteract a wide-spread disaster may be in short supply or not available through local sources.

Direction and Control

The LFUCG Division of Emergency Management (DEM) functions as the official disaster organization for preparedness, mitigation, response, and recovery within Lexington Fayette, and initiates and oversees the coordination of ESF 8 activities during declared disasters or when there is an imminent threat of disaster. This includes, but is not limited to, natural disasters, hazardous materials events, and events that put Lexington citizens at medical risk. It is the responsibility of DEM to ensure all appropriate program departments and supporting agencies and volunteer agencies in ESF 8 have knowledge about the ESF 8 coordinating responsibilities and expectations.

The EOC will serve as the central location for interagency coordination and executive decision-making, including all activities associated with ESF 8. The DEM Director may make the decision to selectively activate ESF 8 agencies based on the type of threat, event, or incident. DEM will notify ESF 8 primary and supporting agencies of activation and request liaisons to report to the EOC. However, there will be times when it is necessary for the liaisons of primary or secondary agencies to work from in-the-field or their own agency DOC. In these cases, they will maintain telephone or radio contact with the EOC and ESF 8 coordinator.

All responses will be performed under the guidance of the National Incident Management System (NIMS) and/or HICS.

The Pharmacy Command Center will be under the supervision of the Director of Pharmacy at the St. Joseph Hospital or his/her designee. An alternate site would be Central Baptist Hospital under the supervision of the Director of Pharmacy or his/her

designee. If a city-wide drug distribution plan should be needed, the Pharmacy Command Center will be available to answer drug information questions from health care professionals and the general public.

Kentucky Revised Statues (KRS) provide that once the sick and injured are removed from a disaster site, the County Coroner is in charge of the site until the dead and accompanying evidence are removed. The County Coroner will direct all operations pertaining to the processing of deceased persons.

Tactical operations will be controlled by the Incident Commander (IC) on scene within the Incident Command Structure. This includes on-scene activities such as hazardous materials decontamination and/or triage. The IC(s) will assess the need for additional resources and request the EOC to obtain and deploy assets.

All activities associated with the recovery and identification of the deceased will be in accordance with the policies and procedures of the State Medical Examiner's Office, the Coroner, and Medical Examiner statutes.

Concept of Operations

General

ESF 8 is organized consistent with the requirements of the National Response Framework, the National Incident Management System, and the Incident Command System. This structure and system supports incident assessment, planning, procurement, deployment, and coordination of support operations to Lexington Fayette.

Procedures, protocols, and plans for disaster response activities provide guidelines for operations at the EOC and in the field. The Emergency Operations Plan (EOP) and corresponding Appendices, Incident Specific Plans, Support Plans, and Standard Operating Procedures that describe ESF 8 capabilities are the basis of these guidelines. Periodic training and exercises are also conducted to enhance effectiveness.

A large event requiring regional, state and/or interstate mutual aid assistance will require ESF 8 implementation. ESF 8 will coordinate with supporting agency counterparts to seek and procure, plan, coordinate, and direct the use of any required assets.

The nature and scope of the emergency dictate actions required.

Throughout the response and recovery periods, ESF 8 will evaluate and analyze information regarding communications resource requirements, develop and update assessments of the communications situation and status in the impact area, and implement contingency planning to meet anticipated demands or needs.

When an event requires a specific type or response mode, technical and subject matter expertise may be provided by an appropriate person(s) from a supporting agency with skills relevant to the type of event. The individual will advise and/or direct operations within the context of the Incident Command System structure.

The EOC uses WebEOC (crisis management software) to supplement disaster management through communicative integration of ESFs, agency based EOCs, and other facilities or functions as appropriate.

Small and routine incidents occur often involving a single entity or limited agency response. Health and medical activities in support of these events are routinely performed by the personnel assigned to ESF 8 responsibilities for that agency or jurisdiction.

Patients' medical information will not be released to the general public to ensure patient confidentiality and to adhere to the Health Insurance Portability and Accountability Act (HIPAA) regulations. Primary and supporting agencies are responsible for ensuring their staff recognizes their individual responsibilities to maintain patient confidentiality.

Primary and supporting agencies will take appropriate measures to ensure that vulnerable members of our population, such as non-English speakers, those with disabilities or medically at risk are not disproportionately affected by disasters or emergency events.

DEM maintains the overall ESF 8 Plan and accompanying Attachments and References that govern response actions related to emergencies. Supporting agencies shall develop and maintain their own similar documents for internal use, which must be compatible with, and in support of, the overall EOP. All such documents will be in compliance with the National Response Framework, the National Incident Management System, the Incident Command System, and the EOP.

Actions initiated by ESF 8 are grouped into the phases of emergency management: preparedness, response, recovery, and mitigation. Each phase requires significant cooperation and collaboration between all supporting agencies and the intended recipients of service. ESF 8 encompasses a full range of activities from training to the provision of field services.

Preparedness

Actions and activities that develop health and medical response capabilities may include planning, training, orientation sessions, and exercises for ESF 8 personnel (i.e., county, state, regional, and federal) and other emergency support functions that will respond with ESF 8. Initiatives include the following:

A. Conduct planning with ESF 8 supporting agencies and other ESFs to refine health and medical operations.

B. Conduct training and exercises for EOC and health and medical response team members.

C. Prepare and maintain emergency operating procedures, resource inventories, personnel rosters, and resource mobilization information necessary for implementation of the responsibilities of the lead agency.

D. Manage inventory of equipment and other pre-designated assets that are essential to meet the health and medical requirements of medical needs groups. Develop plans, information, and guidance for persons with medical needs during evacuations, sheltering, and other event responses.

E. Maintain a list of ESF 8 assets that can be deployed during an emergency. Assign and schedule sufficient personnel to implement ESF 8 tasks for an extended period of time.

F. Ensure lead agency personnel are trained in their responsibilities and duties.

G. Develop and implement emergency response and health and medical strategies.

H. Develop and present training courses for ESF 8 personnel.

I. Maintain liaison with supporting agencies.

J. Conduct All Hazards exercises involving ESF 8.

K. Conduct vulnerability analysis at critical facilities and make recommendations to improve physical security. Identify and develop MOAs and contractual agreements with primary agencies and supporting agencies which include operational guidelines including commercial businesses and vendors.

L. Identify new equipment needs or capabilities required to prevent or respond to new threats or emerging threats and hazards, or to improve the ability to address existing threats.

M. Identify locations for Points of Dispensing (PODs) and develop plans for mass vaccination and prophylaxis.

N. Plan and prepare for the replacement or rotation of resources during an incident.

Mitigation

ESF 1 will perform the following:

A. Coordinate with the All Natural Hazards Mitigation Committee to identify potential hazards and their impacts and seek funding for resources to mitigate those hazards.

B. Provide personnel with the appropriate expertise to participate in activities designed to reduce or minimize the impact of future disasters.

Alert and Notification

E911 will notify the DEM Director and the primary on-call person when the county or an area of the county has been threatened or impacted by an emergency or disaster event.

E911 or DEM will initiate ESF8 notification using the Emergency Notification System (ENS). E911 will request, as directed by DEM, assistance from the primary coordinating agency to staff the ESF 8 position in the EOC on a 24-hour basis.

Upon instructions to activate ESF 8, ESF 8 and supporting agencies will implement their procedures to notify and mobilize all personnel, facilities, and physical resources potentially needed based on the emergency.

If a terrorist attack is suspected or imminent, law enforcement, emergency management, or other authorities will notify hospitals and other stakeholders as appropriate.

Response

A. ESF 8 will:

1. Coordinate operations in the EOC, LFCHD Department Operations Center (DOC), and/or other locations as required.
2. Establish and maintain a system to support on-scene direction and control and coordination with the EOC, ESF 8, and the State EOC.
3. Establish mutual aid procedures for the following resources: DMAT, Disaster Mortuary Operational Response Team (DMORT), and interoperable, communications, resource management, and logistical support.
4. Deploy Impact Assessment Teams to determine post-event health impact on critical infrastructure and essential functions.
5. Pre-position response resources when it is apparent that health and medical resources will be necessary.
6. Relocate health and medical resources when it is apparent that they are endangered by the likely impacts of the emergency situation.
7. Monitor and direct health and medical resources and response activities.
8. Participate in EOC briefings, meetings, and the development of Incident Action Plans, Situation Reports, and After-Actions Reports.
9. Coordinate with supporting agencies to support emergency activities.
10. Obtain other resources through the Statewide Emergency Management Mutual Aid and Assistance Agreement.
11. Coordinate all resources into the affected areas from designated staging areas. Utilize KPDH Crisis Standards of Care; Guidance for the Ethical Allocation of Scarce Resources as appropriate.

12. Coordinate with other jurisdiction ESFs or like function to obtain resources and facilitation of an effective emergency response among all participating agencies.

13. Prevent the release of medical information on individual patients to the general public to ensure patient confidentiality protection, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

14. Obtain non-specific information on casualties/patients and forward to ARC for their inclusion in the Disaster Welfare Information System, to ESF 15 for informational releases, and to ESF 5 for development of Situation Report(s) for dissemination to the State EOC.

B. Behavioral healthcare providers will:

1. Provide immediate on-scene crisis counseling during emergency operations. Victims and emergency responders are given crisis counseling and other on-scene mental health care, as are families and the general public that may be affected by the event.

2. If the EOC is activated, the designee from the KCCRB will provide reports to the ESF 8 coordinator as directed at the beginning of the event.

   a. KCCRB through its staff and team provide coordination, assessment, technical assistance, on-scene support, and other needed support in Lexington Fayette during and after an emergency/disaster.

   b. KCCRB credentials and maintains rosters of trained personnel to provide services. Trained responders will be deployed as needed following an emergency/disaster. The KCCRB provides crisis counseling or disaster mental health services through local and regional team members.

3. The Bluegrass Regional Mental Health Mental Retardation Board will contact the EOC ESF 8 coordinator to determine needs, priorities, and allocation of staff and resources.

4. ARC will contact the ESF 8 coordinator to determine needs, priorities, and allocation of staff and resources.

C. FES will:

1. Coordinate the evacuation of patients from disaster areas when deemed appropriate, including transport of victims to medical facilities outside the at-risk area.

2. Coordinates the following resources and or operations:

   a. ALS/BLS vehicles

b. Emergency medical services

c. Technicians and paramedics, EMS procurement, and aircraft transport.

d. Health and safety of emergency responders and medical support.

e. Oxygen, oxygen supplies, or delivery devices to shelters.

f. Paramedic with appropriate training to administer tetanus shots in the field, primarily in large recovery areas.

g. Support to Medical Needs Shelter clients by coordinating with Lexington Fayette.

3. Provide an Emergency Medical Technician to the EOC when activated or as requested by the EOC Manager.

4. Conduct the following activities:

a. Designate a triage area. This includes determining the number of victims, the type and severity of injuries, completing triage tags for each victim, and prioritizing victims for treatment and transportation. The Simple Triage and Rapid Treatment (START) system will be the standard system used for triage.

b. Designate a temporary morgue if necessary.

c. Provide medical treatment to victims.

d. Prepare victims for transportation to hospitals or other health care facilities.

e. Maintain a record for each victim. Information in the record will include: identification (if available), description of injuries, treatment administered, mode of transportation, and facility to which each victim is transported.

f. Transport critical victims to hospitals or other health care facilities.

g. Report decontamination and transport information to ESF 8 in the EOC.

D. Home healthcare agencies will:

1. Maintain a current updated list of medical need clients in their care.

2. Maintain communications and cooperation with the EOC through respective operations managers.

3. Provide care for their patients in the Medical Needs Shelter before, during, and after the event.

E. Hospitals will:

1. Provide triage, medical care, and management of disaster victims.
2. Conduct specific infectious disease surveillance in partnership with LFCHD.
3. Maintain communications (via Liaison Officer) and provide updates to the local EOC (via WebEOC) and other stakeholders.
4. Provide assistance to the local EOC and response agencies, as appropriate.
5. Follow guidelines set forth in the Hospital Emergency Incident Command System during disasters.
6. Provide a hospital representative to the local EOC to assist health and medical coordinated response, if requested.
7. Notify appropriate first response agencies and emergency management per the hospital's emergency operations plan if an event directly threatens a hospital.
8. Make appropriate patient referrals to hospitals and healthcare facilities within the local Metropolitan Medical Response System (MMRS) area when it is anticipated that local treatment capacity will be exceeded.
9. Refer patients to resources and/or medical professionals located in MMRS cities within our geographic area (Louisville, Cincinnati and Knoxville, for example) when it is anticipated that our MMRS area treatment capacity will be exceeded. Medical professionals from these cities will staff medical facilities or field hospitals here upon request. Once it becomes apparent that these regional resources are insufficient or inappropriate in the particular incident, a request will be forwarded to the KYEM to request assistance. If activation of the NDMS is deemed appropriate, patients will be moved out and/or medical professionals will be brought in under the auspices of the NDMS.
10. Conduct electronic bed tracking using WebEOC (web-based crisis management and resource management system). This system allows hospitals within the region to know the bed capacity and divert status of other hospitals around the region.
11. Conduct electronic surveillance using WebEOC. This system allows hospitals and the public health department within the region to post and share information about ED visits, complaints, and diagnosis, and would facilitate early detection of an infectious disease outbreak.
12. Conduct patient tracking from the field and through the emergency department by using a patient tracking system. The patient tracking system will allow EMS, hospitals, coroners, etc., to register and track the disposition

of patients during a mass casualty/mass fatality event. The system is deployed to all central Kentucky hospitals, select EMS services, and coroners. The patient tracking system is available to all central Kentucky hospitals, select EMS services, and coroners. The patient tracking system follows movement of patients through EMS to hospitals and discharge.

13. Implement emergency response in phases based on the threat and magnitude of the event. Increases in the local, state, or national alert level may also increase the activation level of each facility. These levels will be referenced when coordinating with other hospitals and outside agencies. Specific actions taken by each hospital will be determined by their emergency operations plan.

14. Track and adjust hospital bed capacity. All hospitals have plans for a limited expansion of bed capacity due to disaster situations. Based on the hospital's emergency operations plan and the particular situation, hospitals may discharge or transfer stable patients or cancel elective procedures to free existing beds.

    In extreme situations warranted by emergency declaration and/or response, hospitals may waive standing policies or operating procedures to change patient-staff ratios, open closed beds, or other means to allow additional beds to be established. Off site alternate care locations may be established as needed and available.

15. Adjust hospital staff as necessary. Hospital personnel are considered essential during emergency response operations, requiring employees to report to duty if notified. All hospitals maintain call-in rosters, used to activate off-duty employees during emergency situations.

16. Employing the Hospital Emergency Incident Command System and National Incident Management System, hospitals will plan for and provide support services to employees to allow them to come to work and, if necessary, to work longer shifts. These support services may include, but are not limited to, emergency child care or elder care, food, sleeping quarters, hygiene supplies, and psychological support.

17. Develop and maintain a bioterrorism response plan. As a condition of participation, all hospitals participating in the regional plan are required to have a bioterrorism response plan. In addition, hospitals throughout Kentucky have been given the opportunity to vaccinate volunteer smallpox response teams to increase the community's ability to respond to an outbreak.

18. It is recognized that many ambulatory patients may leave the scene and present independently and without benefit of triage, decontamination, or first aid to area hospitals. As a result, hospitals will triage patients who present or are transported to the hospital.

19. Triage patients and initiate definitive care based on the hospital's emergency operations plans and the specific situation. In some cases, certain standing operating procedures and rules and regulations may be waived in order to facilitate a mass influx of patients. Hospital emergency operations plans include processes for the rapid expansion of services and, in some cases, establishment of alternative or additional triage sites.

20. Establish the capability to provide small-incident decontamination of patients (4-6 patients per hour, based on hazard vulnerability analysis of likely scenarios). Although no hospital within the region has established the capability to provide mass casualty decontamination, hospitals will work with emergency management, regional hazardous materials (HazMat) teams, local fire departments, and industry to develop contingency plans for the expansion of limited decontamination capabilities in a mass casualty situation. Each hospital is responsible for providing its own equipment for small incident decontamination (i.e., adequate to treat 4-6 patients per hour) and for developing a contingency plan, in consultation with the local Emergency Management Director or regional HazMat team, for the expansion of decontamination due to mass casualties.

21. Maintain and provide Level C Personal Protective Equipment (PPE) to staff involved in decontamination of patients. Each hospital will maintain and provide PPE for clinicians caring for patients sufficient to meet standard or transmission precautions for the known or suspected event.

22. Isolate patients, as necessary. If an infectious disease outbreak necessitates isolation of patients, hospitals will use existing negative pressure rooms, where available, cohorting patients, if necessary. If negative pressure rooms are not available or if the demand exceeds capacity, hospitals will collaborate with infectious disease physicians, facility engineers, and infection control officers to develop alternate plans for care.

23. Enforce quarantines as appropriate. When necessary, the Governor or Mayor can declare a state of emergency and the judicial system in conjunction with the local health department can enforce quarantines under state law. Hospitals will coordinate with EOC, health department, and other stakeholders to support quarantine measures. If a hospital is subject to a quarantine and/or isolation order, patients with other diagnoses will be diverted to other hospitals within the region. Once facility decontamination is completed, the Incident Commander (or designate) will allow re-entry, in consultation with the cleanup company, EOC, LFCHD, or other experts. If the facility was seized by a local, state, or federal entity (as during a quarantine), it is assumed that the entity must authorize any re-entry.

24. Divert patients, as necessary. During the initial phases of a disaster, hospitals will triage and treat patients following their emergency operations plans. In some cases, hospitals may find it necessary to divert non disaster-related patients to another facility within the area. In these situations, the

hospital will follow normal procedures for notification of patient diversion through established systems. In the event of a community, region, or statewide disaster, patient diversion will be coordinated through the EOC and public notification coordinated by the Public Information Officer.

25. Evacuate a hospital, when necessary. Under NFPA 101, hospitals are built to “defend in place.” In this case, that means that hospitals activate a full-facility evacuation only in extreme circumstances in which the environment cannot support the minimum requirements for patient care. All hospitals have mutual aid agreements and evacuation plans. Hospitals will work with the EOC to identify alternative care sites. Each hospital will evacuate and ensure continuity of care and operations using key components of HICS and their Surge and mutual aid plans. The local EOC will assist with coordinating the evacuation effort.

26. Implement shelter-in-place measures, if appropriate. When necessary or instructed by response agencies, hospitals will implement shelter-in-place measures to provide temporary protection from nearby releases of hazardous materials (including some weapons of mass destruction).

27. Request or be asked to provide equipment and other goods and services necessary for emergency response when a disaster occurs (or is imminent). Hospitals within the region must develop mutual aid agreements or contractual agreements with vendors for obtaining additional equipment for disaster response.

28. Conduct a periodic security threat and risk assessment as a part of its mitigation activities. Vulnerabilities identified in the threat and risk assessment will be reviewed and prioritized by the institution’s safety committee and sent to hospital administration to be addressed and resolved, if possible.

29. Take additional security measures during emergency activations as determined in the hospital’s emergency operations plan. This includes policies and procedures for employee identification, limiting public access, facility lockdowns, and increased staffing. It is also recommended that each facility establish a single point of entry during full activation of the emergency operations plan.

30. Develop plans for rapid expansion of morgue capacity to accommodate mass fatalities. In the event of a mass casualty disaster, hospitals may request assistance from the ESF 8 coordinator which will coordinate mortuary operations with the Fayette County Coroner’s Office and the Kentucky Medical Examiner’s Office.

F. As the primary coordinating agency, LFCHD will conduct the following response activities:

1. Provide leadership in directing, coordinating, and integrating overall Lexington Fayette efforts to provide health and medical assistance to affected areas and populations.
2. Staff and operate a National Incident Management System compliant command and control structure (i.e., Incident Command System) to assure that services and staff are provided to areas of need.
3. Coordinate and direct the activation and deployment of Lexington Fayette health and medical agencies, service personnel, supplies and equipment, and provide certain direct resources.
4. Evaluate the emergency situation, make strategic decisions, identify resource needs, and secure resources required for field operations.
5. Coordinate supplemental assistance in identifying and meeting the health and medical needs of disaster victims.
6. Implement the organization, assignment, and staffing at the facilities in which ESF 8 requires location.
7. Direct local deployments of the Strategic National Stockpile (SNS) in coordination with the EOC to assist in providing additional staffing, to include, EMS, security, and traffic control at each Point of Dispensing location.
8. Coordinate response and location of deployed DMAT teams.
9. Obtain medical equipment and supplies from local vendors where possible. Coordinate with the local EOC and KDPH Department Operations Center (DOC) for other resources.
10. Staff the Medical Needs Shelter with nurses as needed. Their duties will include administering first aid, assisting in triage/screening and displaced persons assignments, keeping patient records, and evaluating sanitary conditions of shelters.
11. Provide the coordination of the following resources:
    a. Medical equipment, supplies, personnel
    b. Health administrators
    c. Pharmacy services
    d. Environmental health specialists
    e. Laboratory specimen submissions
    f. Nutritional services
    g. Epidemiological services

h. Disaster response expertise

12. Coordinate response for:

    a. Safety of food and drugs
    b. Vector control
    c. Behavioral health
    d. Victim identification/mortuary services
    e. Health education
    f. Public information related to ESF 8
    g. Laboratory services
    h. Mass medical care
    i. Public health and sanitation
    j. Mass prophylaxis of population

13. Conduct specific infectious disease surveillance in coordination with local hospitals. Surveillance is the key to tracking the incidence and prevalence of naturally occurring infectious diseases within a community. The current surveillance systems in use in Lexington Fayette are passive systems based on the reportable diseases required by law. Information currently submitted to public health includes:

    a. In Kentucky, health care providers and laboratories are required by law to report infectious and communicable diseases to the local health department serving the jurisdiction in which the patient resides. Each reported disease requires an investigation by the epidemiology unit to determine a source of infection, whether additional individuals need to be contacted, and to provide education to the patient regarding their illness.

    b. Reports from the Fayette County Coroner regarding any unusual deaths, especially deaths associated with uncommon infectious diseases.

    c. Fayette County Public School attendance records accessed upon request.

    d. Kentucky law requires all the Tier 1 agents (anthrax, botulism, hemorrhagic fever, plague, smallpox, and tularemia) to be reported. When the surveillance process in Lexington Fayette detects an unusual occurrence that could suggest the deliberate release of a biological agent, an epidemiological investigation will be initiated.

e. The LFCHD epidemiology team also has near real-time laboratory surveillance in the majority of large hospitals in Lexington allowing for a quicker response to initiate an investigation and to quickly mitigate the spread of infectious disease in the community

14. Healthcare facilities report infectious diseases (identified bioterrorism agent or other disease that significantly threatens public health) to LFCHD and appropriate first response agencies. Likewise, LFCHD will report positive or suspected cases to hospitals and first responders. Surveillance of infectious disease investigations will be conducted per Kentucky law and regulations and hospital policies.

15. Establish non-hospital facilities to provide Alternate Care Facilities for the community when a disaster occurs (or is imminent). These may include the following:

    a. Treatment sites

       If necessary, local or regional response agencies will establish alternative, non-hospital sites to provide treatment to disaster victims per the EOP. Stable hospital patients who can be discharged, transferred, or are disaster casualties with minor injuries may be diverted to these treatment sites or other facilities in coordination with the EOC. The EOC may also request resources from hospitals to help staff or equip the sites.

    b. Field triage sites

       If necessary, local or regional response agencies will establish field triage sites for victims or the public to receive care before going to a hospital. In these situations, the local EOC will coordinate with each hospital for receipt of patients.

    c. Points of Dispensing (PODs) locations for mass vaccination and prophylaxis.

       LFCHD will identify locations and develop plans for mass vaccination and prophylaxis as a part of mitigation and preparedness activities. These plans will become a part of the county Strategic National Stockpile (SNS) plans.

       Mass prophylaxis is the distribution of appropriate antibiotics, vaccines or other medications to prevent disease and death in exposed victims. The speed with which medical prophylaxis can be administered is a crucial determinant of its success. Therefore, the ability to detect an incident, determine the appropriate course of medical action and distribute the chosen medication promptly is essential for mass prophylaxis to be effective.

G. Fayette County Coroner's office will:

1. Direct mortuary and coroner services. The Coroner assumes control of scenes where fatalities have occurred (after FES has removed injured victims) until all bodies and evidence have been examined and/or removed.

   Only persons authorized by the Coroner are allowed access to the scene. No bodies, property, or other material will be removed from the scene until authorized by the Coroner. The Coroner directs the investigation of the scene and is responsible for the collection of all evidence. Bodies will be transported to the Fayette County Forensic Center and will be held until released by the Coroner. If the number of bodies exceeds the capacity of the Forensic Center, the Coroner will establish and staff temporary morgues. The ESF 8 Coordinator will also coordinate requests for assistance.

   If the number of fatalities exceeds the burial capacity of the community, bodies can be interred in a common grave. Records identifying the persons buried and their positions in the grave will be maintained. FES will provide decontamination for dead bodies with approval of the Coroner.

   The EOC will coordinate emergency power, security, communications, sanitation and other supplies and equipment to operate the morgue.

   Provide reports to the ESF 8 coordinator if the EOC is activated. Reports will be provided at the beginning of the event.

2. Provide updates to the ESF 8 coordinator regarding the mortuary service operation.

H. Medical Examiner's office will:

Provide for decedent identification and mortuary services including temporary morgue services, preparing and disposing of remains. Coordinate with the ARC on victim identification and mortuary protocol for family notification in accordance with established ARC procedures. Manage provision of mortuary services through the local funeral homes.

Lexington Fayette incorporates four levels of expanded medical response, using local resources initially and then extending to progressively broader geographic areas as the need for additional health care resources escalates. These include:

1. Pharmaceuticals

   Hospitals within the region will develop pharmaceutical and equipment cache plans, as a part of mitigation and preparedness activities, sufficient to ensure continued operations and treatment capabilities until the SNS or other resources arrive. Types and amount of pharmaceuticals will be based

on the area's hazard vulnerability analysis and the premise that the local jurisdiction must be self-sufficient for the first 72 hours following an event.

2. Bluegrass HealthCare Emergency Planning Committee (BGHCEPC)

   BHEPC has established a Pharmaceutical Command Center made up of area pharmacists that will assist in coordinating technical assistance and pharmaceutical sharing through each local EOC. The center maintains an inventory of select pharmaceuticals of hospitals, health departments and other resources in the region.

Recovery

Recovery includes all actions taken after a disaster to return conditions and business operations to a normal activation level. Recovery actions are as follows:

A. Prepare and submit incident reports as required to the EOC, KDPH, and other agencies as required.

B. Coordinate equipment and other logistic assessment and accountability.

C. Coordinate the transition from response to normal operations.

D. Coordinate the primary agencies costs of the incident.

E. Coordinate equipment and other logistic assessment for damage and accountability.

F. Return activities from response to normal operations.

G. Participate in After-Action meetings and in the development of After-Action Reports inclusive of corrective actions and due dates.

H. If applicable and/or required by federal agencies, prepare and submit costs of the incident in the correct format.

I. When returning diverted patients, hospitals will coordinate with the EOC and the hospital in question as determined by the hospital emergency operations plan and any MOAs.

J. Post Trauma Response (PTR) teams conduct Critical Incident Stress Debriefings (CISD) for victims and emergency responders. PTR teams conduct critiques of operations and update procedures as necessary.

K. To ensure that lessons learned from exercises are incorporated into the regional planning process and the written plan, BGHMEPC will conduct an annual evaluation of exercises and the regional plan.

L. BGHMEPC will review needs assessments annually.

M. In the event that the Department of Defense activates NDMS (due to a mass casualty event outside of Lexington Fayette), ESF 8 will follow the NDMS Incident Specific Plan.

Responsibilities

A. American Red Cross (ARC)

ARC, mandated by Federal law as defined in 36 USC-5 to undertake activities for the purpose of mitigating the suffering caused by natural disasters and other emergencies, will liaison with the ESF 8 coordinator in providing disaster mental health services in the aftermath of a disaster and may request support of credentialed team members to provide mental health crisis intervention and referral to individuals impacted by disaster.

B. Lexington Fayette County Health Department (LFCHD) Commissioner

LFCHD will be the lead medical agency in a pandemic, naturally occurring or WMD biological event. The LFCHD Commissioner or designee will conduct a brief credibility assessment by contacting DEM, Division of Police, and the FBI. If the threat appears credible enough to dictate further action, DEM will activate the local EOC. The Commissioner will advise KDPH of the medical emergency and of the activation of the local EOC. The Commissioner directs all LFCHD resources. If designated by the Secretary for Health Services, the Commissioner will also assume responsibility for SNS assets while in Lexington Fayette.

C. Health and Medical (ESF 8) Coordinator

During EOC activations, the ESF 8 coordinator provides coordination among the various health care providers by processing and prioritizing requests for health and medical services, facilitating communications with and between hospitals, nursing homes, the Kentucky Blood Center, and first responders, develops resources lists, provides information for release to the public, facilitates medical care at Medical Needs Shelters, and establishes liaisons with surrounding counties and state and federal health service providers.

It is the responsibility of the ESF 8 coordinator to solicit information from the appropriate sources to guide the decision-making process. These sources include, but are not limited to, FES, EOC liaisons from each of the hospitals, LFCHD Commissioner, Lexington Pharmacy Command Center, Fayette County Coroner, and DEM staff. The ESF 8 coordinator also coordinates bed availability, resources, and staff with MMRS hospitals, and other health care entities.

D. Kentucky Community Crisis Response Board (KCCRB)

KCCRB is the lead agency to coordinate behavioral health service needs. Supporting agencies may be Bluegrass Mental Health and Mental Retardation Board, ARC, private providers, etc. KCCRB will coordinate all activities with the ESF 8 coordinator.

E. Lexington Division of Emergency Management (DEM)

DEM is responsible for the coordination and management of all phases of this plan under the Lexington Fayette EOP. The Director manages the EOC and supports overall county response on behalf of the Mayor, including the assembly of a SNS Team, activation of dispensing sites, and other activities.

F. Transportation (ESF 1) Coordinator

The ESF 1 coordinator coordinates transportation needs and assets.

G. Communication (ESF 2) Coordinator

The ESF 2 coordinator coordinates assets and resources for communication needs.

H. Lexington Fayette Hospitals

The hospitals will forward the information on patients available for forward movement to the EOC on a daily basis.

I. Centers for Disease Control (CDC) Director

On behalf of the Department of Homeland Security (DHS) Secretary, the CDC Director is the lead agent for managing the SNS and approving any deployment.

J. Cabinet for Health and Family Services (CHFS) Secretary

The CHFS Secretary retains ultimate responsibility for all SNS supplies received by Kentucky and can designate responsibility to KDPH or LFCHD. The Secretary directs CHFS resources and advises the Governor under the provisions of the KDPH SNS Plan.

K. Kentucky Division of Emergency Management (KYEM) Director

The KYEM Director manages the State EOC, which provides statewide coordination for reception, distribution, and closeout of SNS assets under the provisions of the Kentucky EOP.

L. Kentucky Department of Public Health (KDPH) Director

The KDPH Director will direct all KDPH resources and the KDPH EOC. If designated by the Secretary for Health Services, the Director will also assume control of SNS assets while in Kentucky.

M. Department of Homeland Security, Department of Health and Human Services

These two departments will be the lead agencies in the United States responsible for responding to influenza pandemic or other infectious disease. In any encounter with sick international travelers, U.S. Customs and Border Protection (CBP) have the responsibility to evaluate these individuals.

The ultimate medical authority for a suspected Hepatitis B Virus (HBV) is the Centers for Disease Control and Prevention Detroit Quarantine Station. Blue Grass Airport Public Safety personnel will be the initial responders to a potential HBV on-board an aircraft or aviation related building at Blue Grass Airport.

Encounters with ill travelers can range from single individual exhibiting mild symptoms to multiple individuals exposed to a contagious infectious disease (smallpox, pandemic influenza such as avian influenza H5N1, SARS, pneumonic plague, viral hemorrhagic fever). If an infectious disease is suspected, the passengers, crew and unprotected public safety officers may require decontamination and medical care and the aircraft may require disinfection. Attachment B is the Bluegrass Airport Infectious Patient Plan.