DRF 6

COMMUNITY HEALTH

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PRIMARY AGENCY: **Springfield-Greene County Health Department**
Southwest Center for Independent Living

SUPPORT AGENCIES: **Mercy Hospital** **Cox Hospital**
Ozarks Community Hospital **Lakeland Behavioral Health**
Office of Emergency Management
Springfield Metropolitan Health Care Coalition

I. PURPOSE

This DRF was developed to ensure that Springfield and Greene County have the ability to continue needed medical services following a disaster of any type. A coordinated effort with agencies involved with the recovery function will greatly provide the medical treatment and resources needed.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. Greene County has four medical hospitals, one juvenile mental health hospital and one Federal Medical Center for prisoners located in Springfield.

2. Public health for all areas within Greene County is the responsibility of the Springfield-Greene County Health Department.

3. Greene County is served by a Medical Examiners office contracted through the University of Missouri.

4. Should the local hospitals become overburdened or rendered inoperable, hospitals outside Greene County will be contacted for support. Examples include: Citizens Memorial in Bolivar, Cox Medical Center Branson, and Mercy Aurora.

5. The hospitals in the area have developed emergency plans in accordance with State and Federal regulations, and are exercised regularly.

6. Seven hospitals in the area (Cox North & South, Mercy, Ozarks Community, Lakeland, Citizens Memorial in Bolivar, and Cox Medical Center Branson) have a planning office that specifically addresses all-hazards planning for these institutions.

7. Greene County is served by two ambulance services: CoxHealth EMS and Mercy EMS.

B. Assumptions

1. A major disaster affecting the Greene County area may create medical problems beyond the normal day-to-day capabilities of the medical systems.

2. Mutual aid and assistance from the surrounding counties may be available depending on the scope of the disaster.

3. Hospitals, nursing homes, adult living facilities, urgent care centers, pharmacies and other medical/health facilities may be severely damaged or destroyed.

a. Facilities with little or no structural damage may be rendered unusable due to the lack of utilities (power, water and sewer) and/or a lack of adequate staffing available.
b. Facilities remaining in operation may be overwhelmed by the deluge of patients with minor to severe injuries, as well as, worried well patients. Patient's will self report to the facility as well as be brought in by ambulance.
c. Because of the increased demands on the medical/health system, shortages of medical supplies (pharmaceutical, expendable, etc.) and equipment will occur.
d. Disruptions in local communications and transportation systems could prevent a timely re-supply of needed items.

4. Disasters such as tornadoes, floods, hazmat, earthquakes, etc., may require evacuation/relocation of large populations. The relocation site will require potable water, wastewater control, vector control, hygiene and other public health measures.

5. Chronically ill individuals may have difficulty obtaining medications, medical supplies and/or equipment due to disruption of normal supply channels.

6. People with functional needs will require evacuation facilities to be equipped to provide the required level of service. Coordination with hospice, home health, nursing homes and adult living facilities is a critical component of public health and medical for either the short or long term recovery process. Functional needs populations should be accommodated to the extent possible in general Mass Care facilities as capabilities allow.

7. As a result of power outages, many commercial cold storage and freezer facilities within the affected area(s) will be inoperable.

III. CONCEPT OF OPERATIONS

A. General

1. Emergency medical care will be provided by the local emergency medical services.

2. Requests for outside medical assistance should go through the EOC. Such requests should be reported to the EOC as quickly as possible once needs have been identified.

3. Local hospitals will coordinate all actions with the Emergency Operations Center (EOC) or through the DRF 6 Community Health designee.

4. The Southwest Missouri Critical Incident Response Team (CIRT) will provide non-therapeutic crisis interventions to emergency responders following a critical incident. Therapeutic treatment will be coordinated through the Missouri Division of Mental Health.

5. The Community Crisis Team of the Ozarks will provide crisis interventions to the victims and survivors of a catastrophic incident or disaster.

6. Medical system notification will be initiated by the respective EMS dispatch centers using the EMSystem. This system may be used through the recovery process.

B. Actions to be Taken by Operating Time Frames

1. Mitigation

a. Review the hazards listed in the Mitigation Plan to identify the types of disasters that could occur in Springfield-Greene County.

2. Preparedness

a. Provide training relevant to the types of hazards identified.
b. Conduct programs for the community on first aid and public health awareness.
c. Review hospital emergency plans and emergency medical services plans regularly and conduct exercises to validate them.
d. Review disaster mortuary plans regularly and coordinate these plans with the Medical Examiners Office.
e. Identify local resources for public health supplies and maintain a list in the Office of Emergency Management.
f. Participate in tests and exercises of the Springfield-Greene County Emergency Operations Plan (EOP).
g. Analyze anticipated situations for potential health problems.
h. Conduct call-up/activation of volunteer health and medical personnel, Community Heroes, American Red Cross, Community Emergency Response Teams and other trained volunteers.

4. Recovery

a. Conduct patient follow-up care as necessary.
b. Continue to survey community for public health problems and provide medical and sanitation support to any mass care sheltered population.
c. Maintain records of the affected populations (injured, deceased, functional needs in shelters, etc.) and report their status to the EOC or DRF 6 designee.
d. Continue to monitor the Springfield-Greene County Health Department Emergency Response Plan, Annex H (Mass Prophylaxis) in response to an epidemic or other biological event.
e. Coordinate with the agencies that are distributing food and water and in setting up emergency sanitation facilities.
f. Continue to monitor public health measures at mass care centers.
g. Report to the EOC or DRF 6 designee, regularly on the medical situation.
h. Provide public health and medical information to the Joint Information Center (JIC) or the DRF 6 designee.
i. Continue to assist in estimating the total population exposed to the disaster.
j. Continue to track individuals of those exposed to radiation following a radioactive incident.
k. Implement demobilization procedures as the event draws down.
l. Continue to monitor water contamination in disaster affected areas and estimate needs and quantities.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Primary Agency:

Springfield-Greene County Health Department

1. The Springfield-Greene County Health Department Director is responsible for the overall coordination of the Public Health.
2. Coordination of all public health and medical activities will be conducted through the Emergency Operations Center or designated location agreed upon by the COAD.
3. Continue to provide Health Department staff at the EOC or designated location as requested.
4. Coordinate with State and Federal governments to obtain additional resources, as required to sustain recovery operations.
5. Continue to monitor the need of resources of health/medical personnel, supplies and equipment.
6. Continue to ensure that epidemiological surveillance systems are monitoring the community.
7. Continue to coordinate with agencies in prioritizing and directing health and medical activities.
8. Continue to monitor staffing needs at each mass care site.
9. Coordinate with **DRF 7 Resource Management:** Donations and Volunteer Management for generators and fuel.
10. Coordinate with **DRF 7 Resource Management:** Donations and Volunteer Management for supply information pertaining to potential volunteer groups, contract vendors, and other entities that may be able to supplement local resources.
11. Continue to coordinate with Public Works and Engineering **(EOP-ESF-3)** for staging and disposal of debris and other solid waste that may pose threat to public health.
12. Coordinate with State Health Department for issues involving radiological material.
13. Continue to analyze water sources and identify potable source of public and private water supplies.
15. Coordinate with **DRF 3 Public Information** to provide public health information to the public.
16. Continue to evaluate the safety of food being provided for use by disaster victims and the general public.
17. Provide administrative staff to functional needs shelters.
18. Continue to maintain records of the cost of supplies, resources and man-hours needed to in the recovery efforts with the disaster event.
19. Work with local hospitals to determine need for activation of alternate care facilities.

B. Support Agencies:

Office of Emergency Management

1. Coordinate with all support agencies to ensure agencies have all appropriate and needed resources.
2. Continue to provide support to DRF 6 during the recovery phase of the disaster.

Hospitals

1. Patient care will be the responsibility of the local/regional hospitals.
2. Medical supplies for the hospitals will be the responsibility of the hospitals' purchasing agent.
3. Assist in maintaining the integrity of the EMSystem.

Greene County Medical Examiner

1. Coordinate with the Springfield-Greene County Office of Emergency Management regarding Disaster Mortuary procedures.

Springfield Metropolitan Health Care Coalition

Provide effective coordination, communication, acquisition and management of resources and situational awareness to the network of healthcare members and supporting agencies.

C. State Support Agencies:

Missouri Department of Health and Senior Services
Provides coordinated State assistance to supplement local resources to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation.

Missouri Division of Mental Health

1. Assist and coordinate with Springfield-Greene County Public Health and Medical Coordinator in providing mental health services to disaster victims.
2. Assist and coordinate with all ESFs to ensure worker health and safety.
3. Continue to assist and coordinate with Mass Care (**ESF-6**) in providing mental health services to shelter residents and staff.
4. Continue to assist in providing Community Outreach Services to disaster victims, as requested.
5. Provide staff to the EOC or to designated location provided by COAD to continue recovery operations.

D. Federal Support Agencies

Department of Health and Human Services
Provides coordinated Federal assistance to supplement State and local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation.

V. DIRECTION AND CONTROL

A. The Springfield-Greene County Public Health Director or designee will become part of the Long-Term Recovery Committee (LTRC) and will coordinate his/her activities through the EOC or designated location when the EOC is not activated.

VI. CONTINUITY OF OPERATIONS

The key purpose of Continuity of Operations planning is to provide a framework for the continued operation of critical functions. When implemented, these plans will determine response, recovery, resumption, and restoration of Department/Agency services.

COOP Plans for the Departments/Agencies present a manageable framework, establish operational procedures to sustain essential activities if normal operations are not feasible, and guide the restoration of the critical functions of the Department/Agencies functions. The plan provides for attaining operational capability within 12 hours and sustaining operations for 30 days or longer in the event of a catastrophic event or an emergency affecting the department.

VII. ADMINISTRATION AND LOGISTICS

A. Administration

1. Statistics of various types will become very important during emergency periods. All facilities will keep detailed records of their activities so that statistics may be compiled later. Examples of information that should be kept and reported to the COAD Long Term Recovery Committee (LTRC) include the following:

    a. Deaths
    b. Injuries
    c. Inoculations given
    d. Blood supply
    e. Incidence of disease
    f. Hospital census
    g. Radiation exposure

2. Records of hours worked (by employees, supplemental staffs from other facilities and volunteers). Materials used must also be reported to the LTRC for use in determining the ongoing costs of the recovery.

B. Logistics

1. Supply requisitions will be made through normal channels when possible. Otherwise, requisitions should be made through the LTRC.

VIII. DRF DEVELOPMENT AND MAINTENANCE

A. The DRF 6 Community Health in coordination with the Office of Emergency Management and the agencies listed as support agencies are responsible for the annual review and update of this DRF.