

**I. PURPOSE**

**A. Public Health**

To support local public health and related local emergency response services during a threatened or actual public health emergency/disaster. To coordinate the local government's role in providing public health services in non-public-health emergencies/disasters.

**B. Medical**

To provide a coordinated response for medical care and treatment for the ill and injured during, or as a result of, a natural or man-made disaster.

**II. SITUATION**

**A. Public Health**

Emergency/disaster conditions can pose serious public health problems as a result of floodwater contamination, lack of refrigeration, lack of sanitation and potable water, disruption of pharmaceutical operations, and vector (disease-spreading organism) proliferation. Also, certain situations (e.g., radiological incidents, virulent disease outbreaks, hazardous materials incidents, bio-terrorism etc.) present inherent public health concerns. In either situation state resources may be required to augment local public health and related emergency response capabilities in order to save lives and prevent illness and trauma.

**B. Medical**

1. Not all emergencies or disasters will cause injuries in numbers that exceed the capacity of the local jurisdictions' emergency medical service providers. However, tornadoes, flash floods, accidental hazardous materials releases, nuclear power plant incidents, mass-transportation accidents, public health emergencies, earthquakes, and terrorist acts can impact Pottawattamie County. Each has the potential to overwhelm local capabilities, including capabilities based on mutual aid. When this occurs, state, and possibly federal, support of medical operations will be required.

2. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities that provide medical/health care for general and special needs populations may be structurally damaged or destroyed. Facilities that survive little or no structural damage may be rendered unusable, or only partially stable, because of a lack of utilities (power, water, sewer), or because staff are unable to report for duty as a result of personal

injuries, family concerns, or disruption of communications and transportation systems.

### **III. ASSUMPTIONS AND PLANNING FACTORS**

#### **A. Public Health**

1. Early detection, identification, and containment of an infectious disease outbreak will greatly reduce the spread of that disease.
2. Unmanaged accumulation of debris, consumption of contaminated food or water, damage to chemical and other industrial facilities and inadequate disposal of sewage will result in toxic environmental and health hazards. These hazards will create a secondary public health-related emergency if not addressed soon after the onset of the primary emergency/disaster.
3. A potential, imminent, or actual biological, chemical, or radiological terrorist attack will overwhelm local emergency response systems and deplete local resources.
4. State and/or federal public health providers will provide consultation assistance to local jurisdictions during a biological, chemical, or radiological incident.

#### **B. Medical**

1. Any incident which generates an emergency patient load exceeding the normal day-to-day capabilities of emergency medical services may be considered a disaster.
2. Mutual Aid and outside resources will be available to assist the County in natural and technological emergencies/disasters.
3. Emergency response personnel may experience emotional distress brought on by the extreme conditions associated with an emergency or disaster, creating a need for specialized counseling services and potentially affecting their ability to continue functioning in their professional capacity.

C. **Policy**

1. Disaster medical services will be provided based on need and without regard to race, color, religion, national origin, age, sex, marital status, gender identity, sexual orientation, or mental or physical disability.
2. Doctors, nurses, EMS workers, and other medical specialists and professionals involved in emergency/disaster response will carry out their individual responsibilities in accordance with the standard operating procedures and professional standards of their respective organizations. With respect to overarching interdisciplinary and interagency coordination, the above-mentioned medical professionals/specialists will be aware of and will adhere to the multi-agency, multi-hazard response framework described in this plan.

IV. **CONCEPT OF OPERATIONS**

- A. Public Health, medical and health care organizations in Pottawattamie County will collaborate on a continuous basis to fulfill the overall responsibility of minimizing possible adverse health factors and safeguarding our citizens during and/or after an emergency or disaster.
- B. Representatives from Pottawattamie County Board of Health/Visiting Nurses Association (VNA), Council Bluffs Health Department, Alegent Health Mercy Hospital, Jennie Edmundson Hospital, the Emergency Management Agency, known as the **Pottawattamie County Emergency Medical and Health Care Council** meet no less than quarterly to develop and maintain unified plans and procedures that address bio-emergencies, distribution of the Strategic National Stockpile (SNS), epidemiology and certain other aspects of terrorism.

C. **Crisis Augmentation**

The Medical Coordinator and the Public Health Coordinator, in coordination with the Emergency Management Coordinator will provide for augmentation of health/medical personnel when such resources are needed. They may also identify sources to provide augmentation of medical needs and to satisfy expanded medical requirements during emergency operations.

D. **Evacuation and Reception of In-patient Medical Facilities**

1. See Annex E, Evacuation.
2. Per the local Healthcare Evacuation Network (HEN) Plan, the Omaha Metro Medical Response System (OMMRS) Hospital Plan for WMD events and this annex, the hospitals and nursing homes are responsible for developing internal procedures for:

- a. Assessing and preparing patients for evacuation;
  - b. Assuring medical records are transported with patients;
  - c. Identifying and transporting essential medications and supplies;
  - d. Continuing medical care for those not evacuated.
3. The Administrator, or designated representative, of the affected facility(s) will coordinate evacuation requirements with County Emergency Management Coordinator and the Medical Coordinator.
  4. The County Emergency Management Coordinator will work with the Medical Coordinator to:
    - a. Determine the number of patients the receiving facilities could accept;
    - b. Coordinate transportation requirements;
    - c. Assist with the assignment of patients to insure appropriate assignments according to capabilities available.
  5. In the event of evacuation from another jurisdiction, the County Emergency Management Coordinator will request a liaison team be assigned to work with the receiving facilities administrators.
  6. Patients may be received at one of the following facilities depending on the care requirements and situations at the time:
    - a. Alegent Health Mercy Hospital, Council Bluffs;
    - b. Jennie Edmundson Hospital, Council Bluffs.

**E. Medical Support for Disabled Persons**

The Medical Coordinator will coordinate requirements with:

1. County Emergency Management Coordinator for volunteer resources for emergency delivery of medicines and other medical supplies, and
2. Human Services Officials (see Annex N).

**F. Support to Medical Professionals**

The County Emergency Management Coordinator will work closely with Medical Coordinator in providing emergency transportation to and from critical medical facilities. Volunteer groups, such as 4-wheel vehicle clubs, snowmobile clubs, amateur radio, and REACT groups (depending on situation-i.e., winter storms) will be utilized to provide this transportation.

**G. Evacuation**

As deemed appropriate, establish and operate emergency medical care centers for essential workers in the hazardous area following evacuation. (See Annex E.)

**H. Mass Care**

Provide assistance to Human Services Director to support Mass Care operations by providing health and medical care for persons in congregate care (temporary shelter) facilities. (See Annex I.)

**I. Mass Fatality Incident**

See Annex S (To be published.)

**J. Terrorism**

See Annex Q

**K. Bio-Emergency Response**

See Annex T (To be published)

**L. Mass Casualty Incident**

1. The on-scene Incident Commander will establish a Medical Officer. The Medical Officer is responsible for all patient care operations at the scene, including personnel assignments.
2. Patients will be triaged and assigned priority categories based on urgency and chance of survival.
3. Patients will be transported to receiving medical facilities based on triage priority, medical facilities capabilities, and the Iowa Out of Hospital Destination Decision Protocol (IOOHDDP) as prescribe by IAC 641-135.2(1) and 641-135.2(1)(a).
4. Incident Command and the Medical Officer will determine requirements for and request medical mutual aid by implementing the Pottawattamie County EMS Association Mass Casualty Incident Response System. **(See Annex F, Attachment 5.)**

5. Shortage (or anticipated shortage) of medical supplies/equipment will be reported to the County EMS Coordinator (Medical Coordinator of the EOC Staff) for procurement coordination.

## V. ORGANIZATIONS AND RESPONSIBILITIES

### A. Public Health Organizations

1. The Pottawattamie County Board of Health is responsible for public health functions in Pottawattamie County. The Board consists of five volunteers appointed by the County Board of Supervisors to conduct the public health affairs of the county. The Board of Health meets periodically to conduct business and manage contracts. The Board of Health contracts many of its public health functions to the Visiting Nurses Association (VNA) of Pottawattamie County. The Board also collaborates with the Council Bluffs Health Department to accomplish certain other public health functions.
2. The **Council Bluffs Health Department Health** maintains a full-time professional public health staff that includes several public sanitarians and public health nurses.

### B. Hospitals. Both Alegent Health and Methodist Health System, each system based in Omaha, NE, operate a hospital in Council Bluffs. Applicable information is as follows:

1. **Alegent Health Mercy Hospital**, a 284-bed hospital with access to on-site patient decontamination equipment, emergency communications equipment and helicopter landing area. The Emergency Department is a certified Level III Trauma Center.
2. **The Jennie Edmundson Hospital**, a 236-bed hospital with access to on-site patient decontamination equipment, emergency communications equipment and helicopter landing area. The Emergency Department is a certified Level III Trauma Center.
3. **Emergency Planning Alliances.** Both hospitals are participants in the Healthcare Evacuation Network (HEN) Plan developed through the cooperation of community agencies and seventeen hospitals in the Greater, Omaha area. The HEN Plan's purpose is to aid healthcare facilities if they should ever need to evacuate their entire facility for any number of reasons. Both Council Bluffs Hospitals also belong to the **Omaha Metro Medical Response System (OMMRS)** contingency planners. The OMMRS family of plans addresses terrorist weapons of mass destruction (WMD) incidents.

- C. **Emergency Medical Services (EMS) Agencies.** Fifteen civic based EMS agencies (thirteen transport agencies and two non-transport agencies) operate in Pottawattamie County. Assets include fifteen volunteer service ambulances, three 24-hour staffed advanced life support (ALS) ambulances and one 24-hour standby ALS ambulance. One private ground ambulance service and one private air ambulance service provide additional EMS capability in the county. The primary EMS agencies and their respective service levels are as follows:

<u>Agency</u>	<u># of Ambulances</u>	<u>Service Level</u>
Avoca V.F.D.	1	EMT-I
Carson V.F.D.	1	EMT-B
Carter Lake V.F.D.	2	EMT-P
Council Bluffs Fire Department	4	EMT-P
Crescent V.F.D.	2	EMT-I
Hancock V.F.D.	0	EMT-B
Lewis Township V.F.D.	1	EMT-B
Macedonia V.F.D.	1	EMT-I
McClelland V.F.D.	0	EMT-B
Minden V.F.D.	1	EMT-B
Neola V.F.D.	1	EMT-B
Oakland V.F.D.	2	EMT-I
Treynor V.F.D.	1	EMT-P
Underwood V.F.D.	1	EMT-B
Walnut V.F.D.	1	EMT-P

- D. **Pottawattamie County Emergency Management Agency (EMA).** The EMA employs a full-time, 40-hr. per week County EMS Coordinator/Emergency Management Specialist. The EMS coordinator is charged with the responsibility of assisting the Pottawattamie County EMS Association with developing countywide EMS infrastructure and protocols. The EMS Coordinator will serve as the Medical Coordinator during times of medical emergencies in Pottawattamie County.

- E. **Health Care.** There are nine nursing homes in Pottawattamie County licensed by the Iowa Department of Public Health to provide certain levels of health care.

F. **Responsibilities**

1. **Pottawattamie County Emergency Medical & Health Care Council**

- a. Designate individuals to accomplish the responsibilities of Medical Coordinator, Public Health Coordinator and Communicable Disease Control Officer during public emergencies and periods of crisis.
- b. Meet as necessary at the call of the Emergency Management Coordinator.

2. **Medical Coordinator**

- a. Serve as a member of the EOC staff.
- b. Act as a liaison between the medical community and the local government.
- c. When an incident occurs which requires medical field operations the Medical Coordinator will:
  - 1. Coordinate with and support the Incident Command, specifically the Medical Officer;
  - 2. Support medical mutual aid requests and coordinate additional requirements;
  - 3. With the support of the Resource Manager and/or County Emergency Management Coordinator, obtain supplies and equipment to support medical operations in the event of an actual or anticipated shortage.
  - 4. Appoint a supporting staff as needed to fulfill the responsibilities and assure 24-hr operational capabilities.
- d. Work with local Incident Command to collect and maintain injury and fatality figures and provide them to the EOC, if activated, or otherwise to the Emergency Management Agency.
- e. Collect data from hospitals and other health care facilities in affected areas with regard to operational status, immediate needs, bed availability, etc. and provide to the EOC, if activated, or otherwise to the Emergency Management Agency.
- f. Work with local agencies to monitor emergency medical priorities during emergencies/disasters and propose resource allocations, in conjunction with the resource management function (see Annex M).
- g. Coordinate communication between public health, medical facilities, and local EMS systems during an emergency or disaster.

3. **Public Health Coordinator**

- a. Serve as a member of the EOC staff.
- b. Act as a liaison between Public Health officials and local government and Emergency Management.

- c. Responsible for coordinating activities required to safeguard public health and minimize the spread of disease.
  - d. Appoint a supporting staff, as needed, to fulfill the responsibilities and assure 24-hour operational capabilities. A supporting staff may be appointed to include:
    - 1. Inspectors: responsible for inspecting and, where appropriate, gathering samples of food, water, sanitary systems, trash disposal, and vermin control.
    - 2. Laboratory Technicians: analyze the information derived from suspect samples either gathered by inspectors or brought in by the affected residents.
  - e. Based on inspectors' and laboratory reports, make recommendations to elected officials and, where appropriate, to the Communicable Disease Control Officer for actions required to safeguard, correct, or minimize any threat to the public health.
4. **Communicable Disease Control Officer**
- a. Coordinate any programs designed to prevent or control the spread of diseases which are communicable to humans. This may include:
    - 1. Coordinating programs to immunize the public;
    - 2. Coordinating advisories and self-help public education material with the Public Information Officer (Annex D);
    - 3. Requesting and dispensing the Strategic National Stockpile (SNS) per Annex T, Bio-emergencies;
    - 4. Mitigating effects of terrorist incidents per Annex Q, Terrorism.
  - b. Make recommendations and provide status reports to the Public Health Coordinator and Medical Coordinator.
  - c. Coordinate supply requirements with the Medical Coordinator and Public Health Coordinator.

5. **Mortuary Coordinator**

- a. The Mortuary Coordinator is appointed by the Pottawattamie County Board of Supervisors and is responsible for coordinating the interment of the dead when normal capabilities are exceeded. This may include:
  - 1. Assignment of bodies on a rotation basis to local funeral homes;
  - 2. Requesting assistance from the Funeral Director's State or National Organizations;
  - 3. Establishing temporary morgue facilities, or emergency internment per Annex S, Mass Fatality Incident Response (to be published) or the Omaha Metro Medical Response System (OMMRS) Mass Fatality Plan.
- b. Make recommendations and provide status reports to the Public Health Coordinator.
- c. Develop and coordinate mortuary operations in cooperation with the county medical examiner coroner appointed by the Pottawattamie County Board of Supervisors.

6. **Mental Health Coordinator**

- a. Responsible for coordinating mental health support to the victims and their families and to emergency workers in the field, where appropriate, at medical facilities, disaster assistance centers, command posts, etc. This may include:
  - 1. Providing mental health counselors;
  - 2. Establishing a mental health outreach program;
  - 3. Coordinating mental health public education material with the Public Information Officer;
  - 4. Collaboration with the Human Services Director (Annex N).
- b. Make recommendations and provide status reports to the Public Health Coordinator and Medical Coordinator.

7. **Pottawattamie County Board of Health/Visiting Nurses Association (VNA) and Council Bluffs Health Department**

- a. Once a public health emergency/disaster has been identified, determine any secondary consequences that are likely to occur and relay this information immediately to the EOC, if activated, or otherwise directly to the Emergency Management Agency.
- b. Monitor emergency/disaster situations for health-related problems.
- c. Coordinate the survey and assessment of the public health situation in areas affected by an emergency or disaster, and report the results to the EOC, if activated, or otherwise directly to the Emergency Management Agency. Provide information concerning potential health problems in affected areas to the EOC, if activated, or otherwise directly to Emergency Management, so other functions may take measures to protect any personnel that they are to be deployed to the affected areas.
- d. Set and communicate health and medical priorities in areas affected by emergencies/disasters and take steps to address developing risks and/or concerns. (for example, through deploying personnel to implement vaccination programs, issuing public education materials or information, etc.).
- e. Implement measures to track emergency personnel exposed to dangerous or hazardous materials/environments and take necessary actions to protect the health and safety of these individuals as well as members of the general public with whom they may come into contact.
- f. Coordinate the provision of vaccinations, oral prophylaxis, and personal protective equipment, as available and appropriate, to local government personnel at risk of exposure to infectious diseases when such exposure may occur due to job duties assigned in response to a public health emergency or disaster.
- g. Provide guidance and consultation for monitoring conditions at shelters and recommend, assist with, or perform preventative health measures when necessary.
- h. Through the public information function, and in coordination with other appropriate state or federal agencies, prepare information for distribution to the general public regarding potential or actual public health risks in a timely manner and provide appropriate emergency notifications as well as other public health-related emergency/disaster information.

8. **Law Enforcement Agencies**

Provide local law enforcement support of emergency/disaster-related public health activities, including implementation of the SNS program.

9. **County Emergency Management Agency/EOC**

- a. Provide local agencies that are deploying personnel to affected areas with information obtained from local and/or state public health agencies regarding health risks associated with entering these areas, including information about recommended/required personal protective equipment.
- b. Provide or coordinate support services and obtain resources needed to perform the public-health-related emergency/disaster response.
- c. Implement emergency medical evacuation operations if necessary, and provide information to other local agencies when needed, on coordination requirements, transportation needs, etc.
- d. Assist with the identification of alternate communications systems to support EMS operations when requested by the Medical Coordinator or Public Health Coordinator.

**VI. ADMINISTRATION AND LOGISTICS**

- A. The members of the Pottawattamie County Emergency Medical and Health Council will meet annually to review this annex.
- B. Validation of this annex will be included in the county five-year comprehensive exercise system.

**VII. LIST OF ADDENDA**

Attachment 1-Emergency Response Checklist

**HEALTH AND MEDICAL  
EMERGENCY RESPONSE CHECKLIST**

**Annex G**  
Attachment 1

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**PREPAREDNESS PHASE**

**MEDICAL COORDINATOR**

- \_\_\_\_\_ Review plans with Public Health Coordinator.
- \_\_\_\_\_ Coordinate readiness plans and requirements with the Emergency Medical Services Agencies and appropriate Stakeholders.
- \_\_\_\_\_ Coordinate anticipated requirements with the two local hospitals.
- \_\_\_\_\_ Establish number of additional patients the hospital and nursing homes could receive in Pottawattamie County.
- \_\_\_\_\_ Confirm number of patients hospitals in surrounding areas could receive.
- \_\_\_\_\_ \*Review procedures at local hospitals for monitoring and decontaminating incoming patients.
- \_\_\_\_\_ Coordinate with EMS Services the number of ambulances available to support an evacuation of the hospital or nursing homes, if required.
- \_\_\_\_\_ Coordinate with the County Emergency Management Coordinator regarding alternate patient transportation resources (school buses, vans, etc.) if required.
- \_\_\_\_\_ Coordinate with the County Emergency Management Coordinator for availability of facilities to be used for emergency medical care.
- \_\_\_\_\_ Confer with Human Services to identify disabled individuals that may need medical assistance in the event of evacuation of disaster.
- \_\_\_\_\_ Coordinate with the County Emergency Management Coordinator for emergency transportation for medical personnel to critical medical facilities in the event roads are impassable.

\*Radiological/HAZMAT Emergencies

**HEALTH AND MEDICAL  
EMERGENCY RESPONSE CHECKLIST**

**Annex G**  
Attachment 1 (continued)

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**PUBLIC HEALTH COORDINATOR**

- \_\_\_\_\_ Coordinate anticipated lab support requirements with the two local hospitals and Department of Public Health.
- \_\_\_\_\_ Coordinate anticipated personnel requirements for inspections with Fire Department, Utilities and Department of Public Health.
- \_\_\_\_\_ Coordinate with Red Cross on which facilities may be used for lodging and feeding, if required.
- \_\_\_\_\_ Determine requirement for inspections of mass care facilities for public health and safety.

**RESPONSE PHASE**

**MEDICAL COORDINATOR**

- \_\_\_\_\_ Coordinate activities with the County Emergency Management Coordinator
- \_\_\_\_\_ Maintain Liaison between Public Health Coordinator, EMS services and local government officials.
- \_\_\_\_\_ Coordinate medical resource requirements with the EOC.
- \_\_\_\_\_ Advise local officials to request the Governor to waive occupancy regulations of hospitals and nursing homes, if necessary.
- \_\_\_\_\_ Support field medical operations.

**PUBLIC HEALTH COORDINATOR**

- \_\_\_\_\_ Coordinate activities and resource requirements with the County Emergency Management Coordinator.
- \_\_\_\_\_ Maintain liaison between Medical Coordinator, Department of Public Health, and local government officials.

**HEALTH AND MEDICAL  
EMERGENCY RESPONSE CHECKLIST**

**Annex G**  
Attachment 1 (continued)

- \_\_\_\_\_ Coordinate requirements for mental health counseling, communicable disease prevention or control and mortuary services, as needed.
- \_\_\_\_\_ Implement gathering of samples (food, water, soil, etc.) as required.
- \_\_\_\_\_ Coordinate the mechanisms for analyzing any suspect samples.
- \_\_\_\_\_ Report findings and recommend actions to the Communicable Disease Officer or local officials, as applicable.
- \_\_\_\_\_ Advise Mortuary Coordinator in the event emergency interment is required.

**RECOVERY PHASE**

**MEDICAL COORDINATOR**

- \_\_\_\_\_ Assemble key medical personnel for critique of all medical operations.
- \_\_\_\_\_ Complete required reports.
- \_\_\_\_\_ Recommend changes of EOP, Mutual Aid Agreements or Response protocols to the County Emergency Management Coordinator, County EMS Association or appropriate stakeholders.

**PUBLIC HEALTH COORDINATOR**

- \_\_\_\_\_ Advise as to safety regarding public health of citizens reoccupying areas.
- \_\_\_\_\_ Complete required reports.
- \_\_\_\_\_ Assemble public health personnel for critique of all public health operations.