

**EMERGENCY SUPPORT FUNCTION #8—PUBLIC HEALTH AND MEDICAL SERVICES**

**LEAD AGENCIES**

**Health and Medical**

Tacoma-Pierce County Health Department (TPCHD)

**Emergency Medical Services**

Pierce County Emergency Medical Services Office (PCEMS)

**Fatality Management**

Pierce County Medical Examiner's Office (ME)

**SUPPORT AGENCIES/ORGANIZATIONS**

Disaster Medical Coordination Center (DMCC):

Good Samaritan Hospital (primary)

Madigan Army Medical Center (secondary)

Northwest Healthcare Response Network

Pierce County Department of Emergency Management (DEM)

Pierce County Healthcare Agencies/Facilities:

Behavioral Health Providers, specifically...

Good Samaritan Behavioral Health

Greater Lakes Behavioral Health

Recovery Response Center/Recovery Innovations

Blood Product Providers

Dialysis Providers

Home Health Providers

Hospitals, specifically...

CHI-Franciscan St. Anthony Hospital

CHI-Franciscan St. Clare Hospital

CHI-Franciscan St. Joseph Medical Center

Madigan Army Medical Center

Mary Bridge Children's Hospital

MultiCare Allenmore Hospital

MultiCare Good Samaritan Hospital

MultiCare Tacoma General Hospital

Western State Hospital

Long Term Care Providers

Outpatient Care Providers, specifically...

Community Health Care

Kaiser Permanente

Puyallup Tribal Health Authority

SeaMar

Palliative Care and Hospice Providers

Non-Pierce County Recognized Healthcare Receiving Hospitals for EMS

CHI-Franciscan Harrison Medical Center

CHI-Franciscan St. Elizabeth Hospital

CHI-Franciscan St. Francis Hospital

Harborview Medical Center

MultiCare Auburn Regional Medical Center

Morton General Hospital

Providence St. Peter Hospital

Seattle Children's Hospital

UW Medical Center

**SUPPORT AGENCIES/ORGANIZATIONS** *(continued)*

Pierce County Medical Reserve Corps (MRC)  
Pierce County Medical Society  
Pierce County Mortuary Service Providers  
Private Emergency Medical Service (EMS) Agencies:  
    Airlift NW Air Ambulance  
    American Medical Response Ambulance  
    Falck NW Ambulance  
    Madigan AMC Ambulance  
    Rural Metro Ambulance  
    Northwest Ambulance  
    Ride to Wellness Ambulance  
Public EMS/Fire Agencies:  
    Anderson Island Fire & Rescue (No. 27)  
    Browns Point Fire & Rescue (No. 13)  
    Central Pierce Fire & Rescue (No. 6)  
    City of Buckley Fire Department  
    City of Carbonado Fire Department  
    City of DuPont Fire Department  
    City of Ruston Fire Department  
    City of Tacoma Fire Department  
    East Pierce Fire & Rescue (No. 22)  
    Gig Harbor Fire & Rescue (No. 5)  
    Graham Fire & Rescue (No. 21)  
    Greenwater Fire & Rescue (No. 26)  
    Joint Base Lewis-McChord Fire & Rescue  
    Key Peninsula Fire (No. 16)  
    McNeil Island Fire & Rescue  
    Orting Valley Fire & Rescue (No. 18)  
    Pierce 23 Fire & Rescue (No. 23)  
    Riverside Fire & Rescue (No. 14)  
    South Pierce Fire & Rescue (No. 17)  
    Steilacoom Public Safety  
    West Pierce Fire & Rescue (No. 3)  
Public Service Answering Points (PSAPs) and Dispatch Centers  
Tacoma-Pierce County Chaplaincy Program (TPCC)  
Western WA Medical Services Emergency Communications Team-Amateur Radio  
Emergency Service (ARES)

**STATE LEAD**

Washington State Department of Health (DOH)

**I. INTRODUCTION**

**A. Purpose**

1. To plan for, organize, mobilize, coordinate, and direct public health and medical resources and support before, during and after an emergency or major disaster within the incorporated and unincorporated areas of Pierce County (Region V).
2. To provide for the coordination of pre-hospital, hospital, medical community, and fatalities management.

3. To provide for the care of the sick and injured resulting from an emergency or major disaster.
4. To provide Medical Examiner and fatalities management services during an incident.
5. To facilitate the coordinated use of medical resources such as personnel, facilities, equipment, and supplies.
6. To provide for the coordination of crisis response, and spiritual and mental health services for persons who suffer from reactions to the emergency or major disaster.
7. To provide critical stress management services for emergency medical service and healthcare workers.
8. To provide for the systems and methods required for surveillance, mitigation, and interventions to reduce the impact(s) from incidents potentially or actually affecting public health in Pierce County, including food safety, environmental health, and communicable diseases.
9. To address the health needs of vulnerable populations within Pierce County and improve equitable outcomes

**B. Scope**

This Emergency Support Function (ESF) identifies Emergency Medical Services (EMS), public health, medical and related services including fatality management services provided to citizens of Pierce County along with guidelines for the coordination of these services.

These guidelines are not intended to circumvent the use of training, practice, experience, and judgment of the lead and support agencies involved in the performance of this ESF.

This plan does not address catastrophic failure where total infrastructure collapse has occurred or where coordination is unable to occur because of communication system failure.

**C. Core Capabilities and Actions**

The following table lists the core capabilities that ESF #8 most directly supports along with the related ESF #8 actions. Though not listed in the table, all ESFs, including ESF #8, support the following core capabilities in addition to those described below: Planning, Operational Coordination, and Public Information and Warning.

<b>Mission Area</b>	<b>Core Capability</b>	<b>Description and Actions</b>
Response	Critical Transportation	<ol style="list-style-type: none"> <li>1. Coordinate medical transportation for response priority objectives, including the evacuation of patients.</li> <li>2. Support delivery of required resources to save lives and to meet the</li> </ol>

**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

Mission Area	Core Capability	Description and Actions
Response (continued)	Critical Transportation (continued)	<p>needs of disaster survivors.</p> <ol style="list-style-type: none"> <li>3. Organize transportation—as requested and as available—for response priority objectives, including the evacuation of people and service animals, and the delivery of vital response personnel and services to the affected area.</li> <li>4. Ensure basic health needs are met, stabilize the incident, transition into recovery for an affected area, and restore basic health services and community functionality.</li> </ol>
	Environmental Response/Health and Safety	<ol style="list-style-type: none"> <li>1. Respond appropriately to ensure the protection of the health and safety of the public and workers, as well as the environment, from all-hazards in support of responder operations and the affected communities.</li> <li>2. Identify and assess worker health and safety hazards and disseminate health and safety guidance, and resources to response and recovery workers.</li> <li>3. Minimize public exposure to environmental hazards through assessment of the hazards and recommendation of public protective actions.</li> <li>4. Assist with the identification, evaluation, and implementation of measures to prevent and minimize impacts to the environment, from all-hazard emergencies, and response operations.</li> </ol>
	Fatality Management Services	<ol style="list-style-type: none"> <li>1. Coordinate operations to recover fatalities over a geographically dispersed area.</li> <li>2. Provide fatality management services, including decedent remains recovery and victim identification, working with local, state, tribal, territorial, insular area, and Federal authorities to provide mortuary processes, temporary storage or permanent internment solutions, information sharing with mass care services, reunification with family, and providing counseling to the bereaved.</li> </ol>
	Public Health, Healthcare, and Emergency Medical Services	<ol style="list-style-type: none"> <li>1. Facilitate lifesaving medical treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations.</li> <li>2. Support triage and initial stabilization of casualties and transition to definitive care for those likely to survive their injuries and illness.</li> <li>3. Assist in managing the Pierce County Medical Counter Measures (MCM) program.</li> </ol>

**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

<b>Mission Area</b>	<b>Core Capability</b>	<b>Description and Actions</b>
Recovery	Public Health, Healthcare, and Emergency Medical Services	<ol style="list-style-type: none"> <li>1. Facilitate restoration and improvement of health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.</li> <li>2. Coordinate the return of medical surge resources to pre-incident levels, complete health assessments, and identify recovery processes.</li> </ol>

**II. POLICIES**

- A. Pierce County Emergency Medical Services (EMS), Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs) and Paramedics who provide emergency medical care in Pierce County shall operate under the current revision of the Pierce County Emergency Medical Services, Medical Program Director's Patient Care Procedures and Patient Care Protocols.
- B. Pierce County EMS will operate within the guidelines established in the Pierce County's Mass Casualty Incident (MCI) Plan. When an incident meets the thresholds in the MCI plan, EMS personnel can operate within the established written patient care protocols and procedures.
- C. The Disaster Medical Coordination Center (DMCC) is responsible for supporting EMS and the healthcare community by identifying available beds and placing patients at the most appropriate facility, based on their injuries or illness, as quickly as possible. During an MCI, patient distribution is directed through the Disaster Medical Coordination Center (DMCC), and all area hospitals will receive MCI patients, unless incapacitated. Good Samaritan Hospital is the DMCC for Pierce County. Madigan Army Medical Center is the alternate. Movement of patients to facilities in other counties will be directed by the Pierce County DMCC in collaboration with neighboring DMCCs and/or the State DMCC in accordance with the WA State DMCC Agreement.
- D. The Director of Health or designee is authorized to implement measures as necessary to control communicable disease exposure or contamination of food, water, and environmental resources (RCW 70.05).
- E. Stress management and emotional and spiritual support to county emergency responders and their families are a priority for the Tacoma-Pierce County Chaplaincy Program (TPCC). Beacon Health Options will support inpatient and outpatient mental health services; a Mental Health Crisis Line (Proto Call), a Mental Health Recovery Response Center (Recovery Innovations), and an Evaluation and Treatment Center (Telecare). The Associated Ministries provides spiritual support to victims.

- F. The Pierce County Medical Examiner has jurisdiction over sudden unexpected deaths in Pierce County. (RCW 68.50.010) The Medical Examiner's Office provides services required during a mass fatality incident that occurs within its jurisdiction, including remains recovery, victim identification, next of kin (NOK) notification, temporary storage, and release of remains.
- G. Madigan Army Medical Center (MAMC) is the primary Pacific Region Medical Command Patient Reception Center as identified in the National Disaster Medical System (NDMS) plan. The NDMS Plan is the governing document outlining how health and medical system will coordinate during the activation of this federal system. The NDMS is a federally coordinated system that augments the nation's emergency medical response capability. The NDMS establishes a single, integrated national medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters.
- H. Per the MOU between TPCHD and the Northwest Healthcare Response Network (NWHRN), NWHRN will serve as the lead healthcare coordination agency for gathering information on healthcare impacts and other healthcare related situational awareness, support of medical resource needs, facilitation of healthcare related mutual aid, coordination of patient tracking and activation of healthcare clinical and policy leadership groups to inform the healthcare organizations and the health department. NWHRN reports through TPCHD within the ESF #8 structure.

### **III. SITUATION**

#### **A. Emergency/Major Disaster Conditions and Hazards**

The Pierce County Hazard Identification and Risk Assessment (HIRA), NWHRN Regional Healthcare Hazard Vulnerability Assessment, and other assessments list the natural, technological, and social emergencies which are potential threats to the life safety and the associated damage to property, the economy, and the environment. All listed hazards pose a risk, of various degrees, to the public health and medical conditions and services within Pierce County.

#### **B. Planning Assumptions**

- The alternate care system may be activated in support of the health and medical system.
- Treatment and transport of patients include four phases:
  1. Treat and transfer within Region V;
  2. Treat and transfer outside of Region V;
  3. Forward movement of patients using state and federal resources; and
  4. Activation of community alternate care system plan.

- Natural, technological, and biological emergencies or disasters can overwhelm county health and medical facilities and services requiring emergency coordination of resources.
- All hospitals, nursing homes, and licensed residential care settings and certified facilities have evacuation plans to alternate locations per regulatory requirements.
  - Hospitals, long-term care facilities, other inpatient and outpatient facilities, and pharmacies may rely on existing emergency service contracts with appropriate vendors for medical equipment, pharmaceuticals, linens, and other day-to-day supplies. These facilities are expected to plan for a minimum of 96 hours (4 days) of operations.
  - Medical personnel unable to report to their designated work location should report to the nearest health care facility or follow directions from the Continuity of Operations (COOP) program and plan of the parent organization.
  - All EMS, healthcare, and Medical Examiner (ME) should have redundant/back-up communications and information systems in the event of disrupted services.
- Infrastructure Impacts
  - Health and medical facilities and supporting infrastructure may be severely impacted, reducing capability and resources which may result in an increase of disease or injury.
  - Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury and require an increase in surveillance.
- Access and Functional Needs Considerations
  - People with Access and Functional Needs, and those disproportionately impacted individuals or populations may have a variety of medical conditions and will include people who require specialized medical support.
  - All individuals whose health degrades during the response and/or recovery operation may require additional medical support.
  - Individuals with access or functional needs along with medical needs may include people from congregate settings (such as group homes, nursing homes), individuals under medical home care requiring a nursing caregiver, and individuals from hospitals.
- Threats/Hazards
  - Contamination of food and water supplies may increase the potential for disease and injury.
- System Impacts
  - Availability of medical care personnel may be limited due to injury, illness, personal concerns/needs, or limited access to work locations.

- The damage and destruction caused by an emergency or disaster will produce urgent needs for mental health crisis counseling and spiritual support for disaster victims and emergency response personnel.
- Health and medical agencies may require physical protection of their staff, facility and its contents following the emergency.
- Recovery Operations
  - The Pierce County medical systems (emergency medical, public health and related services) will restore operations during the recovery period as soon as possible and within the limitations and capabilities of county government following the emergency or disaster.
  - Public health assessments of food, water, and sanitation to ensure safety of the public's health will be conducted.

#### **IV. CONCEPT OF OPERATIONS**

##### **A. General**

1. The extent of ESF #8 activation will be dependent on the magnitude of the emergency or disaster.
2. The Tacoma-Pierce County Health Department (TPCHD) and the Northwest Healthcare Response Network (NWHRN) will provide 24-hour duty officer coverage in support of public health and medical response activities and will work in cooperation with the Pierce County Department of Emergency Management (DEM) Duty Officer, who will provide support to all other field response activities.
3. TPCHD will activate an Emergency Operations Center (EOC) to respond to public health- and medical-related incidents.
4. The TPCHD EOC will request resources through the Tacoma-Pierce County EOC if unable to fulfill through other channels. If resource needs cannot be met locally or through local mutual aid agreements, the State Emergency Operations Center (SEOC) can access state agency resources, interstate mutual aid, private industry resources, or turn to federal agencies to accomplish the mission.
5. NWHRN's Healthcare Emergency Coordination Center (HECC), supports healthcare coordination and response in support of overall ESF #8 operations. The HECC coordinated with all healthcare partners to provide situational awareness, healthcare facility patient tracking, resource coordination, and policy and clinical coordination in response to an emergency.
6. ESF #8 agencies (lead and support) will maintain a workable emergency operational plan identifying critical personnel and responsibilities, emergency chain of command, appropriate emergency notification procedures and alternate work locations. All ESF #8 agencies will maintain coordinated emergency operations plans with other ESF #8 agencies.



7. ESF #8 agencies shall maintain communications systems (telecommunications and radio) that are consistent with the PCEMS/Public Health and Medical Communication Plan.
8. The EMS and fire liaisons in the Tacoma-Pierce County EOC will consult with zone coordinators to determine the need for regional and state pre-hospital patient care resources. The Pierce County Fire Resource Plan, South Puget Sound Fire Defense Plan and the Washington State Fire Services Resource Mobilization Plan will be implemented when indicated.
9. TPCHD will provide health related educational and technical information releases in coordination with the Joint Information System/Joint Information Centers (JIS/JIC) when coordination is indicated.
10. The primary Disaster Medical Coordination Center (DMCC) is located at Good Samaritan Hospital. Madigan Army Medical Center is the alternate location. The DMCC will be activated following an incident that could overwhelm the healthcare system, such as a Mass Casualty Incident (MCI) or hospital evacuation. An activation request typically comes from Fire/EMS at the scene. Primary DMCC responsibilities will transfer to the Pierce County alternate DMCC in certain circumstances, such as an inability to provide communications. The Pierce County DMCC will use existing procedures to inform the TPCHD Duty Officer, NWHRN Duty Officer, and the DEM Duty Officer of this transfer of responsibility.
11. Support agencies must assign a designee as an agency representative/liaison to operate from the Tacoma-Pierce County EOC—when activated—to coordinate agency activities within the overall disaster response and into disaster recovery.

B. Preparedness Activities

1. Tacoma-Pierce County Health Department
  - a. TPCHD Internal Activities:
    - Public health emergency preparedness, response, and recovery is a foundational public health priority.
    - TPCHD will establish and maintain plans and response activities compliant with the National Incident Management System.
    - Working with the community on resiliency to promote equity and inclusion
    - Develop and maintain response plans and procedures.
    - Develop and maintain Continuity of Operations (COOP) plan.
    - Establish and maintain a training program that includes:
      - Medical Counter Measures;
      - FEMA ICS required trainings;
      - COOP Training;

- Personal Protective Equipment (PPE);
    - Communication and internal and external Incident Response Notifications Systems; and
  - Development of a 5-year training plan.
  - Establish and maintain an emergency preparedness exercise program that meets any federal, state, and local exercise requirements.
  - Establish and maintain a Quality Improvement Program by implementation of improvements from After-Action Reports.
- b. TPCHD External Activities:
- Establish and maintain a MOU with NWHRN to work with healthcare systems to prepare, respond and recover from incidents.
  - Working with the community on resiliency to promote equity and inclusion
  - Establish and coordinate community level response and recovery plans with federal, state, regional and local partners.
  - Participate in federal, state, regional and local training, and exercise programs.
- c. TPCHD Hosts Medical Reserve Corp (MRC)
- MRC Receive and process registered emergency workers for use as emergency response organization staff in support of the Medical System response.
2. Pierce County EMS Office and EMS/Fire Agencies
- a. Develop relationships and contacts with local, regional, state, federal and national partners before an event occurs.
  - b. Adopt ICS within MCI and operational plans and develop plans for EMS care in austere environments.
  - c. Identify pre-positioned resources, supplies, equipment.
  - d. Encourage self-identification of individuals who need additional assistance during disasters/incidents.
  - e. Coordinate and participate in training, exercises, and drills coordination.
  - f. Identify and implement best practices in disaster emergency care.
  - g. Establish Disaster Patient Care Guidelines.
3. Pierce County Medical Examiner's Office
- a. Coordinate with subject matter experts to determine roles in a mass fatality or other disaster incident.
  - b. Establish written plans that include memoranda of agreement, memoranda of understanding, mutual aid agreements, and contracts with other agencies and jurisdictions to coordinate activities and share resources, facilities, services, and other support required during fatality management.
  - c. Participate in local, county, and regional training and exercises.

4. Northwest Healthcare Response Network
  - a. Coordinate healthcare community preparedness activities through the healthcare coalition, such as: healthcare system planning, training opportunities, and coordinated exercises.
  - b. Coordinate healthcare clinical and executive level engagement in planning and preparedness activities.
  - c. Coordinate with community partners, such as: public health, emergency management, and EMS.
  - d. Maintain 24/7 Duty Officer support for healthcare related response needs.
  - e. Maintain emergency contacts for healthcare partners within service area.
5. Healthcare Organizations and Specialty Service Providers
  - a. Coordinate with community partners and the NWHRN through the healthcare coalition, such as: healthcare system planning, training opportunities, and coordinated exercises.
  - b. Support healthcare clinical and executive level engagement in planning and preparedness activities.
  - c. Coordinate with community partners, such as: public health, emergency management, and EMS.
  - d. Maintain emergency contacts for coordination with the NWHRN and community partners.

C. Mitigation Mission

See Hospital Hazard Mitigation Plans, as well as the Pierce County Hazard Mitigation plan.

D. Response Mission

*Health and Medical*

1. Tacoma-Pierce County Health Department
  - a. Designate and activate a TPCHD EOC for ESF #8 response actions involving multiple health and medical organizations or agencies.
  - b. Lead and Coordinate ESF #8 health and medical related activities.
  - c. Assess and maintain essential public health services and facilities including communicable disease and environmental health programs.
  - d. Assign liaisons to appropriate city, county, and network emergency operation centers as able.
  - e. Support the DMCC during incident response.

- f. TPCHD EOC through NWHRN HECC will prioritize and manage health and medical resources during the incident.
  - g. MRC will notify and activate vetted MRC volunteers for response. MRC will receive vetted spontaneous workers from the County Volunteer Reception Center (VRC).
  - h. Determine the need to activate alternate care system in the community and provide direction. Working with NWHRN and Health Systems to assess and implement the need for patient surge, crisis standards of care and alternate care systems.
  - i. Coordinate and disseminate public health guidance and messaging to the public and partners.
2. Northwest Healthcare Response Network (NWHRN)
- a. In support of emergency response activities, NWHRN will activate the HECC to support its core responsibilities.
  - b. Gather and provide situational awareness on healthcare impacts.
  - c. Support healthcare resource coordination.
  - d. Coordinate community level patient tracking.
  - e. Coordinate healthcare policy and clinical engagement.
  - f. Coordinate with TPCHD for any requests for the Pierce County MRC.
  - g. Support DMCCs, EMS and healthcare organizations with coordination of patient evacuation from hospitals and long-term care facilities.
  - h. Support DMCCs, EMS, and healthcare organizations in coordinating with the Puget Sound Federal Coordinating Center for patient movement and patient tracking actions in or out of Pierce County.
3. Healthcare Organizations
- a. Provide medical care for their patients.
  - b. Maintain and activate their internal Emergency Operations Plans and coordinate with parent systems (if applicable).
  - c. Develop surge capacity capabilities to accommodate an increased volume of patients that need to be seen as a result of the incident.
  - d. Contact and provide information to the NWHRN for regional coordination and response on issues such as:
    - healthcare situational awareness;
    - patient tracking;
    - resource coordination; and
    - planning and response coordination.

- e. Assist other healthcare organizations during a response in line with mutual aid agreements.
  - f. Coordinate with Local Health Jurisdictions (LHJ) on infectious disease reporting and investigation, and alternate care system activation.
  - g. Coordinate public information with the NWHRN and/or LHJs.
  - h. Process internal damage assessments to determine ready status and relay the information to the Tacoma-Pierce County EOC.
  - i. Assign a liaison to the Tacoma-Pierce County EOC, if possible and when ESF #8 is activated.
4. Specialty Services Providers
- a. Blood Product Providers
    - Provide blood services to support patient care in their service areas.
    - Maintain and activate their internal Emergency Operations Plans and coordinate with parent systems (if applicable).
    - Develop surge capacity capabilities to accommodate an increased volume of patients that need care as a result of the incident.
    - Contact and provide information to the NWHRN for regional coordination and response on issues such as:
      - healthcare situational awareness;
      - patient tracking;
      - resource coordination; and
      - planning and response coordination.
    - Assist other healthcare organizations during a response in line with mutual aid agreements.
    - Coordinate with Local Health Jurisdictions (LHJ) on infectious disease reporting and investigation, and alternate care system activation.
    - Coordinate with city and county EOCs regarding highway/street access to deliver products in a timely manner.
    - Identify and establish local donor locations based on potential effects of event.
    - Coordinate with regional, state, national partners to request additional products as needed.
    - Coordinate with NWHRN to deliver unified message to blood community and donors.
    - Coordinate public information with the NWHRN and/or LHJs.
    - Process internal damage assessments to determine ready status and relay the information to the Tacoma-Pierce County EOC.
  - b. Dialysis Providers

- Maintain dialysis services to support patient care in their service areas.
- Maintain and activate their internal Emergency Operations Plans and coordinate with parent systems (if applicable).
- Develop surge capacity capabilities to accommodate an increased volume of patients that need care as a result of the incident.
- Contact and provide information to the NWHRN for regional coordination and response on issues such as:
  - healthcare situational awareness;
  - patient tracking;
  - resource coordination; and
  - planning and response coordination.
- Assist other healthcare organizations during a response in line with mutual aid agreements.
- Coordinate with LHJs on infectious disease reporting and investigation, and alternate care system activation.
- Coordinate with city and county EOCs regarding non-medical resources needs including consistent sources of dialysis-compatible water.
- Coordinate with regional, state, national partners to request additional products as needed.
- Coordinate with the Northwest Renal Network concerning availability of services and coordination of patient needs.
- Coordinate public information with the NWHRN and/or LHJs.
- Process internal damage assessments to determine ready status and relay the information to the Tacoma-Pierce County EOC.

### *Emergency Medical Services*

#### 5. Pierce County EMS Office

- a. Provide a liaison to the Tacoma-Pierce County EOC, and other emergency operations/coordination centers, as needed.
- b. Provide a liaison to the Incident Command Post, as needed, to participate in Unified Command.
- c. Assess current patient counts in regard to locations, categories of severity, and extent of injuries and/or illness.
- d. Assess transport capabilities within the county and plan for out-of-county resource requests in advance, as needed.
- e. Work with Law Enforcement and DOT/Public Works regarding flow of traffic to facilitate efficient and expedient ingress and egress from incident sites.

6. Disaster Medical Coordination Center (DMCC)
  - a. Assign a management or supervisory person and designated alternates to provide countywide hospital patient movement coordination.
  - b. Support the distribution of healthcare patients to receiving hospitals in an MCI or hospital evacuation.
  - c. Provide initial alert notifications to regional hospitals utilizing county/regional alerting tools.
  - d. Conduct initial and ongoing bed counts and work with EMS and hospitals to coordinate placement of multiple patients to appropriate health care facilities.
7. Public and Private Emergency Medical Services including Air Ambulance Agencies
  - a. In disaster conditions, all Pierce County fire departments and districts, and private ambulance companies will provide emergency medical services.
  - b. EMS agencies will respond to the emergency or major disaster to establish field triage areas, direct triage, and initiate communications with the designated DMCC as outlined in Pierce County's Mass Casualty Incident Plan (Attachment A).
  - c. Establish Incident Command for on-scene emergency operations.
  - d. Provide victim rescue and patient care activities at incident sites.
  - e. Request mutual aid for resources as needed.
  - f. Provide emergency medical care per the current revision of the Pierce County Emergency Medical Services, Medical Program Director's Patient Care Procedures and Patient Care Protocols.
  - g. Decontaminate patients in the field before treatment and/or transport of disaster victims.
  - h. Provide personnel to perform decontamination operations at local medical care facilities, if resources allow.
  - i. Notify the Medical Examiner of the existence and location of fatalities at the scene and will not move or remove any remains without medical examiner authorization (RCW 68.50.010).
  - j. Fire department cache trailer assets will supplement field operations resources during emergencies or major disasters, when requested through dispatch.
  - k. Air ambulance transportation can supplement ground ambulance transportation when indicated and as resources allow. Pierce Transit, school buses, or other private transportation agencies can supplement the transport of designated patients resulting from a mass casualty incident.

*Fatality Management*

8. Pierce County Medical Examiner’s Office

- a. Process internal damage assessments to determine facility status and relay information to the Tacoma-Pierce County EOC.
- b. Activate Mass Fatality Plan when indicated.
- c. Identification, recovery, next of kin notification, temporary storage, and release of human remains and personal property, when applicable.
- d. Designate temporary morgue operation sites for incidents that overwhelm normal capacity and coordinate temporary morgue operations with local funeral directors and agencies.
- e. Coordinate remains transportation with necessary agencies.
- f. Notify TPCPD of any known infectious, biohazard, and other public health threats.
- g. Assess need to activate the Region V Joint Family Assistance plan to provide services to and obtain ante-mortem information from families of missing persons in a mass disaster.

E. Recovery Mission

ESF #8 agencies will support recovery activities aimed at restoring health and medical service operations within limits and capabilities. All health and medical, as well as EMS, agencies will coordinate with emergency management and response agencies in supporting community recovery efforts.

The goal is to return the healthcare and EMS system to full operational status. This includes activities such as replacement of patient care supplies and equipment, facility or transportation vehicle rehabilitation, communication systems rehabilitation and financial accounting to allow for appropriate reimbursement.

ESF #8 lead and supporting agencies ensure there is adequate staffing levels to meet normal operational needs, or that there is adequate mental health support for response staff [if requested] as they recover from the psychological stress of dealing with the recent critical events.

**V. RESPONSIBILITIES**

Lead Agencies	ESF Responsibilities
Tacoma-Pierce County Health Department	<ul style="list-style-type: none"> <li>1. Maintain emergency preparedness, response, and recovery capabilities.</li> <li>2. Manage and Coordinate all Pierce County public health, medical, and mental health preparedness, response, and recovery efforts.</li> <li>3. The Public Health Duty Officer is the focal point of notification for events requiring response by ESF #8 agencies. As needed, Public Health will conduct a situation</li> </ul>



**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

<b>Lead Agencies</b>	<b>ESF Responsibilities</b>
<p>Tacoma-Pierce County Health Department <i>(continued)</i></p>	<p>assessment, initiate surveillance, and monitoring activities, and notify appropriate ESF #8 lead and support agencies.</p> <ol style="list-style-type: none"> <li>4. Assess and maintain essential public health services and facilities including communicable disease and environmental health programs.</li> <li>5. Coordinate and disseminate public health guidance and messaging to the public and partners.</li> <li>6. Establish and maintain MOUs and partnerships with federal, state, regional and local partners.</li> <li>7. Assess and activate Medical Counter Measures.</li> <li>8. Assess and implement the need for patient surge, crisis standards of care and alternate care systems.</li> <li>9. Coordinate with City/County Emergency Management.</li> <li>10. Coordinate and disseminate situational awareness with ESF #8 and other partners as appropriate.</li> <li>11. Inspect all shelters to ensure they meet public health standards.</li> <li>12. Maintain a Medical Reserve Corps Volunteer Program.</li> </ol>
<p>Pierce County Emergency Medical Services Office (PCEMS)</p>	<ol style="list-style-type: none"> <li>1. Serve as an advocate for efficient and effective emergency medical services, ensuring delivery of medical care that is consistent with professionally recognized standards.</li> <li>2. Assures quality care management to ensure professional and public accountability for medical care provided within the PCEMS system.</li> <li>3. Manage all Pierce County EMS assets and other EMS asset response and recovery efforts.</li> <li>4. Collaborate with NWHRN regarding patient tracking.</li> <li>5. Coordinate with State DOH/EMS officials regarding out-of-area EMS certification credentials.</li> <li>6. Request designated disaster ambulance coordination if needed.</li> <li>7. Collaborate with other pre-hospital entities regarding altered scope of practice, alternative standards of care, alternate transport mechanisms, and alternate receiving facilities.</li> <li>8. Advocate for the safety and protection of EMS personnel including adequate sleep periods, food and hydration, personal protective equipment, immuno- or chemoprophylaxis, if needed.</li> <li>9. Provide quality assurance and medical oversight of prehospital patient care.</li> </ol>

**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

<b>Lead Agencies</b>	<b>ESF Responsibilities</b>
<p align="center">Pierce County Medical Examiner's Office</p>	<ol style="list-style-type: none"> <li>1. Coordinate with local law enforcement, public health, healthcare, emergency management, and other agencies to manage recovery, identification, temporary storage, and release of human remains and personal effects.</li> <li>2. Certify cause and manner of death.</li> <li>3. Coordinate collection and dissemination of ante-mortem data.</li> <li>4. Designate temporary morgues when necessary, and coordinate with local funeral directors and other agencies to identify temporary support staff.</li> <li>5. Notify necessary agencies of temporary morgue sites and coordinate transportation of the remains.</li> <li>6. Coordinate operations with the Washington State Patrol Latent Print and Missing Persons Units, area funeral directors, Federal Disaster Mortuary Response Team (DMORT), the Washington State Dental Association, and other associated agencies and organizations.</li> </ol>

<b>Support Agencies/ Organizations</b>	<b>ESF Responsibilities</b>
<p align="center">Blood Bank Services</p>	<ol style="list-style-type: none"> <li>1. Collaborate with regional health administrators and NWHRN to ensure that blood support to patients in disasters is appropriately supported in response.</li> <li>2. Provide blood services to support patient care in their service areas.</li> <li>3. Maintain and activate their internal Emergency Operations Plans and coordinate with parent systems (if applicable).</li> <li>4. Develop surge capacity capabilities to accommodate an increased volume of patients that need care as a result of the incident.</li> <li>5. Contact and provide information to the NWHRN for regional coordination and response on issues.</li> <li>6. Assist other healthcare organizations during a response in line with mutual aid agreements.</li> <li>7. Coordinate with LHJs on infectious disease reporting and investigation, and alternate care system activation.</li> <li>8. Coordinate with city and county EOCs regarding highway/street access to deliver products in a timely manner.</li> <li>9. Identify and establish local donor locations based on potential effects of event.</li> <li>10. Coordinate with NWHRN to deliver unified message to blood community and donors.</li> <li>11. Coordinate with regional, state, national partners to request additional products as needed.</li> <li>12. Coordinate public information with the NWHRN and/or LHJs.</li> </ol>

**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

<b>Support Agencies/ Organizations</b>	<b>ESF Responsibilities</b>
Blood Bank Services <i>(continued)</i>	13. Process internal damage assessments to determine ready status and relay the information to the Tacoma-Pierce County EOC.
Dialysis Providers	<ol style="list-style-type: none"> <li>1. Maintain dialysis services to support patient care in their service areas.</li> <li>2. Maintain and activate their internal Emergency Operations Plans and coordinate with parent systems (if applicable).</li> <li>3. Develop surge capacity capabilities to accommodate an increased volume of patients that need care as a result of the incident.</li> <li>4. Contact and provide information to the NWHRN for regional coordination and response on issues.</li> <li>5. Assist other healthcare organizations during a response in line with mutual aid agreements.</li> <li>6. Coordinate with LHJs on infectious disease reporting and investigation, and alternate care system activation.</li> <li>7. Coordinate with city and county EOCs regarding non-medical resources needs including consistent sources of dialysis-compatible water.</li> <li>8. Coordinate with regional, state, national partners to request additional products, as needed.</li> <li>9. Coordinate with the Northwest Renal Network concerning availability of services and coordination of patient needs.</li> <li>10. Coordinate public information with the NWHRN and/or LHJs, as necessary.</li> <li>11. Process internal damage assessments to determine ready status and relay the information to the Tacoma-Pierce County EOC</li> </ol>
Disaster Medical Control Center (DMCC)	<ol style="list-style-type: none"> <li>1. Conduct initial and ongoing bed counts in the event of an MCI, and work with EMS and hospitals to coordinate placement of multiple patients to appropriate health care facilities.</li> <li>2. Coordinate activities with the FCC during National Disaster Medical System (NDMS) activations. The Pierce County DMCC will use existing procedures to inform the TPCHD Duty Officer, NWHRN Duty Officer and the DEM Duty Officer.</li> </ol>
Healthcare Organizations	<ol style="list-style-type: none"> <li>1. Provide medical care for their patients.</li> <li>2. Maintain and activate their internal Emergency Operations Plans and coordinate with parent systems (if applicable).</li> <li>3. Develop surge capacity capabilities to accommodate an increased volume of patients that need care as a result of the incident.</li> <li>4. Contact and provide information to the NWHRN for regional coordination and response on issues.</li> </ol>

**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

<b>Support Agencies/ Organizations</b>	<b>ESF Responsibilities</b>
<p align="center">Healthcare Organizations (<i>continued</i>)</p>	<ol style="list-style-type: none"> <li>5. Assist other healthcare organizations during a response in line with mutual aid agreements.</li> <li>6. Coordinate with LHJs on infectious disease reporting and investigation, and alternate care system activation.</li> <li>7. Notify the Public Health Duty Officer of any incident that has public health or disease impacts.</li> <li>8. Coordinate with the NWHRN HECC, city and county emergency management EOCs and Public Health.</li> <li>9. Coordinate public information with the NWHRN and/or LHJs.</li> <li>10. Process internal damage assessments to determine ready status and relay the information to the Tacoma-Pierce County EOC.</li> <li>11. Provide liaison to the Tacoma-Pierce County EOC, if possible and when requested.</li> </ol>
<p align="center">Northwest Healthcare Response Network- Healthcare Emergency Coordination Center (NWHRN-HECC)</p>	<ol style="list-style-type: none"> <li>1. Coordinate with healthcare organizations, EMS agencies, and local partners related to healthcare response and recovery strategies and tactics including patient movement and patient tracking.</li> <li>2. NWHRN will coordinate with TPCHD within the ESF #8 structure and with the local/county EOCs Coordinate healthcare situational awareness and healthcare and local response partners</li> <li>3. Coordinate healthcare resource requests, including facilitation of healthcare mutual aid/healthcare resource sharing and support local EOCs if requested.</li> <li>4. Coordinate patient movement tracking between healthcare and local partners.</li> <li>5. Coordinate healthcare policy and clinical partners to support response.</li> <li>6. Provide WATrac support to partner entities when requested.</li> </ol>
<p align="center">Pierce County Department of Emergency Management</p>	<ol style="list-style-type: none"> <li>1. Coordinate emergency medical services outside the cities with stand-alone emergency management departments.</li> <li>2. Coordinate with TPCHD EOC.</li> <li>3. Coordinate activities involving the Pierce County Medical Examiner's Office.</li> <li>4. Coordinate multi-organization/agency response within county and outside city jurisdictions with emergency management departments.</li> <li>5. Provide logistics support.</li> <li>6. Open Joint Information Center.</li> </ol>
<p align="center">Pierce County Medical Reserve Corps</p>	<ol style="list-style-type: none"> <li>1. Provide qualified emergency workers to supplement medical capabilities, such as: physicians, nurses, and other technical medically qualified personnel.</li> </ol>

**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

<b>Support Agencies/ Organizations</b>	<b>ESF Responsibilities</b>
Pierce County Medical Reserve Corps <i>(continued)</i>	2. Provide qualified emergency workers to supplement non-medical staff focused on medical coordination and support.
Pierce County Medical Society	<ol style="list-style-type: none"> <li>1. Assist in the procurement of physician services.</li> <li>2. Provide information to member physicians on current emergency response plans, policies, and procedures.</li> <li>3. Coordinate with TPCHD regarding any identified needs.</li> </ol>
Pierce County Mortuary Service Providers	<ol style="list-style-type: none"> <li>1. Provide services as requested by the Pierce County Medical Examiner's Office.</li> <li>2. Transport human remains by responding promptly with the appropriate staff, vehicle, and equipment to a scene, facility, or other designated place to collect and transport the decedent to the PCMEO or funeral home cold storage facility as directed at the time of the call by the PCMEO.</li> <li>3. Establish a process for inventorying, documenting, safekeeping, and releasing personal property, money, and other effects.</li> </ol>
Public and Private Emergency Medical Service Agencies	<ol style="list-style-type: none"> <li>1. Initiate appropriate agency SOGs and MCI plan when indicated.</li> <li>2. Coordinate with the PCEMS Office/Tacoma-Pierce County EOC to provide medical services, when requested.</li> <li>3. Conduct an internal damage assessment of facilities and determine the status of personnel, communications capabilities, utilities, and other essential resources. Relay this information to the PCEMS Office/Tacoma-Pierce County EOC for damage assessment declaration.</li> <li>4. The EMS and fire liaisons in the Tacoma-Pierce County EOC will consult with zone coordinators to determine the need for regional and state pre-hospital patient care resources. The Pierce County Fire Resource Plan, South Puget Sound Fire Defense Plan and the Washington State Fire Services Resource Mobilization Plan will be implemented when indicated.</li> <li>5. Provide a structure where medications can be distributed to first responder agencies using the Pierce County Private Medication Center plan.</li> <li>6. Notify the Public Health Duty Officer of any incident with the potential for impacting public health and/or medical systems in Pierce County.</li> </ol>
Tacoma-Pierce County Chaplaincy Program	<ol style="list-style-type: none"> <li>1. Provide and coordinate defusing and support to emergency workers.</li> <li>2. Screen and coordinate outside agencies or persons offering to assist w/stress management.</li> <li>3. Assist relatives and friends in relieving emotions; encouraging expression of their feelings.</li> </ol>

**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

<b>Support Agencies/ Organizations</b>	<b>ESF Responsibilities</b>
Tacoma-Pierce County Chaplaincy Program <i>(continued)</i>	4. Provide support and comfort; and encourage funeral planning.
Western WA Medical Services Emergency Communications Team (ARES)	1. Partner with public safety, emergency management and healthcare facilities to provide on-site radio operators during incidents when there is immediate threat to life and/or property, and no other means of communication is available.
Public Safety Answering Points (PSAPs)	<ol style="list-style-type: none"> <li>1. During a communicable disease emergency, PSAPs and dispatch centers are expected to continue to answer emergency calls, dispatch appropriate resources to emergencies, and to obtain and transmit critical information to EMS and other first responders.</li> <li>2. During a communicable disease emergency, PSAPs and dispatch centers are expected to assure availability of staffing and resources to meet an increased demand for services.</li> <li>3. During a communicable disease emergency, PSAPs and dispatch centers are expected to be aware of and follow the most up-to-date guidance from the CDC, DOH, LHJs, and the Washington Emergency Management Division (EMD) regarding screening for communicable disease.</li> <li>4. Assess risk of each emergency call and notify responders of the level of risk of communicable disease exposure posed by the patient if applicable.</li> <li>5. Providing premise notes information to EMS agencies regarding communicable disease and other life threats.</li> </ol>

<b>State Lead</b>	<b>ESF Responsibilities</b>
Washington State Department of Health	<ol style="list-style-type: none"> <li>1. Assist TPCHD EOC in disease/suspicious substance identification through the State Public Health Laboratory.</li> <li>2. Coordinate response actions with other local health jurisdictions.</li> <li>3. Support coordination of local partners with state and federal response.</li> <li>4. Provide radiological monitoring, analysis, and assessment assistance and expertise.</li> </ol>

**VI. AREAS OF COORDINATION CROSSWALK**

The table on the following page describes the typical functions concurrently active during incidents involving ESF #8. Other ESF annexes are listed as a reference to guide coordination.

**PIERCE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

<b>Function</b>	<b>Agency</b>	<b>ESF Annex</b>
Transportation	Pierce Transit	ESF #1
Communications and alert and warning	DEM	ESF #2
Resource requests	DEM	ESF #5
Spiritual, behavioral, and emotional support services	Tacoma-Pierce County Chaplaincy Corps and American Red Cross	ESF #6
Hazardous materials	Pierce County Hazardous Incident Team (PCHIT)	ESF #10
On-scene security, protection, and law enforcement	Law Enforcement	ESF #13
Public Information	Pierce County Communications Department	ESF #15
Shelters	American Red Cross, TPCHD	ESF #6
Agriculture and Natural Resources	WA Dept. of Agriculture, TPCHD, DEM, Pierce County Sheriff's Department, WASART	ESF #11

**VII. AUTHORITIES AND REFERENCES**

- Alternate Care System Plan.
- Emergency Medical Services Program Director Patient Care Procedures and Patient Care Protocols.
- PCEMS/Medical/Health Emergency Communications Plan.
- Pierce County Emergency Operations Center Plan.
- Pierce County Fire Chiefs Association, Mass Casualty Incident Plan.
- Pierce County Medical Examiner's Office, Mass Fatality Plan.
- Medical Countermeasures (MCM) and Cities Readiness Initiative (CRI) Concept of Operations.
- National Disaster Medical System Plan.
- NWHRN Regional Healthcare Systems Emergency Response Plan.
- NWHRN Regional Patient Movement Response Plan.
- NWHRN Multi-county Patient Tracking Concept of Operations.
- NWHRN Regional Acute Infectious Disease Response Plan.

- NWHRN Regional Situational Awareness Procedure.
- NWHRN Regional Healthcare Hazard Vulnerability Assessment.
- Region V Healthcare System All Hazards Preparedness, Response, and Recovery Document.
- Seattle Urban Area Security Initiative (UASI) Mass Fatality Management and Family Assistance Center Concept of Operations.
- Tacoma-Pierce County Health Department All-Hazards Emergency Plan.
- Washington State DMCC Agreement.

#### VIII. TERMS AND DEFINITIONS

- (See Appendices I and II)
- **Disaster Medical Assistance Team (DMAT):** An asset of the National Disaster Medical System (NDMS) composed of professional and para-professional medical personnel, supported by pharmacists, logistical and administrative staff that provide medical care during a disaster or other special events. When deployed to an incident, DMAT personnel work under the guidance of an Incident Response Coordination Team (IRCT).
- **Disaster Mortuary Operational Response Team (DMORT):** Teams composed of personnel within several different fields of expertise to assist local authorities with the remains of the deceased. When deployed to an emergency, DMORT personnel work under the guidance of local authorities (a coroner or medical examiner) to provide technical assistance and personnel to identify and process deceased victims with the ultimate goal of issuing a death certificate and returning the remains to loved ones.
- **Isolation:** Separating a person known or believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease.
- **Medical Countermeasures (MCMs):** FDA-regulated products (biologics, drugs, devices) that may be used in the event of a potential public health emergency stemming from a terrorist attack with a biological, chemical, or radiological/nuclear material, or a naturally occurring emerging disease.
- **Medical Reserve Corps (MRC):** A national network of volunteers, organized locally to improve the health and safety of their communities.
- **Quarantine:** Separating a person believed to have been *exposed to a communicable disease, but not yet symptomatic*, from others who have not been exposed to prevent the possible spread of the disease.

#### IX. ATTACHMENTS

- [Mass Casualty Incident Plan, May 2003.](#)