ANNEX M
HEALTH AND MEDICAL

I. SITUATION AND ASSUMPTIONS

A. A major technological or natural disaster incident may cause an immediate demand for health and medical services in excess of normal demand.

B. Residents or patients at health care facilities might have to be evacuated due to damage or the threat of damage from the incident.

C. A disaster incident can give rise to secondary sources of infection and disease if proper precautionary steps are not taken in time.

D. The number of beds in the Commonwealth for burned or radiologically contaminated casualties is sufficient under normal conditions; but might not suffice if there is a major disaster.

E. The implementation of the Nuclear/Conventional Attack Annex would cause serious disruptions at major medical and health care facilities which are located in the areas most likely to be targeted in a nuclear attack.

F. A major conventional war could impose a serious strain on the Commonwealth's health care facilities as wounded are returned to the U.S. for treatment.

G. The number of casualties and fatalities resulting from a major epidemic or natural, technological or war-related incident might overwhelm medical and mortuary services. The facilities for caring for the dead and injured might also sustain physical damage. Emergency responders, medical and mortuary personnel might be among the casualties.

H. Difficulties in identifying the deceased might necessitate the services of forensic specialists.

I. Casualties and/or fatalities contaminated by a technological incident might pose a health hazard to those trying to render medical aid or mortuary service to the victims.

J. A mass casualty event may require implementation of Emergency Medical Care (See Appendix M-4).

K. A major disaster may require activation of the Na-

tional Disaster Medical System (NDMS) if state resources are overwhelmed. It is designed to care for a large number of casualties from either a domestic disaster or an overseas war.

L. Following a catastrophic disaster, the Federal Response Plan might be implemented to immediately assist state and local response efforts to save lives and protect property. Within that plan, one of the Emergency Support Functions (ESF) is Health and Medical Services (ESF #8). This ESF provides for emergency medical services using the framework of NDMS. Services include triage, evacuation and medical treatment of victims, provision of supplemental nursing and medical supplies and personnel and assistance in responding to public health threats (water, sanitation, human and animal remains, disease control and environmental pollution).

1. The primary federal agency for managing the ESF of Health and Medical Services is the Department of Health and Human Services (DHHS).

2. The support agencies responsible for assisting DHHS in providing health and medical services are: the U.S. Department of Agriculture (USDA), the Department of Defense (DOD), the Department of Interior (DOI), the Department of Justice (DOJ), the Department of Transportation (DOT), the Veterans Administration (VA), the Office of Foreign Disaster Assistance (OFDA), the American Red Cross (ARC), the Environmental Protection Agency (EPA), U.S. Army Corps of Engineers (USACE), the Federal Emergency Management Agency (FEMA), the National Communications Systems (NCS) and the U.S. Postal Service (USPS).

3. State counterparts who will work with the federal agencies are: the Cabinet for Human Resources (CHR) which will manage the ESF of Health and Medical Services and the following agencies which will provide necessary support:

   a. The state Department of Education can provide buildings and large open spaces where casualty collection sites could be established and school buses that could be used to transport the less seriously injured. Note that if a disaster occurs during the school day these resources might not be immediately available.

b. The state Medical Examiner's Office in the Justice Cabinet will provide support to the local coroners in identifying the deceased and taking care of them.

c. The Kentucky National Guard (KyNG) will provide medical support, including personnel specialized in first aid and stabilization of victims at the scene of the disaster and a MASH field hospital that can be set up. Casualties can be moved to the field hospital by either ground ambulances or the KyNG air ambulances. Once triaged and stabilized, victims can be evacuated either to nearby hospitals by Medevac or long distances by C-130 aircraft. In addition, the KyNG has a water purification unit which can be used if water treatment plants are inoperable.

M. Ft. Knox has a self-contained, self-supporting 400-bed field hospital, complete with operating room, ICU, x-ray and lab which can be used in its entirety or divided into 3 hospital units of 100 beds each, with the 4th being a 100-bed, minimal care, headquarters unit. Ft. Knox also has medevac helicopters which can transport up to 6 litter patients and 9 ambulatory and helicopters equipped with hoists that can be used in rescue operations.

N. Surge, an extraordinary increase in preparedness activities to meet an impending threat, is described in Section 19, "Actions to Increase Health Medical Readiness" of the Guide for Increasing Local Government Civil Defense Readiness During Periods of International Crisis. It outlines crisis actions which may be taken by local government health departments - supported by organizations of physicians and other health professionals - to increase readiness to deal with the health and medical problems which could be created by a nuclear attack on this country.

II. MISSION

The mission of Health and Medical Services is to coordinate and direct health care and mortuary activities; to provide emergency care and treatment of casualties resulting from a natural or technological disaster, including biological, chemical or radiological incidents that could occur during a war; to help continue provision of routine emergency and medical care for the general population; to provide emergency public health

services that will prevent and mitigate the spread of infectious diseases; to assist in preventing and remediating the effects of biological, chemical, and radiological incidents or warfare; and to provide mental health services for both victims and emergency responders.

III. DIRECTION AND CONTROL

A. Federal Organization

If a disaster is of such magnitude that it exceeds the state's capacity to respond, the National Disaster Medical System can be activated (See Appendix M-1) to provide medical care for casualties. In the event of a catastrophic disaster, the Federal Natural Disaster Response Plan will be activated to supplement state and local efforts. A Federal Coordinating Officer (FCO) will coordinate the cooperative federal/state effort.

B. State Organization

1. In the event of a potential or actual emergency, the Cabinet for Human Resources (CHR) is the state agency with primary responsibility for providing public health and radiological services for a peacetime incident and for coordinating medical care services.

2. KyDES coordinates the functions of state government involved in disaster response operations, serves as the coordinating agency for local, state, federal and private agencies and is responsible for radiological services in the event of a nuclear attack.

3. The Medical Examiner's office in the Justice Cabinet is responsible for coordinating and supporting coroner services and mortuary functions.

C. County Organization

During activation of a local EOC, the local DES organization will have on staff a health/medical services coordinator to assist in providing necessary health and medical services to residents of the county.

D. Regional Organization

If a disaster affects a multi-county area, the

Cabinet for Human Resources's Regional Medical Coordinator would call upon medical personnel and draw upon supplies and equipment pre-identified for use in a major disaster. The Coordinator would also assist affected counties by coordinating provision of services and supplies from neighboring counties, state, federal and volunteer agencies.

D. Voluntary Organizations

1. The American Red Cross (ARC) undertakes relief activities for the purpose of mitigating human suffering caused by disasters, including those which are not severe enough to receive a Presidential disaster declaration. Emergency assistance is provided to evacuees, disaster victims and emergency workers. ARC's assistance provides for the most basic human needs, including food, shelter and supplies.

2. The Salvation Army has teams of doctors and nurses (both Salvation Army and volunteers) who can provide medical services at the scene of the disaster. The medical personnel can be on the road within 2 hours. Their supplies are packed and ready to go and they can arrive on the scene within 24 hours and possibly within 12 hours. They can set up dispensaries and first aid stations and be self-sustaining in provision of services for up to 72 hours. They can also provide nurses for the shelters. All of the officers in the Salvation Army are ordained clergy who are receiving training to provide post traumatic stress disorder counseling and disaster counseling.

3. National Voluntary Organizations Active in Disaster (VOAD) will provide volunteers and various services.

IV. CONCEPT OF OPERATIONS

A. Levels of Operation

1. At the federal level, a catastrophic event will result in activation of the Federal Response Plan under which a broad spectrum of federal assistance will be rapidly available to assist state and local response efforts. The Federal Response Plan identifies 12 Emergency Support Functions (ESFs), such as Health and Medical Services, Transportation and Energy. Federal and state coordinators will work together to

support the local response efforts. A Federal Coordinating Officer (FCO) will coordinate the overall delivery of federal response assistance to an affected state. Federal medical care assistance will be provided through the National Disaster Medical System (NDMS).

2. At the state level, CHR's Department for Health Services will coordinate and direct public health and radiological services through the county health departments in order to ensure the availability and utilization of such resources. It will also coordinate and assist in provision of resources for medical care. The Medical Examiner's Branch of the Justice Cabinet will support the local coroners in mortuary functions. KyDES will coordinate relief and recovery activities of various local, state, federal and volunteer agencies. Duties of state agencies include:

   a. Keeping constantly informed of local conditions and needs.

   b. Ensuring that personnel and supplies are channeled to points of greatest need.

   c. Giving technical assistance where needed.

   d. Arranging for the shifting of medical and auxiliary personnel and technicians to points of need.

   e. Assisting the supply service in determining areas in greatest need of essential supplies.

   f. Arranging for evacuation of casualties.

   g. Requesting aid from surrounding states or the federal government if requests cannot be filled from within the Commonwealth.

3. County Level

   The counties are responsible for the actual operation of the public health, medical care, radiological and mortuary services. When needs exceed their capabilities, local jurisdictions will contact the State EOC to request assistance.

4. Regional Level

Following a major or multi-county disaster that overwhelms local resources, the Cabinet for Human Resource's Regional Medical Coordinator could help the local jurisdiction obtain medical supplies, equipment and personnel and transport casualties.

5. American Red Cross (ARC) and Salvation Army

Both organizations undertake relief activities for the purpose of mitigating human suffering caused by disasters. Emergency assistance is provided to evacuees, disaster victims and emergency workers.

B. Types of Operations

1. Health Intelligence

a. As a routine function, each employee of the local health departments shall be alert to health-threatening disasters or emergency events. Any knowledge of such events shall be reported, through proper channels, to the Cabinet for Human Resources, regardless of whether state assistance has been requested or is required.

b. If the emergency's threat to public health exceeds the local jurisdiction's response capabilities, the local health and medical coordinator notifies the State EOC.

c. Disaster teams, composed primarily of personnel from the Department of Health Services, may be used to make on-the-spot investigations of serious health hazards and problems.

2. General Health and Sanitation

a. Local health department personnel will perform their usual services, such as maintaining records, performing inspections, providing information, etc.

b. When assistance or additional guidance is required, local health and medical coordinators will notify the State EOC, which will arrange assistance and/or provide necessary guidance in the following areas:

1) Epidemic and health hazard reporting and analysis system.

2) Laboratory services that are incidental to the care of casualties and control of diseases, such as water, rabies and blood testing.

3) Vaccines, such as tetanus, needed for disease control.

4) Teams of health specialists to investigate and assist in overcoming severe local health problems and to re-establish local public health agencies.

5) Standards and guidance in the administration of emergency care for disaster victims.

6) Nutritional standards for the guidance of emergency mass care service (special consideration to be given to the types of foods and minimum caloric requirements for the general population and such special groups as infants, children, pregnant women, the aged, and patients requiring special diets).

7) Emergency first aid procedures in shelter situations where professional help might not be available.

8) Minimum sanitation standards in food service establishments, shelters, aid stations and related facilities.

3. Epidemiology

a. Local health departments will keep necessary records on disease outbreaks and will maintain liaison with private practitioners and with the State EOC to coordinate responses to emergency situations.

b. Department of Health Services (Cabinet for Human Resources)

1) Establishes standards and issues guidelines in procedures for the prevention of epidemics.

2) Assists in identification and control

measures.

3) Arranges assistance where required.

c. Other state agencies will provide aid as requested.

4. Vector Control

a. Local health departments will maintain an awareness of vector control problems and request assistance when required.

b. The Department for Health Services provides guidelines and assistance to local jurisdictions on vector control and determines the standards which prevent or limit the spread of disease and infestation by insects and rodents.

5. Blood Management

a. Sources of blood

1. American Red Cross Blood Centers in Louisville; St. Louis; Ft. Wayne, Indiana; and Evansville Indiana.

2. Central Kentucky Blood Bank in Lexingtgon.

3. Through the sponsoring agencies of NDMS, additional blood supplies may be available.

b. Transportation

1. Some of the vehicles used to transport victims to the Casualty Evacuation Site could be equipped to transport blood to the disaster site; refrigerating blood to the proper temperature is essential.

2. Major airports in each region will be the initial shipping/receiving points for blood.

c. Refrigeration

1. Blood must be kept refrigerated.

2. Adequate refrigeration storage capacity must be located within the immediate

vicinity of airports for blood awaiting transportation to the disaster sites.

3. At the local level, storage space may be available at grocery stores and restaurants.

4. Companies with ice-making capabilities can supply ice needed to maintain the appropriate temperature during transport.

6. Emergency Medical Care

See Appendix M-4, Emergency Medical Care.

7. Mass Fatalities

See Appendix M-3, Mass Fatalities

C. Tasks

1. Local Government

a. Maintain an awareness of the public health problems in the area and take steps to identify actual or potential problems.

b. Report information to the State EOC, as follows:

1) Describe the type of emergency and the urgency of the situation.

2) The number of people affected.

3) Major public health hazards, imminent or present.

4) Ability of local authorities to cope with the situation.

5) Health and supporting resources needed.

6) Name of the local contact person.

c. If state assistance is required or requested, periodic status reports will be made.

2. State Government

a. Cabinet for Human Resources

1) Serve as the lead agency for health intelligence matters.

2) Maintain contact with local health officials and keep KyDES and the Secretary for Human Resources informed.

3) Provide guidance and assistance to local health departments.

4) Test private water supplies.

5) Investigate disease outbreaks.

6) Assess damage to health-related facilities, such as hospitals and long term care facilities.

7) Provide assistance to local officials.

8) Coordinate and assist in obtaining resources for medical care.

9) If evacuation is ordered, provide direction on relocating patients residing or hospitalized at various types of medical facilities.

b. Natural Resources and Environmental Protection Cabinet

1) Monitor for air and water pollution and keep KyDES informed of any disaster-related or potential disaster problems.

2) Assess damage to water treatment plants, sewage and waste treatment facilities.

3) Monitor landfills receiving disaster debris

4) Provide trained personnel for a disaster team that will assess damage and provide technical assistance.

c. Department of Agriculture

1) Monitor disaster-related or potential disaster health problems relating to animal or crop disease, food or drug contamination or hazards posed by exposure to pesticides or fertilizers.

2) Provide trained personnel for a disaster team that will assess damage and provide technical assistance.

d. Justice Cabinet

Provide trained personnel for emergency mortuary services.

e. KyDES

Coordinate and assist in response efforts of federal, state and local agencies; assist in locating potable water supply.

D. Operational Readiness Phase

1. Preparedness Phase

a. Identify and inventory all health and medical resources. For a resource listing, see Kentucky Health Facilities, Health Services, Major Medical Equipment, and Need Projections.

1) Contains a listing of existing licensed health facilities, rural clinics, home health agencies, ground and air ambulances, beds and highly specialized equipment.

2) Listing is available from CHR (Division of Licensing and Regulations or Commission for Health Economics Control in Kentucky).

b. Prepare plans to discharge less seriously ill patients from various types of medical facilities and determine which facilities can be converted for temporary patient care.

c. Plan for the utilization of essential public health personnel, supplies and equipment to provide health and environmental sanitation services. These services would include vector control measures and communicable disease surveillance.

d. Alert NDMS representative of situation which may require activation of NDMS.

e. Coordinate medical and health plans with

surrounding states.

f. Develop an emergency response organization.

g. Develop Standard Operating Procedures (SOPs) for rapid deployment of health personnel to disaster areas.

h. Develop assignment tasks and functions for volunteer medical personnel including physicians, nurses and dentists who would be available to augment the existing medical staffs.

i. Train and exercise staff.

j. Upon instructions from KyDES Executive Director, or representative, shift to Response Phase.

2. Response Phase

a. Increased Readiness Period

1) Complete any procedures under Preparedness Phase not yet completed.

2) Review and update Annex M.

3) Alert personnel needed to carry out annex.

4) Take initial steps to establish temporary health care facilities.

5) Carry out needed training.

6) Check to insure necessary supplies are available.

7) Upon instructions from KyDES Executive Director, or representative, shift to Emergency Operations Period or return to Preparedness Phase.

b. Emergency Operations Period

1) Complete any procedures under Preparedness Phase or Increased Readiness Period not yet completed and commence life saving and damage limiting operations.

2) Provide emergency health care.

3) Coordinate all health and medical resources, to include activation of NDMS, if necessary.

4) Implement surveillance and control measures for communicable diseases and ensure that proper sanitation is provided in the disaster area.

5) Provide mortuary services and burial of the dead.

6) Discharge patients who are not seriously ill from health and medical facilities if bed space is needed for disaster victims.

7) Under nuclear attack conditions, move patients to best possible shelter.

8) Under nuclear attack conditions, health personnel remaining in risk areas to care for patients who can not be moved should go to the best available shelter. Actions may be limited in shelter activities.

9) Keep records on workers made available, work undertaken, and hours worked.

10) Upon instructions from KyDES Executive Director, or representative, shift to Recovery Phase.

3. Recovery Phase

a. Undertake operations as directed by State EOC.

b. Revert to Response or Preparedness Phase upon direction of State EOC.

c. Continue to assist in provision of medical care if demand exceeds what local medical facilities are able to provide.

d. Continue to assist in monitoring for air and water pollution, potential health hazards due to contamination of food or water, and possible diseases sources, if needed.

e. Provide and coordinate assistance to individuals, local jurisdictions and businesses suffering disaster losses.

f. Upon return to Preparedness Phase, survey organization for cost of preparing for and conducting recovery operations.

g. Critique operation for updating plans and standard operating procedures.

E. Increased readiness levels will be initiated by KyDES based on information furnished by the federal government or outside sources. The required actions are explained in Annex D of this plan.

F. All emergency operations will be carried out in conformity with KyDES EOC SOP and CHR SOP. The CHR coordinator is responsible for updating the agency's SOP.

V. ADMINISTRATIVE SUPPORT

A. Administrative support will be provided by tasking existing medical/health agencies within the Commonwealth and various sections of the Cabinet for Human Resources.

B. Augmentation and training of emergency organizations will be carried out as set forth in SLG 1-7, Guide for Increasing Local Government Civil Defense Readiness During Period of International Crisis.

C. Under the ESF concept, each federal agency is responsible for its own administrative support.

VI. GUIDANCE DOCUMENTS

A. Kentucky Health Facilities, Health Services, Major Medical Equipment and Need Projections, Commission for Health Economics Control in Kentucky, Cabinet for Human Resources.

B. Commonwealth of Kentucky -- Medical Response Plan, 1991.

C. Disaster Services Regulations and Procedures, Subject: Disaster Health Services, ARC 3050, Rev. Sept., 1982, American Red Cross.

D. Statement of Understanding Between the Federal Emergency Management Agency and the American Na-

tional Red Cross, January 22, 1982.

E. Available resources are listed in the National Directory of National Voluntary Organizations Active in Disaster (NVOAD), National Voluntary Organizations Active in Disaster, Disaster Operations, American Red Cross, 17th and D Streets, N.W., Washington, DC 20006.

F. SLG-100 Guide for Increasing Local Government Civil Defense Readiness During Periods of International Crisis, Federal Emergency Management Agency.

G. Kentucky Health Facilities, Health Services, Major Medical Equipment, and Need Projections, updated several times a year, Commission for Health Economics Control in Kentucky, Cabinet for Human Resources.

VII. APPENDICES

M-1 National Disaster Medical System

M-2 Military Casualty Reception

M-3 Mass Fatalities

M-4 Emergency Medical Care

M-5 Effective Use of Helicopters in Medical Emergencies and Disasters

M-6 Psychological Effects of Disasters on Victims

M-7 Psychological Effects of Disasters on Responders

APPENDIX M-1
NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

I. SITUATION AND ASSUMPTIONS

A. The National Disaster Medical System (NDMS) is a cooperative effort of the Department of Health and Human Services (HHS), the Department of Defense (DOD), the Department of Veterans Affairs (VA), and the Federal Emergency Management Agency (FEMA), state and local governments and the private sector.

B. The federal government established the National Disaster Medical System (NDMS) to provide medical care for victims of a natural or technological disaster if state and local resources are overwhelmed. A catastrophic disaster, such as an earthquake, an industrial disaster or a large number of military casualties from an overseas war might cause NDMS to be activated.

C. NDMS is not designed to effectively cope with nuclear war casualties because the number of injured would exceed its capabilities.

D. NDMS includes Disaster Medical Assistance Teams (DMATs) and Clearing-Staging Units (CSUs) at the disaster site, evacuation site or receiving location, a medical evacuation system, and more than 100,000 pre-committed non-federal acute care hospital beds in more than 1500 hospitals throughout the United States.

E. Activation of NDMS (Also, See TAB M-1-1)

1. In the event of a major disaster, the Governor may request federal assistance under the authority of the Disaster Relief Act of 1988, PL 100-707. In addition, the President can also make a declaration of a major disaster or emergency which allows NDMS to be activated.

2. In situations not involving a Presidential declaration, NDMS can be activated by the Assistant Secretary of Health, Department of Health and Human Services (DHHS), upon request of the Governor or other authorized state officials (e.g., the Kentucky Disaster and Emergency Services Executive Director, the state health officer or the state emergency medical director), under authority provided by the Public Health Service Act.

3. In the event of a national security emergency, the Secretary of the Department of Defense (DOD), has the authority to activate NDMS.

F. NDMS can be activated in the event of a conventional overseas conflict involving American forces if the military medical system becomes overwhelmed by casualties returning to the U.S. for hospitalization. Military casualties would be first distributed among Department of Defense and Department of Veterans Affairs Hospitals, then among U.S. non-federal hospitals.

G. NDMS does not replace state and local planning efforts, rather it supplements and assists when state and local resources are overwhelmed.

H. The metropolitan areas of Louisville, Lexington and Northern Kentucky have been selected to receive casualties.

I. Directors of the Veteran's Administration Hospitals in Lexington and Louisville are the coordinators of NDMS for most of Kentucky. Northern Kentucky is coordinated through Wright-Patterson Air Force Base in Dayton, Ohio; in addition, a deputy coordinator at St. Luke Hospital in Covington coordinates for Cincinnati and Northern Kentucky.

II. MISSION

Provide medical support to state and local governments when the number of casualties resulting from a natural or technological disaster exceeds their capabilities and provide medical support if a conventional war overwhelms available health resources.

III. DIRECTION AND CONTROL

A. The NDMS Senior Policy Group (SPG) determines overall policy and program goals for NDMS and other aspects of health and medical preparedness, under the guidance of the National Security Council (NSC) and Domestic Policy Council (DPC). The SPG is chaired by the Assistant Secretary for Health, HHS, and includes the Assistant Secretary of Defense (Health Affairs); the Director of the Federal Emergency Management Agency; and the Secretary of Veterans Affairs.

B. Upon system activation, the National Disaster Medical System Operations Support Center (NDMSOSC) will become operational to coordinate federal health and

medical responses to the disaster.

1. The NDMSOSC roster includes representatives of HHS/Public Health Services, DOD, FEMA, VA, the American Red Cross, and other federal and private agencies concerned with medical services and medical logistics.

2. The NDMSOSC will work in cooperation with the Federal Catastrophic Disaster Response Group (CDRG), state emergency medical authorities, and the Federal Coordinating Officer (FCO) responsible for overall management of federal response to the disaster.

C. The Department for Health and Human Services is responsible for development of the plan at the national level.

D. Policy guidance and federal coordination will be provided by the Federal Emergency Management Agency (FEMA).

E. The state will coordinate its activities with those of appropriate federal agencies.

IV. CONCEPT OF OPERATIONS

A. The Governor can request activation of NDMS under the authority of the Disaster Relief Act of 1988, PL 100-707. Under authority provided by the Public Health Service Act, other authorized state officials (e.g., the Kentucky Disaster and Emergency Services Executive Director, the state health officer or the the state emergency medical director) can also request the Assistant Secretary for Health, HHS, to activate NDMS in situations not involving a Presidential declaration.

B. The Assistant Secretary for Health, HHS, will be responsible for the overall coordination of federal operations to assist state and local efforts in providing emergency medical care. The federal response will be provided through activation of the National Disaster Medical System (NDMS) at DHHS Headquarters in Rockville, Maryland. As part of the NDMS, HHS will carry out the following:

1. Operate the National Disaster Medical System Operations Support Center (NDMSOSC).

2. Assess the medical situation within the disaster area.

3. Provide guidance to the state.

4. Mobilize and dispatch medical assistance teams to the disaster area.

5. Activate NDMS hospital and transport elements to move excess patients to unaffected areas for treatment.

6. Coordinate with state and local governments and participating hospitals to transport patients from the affected area to hospitals.

C. A NDMS Coordinating Center is a federal or non-federal institution which recruits and coordinates non-federal hospital participation and links hospitals with local transportation, communications and other resources. There are 75 NDMS Coordinating Centers in the United States.

1. The Center will coordinate the arrival of patients from the disaster area.

2. The Kentucky Cabinet for Human Resources (CHR), KyDES and local DES, in cooperation with the involved hospitals, will mobilize local emergency medical resources including transportation, communications, volunteers and facilities.

3. In conjunction with local facilities, organizations and governmental jurisdictions, the Coordinating Center will establish policies and procedures for receiving, sorting and transporting medical evacuees to facilities in the designated metropolitan areas.

D. The state emergency medical care coordinator will collaborate with the Federal Emergency Medical Coordinator and direct the following six major functions:

1. Initial care and stabilization,

2. Assessment of numbers of casualties,

3. Coordination of incoming medical assistance,

4. Intra-regional evacuation and sorting of patients,

5. Preparation of casualties for evacuation from the region, and

6. Transportation of patients to aeromedical evacuation site(s).

E. Patient Evacuation

State and federal officials will coordinate the movement of patients to hospitals outside of the disaster area. In general, the following guidelines will be observed:

1. Casualties will be treated at a medical facility within their own community, county, or state, when feasible.

2. Patient condition and bed availability will be the main governing criteria for choosing hospitals.

F. Federal Medical Assistance

Federal Medical Assistance to the disaster site will consist of Disaster Medical Assistance Teams (DMATs) and Clearing Staging Units (CSUs) which are trained, skilled, equipped, and capable of mobilization and deployment within a few hours.

1. A DMAT is a 30-person unit composed of volunteer physicians, nurses, technical staff and other health professionals, as well as, support staff, such as litter bearers and food preparation personnel.

2. When a DMAT is dispatched to a disaster site, it brings medical supplies and equipment, food, water and other necessary supplies.

3. A DMAT provides austere medical care, including triage and stabilization, in a disaster area and/or at patient evacuation and reception sites.

4. The staff of a DMAT is trained to respond to a disaster as an organized team. Participating hospitals, volunteer agencies or health and medical organizations can form DMATs from interested professional and paraprofessional personnel.

5. A CSU can be formed from three DMATs, plus command and logistic support personnel. The CSU, because of its larger size and enhanced command and support staff, provides increased capability and self-sufficiency for assisting

in large scale operations over a longer period of time.

G. All non-military personnel being returned to the United States from overseas under NDMS will have to be cleared through customs and immigration. See Annex Z -- Repatriation.

V. ADMINISTRATIVE SUPPORT

A. Principal administrative support functions are finance, transportation, communications, supplies and equipment.

1. Participating NDMS hospitals, physicians and other providers of care and services will be reimbursed on the basis of billed charges.

2. Military and civilian aircraft will be utilized for transportation of casualties.

3. Most durable equipment is drawn from available surplus and excess items from government and non-government sources. Consumable medical supplies from federal depots will be ordered and shipped to disaster areas upon System activation, minimizing storage and perishability problems.

4. Communications arrangements will use federal and non-federal resources.

B. Each federal, state and local governmental agency will provide its own administrative support.

C. The Commonwealth or local government is responsible for selecting the sites for casualty clearing/staging and insuring the necessary utilities and other support resources are made available.

VI. GUIDANCE DOCUMENTS

A. National Disaster Medical System Design, July 13, 1983.

B. "Facts on the National Disaster Medical System," June, 1990, NDMS, 5600 Fishers Lane, Rockville, Maryland 20857. Telephone: (301) 443-4893.

C. SLG-100/May 1990 Guide for Increasing Local Govern-

ment Civil Defense Readiness During Periods of International Crisis, Federal Emergency Management Agency.

VI. TAB

Tab M-1-1 How to Request Assistance from NDMS

TAB M-1-1

HOW TO REQUEST ASSISTANCE FROM THE NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

I. WHO MAY REQUEST NDMS ACTIVATION?

A. Kentucky Disasters

1. In disasters and emergencies requiring federal health and medical assistance, activation of the NDMS may be requested by the Governor or other authorized state officials (e.g., the Kentucky Disaster and Emergency Services Executive Director, the state health officer or the state emergency medical director).

2. NDMS may also be activated by the Assistant Secretary for Health, HHS, upon the request of a state health officer in situations not involving a Presidential declaration, under the authority provided by the Public Health Service Act, P.L. 78-410.

B. Overseas Conventional Armed Conflicts

If NDMS activation is necessary to care for military casualties of overseas conventional conflicts, the Secretary of Defense (DOD) will activate the System.

II. HOW WILL REQUESTS FOR ACTIVATION BE MADE?

All requests for NDMS activation will be made to the National Emergency Coordination Center (NECC) operated by the Federal Emergency Management Agency (FEMA), Washington, D.C. and staffed on a round-the-clock basis. The telephone number is (202) 898-6100.

III. WHAT INFORMATION WILL THE NECC NEED?

A. Officials requesting NDMS assistance should be prepared to furnish the following information as part of an initial request for system activation:

1. Name, title, agency, and telephone number (and backup telephone number, if appropriate) of the requesting official.

2. Name, title, agency, and telephone number of the official(s) to be contacted for verification and response to the request (if different

from the requesting official).

3. The location of the incident for which assistance is being requested.

4. A brief description of the incident and the resultant health/medical problems.

E. A brief description of the assistance requested (e.g., medical assistance teams, medical supplies/equipment, aeromedical evacuation, acute hospital care, etc.).

IV. WHAT ACTION WILL BE TAKEN FOLLOWING THE INITIAL REQUEST?

A. All requests for NDMS assistance will immediately be transmitted to an NDMS Duty Officer, who will take action to validate the request and arrange for activation of the appropriate elements of the NDMS.

B. Confirmation of the activation of NDMS will be made by telephone to the requesting official or his/her designee. Instructions regarding direct communications with the National Disaster Medical System Operations Support Center (NDMSOSC) will be provided at the time of confirmation of NDMS activation.

APPENDIX M-2
MILITARY CASUALTY RECEPTION

I. SITUATION AND ASSUMPTIONS

A. PL. 97-174 assigns the responsibility for military casualty reception to the Department of Veterans Affairs. If the law is invoked, there may be situations in which the state plays a role. There may also be situations in which this law is not invoked yet the state will be called upon to assist in the reception/care of military casualties.

B. In the event of a large scale conventional war, the number of casualties could exceed the available bed space in Department of Defense and Department of Veterans Affairs' hospitals. At this time, a decision at the national level would be made to activate the National Disaster Medical System (NDMS).

C. When NDMS is activated, military casualties will then be directed to civilian hospitals.

D. The hospitals in each NDMS area have agreed to receive these battlefield casualties who will arrive by aircraft at area airports for transportation to hospitals.

E. Aircraft carrying wounded will be routed to airfields in NDMS areas. All regulation of aircraft carrying casualties will be through the Armed Services Medical Regulating Office using NDMS area airports.

F. Ft. Campbell, Louisville, Lexington, and the Greater Cincinnati airports have been designated as points of entry for military casualties arriving from overseas.

G. There will be a demand for acute care beds as well as non-acute care beds, such as skilled care, intermediate care and rehabilitation beds and for mental health counseling services when this annex is implemented.

II. MISSION

The mission of Military Casualty Reception is to coordinate movement of military patients from the designated airports to the receiving hospitals.

III. COMMAND AND CONTROL

NDMS, KyDES and local DES will maintain joint coordination.

IV. CONCEPT OF OPERATIONS

A. The allocation of beds for military patients is a voluntary procedure of the hospitals which participate in the program and will be coordinated by the Federal Coordinating Centers in each NDMS area (See Appendix M-1, National Disaster Medical System).

1. The Coordinating Center is either a federal hospital or a local EMS agency.

2. The functions of the Coordinating Centers are:

a. Recruiting and maintaining local non-federal hospital participation in the NDMS.

b. Assisting sponsors of Disaster Medical Assistance Teams (DMAT) and Clearing-Staging Units (CSU), participating hospitals and other local authorities in developing patient reception, transportation and communication plans prior to disasters.

c. During NDMS activation, coordinating the reception and transfer of patients coming into the area.

B. The Cabinet for Human Resources and the Transportation Cabinet will cooperate with the NDMS Coordinator in providing the necessary vehicles to move the patients from the airport to the designated hospitals.

C. The Cabinet for Human Resources will coordinate with the local NDMS Coordinators to insure adequate health personnel are available at the airport during triage and transportation to the hospital.

D. KyDES will coordinate the Commonwealth's response with the surrounding states.

E. Kentucky State Police will coordinate with the local law enforcement agencies and the designated airfield for security and traffic control problems.

F. The Department of Agriculture will insure that no foreign agricultural products are brought into the

Commonwealth by the aircraft or its passengers.

V. ADMINISTRATIVE SUPPORT

Each federal, state and local agency shall provide its own administrative support.

VI. GUIDANCE DOCUMENTS

"Facts on the National Disaster Medical System," June, 1990, National Disaster Medical System, Parklawn Building, Room 4-81, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4893.

APPENDIX M-3
MASS FATALITIES

I. SITUATION AND ASSUMPTIONS

A. Incidents that produce mass fatalities place a special burden on a local jurisdiction. This creates the need for an emergency morgue, often requiring the work of specialists in identifying the victims, particularly those of fires or plane crashes. The actual process of identifying the victims in such cases can be lengthy and painstaking work. It might take several days to identify all of the deceased.

B. Most local jurisdictions are not equipped to handle such an operation and would experience difficulties in coping with the disaster. Standard Operating Procedures should be developed identifying suitable facilities, staff, and materials/supplies necessary for successful operation of an emergency morgue.

C. Emergency responders must take special care to avoid destroying evidence that could be used to identify victims or for legal proceedings.

D. At the request of the county coroner, the Kentucky Medical Examiner's office is directly involved in any mass fatality incident in a support capacity.

E. Local jurisdictions have identified emergency morgue sites in their counties.

II. MISSION

A. The mission of mass fatality planning and operations is to identify the facility, staff, and materials necessary for emergency morgue operations.

B. The mission of the county coroner is to recover and protect all bodies, to establish identity of victims and cause of death, to preserve all property found on or adjacent to the bodies and to maintain legal evidence for criminal or civil court action. A mass fatality investigation is generally conducted the same way as any death scene investigation, it just involves more victims.

III. DIRECTION AND CONTROL

A. According to Kentucky Revised Statutes, after the

sick and injured are removed from the disaster site, the county coroner is in charge of the site until the deceased and accompanying evidence are removed. The coroner coordinates all operations pertaining to this process.

B. Security must be established and maintained at the disaster site. Admission to the disaster area should be restricted to authorized personnel.

C. The establishment and operation of an emergency morgue is under the direction and control of the local coroner. If the determination is made that the number of victims is far greater than the local capacity, the emergency morgue should be opened.

D. The emergency morgue will be staffed by medical, administrative and law enforcement personnel from the local jurisdiction, if available. Further assistance may be obtained from the Kentucky Medical Examiner's office, FBI Disaster Squads, the Kentucky Funeral Directors' Associations' disaster team and the National Funeral Directors' Association. Morgue hours will be determined by the number of victims and available staff.

E. No local jurisdiction can be expected to purchase and store the necessary supplies to operate an emergency morgue. It may be necessary for the state to assist in locating, purchasing and transporting these supplies.

IV. CONCEPT OF OPERATIONS

A. Deceased will be left in place until an adequate death scene investigation can be conducted and the coroner states they may be moved.

B. The emergency morgue will be operated under the control of the local coroner.

C. If the mass fatalities are the result of a catastrophic disaster (major earthquake or nuclear war) that prevents individual interment, bodies will be buried in mass graves. During such a burial, records must be kept of the person buried and their position in the grave.

D. Under no circumstances should attempts be made to get rid of bodies by burning.

E. At the direction of the coroner, bodies will be transferred from the disaster site to the temporary

morgue where they will be positively identified. Bodies are usually not released by the coroner until all have been identified.

F. The county will provide utilities, security, communications, refrigeration, sanitation, and other supplies and equipment needed to operate the morgue.

G. Once notified, the Kentucky Medical Examiner's office will determine the level of assistance required and notify those trained specialists needed to assist in working the disaster, both at the disaster scene and the temporary morgue. They will also identify supplies needed and coordinate the transportation of these supplies.

H. Post-mortem examinations will be conducted on all of the deceased; other appropriate tests will be conducted when necessary.

I. Positive identification of the bodies will be conducted by the coroner and will be based upon medical and dental records and the detailed information about each individual provided by family members. Although viewing of bodies by family members is usually not required for positive identification, a viewing area can be established at the morgue.

J. Unless the temporary morgue is established at a large facility, grief and crisis counseling should be offered by specially trained professionals at a location near the morgue.

K. Counseling for family members is helpful just prior to viewing the deceased; clergy or counselors can accompany the family.

V. ADMINISTRATIVE SUPPORT

The county will, if possible, provide administrative support. The Medical Examiner will provide forms and documentation and supplementary administrative support.

VI. REFERENCE DOCUMENTS

Kentucky Coroners Mass Fatality Situation Handbook, Kentucky Justice Cabinet Department of Criminal Justice Training and the Kentucky Medical Examiner's Office, October, 1990.

Coroner Services Annex of California Office of Emergency Services' Earthquake Response Plan: Southern San

Andreas, 1983.

VII. TABS

Tab M-3-1 Checklist for Developing a Temporary Morgue

Tab M-3-2 Equipment Needed to Operate a Temporary Morgue