

Somerset County Emergency Operations Plan

ANNEX G - HEALTH AND MEDICAL

I. PURPOSE

The Health and Medical annex provides information on mobilizing and coordinating health and medical services needed during emergency response operations. The annex describes the health and medical programs in place and the responsibilities and procedures for using them. This annex applies to large-scale emergency and disaster events that would cause sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities.

II. SITUATIONS AND ASSUMPTIONS

A. SITUATION

1. The Somerset County EMA office has determined that a mass casualty incident is a possible occurrence as a result of a hurricane, an earthquake, an accident involving a multi-passenger means of transportation, a hazardous materials incident, a terrorist use of weapons of mass destruction, and an outbreak of disease. In Somerset County, due to limited emergency medical services, a mass casualty incident is an event involving at least five victims requiring transport.

2. The most likely mass casualty mass incident would be a transportation event such as a multiple car accident, an accident involving a tour bus or a school bus, an aircraft accident, or a passenger ship accident. Health and medical services in the County would not likely be hampered by the incident and medical facilities and transport from neighboring counties would be available to assist.

3. Historically, there have been no earthquakes or hurricanes that have taken place in Maine that have caused any serious casualties. If an earthquake or hurricane were severe enough to cause mass casualties, the health and medical system in the County could be greatly inundated.

4. A large number of inhalation and contact casualties could occur from a hazardous materials incident or a terrorist attack using weapons of mass destruction (WMD). The two hospitals located in Somerset County have decontamination equipment and training and are able to effectively respond to a WMD incident, work within the contamination, and decontaminate the victims. No EMS personnel have the complete personal protective equipment (PPE) or training to handle contaminated victims. The PPE carried within the EMS vehicle does not contain protective masks.

5. A natural or purposely-created disease outbreak has the possibility of creating a very large number of casualties, perhaps the greatest mass casualty event possible in the County. Disease could greatly degrade the health and medical capabilities by infecting the medical staff of the hospital and the EMS responders. This would also most likely be a statewide or national disaster and help from outside the County might not be available.

6. In nearly all incidents involving mass casualties, a county-wide response with mutual aid from the surrounding counties and from the State will be required in order to effectively handle the incident.

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B. ASSUMPTIONS

1. Health and medical resources located in Somerset County will be available for use during the disaster event; however, some of these resources may themselves be impacted by the disaster.
2. Evacuations from the hospital may be required due to the disaster. Temporary facilities may need to be used to continue medical operations.
3. Volunteers will come forward to help perform health and medical services. The County EOC will need to work with the health and medical staffs and administrators to coordinate the volunteers.

III. CONCEPT OF OPERATIONS

A. GENERAL

1. The ultimate responsibility for ensuring public safety rests with municipal government. The Somerset County EOC will coordinate efforts between the municipalities, with private or non-profit medical and disaster relief organizations (such as hospitals and the American Red Cross), and to request assistance from the State.
2. The Incident Commander at each disaster site will establish an EMS Branch Director to coordinate emergency medical responders on scene. The Incident Commander and staff will coordinate directly with the nearest hospital for support and for delivery of the victims. When there are multiple incidents ongoing simultaneously around the County, coordination of victim logistics will need to be accomplished through the municipal and County Emergency Operations Centers.
3. Health and medical assets in Somerset County include two hospitals, 17 EMS companies; the American Red Cross chapter located in Waterville, the Health Officer in each municipality, the offices of health centers and individual practitioners and the Rescue units from 25 municipal fire departments. There is no public health and medical assets under the control of the County government, however, the County EOC does have a Medical Emergency Services Coordinator assigned within the Logistics section.
4. The local school districts will be contacted by the municipal or County EMA Directors to request school buses for the transport of disaster victims. Individual hospital administrators and staff will coordinate with other regional hospitals for assistance or for taking victims when their facilities are overwhelmed.
5. Emergency decontamination of contaminated victims will be accomplished by and outside Haz-Mat Team. The hospitals in the County maintain an equipment and training capability to decontaminate victims. EMS units have no capability to deal with contaminated victims as their WMD PPE does not contain Protective Masks.

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IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The following EOC Staffing Positions are tasked with Annex G Health and Medical duties during an emergency event:

Medical Emergency Services Coordinator: (OPERATIONS) (207) 474-6788 Will coordinate with all EMS teams in the field and with the local hospitals and pharmacies. Will coordinate with State-wide health and medical resources for technical and medical support. Establish a patient/casualty tracking system with the two local hospitals. Coordinate critical incident stress debriefings for first responders. Contact local medical examiners when there have been fatalities.

Fire & Rescue County Coordinators: (OPERATIONS) (207) 474-6788 Will maintain communication with all municipal fire departments at their stations or in the field to coordinate rescue services.

Public Information Officer: (COMMAND) (207) 474-7404 Will provide updates to the local media regarding the number of injuries and deaths.

Resource Officer: (LOGISTICS) (207) 858-4709 Will assist the Medical Emergency Services Coordinator in acquiring and procuring needed health and medical resources.

HAZMAT Technical Support: (PLANNING) (207) 858-4317 Will provide technical advice to the EMS and medical services regarding hazardous materials, to include nuclear and chemical agents.

Sheltering (ARC): (LOGISTICS) (207) 858-4709 Will coordinate and screen health and medical volunteers.

V. ADMINISTRATION AND LOGISTICS

A. ADMINISTRATION:

1. Local municipal fire departments, ambulance services and the two hospitals handle daily emergencies on a regular basis and deal with one another in a direct one-on-one manner. This Health and Medical Annex will be implemented during an emergency or disaster that is larger and more taxing than the daily emergencies. Since the Somerset County government has no fire, EMS, or medical personnel or units, the County EOC will be opened for the purpose of coordinating with the individual municipalities, ambulance services, hospitals, and medical personnel and making official requests to the State EOC for health and medical assistance, expertise and resources.

2. The Somerset County EOC will contact local mental health centers and counselors to request assistance and services. Individual incident commanders will request LifeFlight services through Somerset County Hospitals. LifeFlight is based at Eastern Maine Medical Center in Bangor and the Central Maine Hospital in Lewiston. The County EOC will request State Public Health resources from the State EOC, when these services are needed.

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3. The State of Maine has plans to develop and implement a credentialing and qualification review process for all medical volunteers prior to assignment of these volunteers. However, this program does not exist at the present time.

B. LOGISTICS

1. Somerset County hospitals have developed their own logistics capabilities to obtain additional equipment, supplies, transportation and facilities. The County EOC Emergency Medical Services Coordinator will contact each of the two hospitals to determine their unmet medical resource requirements. The County EMA Director will contact the State EOC to fill these unmet needs.

2. The Hospital in Somerset County includes:

Redington-Fairview Hospital in Skowhegan (474-5121) and Sebec Valley Hospital in Pittsfield (487-5141)

3. There are Medical Examiners located in Somerset County but contacts are made through Augusta at 1-800-870-8744. The Incident Commander will request the Somerset County RCC contact the nearest Medical Examiner whenever there are fatalities at an incident. The RCC will relay the IC's request to the County EOC. Mortuary Services are provided by several local Funeral Home Directors. The Incident Commander will request the RCC contact the nearest mortuary services-qualified funeral home director whenever there are fatalities at an incident.

VI. PLAN DEVELOPMENT AND MAINTENANCE

REVISIONS: A continuous file on recommended changes or improvements will be maintained by the Somerset County EMA. The EMA Director reviews this annex annually and ensures that all procedures, policies, data and responsibilities are current and reflect actual assignments.

SUPPORTING DOCUMENTS: County and municipal agencies are responsible for the development and maintenance of their organizational policies and procedures.

VII. AUTHORITIES AND REFERENCES

MRSA Title 22 Health and Welfare, Chapter 153, "Local Health Officers"

MRSA Title 22 Health and Welfare, Chapter 250, "Control of Communicable Diseases"

MRSA Title 22 Health and Welfare, Chapter 711, "Medical Examiners Act"

The State of Maine Department of Public Health has the authority to coordinate use of the Federal "Push-Packs".

There are currently no county health and medical aid agreements with the area hospitals, clinics, and health centers, nor with the local funeral home directors, medical supply companies, and medical facilities.