

EMERGENCY SUPPORT FUNCTION (ESF) #8)
PUBLIC HEALTH AND MEDICAL

I. PURPOSE:

This annex was developed to establish an organization and procedures to provide needed health and medical services following a disaster of any type.

II. SITUATION AND ASSUMPTIONS

A. Situation:

1. There are no hospitals in the City of Pacific. Mercy Hospital is the nearest in the City of Washington (approximately 17 miles northwest). The hospital has developed an emergency plan, in accordance with state and federal regulations, which is exercised regularly.
2. Many physicians with varying specialties have offices in Pacific. Mercy GoHealth Urgent Care is located in Eureka, MO approximately 6 miles to the east.
3. Public Health for the City of Pacific is the responsibility of the Franklin County Health Department (FCHD), Director, located in Union, MO. The Department serves the public health needs of all residents of Franklin County.

Should the situation arise within the City of Pacific even for areas geographically in St. Louis County, it is assumed that FCHD will coordinate directly with the St. Louis County Health Department, and all other agencies necessary.

4. Ambulance service for City of Pacific is provided by Meramec Ambulance District (MAD) based in neighboring Villa Ridge, MO. MAD has a local station primarily serving the City of Pacific as part of their subdistrict M-4 located at:
429 E Osage St., Pacific, MO 63069
Admin: 636-451-5816
FAX: 636-451-5835
Chief: Justin Duncan

ESF#8 Ambulance Operations provides specific details regarding Meramec Ambulance District's emergency handling capabilities, plans and procedures.

5. E911 calls for a Pacific emergency are initially routed to the Pacific PSAP, and upon learning that an ambulance is required, the initial Dispatcher transfers the caller to the County Communications Center for immediate handling and MAD dispatch.
6. The Pacific Fire Protection District responds to all E-911 calls within the City of Pacific's limits and neighboring areas. The department is staffed with a number of trained EMTs and is equipped with defibrillator equipment.
7. In certain predefined scenarios the Pacific Police Department will automatically also be dispatched.
8. The St. Louis Area Regional Response System (STARRS) was created to ensure appropriate and comprehensive communication and coordination with various public and private entities that are essential in effective response to medical emergencies in the Troop C region of the Missouri State Highway Patrol. STARRS is a consortium of health care, public health, fire, EMS and law enforcement personnel from throughout the St. Louis metropolitan region. MEDCOMM will only become involved in a regional situation when activated by local dispatch centers.
9. The St. Louis Medical Operations Center (SMOC), a component of STARRS, is activated by the Emergency Management Agencies to coordinate hospitals and healthcare during an incident. Medics use the SMOC to assist with load balancing during high volume incidents. These resources include staff, equipment, supplies, and pharmaceuticals that may be shared throughout the region's hospitals. All hospitals within STARRS have signed local and state wide mutual aid agreements to coordinate resources during an incident.
10. The SMOC duty officer uses multiple resources to communicate with coordinate hospitals and health care during an incident, such as:
 - a. EMResource is a web based program for monitoring the status of all hospital in Missouri, including STARRS hospitals
 - b. Alerts to hospitals, and information sharing between hospitals and the SMOC happen through EMResource
11. WebEOC is a program linking hospitals with the Emergency Management Agencies and the state Emergency Operations Center for status and resource requests

12. Mental health services can be obtained from area hospitals or local counseling services.

B. Assumptions:

1. A major disaster will create medical problems beyond the normal day-to-day capabilities of the medical system. It could include major communicable disease outbreaks such as influenza.
2. Outside assistance is available and will respond when needed.

III. CONCEPT OF OPERATIONS

NOTE: The time frames for performing these actions are listed in parentheses.

A. General:

1. The Franklin County Health Department Director will conduct operations and coordinate with the EOC. (PREPAREDNESS, RESPONSE, and RECOVERY)
2. Each health and medical service maintains its own internal personnel call-up lists. (MITIGATION)
3. The local fire departments can provide decontamination services (through the use of a qualified hazmat team) for victims of hazardous materials incidents. Decontamination should be performed at the scene before the victim or victims are transported to the hospital. (RESPONSE)
4. Should Mercy Hospital or their Medical Health Center facilities in Washington become overburdened or rendered inoperable, hospitals in the surrounding areas will be utilized. (PREPAREDNESS and RESPONSE)
5. If requested by the incident commander or local EMS, MEDCOMM will communicate to the scene triage/transport officer regarding the current capability of the hospital assets by using EMSsystem and EPTS. Based on the rapid analyst of this information, recommendations will be made to the scene regarding the distribution of patients. If it becomes apparent that the local hospital resources are overwhelmed, MEDCOMM will coordinate with the local EOC to request State/Federal assets, which might include the activation of MO-1 Disaster Medical Assistance Team

(DMAT), or activation of the National Disaster Medical System.
(RESPONSE and RECOVERY)

Missouri Baptist Hospital and Mercy Hospital St. Louis have decontamination equipment and teams capable of decontamination independent of EMS. Mercy Hospital St. Louis has a dedicated decontamination shower, as well as the largest free standing portable decontamination shower facility in St. Louis County.

6. Triage will occur at identified field triage sites. (PREPAREDNESS, REPOSE and RECOVERY)
7. Requests for outside medical assistance need not go through the EOC, unless it is to the state or federal government. However, all requests should be reported to the EOC immediately after they are made. (PREPAREDNESS, RESPONSE, and RECOVERY)
8. Emergency medical care centers will be established when necessary for essential workers and disaster victims in an evacuated area. (PREPAREDNESS, RESPONSE, and RECOVERY)
9. The patient population in the nursing homes will be evacuated should an evacuation be required. (See Appendix 2 to Annex J for a list of these facilities.) Those patients, which, cannot be evacuated, will continue to receive care in their facility with a minimal staff remaining. (PREPAREDNESS and RESPONSE)
1. Crisis augmentation of health and medical personnel will be performed when needed. (PREPAREDNESS, RESPONSE, and RECOVERY)
11. Patients injured in the disaster will be provided first aid and tracked from the disaster site on. (RESPONSE and RECOVERY)

B. Actions to be Taken by Operating Time Frames

1. Mitigation:
 - a. For hazardous materials situations, see the City of Pacific's hazardous materials plan in ESF#10.
 - b. Develop and conduct programs on public health practices.
 - c. If requested, assist with hospital emergency plans and participate in regular disaster drills.

- d. Emergency Mortuary Plans are coordinated with the Missouri Funeral Directors Association, and the Franklin County Medical Examiner/Investigator, and the Emergency Management Director.
 - e. For a list of local veterinarians to care for the displaced animals in disasters (See Appendix 2 of this Annex). The only pets allowed within the Public Shelters, will be service animals only, i.e. seeing eye dogs, etc. Victims may attempt to bring their household pets in the Public Shelter with them. This will not be allowed.
 - f. Locate and contact storage places of public health supplies and report findings to the Emergency Management Director/Coordinator.
 - g. Participate in the exercises of the City of Pacific's Emergency Operations Plan.
 - h. Maintain a current internal personnel notification/recall roster for each health/medical organization.
 - i. Identify facilities that could be expanded into emergency treatment centers.
 - j. Call list is activated automatically for Level II or above.
2. Preparedness:
- a. Analyze pending situations for potential health problems and report findings to the Franklin County Health Department Director.
 - b. Alert Franklin County Health Department personnel, begin locating supplies and equipment, and check for availability.
 - c. Keep Emergency Management Director/Coordinator informed on changing status.
 - d. Assist other healthcare facilities as needed in reducing patient population in the hospitals, nursing homes, etc., if evacuation becomes necessary.
3. Response:

- a. Respond on a priority basis established by the EOC. Activate all necessary personnel.
 - b. Triage where needed.
 - c. Initiate public health measures in reception centers, public shelters, and at the disaster site.
 - d. Activate Emergency Mortuary Plan, if needed.
 - e. Set up emergency clinics, if needed.
 - f. Provide public information to the City of Pacific Public Information Officer (PIO) for dissemination to the public.
 - g. Report to the EOC regularly on the medical situation.
 - h. Assist as needed in the emergency distribution of food and water in setting up emergency sanitation facilities (Environmental health specialist).
 - i. Maintain operational level until the medical situation has lessened.
 - j. Assist in estimating the total population exposed to the disaster.
4. Recovery:
- a. Continue to survey the community for public health problems.
 - b. Provide list of injured and deceased to the EOC.
 - c. Assist the patient care, if necessary.
 - d. Perform tasks as needed until situation is returned to normal.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

- A. The health and medical functional diagram is located in Appendix 1 to this Annex.

- B. The Health and Medical Function for the City of Pacific will be the responsibility of the Franklin County and/or St. Louis County Health Department. The Health Department Director is responsible for the following:
 - 1. Obtain the necessary protective respiratory devices, clothing, equipment, and antidotes for personnel responding to a hazardous materials incident.
 - 2. Assist in maintaining radiation dose records and ensure that dose records are read at appropriate intervals when personnel are responding to a radiological incident.
 - 3. Assist in the establishment of decontamination procedures for victims, response personnel, and equipment.
 - 4. Protect health and medical records, when possible.
 - 5. Negotiate, coordinate, and prepare mutual aid agreements.
 - 6. Support cleanup and recovery operations, as necessary.
 - 7. Train personnel in emergency operations procedures.
 - 8. Provide health and medical services in shelters, including the distribution of antidotes, vaccines, etc.
 - 9. Identify existing medical facilities that could be expanded into emergency treatment centers for disaster victims.
 - 10. Identify sources of supply to augment expanded medical needs.
 - 11. Maintain and update recall rosters for all health and medical services.
 - 12. Coordinate health and medical activities with state and federal teams, if deployed.
 - 13. Develop a triage coding system for disaster victims.

- C. The ambulance service will be responsible for first responder medical care, as well as patient transport.
- D. Mercy Hospital and other area hospitals will provide patient care.
- E. The Franklin County Health Department is responsible for public health, including the inoculation of individuals to prevent the threat of disease, water purification, and insect control.
- F. The Franklin County Medical Examiner/Investigator will be responsible for the expansion of mortuary services in a mass casualty incident.
- G. The Missouri Department of Mental Health and Pathways Community Behavioral Health/Family Mental Health Center can provide crisis counseling for emergency workers and disaster victims.
- H. Local veterinary clinics may assist with health and medical services, assisting with front-line triage if necessary. (See Appendix 2 this Annex).

V. DIRECTION AND CONTROL

- A. First Responders, EMT and/or hospitals will have someone available to assist in the EOC.
- B. The EOC will not interfere with the internal operations of the health and medical services but will monitor dispatches and provide support as needed.
- C. Decisions to evacuate the nursing homes will be made by the institution's staff and will be coordinated from the EOC.

VI. CONTINUITY OF GOVERNMENT

- A. Lines of Succession - Franklin County Health Department
 - 1. Franklin County Health Department Director
 - 2. Nursing Supervisor
 - 3. Environmental Supervisor
- B. Lines of Succession – St. Louis County Health Department
 - 1. St. Louis County Public Health Director

2. Acting Co-Directors

VII. ADMINISTRATION AND LOGISTICS

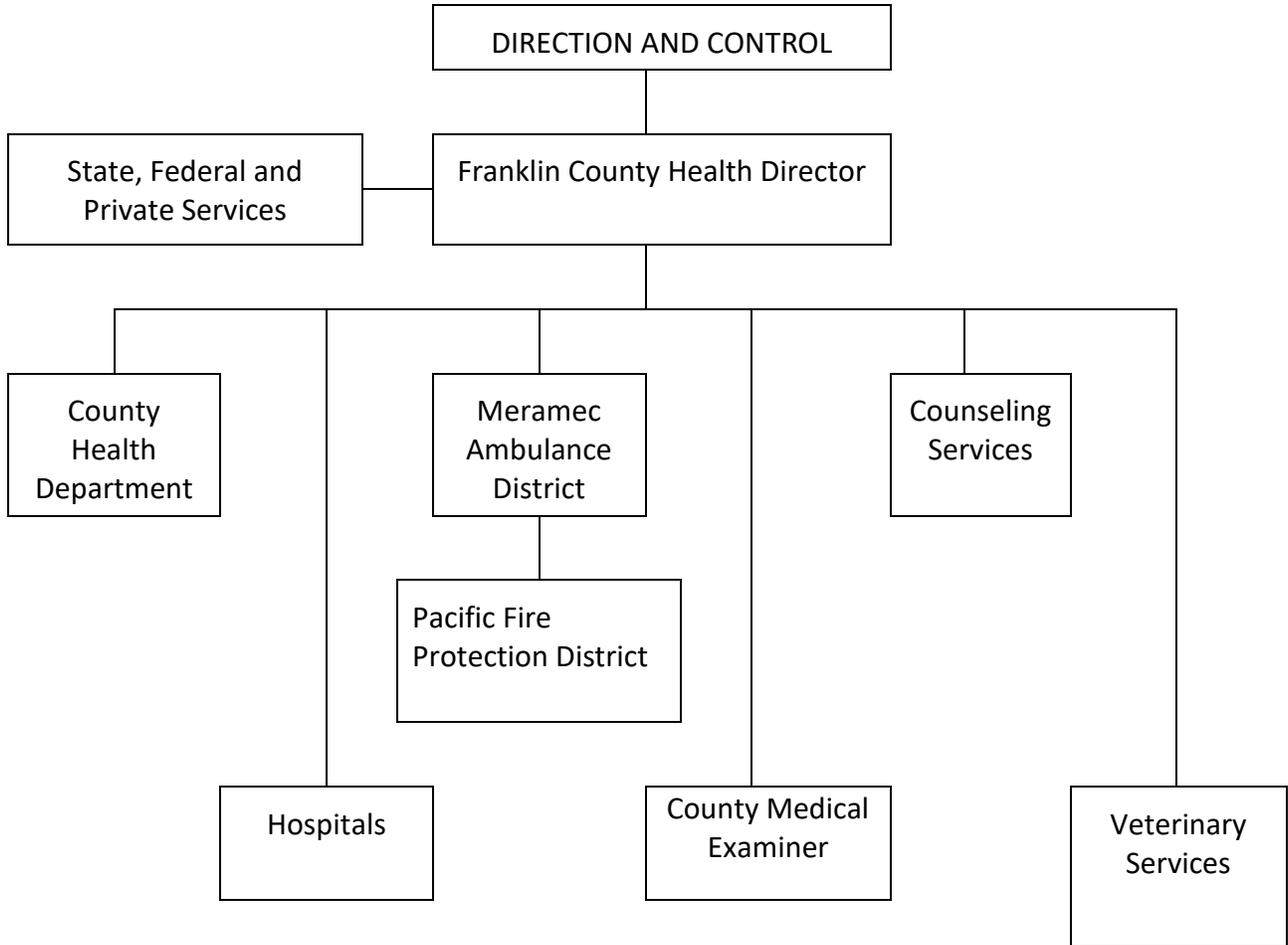
- A. Statistics of various types will be very important during a disaster. Basic demographic information will need to be collected including ages, sex, and ethnicity. Some of those, which should be kept and reported to the EOC, include:
1. Deaths
 2. Injuries
 3. Inoculations given
 4. Blood supply
 5. Incidence of disease
 6. Hospital census
- B. Records of hours worked and supplies used must be reported to the EOC for use in determining the total cost of the disaster.
- C. Supply requisitions will be made through normal channels as much as possible but will be made through the EOC when necessary.

This plan should be reviewed annually and updated as necessary.

APPENDICES

1. Health and Medical Functional Diagram
2. Health and Medical Facilities
3. Public Health Responsibilities for Local Emergencies
4. Franklin County Mortuary Plan
5. Local Public Health Emergency Plan Executive Summary
6. SEMA MO-DMAT and MO-DMORT Team Resources
7. MO Show-Me Response Volunteer Program Brochure

Appendix 1 to ESF#8
HEALTH AND MEDICAL FUNCTIONAL DIAGRAM



Appendix 2 To ESF#8
HEALTH AND MEDICAL FACILITIES

Area Hospitals:

- Mercy Hospital
200 Madison
Washington, MO
FAX (636) 239-8000
(636) 569-6730

- Mercy Hospital
615 S Ballas Rd
Creve Couer, MO
FAX (314) 251-6000
(314)

- Missouri Baptist Hospital
3015 N Ballas Rd
Town and Country, MO
FAX (314) 996-5000
(314)

- St. Lukes Hospital
2345 Dougherty Ferry Rd
Des Peres, MO
FAX (314) 966-9100
(314)

- SSM Health St. Clair Hospital
1015 Bowles Ave
Fenton, MO
FAX (636) 496-2000
(636)

Clinics and Urgent Care:

- Washington Surgery Center
16 Chamber Drive
Washington, MO
FAX (636) 239-9122
(636)

- Mercy GoHealth Urgent Care
20 Legends Prkwy
Eureka, MO
FAX (636) 459-8509
(636)

Ambulance Services:

Meramec Ambulance District
429 E Osage St
Pacific, MO
FAX (636) 451-5816
(636) 451-5835

Public Health:

Franklin County Health Services (636) 583-7300
Angie Hitson, RN – Administrator
414 East Main Street FAX: (636) 583-7305
Union, MO 63084 (636) 583-0574 (P)

Tony Buel- Epidemiologist (636)-583-7309
Hours: M-F 8:00 am to 4:30 pm

Counseling/Mental Health Services:

COUNSELING OF SURVIVORS:

The medical examiner investigators and the MFDA Disaster Response Team will keep listings of local clergy and/or responsible persons trained in counseling with grieving survivors. These personnel will be asked to report to the waiting area of the morgue site to assist families that visit the morgue site. Phone counselors will also assist persons calling the morgue site. Efforts will be made to keep the families of the dead posted as to what is taking place, and information will be released to them as best possible.

County Medical Examiner/Investigator:

MORGUE SITE:

1. A list of possible morgue sites will be maintained for use in the event of a disaster.
2. Once a morgue site has been selected the medical examiner investigators and the MFDA Disaster Response Team coordinator will organize its operations and assign personnel to some or all the following jobs:

(Uniformed guards, information clerks, counselors, interviewers, telephone communications, admissions clerk, general supervisor, ID personnel, orderlies, personal effects custodian, embalming supervisor, embalmers, secretaries, inventory clerk, distribution clerk, etc.)

3. The morgue site will be used for the storage, identification, sanitation, preservation, if desired, of bodies, as well as the distribution point for release of the dead to their next of kin or their agent.
4. Refrigeration units will be used as necessary.

5. Bodies admitted to the morgue will be logged, and necessary information gathered and recorded about each body.
6. Personal effects will be recorded and placed in a secure area.
7. Should embalming be necessary, the medical examiner investigators will rely on the MFDA Disaster Response Team to organize the operations, equipment, supplies, and personnel needed.
8. An area will be designated for the press. However, all press operations and releases will be coordinated with the EOCs PIO.
9. Counselors such as members of the clergy will be present in waiting areas to assist persons visiting the morgue.

Mortuary Services:

Bell Funeral Home (636) 257-2112
 709 W Union St.
 Pacific, MO

Nieburg-Vitt Thiebes Funeral Home (636) 257-2730
 231 E Union St.
 Pacific, MO

Veterinarians:

Pacific Animal Hospital (636) 257-2100
 450 W Flier Dr
 Pacific, MO

Fox Creek Animal Hospital (636) 458-6569
 18962 Hwy 100
 Wildwood, MO

Animal Clinic of Union (636) 583-5546
 540 Hwy 50 W
 Union, MO

Appendix 3 To ESF#8
PUBLIC HEALTH RESPONSIBILITIES FOR LOCAL EMERGENCIES

- A. The Franklin County Health Department Director, and the Franklin County Medical Examiner/Investigator, also the City of Washington Emergency Management Director. The Health Department Director has primary responsibility for any emergency that occurs in Franklin County, coordinating activities between the various disciplines that are needed for mitigation.
- B. The Nursing Supervisor shall direct all necessary public health activities. These include assigning staff to assist with health care if shelters need to be opened. Public health nurses will assist in locating pharmacies, which can provide medications that clients need but may have left at home. They will provide first aid as needed, and work with the American Red Cross and Division of Family Services to provide a safe shelter for citizens.
- C. Immunizations shall be provided for the community as needed. The hospital emergency rooms could be asked to assist if the community experiences a large outbreak of a magnitude the local health department staff cannot handle without assistance. Vaccine will be provided, if possible, from the Missouri Department of Health and the Franklin County Health Department. The appropriate paper work will be filled out for acceptability.
- D. The Environmental Health Specialist shall inspect food service operations that need to be set up to serve the population for displaced citizens. Code and Enforcement from the City of Washington will be asked to assist as needed.
- E. The Environmental Health Specialist shall work all truck wrecks that involve food. He/She shall also be involved with hazardous waste disasters and/or spills.
- F. The Nursing Supervisor will assist the Director in identifying nurses to help Red Cross, should other nurses be needed to assist in processing displaced persons.
- G. Data collection of citizens will be done with the use of standardized forms to track the number of citizens involved, the number and type of injuries, and outcomes, i.e., hospitalizations, treatments, number of deaths, etc.
- H. Communicate with the Missouri Department of Health on the severity of the incident, the need to request additional assistance from MoDOH and/or CDC.
- I. Call for further assistance, if needed, from other local public health departments in Missouri. Establish mutual aid agreements for public health emergencies.

- J. Record keeping of the disaster and public health activities shall occur, to be submitted to the Director of the Health Department for cost analysis.
- K. Call-up list of personnel shall be updated yearly.

Appendix 4 to ESF#8
FRANKLIN COUNTY MORTUARY PLAN

I. CONCEPT OF OPERATIONS:

To establish means and methods for the most reasonable and proper care and handling of the dead in multi-death disaster situations. The Mortuary Disaster Response Team is responsible for aiding the Franklin County Coroner in the recovery, evacuation, identification, sanitation and preservation (such as embalming if necessary); notification of the next of kin; and facilitating means for release of the identified dead to the next of kin or their agent.

II. COMMUNICATION PROCEDURES:

A. Upon the event of a disaster of any nature which has caused multiple deaths, the following persons should be notified immediately, preferably in the order shown below but not limited to this order of priority:

1. Franklin County Medical Examiner
2. Franklin County Emergency Management Director
3. Franklin County Health Department Director
4. Pacific Emergency Management Director

B. One of the above persons will immediately contact:

Executive Director of the Missouri Funeral Directors Association, (573)-635-1661.

C. The Disaster Coordinator will notify the Missouri State Funeral Directors Association and will, from time to time, as conditions permit, issue briefings to the MFDA office with regard to additional supplies and progress with the mission.

III. AUTHORIZATION FOR ADMISSION OF DISASTER WORKERS INTO DISASTER SITE:

All disaster workers must have in their possession the necessary identification card or pass, etc., as developed by the Emergency Management Director or responsible official to gain admission into the immediate disaster site area. These workers and members of the Mortuary Disaster Response Team will be required to register their name and address at the EOC or area designated for such purpose.

IV. RECOVERY OPERATIONS GUIDELINES:

- A. None of the dead shall be moved or touched by workers until the Medical Examiner has given approval.
- B. The Medical Examiner and MFDA Disaster Response Team Coordinator will coordinate operations.
- C. The Medical Examiner and Mortuary Disaster Response Team Coordinator will make a survey and assessment of the situation. They will note the approximate number of dead, equipment and personnel needed.
- D. Once workers have reported to the scene, a briefing will be held, assignments will be given, and workers will be divided into teams if necessary.
- E. Photos or a sketch will be made of the disaster site, and if desired, the scene will be divided into sections with the recovery teams assigned to particular sections.
- F. Suitable stakes or markings will be placed at the location of each body, and numbers will be assigned to each body.
- G. Bodies will be tagged and records kept noting the location in which the body was found. (This tag numbering system will be developed by the Franklin County Medical Examiner/Investigator.)
- H. Personal effects of the dead will be tagged and data recorded noting location found.
- I. When necessary, bodies will be placed in a body pouch and a tag with corresponding numbers will be placed on the pouch.
- J. Valuables such as wallets, attached jewelry, etc., will not be removed at the disaster site. These will remain on the body.
- K. Bodies will be removed from the immediate disaster site via litter or stretcher into the evacuation area.
- L. The major support group for this recovery task will be members of the MFDA Disaster Response Team.

V. BODY EVACUATION OPERATIONAL GUIDELINES:

- A. The Medical Examiner/Investigator and the MFDA Disaster Response Team Coordinator will coordinate evacuation operations.
- B. The Medical Examiner/Investigator and Mortuary Disaster Response Team Coordinator will make a survey and assessment of the situation. They will note the approximate number of dead, type of terrain, necessary personnel, and equipment needed.
- C. Before operations begin, a briefing will be held, assignments given, and teams formed if desired.
- D. Bodies will be covered when transported.
- E. All vehicles used for transport will be covered, except when not possible.
- F. Vehicles should travel the same route from disaster site to morgue site. This route will be established in coordination with local traffic control agencies.
- G. Vehicles should travel at a moderate pace and in convoy style.
- H. Records will be kept noting vehicle ID and body tag number, as well as driver ID.
- I. Evacuation teams will take care not to overload the morgue site with incoming bodies.
- J. The major support group for this task will be the MFDA Disaster Response Team.

VI. MORGUE SITE:

- A. A list of possible morgue sites will be maintained for use in the event of a disaster.
- B. Once a morgue site has been selected, the Medical Examiner/Investigator and the MFDA Disaster Response Team Coordinator will organize its operations and assign personnel to some or all of the following job titles:

(Uniformed Guards, information clerks, counselors, interviewers, telephone communicators, admissions clerk, general supervisor, ID personnel, orderlies, personal effects custodian, embalming supervisor, embalmers, secretaries, inventory clerk, distribution clerk, etc.)

- C. The morgue site will be used for storage, identification, sanitation, and preservation if desired, as well as serve as the distribution point for release of the dead to their next of kin or agent.
- E. Refrigeration units will be utilized as necessary.
- F. Bodies admitted to the morgue will be logged and necessary information gathered and recorded about each body.
- G. Personal effects will be recorded and placed in a secure area.
- H. Should embalming be necessary, the Coroner will rely on the MFDA Disaster Response Team to organize the operations, equipment, supplies, and personnel needed.
- I. An area will be designated for the press.
- J. Counselors, such as members of the clergy, will be present in waiting areas to assist persons visiting the morgue.

VII. IDENTIFICATION OF THE DEAD:

The Medical Examiner/Investigator will arrange for the necessary equipment and staff to accomplish this task. The members of the MFDA Disaster Response Team will be at his/her disposal to be of assistance where needed.

VIII. NOTIFICATION OF NEXT OF KIN:

The Medical Examiner/Investigator with the assistance of the MFDA Disaster Response Team, will determine the most practical method to be utilized in contacting the next of kin. Every effort will be made to lessen the extreme psychological impact on the families of the deceased. The nature and scope of the disaster will determine what methods will be used.

IX. COUNSELING OF SURVIVORS:

The Medical Examiner/Investigator and the MFDA Disaster Response Team will keep listings of local clergy and/or responsible persons trained in counseling with grieving survivors. These personnel will be asked to report to the waiting area of the morgue site to assist families who visit the morgue site. Phone counselors will also assist persons calling the morgue site. Efforts will be made to keep the families of the dead

posted as to what is taking place, and information will be released to them as best possible.

X. DISTRIBUTION OF THE DEAD:

- A. Once the body has been positively identified, the next of kin will be contacted with this confirmation. At this point the Medical Examiner or MFDA Disaster Response Team personnel will coordinate the release of the body to the next of kin or their agent. All efforts will be made to cooperate with the receiving agent or family. However, the nature and scope of the disaster may require policies that may appear unfair or delayed. These policies may be necessary for the smooth flow of operations at the morgue site. All policies will be made or approved by the Medical Examiner/Investigator before being implemented.
- B. In situations where there are UNIDENTIFIED dead, the Medical Examiner/Investigator will make the decision about their disposition. Mass burial may be necessary, and location of burial sites will be determined at the time. It is suggested, however, that cremation not be utilized as later identification and exhumation may be practical and necessary. Records will be kept of burial locations, and body tag number will be interred with the body to make later efforts of identification easier.

XI. TERMINATION PROCEDURES:

After the disaster clean-up operations are completed, efforts will be made to return donated equipment and supplies. Cleaning and sanitizing of the morgue site will be necessary. Records compiled during the operation will be arranged in some type of systematic order, and efforts will be made to preserve and store these records for future use, if necessary.

XII. MORTUARY RESOURCES:

Resource lists pertaining to mortuary services will be compiled by the medical examiner investigators. This information will be furnished to the Franklin County Emergency Management Director who will incorporate it into the county resource file.

A. Missouri Disaster Mortuary Operational Response Team (DMORT)

Resources requested through Missouri State Emergency Management Agency (SEMA)
(573)-751-2748

Appendix 5 To ESF#8
LOCAL PUBLIC HEALTH EMERGENCY PLAN EXECUTIVE SUMMARY

- A. The Local Public Health Emergency Plan (LPHEP) outlines the actions to be taken by the Local Public Health Agency (LPHA), in conjunction with local government officials and cooperating private and volunteer organizations. A local public health emergency can best be described as an event, which threatens the safety and well being of a number of people in an area, i.e. bio-terrorism incident, anthrax, smallpox, pandemic influenza, etc. To work towards a safer environment the plan has been developed to:
1. Reduce the vulnerability of citizens to any disasters that creates a local public health emergency.
 2. Establish capabilities for protecting citizens from the effects of a local public health emergency.
 3. Respond effectively to the actual occurrence of disasters, and;
 4. Provide for recovery in the aftermath of any local public health emergency.
- B. The Franklin County LPHEP is a multi-hazard, functional plan that has three components:
1. A Basic Plan that serves as an overview of the LPHAs approach to a local public health emergency.
 2. Annexes that address specific activities critical to emergency response and recovery.
 3. Appendices which support each annex and contain technical information, details and methods for use in emergency operations.
- C. In the Basic Plan you will find the Primary & support Responsibilities for the local health department as well as a Hazard Analysis for quick references. Some of the Annexes & Appendices not normally found in an Emergency Plan are: Homeland Security Advisory System, DHSS Activities Corresponding to the Homeland Security Threat Levels, Personnel Specialized in Bio-terrorism Training, Mass Patient Care, Mass Fatality Management, Nuclear & Chemical Incident, Food & Water Borne Outbreaks and a major enclosure concerning the Smallpox Response Plan.

The importance of understanding the contents of the plan cannot be underestimated. All individuals who may have any involvement with the plan must be briefed and understand their roles in its implementation. Staff members of the LHPA will be responsible for maintenance, training, updating and developing exercises to improve the plan.

The entire LPHEP can be found in the LPHA or with the Emergency Management Director.

**MO DISASTER MEDICAL ASSISTANCE TEAM 1 (MO DMAT-1)
 MO MORTUARY OPERATIONS RESPONSE TEAM 1 (MO MORT-1)
 RESOURCE AVAILABILITY**



**MISSOURI STATE
 EMERGENCY
 MANAGEMENT
 AGENCY**

**MO Disaster Medical Assistance Team 1
 (MO DMAT 1)**

Medical Response

- Field Hospital – 6 and 24 bed capability
- Medical Strike Teams
- Augment Hospital Staffing

Logistics Support

- Medical Supplies
- Setup of DMAT Cache
- Mobile Communications

Command Element

MO DMAT 1	Status
Six bed ER 12 person/24 hours/3 days	
Type II team 35 person/24 hours	
Fully Mission Capable	Partially Mission Capable
	Not Mission Capable

**MO Mortuary Operations Response Team
 (MO MORT 1)**

Mortuary Response

- Full Disaster Portable Morgue (DPMU)
- Fatality Strike Team for Local Coroner Support
- Victim Identification Center (VIC)

MO MORT 1	Status
Type II team 80 members/12 hour	
Fully Mission Capable	Partially Mission Capable
	Not Mission Capable



Disasters call for heroes.

In the event of a public emergency, when resources are strained and immediate action is critical, your help could make all the difference. Volunteer for Show-Me Response, and help Missouri be prepared.

Who can volunteer?

Anyone can volunteer, as people of all skill sets and levels are needed. There is especially a need for:

- Physicians
- Nurses
- Dentists
- Radiologic technologists
- Respiratory therapists
- Clinical lab technicians
- Emergency medical services staff
- Pharmacists
- Veterinarians

Disasters call for heroes.
Answer the Call.



SHOW-ME
RESPONSE

Registry of Volunteer
Healthcare Professionals

Become a volunteer. Go to
ShowMeResponse.org
and help in times
of public crisis.

Missouri Department of Health and Senior Services
Division of Community and Public Health
P.O. Box 570
Jefferson City, MO 65102
1.800.392.0272
(24 hours a day, 7 days a week)

Missouri State Emergency Management Agency
Emergency Human Services
P.O. Box 116
Jefferson City, MO 65102
573.526.4768

ShowMeResponse@health.mo.gov
ShowMeResponse.org

AN EQUAL OPPORTUNITY/AFFIRMATIVE
ACTION EMPLOYER: Services provided on a
nondiscriminatory basis. Individuals who are deaf,
hard-of-hearing, or have a speech disability can dial
711 or 1-800-735-2966.



SHOW-ME
RESPONSE

Registry of Volunteer
Healthcare Professionals



What is Show-Me Response?

Show-Me Response is the Missouri Department of Health and Senior Services' web-based registry of medical, public health and other professionals who wish to volunteer their services in the event of a disaster or public health emergency. The U.S. Department of Health and Human Services has directed all states to form such registries to support more efficient disaster response.

Why volunteer?

In the event of a natural disaster or other large-scale public health crisis in Missouri, immediate deployment of emergency personnel is critical. However, such events can quickly overwhelm communities and their health care systems with individuals urgently in need of care. In addition, it is often difficult in the midst of a disaster to locate qualified volunteers and coordinate large volunteer efforts. When you register for Show-Me Response, you make it easy for hospital, public health and emergency response authorities to contact you in the event your skills are desperately needed.

What will I do as a Show-Me Response volunteer?

When you register for Show-Me Response, you make yourself available to be contacted in the event of a disaster should your area of expertise be needed. Once contacted, you will be able to choose your type and level of involvement based on the following:

- **How long you are willing to be deployed**
- **What distances you are willing to travel**
- **Your prior emergency response commitments**
- **Your willingness to work under the auspices of the federal government during a declared national emergency**

Show-Me Response is funded via a contract through the Missouri Department of Health and Senior Services (DHSS) by the U.S. Department of Health and Human Services' (DHHS) Office of the Assistant Secretary for Preparedness and Response (ASPR).

You may also opt not to volunteer in the event you are contacted, as registering for Show-Me Response does not obligate you to participate.

How do I register?

To register or for more information about Show-Me Response, go online to: ShowMeResponse.org.

How will I be contacted?

When you register for Show-Me Response, you will be prompted to provide your contact information. This is the information that will be used to contact you in the event of an emergency that requires your help. As a Show-Me Response volunteer, you may also use the registry to learn about optional training opportunities that are provided to you at no cost.

Answer the Call.