

BROWN COUNTY EMERGENCY SUPPORT FUNCTION (ESF) 8 HEALTH AND MEDICAL SERVICES

LEAD COORDINATING AGENCY: Brown County Health & Human Services - Public Health Division (Brown County Public Health or BCPH)

SUPPORT AGENCIES: American Red Cross Northeast Wisconsin Chapter (Red Cross)
Ashwaubenon Public Safety
Aurora BayCare Medical Center
Bellevue Fire Rescue
Bellin Hospital
Brown County Emergency Management
Brown County Health & Human Services - Community Services Division
Brown County Medical Examiner's Office
Brown County Sheriff's Office
Brown County United Way 2-1-1
County Rescue Services
De Pere Fire Rescue
Green Bay Metro Fire Department
Howard Fire Rescue
NEW Para-Medic Rescue
St. Mary's Hospital Medical Center
St. Vincent Hospital

SUPPORT ORGANIZATIONS: Northeast Wisconsin Healthcare Emergency Readiness Coalition (NEW HERC)
Northeast Wisconsin Regional Trauma Advisory Council (NEW RTAC)
Wisconsin Emergency Assistance Volunteer Registry (WEAVR)

STATE COORDINATING AGENCY: Wisconsin Department of Health Services

I. INTRODUCTION

A. Purpose

Emergency Support Function (ESF) 8 – Health and Medical Services provides the mechanism for coordinated assistance to county, local, tribal, and private resources in response to public health and medical care needs (to include veterinary and/or animal health issues when appropriate) during a developing potential health and medical situation.

B. Scope

To coordinate assistance to county, local, and tribal governments and private health and medical service providers in identifying and meeting the public health and medical needs of victims of an emergency or disaster.

II. POLICIES

ESF 8 policy and concept of operations apply to state departments, county, tribal and local agencies, private health and medical service providers and volunteer organizations for activities relating to potential or actual emergencies and disasters.

A. The Department of Health Services (DHS) is the primary state coordinating agency for ESF 8. DHS has the authority to plan for and respond to disasters involving health and medical services under the Public Health Emergency Plan. Additional authorization is contained in the Federal Disaster Relief and Emergency Assistance Act (Stafford Act-PL 100-707), Health Insurance Portability and Accountability Act of 1996 (HIPAA – PL 104-191), and state statutes Chapters 323.02 and 250.

1. Support of ESF 8 activities and services will be provided in accordance with local, county, tribal, state, and federal statutes, rules, and regulations.
2. Health and medical services will be provided without regard to economic status or racial, religious, political, ethnic, or other affiliation.
3. County, local, and tribal governments are responsible for providing health and medical services for citizens in the event of an emergency. The Department of Health Services, as the lead coordinating agency, and identified support agencies will assist the local effort as necessary.

B. Brown County Health & Human Services - Public Health Division is the primary coordinating agency for Brown County ESF 8. BCPH has the authority to plan for and respond to disasters involving health and medical services under the powers and authorities granted them in State Statutes Chapters 250-255. Additional authorization is contained in the Federal Disaster Relief and Emergency Assistance Act (Stafford Act-PL 100-707), Health Insurance Portability and Accountability Act of 1996 (HIPAA – PL 104-191), and state statutes Chapters 323.02 and 250.

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III. CONCEPT OF OPERATIONS

Brown County ESF 8 is coordinated by the administrator of Brown County Health & Human Services - Public Health Division principally through the Health Officer. State ESF 8 resources can be activated through either the DHS Duty officer system, the WEM Duty Officer System or through the State Emergency Operations Center (if activated) or through the declaration of a local public emergency according to Wisconsin Statutes or by the declaration of a Public Health Emergency as defined in Wisconsin Statutes Chapter 323.

A. General

1. County, local, and tribal response activities focus on meeting urgent health care needs of victims of emergencies or disasters by committing human, financial, and material resources to the impacted area, as appropriate.
 - a. ESF 8 support may vary depending on an assessment of incident impact, the magnitude and type of event, and the stage of the response and recovery efforts.
 - b. ESF 8 is designed to reduce duplication of effort to the extent possible. Recovery efforts are initiated concurrently with response activities. This includes a clearly defined process for requesting resources from state and federal agencies. Close coordination is required among the federal, state, county, local, tribal, and volunteer agencies responsible for response and recovery operations.
 - c. ESF 8 also promotes the use of trained volunteers to assist in public health and medical emergencies, through the Wisconsin Emergency Assistance Volunteer Registry (WEAVR), managed by DHS, and Medical Resource Corps units, as available.
 - d. ESF 8 functions are divided into seven main areas. The principal activities for each functional area are described in the following sections.
 - 1) Triage and Hospital Pre-Treatment: This includes the capability to appropriately dispatch emergency medical services (EMS) resources, adequately perform both patient (in-field) and hospital triage, identify available beds and types of care within the disaster site and

surrounding jurisdictions, provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients, provide transport as well as medical care en-route to an appropriate receiving facility and track patients to a treatment facility. Patient triage and transportation are managed in accordance with each Emergency Medical System response plan and each hospital's Emergency Operations Plan.

- 2) **Medical Surge:** This includes the capability to rapidly expand the capacity of the existing healthcare system to provide triage and then to provide emergency medical care.
- 3) **Medicine Distribution:** This includes the capability to protect the health of the population through administration of critical interventions in response to a public health emergency to prevent the development of disease among those who are exposed or are potentially exposed to public health threats.
- 4) **Surveillance and Epidemiological Investigation:** This includes the capacity to rapidly conduct epidemiological investigations, detect, and identify exposure and disease (both deliberate release and naturally occurring), rapidly implement active surveillance, maintain ongoing surveillance activities, perform data analysis, communicate with the public and providers about case definitions, disease risk and mitigation, and make recommendations for the implementation of control measures.
- 5) **Laboratory Testing:** This includes the capacity for ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support, and laboratory networking to address potential exposure, or exposure, to all-hazards which include chemical, radiochemical, and biological agents in all matrices including clinical specimens, food, and environmental samples, (e.g., water, air, soil).
- 6) **Containment Measures:** The ESF 8 Isolation and Quarantine/Environmental Health/Vector Control function includes the capability to protect the health of the population through the use of isolation and/or quarantine measures in order to contain the spread of disease.
- 7) **Fatality Management:** The ESF 8 Fatality Management function primarily includes the capability to effectively perform scene documentation, the complete collection and recovery of the dead, victims' personal effects, and items of

evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; and certification of the cause and manner of death. It also includes development and maintenance of collaborative agreements statewide to provide these services in mass fatality events.

B. Organization

1. During an emergency or disaster situation, the primary and support agencies of ESF 8 will assign personnel to the County EOC. More specifically, DHS will work directly with Local Public Health Staff regardless of whether an EOC is opened or not.
2. ESF 8 emergency operations will coordinate the resources of BCPH and other appropriate county agencies, support service providers, and other ESF activities. In addition, BCPH may request other resources from local, tribal, other state agencies or federal agencies, as needed.
3. For health and medical-related emergencies related specifically to animal health issues, Wisconsin Department of Agriculture, Trade & Consumer Protection (DATCP) will coordinate with local, tribal, other state agencies and federal responders and provides for implementation of State response plans, as appropriate, under ESF 11.
4. ESF 8 coordinates activities with ESF 5 (Emergency Management), ESF 6 (Mass Care, Emergency Assistance, Housing and Human Services) ESF 7 (Resource Support), ESF 11 (Agriculture and Natural Resources), ESF 14 (Long Term Recovery and Mitigation) and other Emergency Support Functions, as necessary.
5. BCPH will staff ESF 8 during an activation of the County EOC and will coordinate the resources of BCPH and other appropriate county, local, state, private organization resources, and other ESF activities. ESF 8 has been developed by BCPH in conjunction with the other supporting agencies to provide a framework for health and medical services response and recovery actions for Brown County. ESF 8 staff will coordinate with State ESF 8 counterparts.
6. County ESF 8 coordinates with state, local, and tribal ESF 8.

C. Procedures

Refer to the local Public Health Emergency Plan (PHEP), as the primary county/local response plan, although other plans such as Brown County Disaster Plan, Mass Casualty Incident Plan, and other Public Health

Division procedures describe certain ESF 8-related activities.

D. Preparedness Activities

1. The Brown County Emergency Operations Plan (EOP), including ESF 8:
 - a. Enables participating institutions and agencies to meet local needs in a collaborative and organized manner in the event of bioterrorism, other infectious disease outbreaks and other public health threats and emergencies and chemical, biological, radiological, nuclear, explosive (CBRNE) incidents that may involve large numbers of affected individuals by:
 - 1) Utilizes the National Incident Management System (NIMS) to ensure that state, local and tribal agencies have a standardized approach to prepare, prevent, respond to, and recover from an incident.
 - 2) Identifies the necessary structure to allow the participants to call upon outside resources.
 - 3) Describes the process for activating the EOP, operational parameters during the incident between participants and field operations, termination of the incident, recovery from the incident, and evaluation of performance.
 - 4) Provides for the protection of health care providers, emergency responders, and residents in the incident of a natural or unnatural outbreak of an infectious disease.
 - 5) Provides authority and powers for local public health departments to request mutual aid through Wisconsin State Statutes Chapter 66.0312.
2. The Brown County Public Health Emergency Plan (PHEP)
 - a. Utilizes the National Incident Management System (NIMS) to ensure that state, local and tribal agencies have a standardized approach to prepare, prevent, respond to, and recover from an event.
 - b. Identifies the necessary structure to allow participants to call upon outside resources.
 - c. Details the process for activating the PHEP, operational parameters during an event between public health and partner agencies, and the termination of an incident.
 - d. Makes provisions for the protection of health care providers, first responders and the public.
 - e. Assures memoranda of understanding are in place with partner health departments.

- f. Engages partners such as hospitals, county emergency management, emergency medical services (EMS), fire, laboratories, HazMat teams, law enforcement agencies, Human Services, and volunteer organizations among others, to enhance preparedness through planning and coordination.
- g. Is routinely reviewed and modified.
- h. Is distributed and/or shared with all relevant partners.
- i. Serves as a mechanism to retain all records related to public health emergency events according to state and administrative rule.

E. Response Activities

1. Triage and Hospital Pre-Treatment

- a. The Mass Casualty Incident (MCI) Plan provides for the command and control of field triage and initial treatment.
- b. The MCI Plan defines a clear treatment classification system that is recognizable by color-coded triage tags that will be used uniformly by all medical personnel.
- c. Aurora BayCare Medical Center, Bellin Hospital, St. Mary's Hospital Medical Center, and St. Vincent Hospital maintain a method of recording and assigning a unique Patient Tracking identifier number upon arrival at the hospital.
- d. The MABAS/MCI Plan ensures that sufficient EMS resources are available to manage a catastrophic incident through mutual aid agreements with (state, regional, county).
- e. The MCI Plan has developed procedures for tracking triage and pre-hospital treatment staff and equipment during normal operations as well as catastrophic incidents. (county, local).
- f. The MCI Plan has developed procedures for dispatch, assessment, triage, treatment, transport, logistics, command and coordination, safety, communications, and patient tracking for normal operations as well as catastrophic incidents. (county, local).
- g. Conduct situational assessments and implement casualty management plan.
- h. Coordinate mortuary response team (D-FIRST and DMORT) assets/services.

2. Medical Surge

The hospitals' emergency plans provide a process for assessing current and anticipated bed capacity and considerations for early discharge, transfers, and treatment cancellation. Infection Control Measures are considered in this assessment process.

- a. The hospitals' plans provide guidelines for implementing a staff augmentation process. These guidelines discuss vaccinations, call-in procedures and credentialing for medical staff that may be called upon during mass casualty events.
 - b. Identify and coordinate with public safety access points that have enhanced capabilities and redundancy, and are capable of handling a surge in call volume.
 - c. Implement medical mutual aid agreements for medical facilities and equipment.
 - d. Implement plans to identify staff, (including volunteers) and equipment resources to operate alternate care facilities.
 - e. Implement plans to restrict access and secure healthcare and surge facilities. Include counseling and family support services as part of care at surge facilities.
3. Medicine Distribution
- a. The PHEP provides guidance for local public health agencies (LPHAs) to plan, activate, and operate a mass clinic for a large health emergency response.
 - b. Wisconsin Division of Public Health (DPH) will initiate medical orders and work to provide large amounts of vaccines, medications, and supplies to mass clinics administered by the LPHAs.
 - c. DPH will act as liaison between the State EOC, County EOC and other state and federal agencies, as well as provide technical assistance to LPHAs.
4. Surveillance and Epidemiological Investigation
- a. Epidemiological Investigation and Laboratory Services
 - 1) BCPH will manage a communicable disease surveillance system:
 - a) Reporting will occur on a regular basis by participating state and public health departments, hospitals, laboratories, physician offices, and clinics.
 - b) The system will provide for early recognition of communicable diseases.
 - 2) BCPH manages an "enhanced" surveillance network; hospitals and physicians and other clinicians will be alerted with information including:
 - a) Specific disease or agent for which to initiate surveillance.
 - b) Prodrome and syndrome of this particular disease or agent.

- c) Treatment protocols for this particular disease or agent.
 - d) Methods for rapid reporting of the detection of this particular disease or agent.
 - e) Risk communications for patients and the general public regarding this particular disease or agent.
- 3) Identification of Unusual Infectious Disease or Incident of Terrorism
- a) Defines protocols for a physician, clinician, or a hospital staff member to initiate when there is a suspected or confirmed case(s) of infectious disease that indicates an unusual outbreak of that disease or a potential incident of bioterrorism.

5. Clinical Lab Testing

- a. Hospitals and clinics in Brown County offer clinical lab testing. Other functions include:
 - 1) Sending samples to Wisconsin State Lab of Hygiene.
 - 2) Serving as reference laboratories.
 - 3) Serving as members of the Wisconsin Clinical Laboratory Network (WCLN).

6. Containment Measures

- a. BCPH will use isolation and quarantine measures, such as home confinement, to limit the spread of communicable diseases. Isolation measures will be used for individuals who are symptomatic and/or lab-confirmed with infectious diseases such as pandemic influenza. Quarantine measures will be used for asymptomatic persons who have been exposed to an infectious disease.
- b. Hospital Infection Control is implemented by:
 - 1) Controlling patients suspected or confirmed to have an airborne infectious disease, protective clothing needed while caring for these patients, and patient management.
 - 2) Using specialty equipment and plans for minimum negative pressure airborne isolation capacity, guidelines for negative pressure surge capacity, personal protective equipment needed for staff protection, and infection control practices for patient management.

- 3) Implementing isolation measures on all identified suspect, probable, and confirmed cases of communicable diseases for which such measures are known to reduce the risk of transmission to susceptible persons.

F. Medical Examiner

1. A mass fatality disaster is defined as a number of deaths from a specific incident that overwhelms the capabilities of the local Medical Examiner's Office and local mortuary service providers. Deaths will be investigated and processed under the requirements listed in Wis. Statute s. 59, 69 and 979.
2. The purpose of Mass Fatality Management is to successfully activate and manage a County Mass Fatality Plan to ensure effective, safe, and humane processes.
3. Brown County Medical Examiner's Office will:
 - a. Recover and identify bodies.
 - b. Determine cause and manner of death.
 - c. Collect forensic evidence (including information relevant to determining the source of biological contamination in a Bioterrorism, Other Infectious Disease Outbreaks and Other Public Health Threats and Emergencies event).
 - d. Notify next of kin.
 - e. Ensure emergency disposition of bodies to prevent spread of disease.
 - f. Release bodies for final disposition.
 - g. Refer affected workers for critical incident debriefing.
 - h. Complete legal death-related documents.
 - i. Communicate between the Medical Examiner's Office and federal, state, and local government agencies, the county EOC, and with the family assistance center, if applicable.
 - j. Provide Information to activate D-FIRST and DMORT.

G. Recovery Activities

1. Continue coordination/monitoring of the ESF 8 managed functions.
2. Continue to maintain liaison with state, local, county, and tribal health care organizations.
3. Ensure Public Health and Medical facilities continue to be involved in the recovery process as described in ESF 14.

IV. RESPONSIBILITIES

- A. Primary Local Agency: Brown County Health & Human Services - Public Health Division
1. Surveillance and Epidemiological Investigation:

- a. Routinely and emergently analyze incoming case reports for possible outbreaks or epidemics and provide timely reports (human and animal) back to clinicians and Wisconsin Department of Health Services.
 - b. Routinely and emergently consult with Wisconsin Department of Health Services as needed to coordinate disease investigations with local, regional, or federal investigations.
 - c. Routinely and emergently provide to clinicians current epidemiological information on any disease outbreak (human or animal), case definitions and supplemental documentation, consultation, and coordination of surveillance activities.
2. Clinical Laboratory Testing
- a. Access event-specific information on specimen collecting, packing, transport and testing from the Wisconsin State Lab of Hygiene (WSLH).
 - b. Notify WSLH of the event and related response planning activities (teleconferences, videoconferences, etc.).
 - c. Provide guidance to local public health and the WSLH on criteria for patient and specimen selection.
 - d. Disseminate reports to local public health; disseminate CDC results to WSLH and local public health.
 - e. Inform WSLH when event has concluded or passed the acute stage.
 - f. Participate in laboratory response debriefing.
3. Containment Measures
- a. Provide guidelines for health care and public health personnel.
 - b. Perform or assist in clinical assessment of cases and need for isolation and/or quarantine.
 - c. Review current epidemiological information on the disease outbreak so isolation and quarantine requirements can be accurately determined.

B. Local Support Agencies and Organizations

Volunteer support agencies and organizations are not bound or required to perform the responsibilities listed. These agencies/organizations pledge to fulfill these duties in the event of an emergency based on the scope of the emergency as well as the internal and external resources available to them at the time.

- 1. Brown County Emergency Management
 - a. Provide general emergency management support through coordination with state, local, and private agencies to identify and implement appropriate protective actions and support local health, medical, and mortuary needs.
- 2. Hospitals - Aurora BayCare Medical Center, Bellin Hospital, St. Mary's Hospital Medical Center, St. Vincent Hospital
 - a. Report to or send a representative to the EOC as needed.
 - b. Disseminate critical public health messages, as provided by

- c. Maintain close liaison with on-site command post and county EOC.
 - d. Request security support from law enforcement for the protection of temporary morgue and personal effects of the deceased.
 - e. Coordinate with funeral home directors for mortuary services as necessary.
 - f. Establish temporary morgue as needed.
6. Brown County Sheriff's Office or other local law enforcement
- a. Protect vaccines and medications during transport and storage at Point of Dispensing (POD) sites.
 - b. Maintain order at the POD sites; provide enforcement as necessary.
 - c. Facilitate vehicular traffic movement on area streets, and into and out of parking lots.
 - d. Escort personnel safely to and from sites.
 - e. Upon request, assist in securing designated areas, such as medical/treatment facilities, sites identified by the Medical Examiner's Officer, and/or other sites important to public safety.
7. Brown County United Way 2-1-1
- a. Disseminate critical public health messages, as provided by Brown County Public Health, to individuals impacted by a disaster, the media, general public, other agencies, organizations, and individuals involved in the disaster response efforts.
 - b. Expand capacity of the emergency response system.
 - c. Offer support to disaster victims.
 - d. Share accurate and up-to-date disaster resource information in coordination with the county EOC and the Joint Information Center.
 - e. Link people who have needs with resources that can help them.
 - f. Manage unmet needs.
 - g. Serve as intake for service providers.
 - h. Connect callers to real-time services, including but not limited to: road closures, shelters/disaster response centers, food, clothing, volunteer support for disaster relief, or donate help to agencies.
8. Northeast Wisconsin Healthcare Emergency Readiness Coalition (NEW HERC)
- a. Provide hospital and other health care situational awareness and resource capability.
9. Northeast Wisconsin Regional Trauma Advisory Council (NEW RTAC)
- a. Provide emergency medical services situational awareness and resource capability.
10. Red Cross

- a. Report to or send a representative to the EOC as needed.
 - b. Support Family Assistance Center operations.
 - c. Support reunification efforts through its Safe and Well website and in coordination with government entities as appropriate.
 - d. Distribute emergency supplies such as clean-up kits.
 - e. Provide emergency first aid, supportive counseling, and health care for minor illnesses and injuries to incident survivors in mass care shelters and other sites.
 - f. Provide available personnel to assist in temporary infirmaries, clinics, morgues, and hospitals.
 - g. Refer concerns regarding animal health care, safety, or welfare to authority having jurisdiction for animal issues.
11. Wisconsin Emergency Assistance Volunteer Registry (WEAVR)
- a. Provide volunteer support based on assigned roles as determined by department personnel and the volunteer coordinator identified for the incident.

V. RESOURCE REQUIREMENTS

Resources will be requested and distributed according to appropriate SOPs and manuals.

VI. REFERENCES

Brown County Public Health Emergency Plan (PHEP)
 Brown County Emergency Operations Plan
 Brown County Mass Casualty Incident (MCI) Plan
 Brown County Mass Fatality Plan
 Wisconsin Emergency Medical Services Plan
 Wisconsin Emergency Response Plan
 Wisconsin EMS Emergency Preparedness Plan (WEEPP)
 Wisconsin Pandemic Influenza Operational Plan

VII. ACRONYMS

See Brown County Emergency Operations Plan, Basic Plan.

VIII. APPENDICES

APPENDIX 1
Brown County Public Health Emergency Plan (PHEP)

The Brown County Public Health Emergency Plan (PHEP) is kept at Brown County Health & Human Services - Public Health Division, 111 N. Jefferson Street, Green Bay, WI 54301. The Health Officer is the contact person.