

PLEASANTS COUNTY EMERGENCY OPERATIONS PLAN
ANNEX G-1: EMERGENCY MEDICAL SERVICES

<i>Related Federal ESFs</i>	<ul style="list-style-type: none"> • ESF #8: Public Health and Medical Services
<i>Related State Annexes</i>	<ul style="list-style-type: none"> • Annex G: Emergency Health and Medical Services
<i>Purpose</i>	This annex outlines the local organization, operational concepts, responsibilities and guidelines to accomplish coordinated emergency medical services during emergency situations.
<i>Primary Agencies</i>	<ul style="list-style-type: none"> • Pleasants County Emergency Medical Services (EMS) • County Fire Departments
<i>Support Agencies</i>	<ul style="list-style-type: none"> • Pleasants County Office of Emergency Services (PCOES) • WESTCOM • Healthnet, Medflight • Mid-Ohio Valley Health Department (MOVHD) • WV National Guard (WVNG)
<i>Authorities</i>	<ul style="list-style-type: none"> • WV Code, §6-12, as amended • WV Code, §9, as amended • WV Code, §15-5, as amended • WV Code, §16, as amended

I. SITUATION AND ASSUMPTIONS

A. Situation

1. This annex applies primarily to large-scale incidents, man-made or naturally occurring, which may result in sufficient casualties and/or fatalities or mass evacuations that overwhelm local emergency medical service capabilities, thus requiring maximum coordination and efficient use of resources.
2. By statute the Pleasants County Commission has the overall responsibility for the protection of lives and property and the health and well-being of all citizens of the county.
3. During the first 15 to 30 minutes of a disaster in which large numbers of injuries have occurred, it is vital that Emergency Medical Services (EMS) and other supportive services, such as fire and law enforcement, are able to implement a systematic rapid assessment tool, such as “START” Triage, and appropriately allocate available medical resources while implementing necessary contingency plans to care for all injuries.
4. The initial medical care during large-scale medical emergencies will most likely be rendered by family, friends, neighbors and/or co-workers. The 2nd phase of medical care will most likely be provided by law enforcement or others with basic first aid skills with the 3rd phase most likely being rendered by EMS personnel from the County ambulance service or the 2 fire departments. Advanced care will only be accomplished on a limited basis.
5. The term “*Special Populations*” now is used to represent a large diverse group of individuals who often live among the general population who may or may not require one or more special accommodation. While on a day-to-day basis, individuals who fall somewhere in the classification of “Special Needs” may function in the general population un-noticed and self-sufficient. These same normally self-sufficient individuals during emergencies may require the assistance of the emergency response community if injured, or as often the case, if accommodations normally available to them fail. It is imperative that emergency response personnel, as part of the planning process, as well as during the response to such emergencies understand that individuals classified as “Special Population” are often reluctant to identify themselves for pre-emergency planning as well as during an emergency for multiple

reasons, including, but not limited to, the stigma often associated with the term as well as providing information that they are potentially vulnerable.

B. Assumptions

1. Pleasants County is predominantly classified as a “rural area”. Typical of many rural areas, Pleasants County has a county-based Emergency Medical Service (EMS). Emergency medical patients must be transported out-of-county to access hospital-based emergency health care services. In the event of a large-scale emergency where significant numbers of injuries occur in the population, alternate treatment facilities might be required to be established to provide medical care to injured individuals until they can be transported and treated at more advanced facilities. While Pleasants County has two (2) clinics, these offices and facilities are not designed to care for medical emergencies. During a large-scale medical emergency, medical professional employed within these businesses may be available to assist in providing trained health care professionals and/or equipment/ supplies to “alternate” emergency medical care centers (Stone Rise, The Heritage, MOVTI).
2. During a large-scale emergency event, it is possible that portions of, if not all of the county, may not have access to out-of-county hospital facilities for up to 72 hours if not longer. Additionally, it is also likely that during a large-scale emergency some areas of the county could be isolated not only from hospital resources, but also from resources established in other parts of Pleasants County itself for extended periods of time. During emergencies under such plausible conditions, in all likelihood, individuals located in Pleasants County will be exclusively dependent upon local and area resources, to establish and maintain some ability to address the medical needs of the county.
3. By proclamation, the Pleasants County Commission has mandated that all emergencies within Pleasants County be managed using a federally recognized “*Incident Command System*” (ICS). During a disaster or large scale emergency occurring in Pleasants County, it shall be the responsibility of the Incident Command Structure (most likely a Unified Command System) to take such actions, when possible, to assure that emergency medical services are available to those individuals located in the county, Under

normal conditions, emergency response operations operating under the *Incident Command System (ICS)* can request “*Mutual aid*” assistance from other emergency response agencies from surrounding counties. Even under “ideal” conditions, requests for mutual aid may require a minimum of 15 minutes to arrive, and in some cases significantly longer. During a disaster or large-scale emergency affecting surrounding counties, response times of mutual aid could be significantly longer if available at all. During large-scale emergencies, often “spontaneous” Volunteers will come forward and offer their assistance. When appropriately managed and supported, volunteers can provide numerous services, often releasing emergency service personnel to perform more essential tasks.

II. CONCEPT OF OPERATIONS

A. General

1. The release of information concerning public health and medical operations on-scene shall be managed by the Incident Command System (*ICS*) implemented within the county to manage the emergency. During the initial stages of an emergency, the County Public Information Officer (*PIO*) will be the primary individual responsible for the release of information to the media and the general public, as approved by the Incident Command Structure. Public information should be released in accordance with the guidelines outlined in Annex D: Public Information.
2. During emergencies of significant size, duration and/or complexity, especially where the (*ICS*) structure involves multi-agency unified command, as directed by the (*ICS*) structure, the County Public Information Officer shall be responsible to activate a Joint Information Center (*JIC*) at a location deemed safe and suitable. It shall be the responsibility of the Joint Information Center (*JIC*), under the direction of the County Public Information Officer, to assemble appropriate agency representatives and technical experts as necessary and develop comprehensive/coordinated information to be released to the media and general public and to make such releases as appropriate upon approval of the Incident Command System (*ICS*). Informational releases made to the media shall be made primarily as a

coordinated message by a single selected spokesperson. When necessary, other formats can be used, such as technical experts or panels to support the spokesperson to assure that complex technical questions and/or issues are communicated appropriately. All media and/or media inquiries shall be directed to the Joint Information Center (JIC) and the Public Information Officer (PIO) or his designee shall be responsible for ALL releases of information to the media and/or public relative to the emergency.

3. The Mid-Ohio Valley Health Department provides direct advanced medical care in support of established “*Off-Site Triage and Treatment Centers*”.
 4. The Regional Threat Preparedness Unit:
 - a. Provides technical support for the medical decontamination and/or treatment of individuals exposed to biological, chemical, radiological and explosive agents.
 - b. Coordinates the activation and implementation of the Region V Hospital Off-Site Triage and Treatment Plan.
 - c. Maintains active lists of Medical Reserve Corp and Threat Preparedness Volunteers and provides for their activation in the event of a large-scale emergency that affects or potentially affects the health and/or safe of the general public.
 - d. Maintains and provides, when necessary, stockpiles of medical and associated supplies necessary to support large scale emergency operations.
- B. Medical Considerations
1. During large scale emergencies and/or disasters, it is primarily the responsibility of the Pleasants County Emergency Medical Services (PCEMS) to initiate initial triage operations, and to begin triaging injured individuals as they are identified. To free up EMS personnel from the ambulance crew and the 2 fire departments, Triage may be done by trained and equipped personnel from the St. Marys Fire Department. If available, Triage operations shall be managed as part of the overall Incident Command System (ICS).
 2. Upon being triaged, victims shall be prioritized as deemed appropriate and as coordinated with WestCom Medical Command shall be transported by the most appropriate method to the designated receiving hospital or other facility.

3. Large scale emergencies or disasters within Pleasants County that involve sick or injured individuals will be especially problematic since Pleasants County does not itself have a hospital or other more advanced care medical facility within the county itself and is dependent on transporting sick or injured patients to facilities outside of Pleasants County itself. Emergencies that, or have the potential to involve large number of sick or injured has the potential to rapidly over-whelm the current Emergency Medical Service System (EMS).
4. Additional Resources
 - a. Requests for Mutual Aid or Helicopter Services (Request through COMM Center)
 - 1) Newport Ohio VFD Ambulance
 - 2) Other Washington County Ohio Ambulances
 - 3) Wood County Ambulances
 - 4) Ritchie County Ambulances
 - 5) Tyler County Ambulances
 - 6) Helicopter Services
 - 7) National Guard (MOVRA)
 - b. While primary responsibility for victim triage is the responsibility of Pleasants County Emergency Medical Services (PCEMS), during large scale events that exceed or have the potential to exceed the capabilities of Pleasants County Emergency Medical Services (PCEMS), they may request that the State of West Virginia Emergency EMS system disaster support system be activated.

III. ROLES AND RESPONSIBILITIES

A. Organization

1. Local emergency medical providers have necessary emergency medical response plans that detail actions and methods that will be implemented by them in case of a major medical emergency and how those plans will coordinate with other local, county, regional, state and federal plans if and/or when they are implemented.

B. Responsibilities

1. Mid Ohio Valley Health Department working in conjunction and coordination with other emergency response and support agencies during large scale emergencies will:
 - a. When and if deemed necessary will work with other community partners to activate and support the operations of Off-Site Medical Triage and Treatment Facilities, and/or other sites as deemed necessary to meet the medical and health needs of individuals within Pleasants County by providing the most appropriate response available under any given conditions.
 - b. Work in conjunction with the Pleasants County Office of Emergency Services and if activated, the Pleasants County Emergency Operations Center, to maintain, and if necessary, to expediently as soon as possible, establish necessary services to provide for the health and safety if individuals within Pleasants County.
2. Pleasants County Emergency Medical Service (PCEMS)
 - a. When activated - Assume appropriate role(s) in the incident command system structure.
 - b. If Mass Casualty incident, split duty crew with assistance from EMS personnel in the 2 County Fire Departments to allow response with both County units (1 BLS, 1 ALS).
 - c. Evaluate medical situation(s) relative to the emergency and if necessary, establish medical triage area(s) and/or use other “tools” as necessary.
 - d. Provide for the triage of casualties. This duty could be turned over to EMS trained personnel in each of the fire departments to free up the 2 transport units.
 - e. Request Mutual Aid from other EMS providers through normal mutual aid channels.
 - f. Establish necessary support operations to provide for the transport of all patients to appropriate facilities.
 - g. Direct, coordinate, or support medical care to patients as appropriate.
 - h. Implement medical emergency management plans, either in total or as appropriate.
 - i. Coordinate aeromedical services if necessary. (This task could be turned over to the fire departments to free up ground units).

3. Pleasants County Office of Emergency Services
 - a. Develop overall situational awareness relative to the emergency.
 - b. Assure that all three (3) County Commissioners and others, as directed, are notified and fully briefed with current information relative to the emergency.
 - c. Assure that a functional Incident Command System has been established and is functioning.
 - d. If the situation merits, ensure that an Emergency Operations Center is activated, and communications established with the scene/
 - e. Utilizing the Incident Command System, manage requests from within the Incident Commander for assets and resources to aid in resolving issues related to the emergency response.
 - f. Acts as the legal representative for the Pleasants County Commission in making requests to the State of West Virginia for assets and resources.

IV. CONTINUITY OF GOVERNMENT

The implementation and operational plan for the Pleasants County Emergency Operations Center are more fully delineated in other portions of this plan. In general, the structure of the Pleasants County Emergency Operations Center is structured using the Incident Command System (ICS) and the EOC staff is comprised of volunteers from the LEPC and others who can be available. Resources for EOC personnel will most likely be very limited as those who could help may have other issues from the incident. This structure then can be enhanced or modified by the addition and/or deletion of representatives of different agencies, organizations and/or technical expertise as dictated by the emergency. Additional assistance in the EOC may come from adjacent jurisdictions personnel or from the State.

V. PLAN DEVELOPMENT AND MAINTENANCE

- A. The PCOES in conjunction with the PCEMS and other appropriate agencies are responsible for the maintenance of this annex.
- B. The annex should be reviewed annually and updated as necessary.

APPENDIX 1

HEALTH AND MEDICAL RESOURCES

APPENDIX 2

ICS FORMS

APPENDIX 1

PLEASANTS COUNTY EMS

TYPE 1 AMBULANCE

NIMS Type 2

TYPE 1 AMBULANCE

NIMS Type 4

NEWPORT VFD

TYPE 1 AMBULANCE

NIMS Type 2

TYPE 1 AMBULANCE

NIMS Type 4

SMVFD

BLS NON-TRANSPORT

TRUCK 88

BVFD

BLS NON-TRANSPORT

TRUCK 79

APPENDIX 2

ICS FORM 206

ICS-206

MEDICAL PLAN