PUBLIC HEALTH AND MEDICAL SERVICES

**Capability Description:** Provide lifesaving medical treatment via emergency medical services and related operations and avoid additional disease and injury by providing targeted public health and medical support and products to all people in need within the affected area.

**Mission Area:** Response

**Resources Used to Develop Questions:**
- Target Capabilities List (Emergency Triage and Pre-Hospital Treatment, Isolation and Quarantine, Mass prophylaxis, Medical Supplies Management and Distribution, Medical Surge)
- Comprehensive Preparedness Guide (CPG) 101
- Emergency Management Standard by EMAP

**PLANNING**

1. Does your EOP include Emergency Support Function (ESF) #8: Public Health and Medical Services? [CPG/EMAP]
   
   a. If ‘yes’, which of the following were included in the process of developing this annex? [CPG/TCL] (checkboxes for each that apply)
      
      i. Emergency Management
      ii. Public Health
      iii. Hospitals/health care facilities
      iv. Fire services
      v. Law enforcement
      vi. Hazardous Materials
      vii. Volunteer organizations (i.e. MRC, CERT, SAR, etc.)
      viii. EMS
      ix. American Red Cross
      x. Faith-based organizations
      xi. Medical distributors
      xii. Other public entities
      xiii. Other private entities

2. Does your EOP include Emergency Support Function (ESF) #1: Transportation? [CPG/TCL]

3. Does your EOP include Emergency Support Function (ESF) #4: Firefighting? [CPG]
4. Does your EOP include Emergency Support Function (ESF) #6: Mass Care? [CPG]
5. Does your EOP include Emergency Support Function (ESF) ESF #7: Resource Support? [TCL]
7. Does your EOP include Emergency Support Function (ESF) #10: Oil and Hazardous Materials Response? [TCL]
8. Does your EOP include Emergency Support Function (ESF) #11: Agriculture and Natural Resources? [CPG]
10. Does your EOP include Emergency Support Function (ESF) ESF #15: External Affairs? [TCL]
11. Does your EOP contain functional or incident annexes, or do you have other plans that address: [TCL] (check boxes for each that apply)
   a. Isolation and quarantine
   b. Pandemic influenza
   c. Mass casualty
   d. Mass fatality
   e. Responder prophylaxis
   f. Strategic National Stockpile
   g. Points of Dispensing
   h. CHEMPACK
   i. Radiological/nuclear emergencies
12. Do your plans: [EMAP in general under Public Health]
   a. Identify and track your health and medical resources such as trauma centers, burn centers, pediatric facilities, acute care facilities, and other specialty facilities? [CPG/TCL]
   b. Ensure appropriate protective resources are available, including vaccinations, prophylaxis, and PPE for pre-hospital providers and their families? [TCL]
   c. Include coordination with public safety access points that have enhanced capabilities (e.g., automatic location identification) and redundancy, and are capable of handling a surge in call volume? [TCL]
   d. If public, allow EMS resources to be used across jurisdictions through mutual aid agreements? [CPG/TCL] (note: besides y/n also include NA)
   e. Include mechanisms for obtaining reimbursement for both public and private expenditures for triage and pre-hospital treatment following a declared catastrophic incident? [TCL]
   f. Address communicable disease outbreaks? [TCL]
   g. Address prophylaxis and issuance of PPE to non-surge first responders and first receivers? [TCL]
   h. Address mass prophylaxis? [TCL]
   i. Address return to normal operations post-incident? [CPG/TCL]
   j. Include administration of antidotes for victims of WMD attacks? [TCL]
   k. Address mass casualty incidents? [CPG/TCL]
Assessment Questions: Public Health and Medical Services

1. Address medical surge capacity? [CPG/TCL]
2. Include mutual aid agreements or memoranda of understanding for medical facilities, supplies, and equipment? [CPG/TCL]
3. Address healthcare system evacuation plans to include receiving facilities and transportation assets that are coordinated on a regional basis? [TCL]
4. Include identification of staff, and equipment and resources to operate alternate care facilities? [CPG/TCL]
5. Restriction of access and securing of healthcare and surge facilities? [TCL]
6. Consider use of traditional and non-traditional patient transport resources? [TCL]
7. Plans for healthcare facilities to operate without public utilities? [TCL]
8. Include set up, staffing, and operation of alternate care facilities? [CPG/TCL]
9. Address transition from surge to normal operations? [CPG/TCL]
10. Include establishing staging areas for internal and external medical response personnel, equipment, and supplies?
11. Address provisions for the procurement, rotation and maintenance of Federal, State, and local stockpiled assets or private/commercial inventories? [TCL]
12. Address storage of supplies (e.g. secure, climate controlled)? [TCL]
13. Address physical security of medical materiel in transport and distribution? [TCL]
14. Address medical support for special needs populations? [CPG/TCL]
15. Include processes for providing prophylaxis for public health responders, their families, and support staff prior to opening PODs to the general population? [TCL]
16. Establish systems, programs, and resources for implementing isolation and quarantine? [TCL]
17. Describe the agencies and alternate methods used to provide potable water, bulk water, and temporary water distribution systems to the jurisdiction when the water systems are not functioning (e.g., private sources, boil orders, private wells). [CPG]

13. Have you identified, and do you maintain a current list of, mental health and substance abuse professionals or paraprofessionals? [TCL]

14. Have you developed a local or regional pharmaceuticals management system that captures current inventory of:
   a. Metropolitan Medical Response System?
   b. Health Resources and Services Administration-hospital?
   c. CHEM-PACK caches?

15. Has your emergency management organization participated in regional medical surge planning? [CPG/TCL]

16. In planning for medical surge, have you considered the implementation of altered standards of care? [TCL]

17. In planning for medical surge, are medical facilities in your jurisdiction prepared to terminate non-critical medical services? [TCL]

18. Based on your responses to the questions above, how would you rate your overall public health and medical services capability as it relates to planning?
ORGANIZATION

19. Have you identified primary and supporting agencies responsible for coordinating public health and medical services efforts? [CPG/TCL]

20. Do you have a mechanism in place to engage local partners (Civic Organizations, Faith-Based Organizations, Special Needs Advocacy Groups, Private Sector (including EMS), Critical Infrastructure, Education, Neighborhood Associations, Medical Reserve Corp, etc.) in planning for public health and medical services?

21. Are you prepared to efficiently coordinate and integrate with State and federal ESF #8? [TCL]

22. In your jurisdiction do you have sufficient EMS personnel and resources are available to respond to day-to-day emergencies? [TCL]

23. Are procedures in place for effective, reliable interoperable communications between EMS, incident command, public health, and healthcare facilities? [CPG/TCL]

24. Have you established protocols and procedures for tracking triage and pre-hospital treatment response staff and equipment during day-to-day operations? [CPG/TCL]

25. Which of the following do your EMS procedures and/or protocols address? [TCL] (checkboxes for all that apply)
   a. Dispatch
   b. Assessment
   c. Triage
   d. Treatment
   e. Transport
   f. Transfer of patient care to the medical staff at the facility
   g. Helicopters and corresponding landing zone
   h. En route health care providers
   i. Logistical support
   j. Medical command and coordination
   k. Safety
   l. Communications
   m. Patient tracking
   n. Patient decontamination
   o. Coordination of the local EMS system with the National Disaster Medical System
   p. Establishment of immediate, minor, and delayed treatment areas
   q. Priority of patient transport

26. Are compatible communications equipment and communications radio frequency plans in place for hospital diversion and bed capacity situational awareness? [TCL]

27. Are mechanisms in place to ensure freedom of movement of medical response, transport, materiels, and personnel when faced with restricted travel laws, isolation/quarantine, or security measures? [CPG/TCL]

28. Are procedures in place to initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability? [TCL]
29. Do procedures include establishment of triage, treatment, and transport areas? [TCL]

30. Are resources and procedures in place to implement comprehensive stress management strategies and programs for all emergency responders, support personnel, and healthcare professionals, and other workers? [TCL]

31. Does your local healthcare system have the capacity to complete triage, treatment, and initially stabilize patients with: [TCL]
   a. Smallpox?
   b. Anthrax?
   c. Plague?
   d. Tularemia?
   e. Influenza?
   f. Acute botulinum intoxication?
   g. Acute chemical poisoning?
   h. Nerve agent exposure?
   i. Burns?
   j. Radiation-induced injury?

32. Are protocols in place for the dissemination of accurate, timely, accessible information to public, media, and support agencies during public health and medical services emergencies? [EMAP/CPG/TCL]

33. Do you have a data base to track the status of medical surge resources (e.g. medications, medical professionals)? [TCL]

34. For use during medical surge emergencies, do you have a local pharmaceuticals management system in place that tracks the dispensing of pharmaceuticals during the incident? [TCL]

35. In preparing for medical surge, is your emergency management organization prepared for involvement with: [TCL]
   a. The National Disaster Medical System (NDMS)?
   b. A Health and Human Services (HHS) Incident Response Coordination Team?
   c. A NDMS Disaster Medical Assistance Teams (DMAT)

36. During medical surge, are procedures in place to ensure patients are matched with transportation and destinations that provide appropriate levels of medical care? [TCL]

37. During medical surge, are procedures in place to track mass movement of patients? [CPG/TCL]

38. During medical surge, are patient transfers are coordinated with local or State Emergency Operations Center (EOC)? [TCL]

39. Do you have a healthcare workers’ and volunteers’ call systems for use during medical surge? [TCL]

40. During medical surge, are you able to provide short-term mental health and substance abuse behavioral health services to the community? [TCL]

41. Is the healthcare system in your jurisdiction prepared to participate in multi-agency After-Action Reviews? [TCL]

42. Are your local medical resources familiar with the performance of hazard vulnerability assessments (HVAs) to establish PPE requirements of healthcare personnel? [TCL]
43. Are procedures in place for ensuring the distribution of medical supplies to shelters? [CPG/TCL]
44. Are procedures in place for ensuring the billing and reimbursement of medication/equipment/supplies that are dispensed? [TCL]
45. Is the authority to require isolation and/or quarantine established in your jurisdiction? [TCL]
46. Are procedures in place for the procurement, rotation and maintenance of Federal, State, local stockpiled assets or private/commercial inventories? [TCL]
47. Are systems in place for adverse event monitoring?
48. During public health and medical services emergencies, does the EOC (or is it prepared to): [CPG and/or TCL]
   a. Coordinate support for medical care?
   b. Coordinate communications with transportation vendors during distribution of medical supplies?
   c. Coordinate acquisition of private source medical supplies?
   d. Coordinate with medical surge operations to identify supply levels at the supporting medical facilities for the incident?
   e. Monitor supply usage and stockpile levels of health facilities, mass prophylaxis sites, and other critical care venues?
   f. Ensure the timely provision of medical supplies to shelters and mass care and medical facilities?
   g. Manage provision of personnel for shelters and mass care and medical facilities?
   h. Process and manage requests for additional medical supply personnel or equipment?
   i. Provide logistics support for medical supplies management and distribution?
   j. Provide for financial management and reimbursement of medical supplies?
   k. Coordinate SNS deployment and warehousing operations?
   l. Track re-supply requests for medical supplies?
   m. Coordinate Strategic National Stockpile asset requests from Centers for Disease Control?
   n. Have staff call down lists for POD operations?
   o. Coordinate quarantine activation and enforcement with public safety and law enforcement?
   p. Coordinate adequate food, water, medication, mental health care, and access to religious practices are provided to quarantined or isolated persons?
   q. Coordinate with the law enforcement and the agriculture community regarding potential need for animal isolation/quarantine?
   r. Coordinate public safety and law enforcement for travel restrictions during communicable disease outbreaks?
49. Are procedures in place to coordinate public health and medical services for those individuals who have been isolated or quarantined (voluntarily or involuntarily)? [TCL]
50. Is a system in place to provide consistent, accurate and relevant public health and medical information to clinicians? [TCL]
51. During public health and medical services emergencies, is there a system in place to coordinate with Emergency Public Information to disseminate public health and safety information to the
public to improve provision of home healthcare, present risk, promote protective measures, communicate POD locations, etc.? [CPG/TCL]

52. Are you capable of implementing emergency credentialing and privileging procedures? [TCL]

53. Based on your responses to the questions above, how would you rate your overall public health and medical services capability as it relates to organization?

EQUIPMENT

54. Do you have adequate equipment and supplies to implement public health and medical services actions for your jurisdiction? [TCL]

55. Have you assessed the equipment or consumable medical supplies that may needed during emergencies including those to populations requiring functional or medical care? [TCL]

56. Have you considered which medical supplies should be stockpiled versus procured just in time? [TCL]

57. Do your stockpiles include supplies and pharmaceuticals for special populations (i.e. pediatrics and geriatrics)? [TCL]

58. Which of the following public health and medical services equipment, supplies and/or related resources are you in most need? (check boxes for all that apply)

   a. Ambulance Transport
   b. Support vehicles
   c. ALS vehicle
   d. EMS data collection system
   e. Communications equipment
   f. Trained medical personnel
   g. Pediatric medical treatment personnel
   h. Portable treatment facilities
   i. Cleaning supplies
   j. Pre-packages meals
   k. Portable/potable water systems
   l. Other (text box)
   m. PPE
   n. Negative pressure isolation units
   o. Prophylactic pharmaceuticals
   p. Bed capacity
   q. Ventilators
   r. Alternate care facility
   s. Decontamination equipment
   t. Mental health professionals
   u. Strategic National Stockpile and Vendor Managed Inventory support
   v. Warehousing support
   w. Mass prophylaxis inventory management system
x. Point of Dispensing (POD) operations equipment and/or resources
y. Signage

59. Have you established protocols and procedures for tracking triage and pre-hospital treatment equipment during day-to-day operations? [TCL]
60. Have you established protocols and procedures for tracking triage and pre-hospital treatment equipment during multi-jurisdictional responses? [TCL]

61. Based on your responses to the questions above, how would you rate your overall public health and medical services capability as it relates to equipment?

TRAINING

62. Does your emergency management organization collaborate with local partners (Civic Organizations, Faith-Based Organizations, Special Needs Advocacy Groups, Private Sector, Critical Infrastructure, Education, Neighborhood Associations) to provide training around public health and medical services?
63. Do your EMS systems include an education, licensure, and credentialing system consistent with national standards such as the National EMS Education Agenda for the Future and NIMS? [TCL]
64. Are key medical personnel provided training on the NRP, ICS and NIMS? [TCL]
65. Do you have sufficient certified/licensed EMS personnel available to staff the current EMS system 24 hours per day, 7 days per week? [TCL]
66. Are training programs for EMS personnel based on local risk vulnerability assessments and lessons learned? [TCL]
67. Are dispatchers and field response personnel trained on dispatch, triage, treatment, infection control precautions, and transport protocols and procedures? [TCL]
68. Are mental health and substance abuse professionals included in training events? [TCL]
69. Are designated medical surge hospital personnel trained in National Incident Management System (NIMS), National Response Plan (NRP) and Incident Command System (Hospital Incident Command System)? [TCL]
70. Are hospital personnel trained in recognition and treatment of chemical, biological, radiological, nuclear, and explosive (CBRNE) hazards? [TCL]
71. In preparing for medical surge, have trainings included: [TCL]
   z. Non-medical personnel?
      aa. Health professions students?
72. In preparing for medical surge, are there just-in-time training programs for healthcare workers? [TCL]
73. Does training cover various types and models of medical supplies which may be acquired through external sources? [TCL]

74. Based on your responses to the questions above, how would you rate your overall public health and medical services capability as it relates to training?
EXERCISES

75. If your emergency management organization has conducted response exercises that incorporate elements of public health and medical services, did scenarios include:
   bb. EMS and other resource dispatch
   cc. EMS Assessment/Triage/Treatment/Transport
   dd. Mutual aid
   ee. Staff recall
   ff. EMS surge
   gg. Personnel accountability
   hh. Mental health concerns
   ii. Substance abuse
   jj. Hospital Incident Command System
   kk. Medical surge
   ll. Bioterrorism
   mm. Comprehensive stress management strategies and programs
   nn. Use of PPE
   oo. Decontamination
   pp. Strategic National Stockpile/Vendor Managed Inventory
   qq. POD operations
   rr. Public information
   ss. Medical materiel distribution/logistics
   tt. Isolation
   uu. Quarantine
   vv. Other (text box)

76. Do your exercises include identification and implementation of corrective actions? [EMAP]

77. Based on your responses to the questions above, how would you rate your overall public health and medical services capability as it relates to exercises?

GLOBAL

78. Based on your responses to the questions above, how would you rate your overall public health and medical services capability? Answer: dropdown, 1 - 10

79. Based on your responses to the questions above, what priority (high, medium, low) would you assign to the public health and medical services capability for your jurisdiction? Answer: radio button, H, M, L

80. Please identify which hazard/threat would most likely tax your ability to perform the public health and medical services capability? Answer: dropdown, hazards

81. Have you identified any planning barriers or do you have any additional notes or comments regarding the public health and medical services capability? Answer: Text