

Capability Standard – Public Health and Medical Services Capability

This Capability includes the following sub-topics:

- Public Health
- Medical Services
- Medical Surge
- Epidemiological Surveillance and Investigation
- Laboratory Testing
- Fatality Management
- Mass Casualty Management
- Biological Incident Management
- Behavioral Health
- Medical Supplies Management
- Mass Prophylaxis
- Environmental Health
- Emergency Triage and Pre-Hospital Treatment

The **Epidemiological Surveillance and Investigation** capability is the capacity to rapidly conduct epidemiological investigations. It includes exposure and disease (both deliberate release and naturally occurring) detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, and communication with the public and providers about case definitions, disease risk and mitigation, and recommendation for the implementation of control measures.

The **Laboratory Testing** capability is the ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support, and laboratory networking to address potential exposure, or exposure, to all-hazards which include chemical, radiological, and biological agents in all matrices including clinical specimens, food and environmental samples, (e.g., water, air, soil). Such all-hazard threats include those deliberately released with criminal intent, as well as those that may be present as a result of unintentional or natural occurrences.

Environmental Health is the capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency on the public. The capability minimizes human exposures to environmental public health hazards (e.g., contaminated food, air, water, solid waste/debris, hazardous waste, vegetation, sediments, and vectors). The capability provides the expertise to run fate and transport models; design, implement, and interpret the results of environmental field surveys and laboratory sample analyses; develop protective guidance where none exists; and use available data and judgment to recommend appropriate actions for protecting the public and environment. Environmental Health identifies environmental hazards in the affected area through rapid needs assessments and comprehensive environmental health and risk assessments. It works closely with the health community and environmental agencies to link exposures with predicted disease outcomes, provides input in the development of Crisis and Emergency Risk Communication (CERC) messages, provides guidance on personal protective measures, and advises on environmental health guidelines.

Fatality Management is the capability to effectively perform scene documentation; the complete collection and recovery of the deceased, victim's personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with and provision of legal, customary, compassionate, and

culturally competent required services to the families of deceased within the context of the family assistance center. All activities should be sufficiently documented for admissibility in criminal and/or civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks, to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure.

Mass Prophylaxis is the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats. This capability includes the provision of appropriate follow-up and monitoring of adverse events, as well as risk communication messages to address the concerns of the public.

Medical Supplies Management and Distribution is the capability to procure and maintain pharmaceuticals and medical materials prior to an incident and to transport, distribute, and track these materials during an incident.

Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Planners must consider that medical resources are normally at or near capacity at any given time. Medical Surge is defined as rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Emergency Triage and Pre-Hospital Treatment is the capability to appropriately dispatch emergency medical services (EMS) resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.

Associated Target Capabilities: [Epidemiological Surveillance and Investigation](#); [Isolation and Quarantine](#); [Emergency Public Information and Warning](#); [CBRNE Detection](#); [Medical Supplies Management and Distribution](#); [Laboratory Testing](#); [Environmental Health](#); [Mass Prophylaxis](#); [Animal Disease Emergency Support](#); [Emergency Triage and Pre-Hospital Treatment](#); [Food and Agriculture Safety and Defense](#); [Fatality Management](#).

Additional Information on building this capability can be found on pages 115 (CBRNE Detection), 175 (laboratory Testing), 309 (Environmental Health), 277 (Animal Disease Emergency Support), and 141 (Food and Agriculture Safety and Defense) page 161 (Xxxxx), 421 (Xxxxx), 437 (Emergency Triage and Pre-Hospital Treatment), 449 (Medical Supplies Management and Distribution) 479 (Mass Prophylaxis), 519 (Fatality Management), of the U.S Department of Homeland Security's September 2007 document: *Target Capabilities List: A Companion to the National Preparedness Guidelines*.

Desired Outcomes

Epidemiological Surveillance and Investigation – Potential exposure to disease is identified rapidly by determining exposure and mode of transmission and agent; interrupting transmission to contain the spread of the event; and reducing number of cases. Additionally, it is desired that confirmed cases are reported immediately to all relevant public health, food regulatory, environmental regulatory, and law enforcement agencies. Suspected cases are investigated promptly, reported to relevant public health authorities, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented.

Laboratory Testing – An outbreak is defined and characterized; new suspect cases are identified and characterized based on case definitions on an ongoing basis; relevant clinical specimens are obtained and transported for confirmatory laboratory testing; the source of exposure is tracked; methods of transmission identified; and effective mitigation measures are communicated to the public, providers, and relevant agencies, as appropriate.

Environmental Health – After the primary event, disease and injury are prevented through the quick identification of associated environmental hazards, including exposure to infectious diseases that are secondary to the primary event as well as secondary transmission modes.

Mass Prophylaxis – The at-risk population (i.e., exposed or potentially exposed) receives the appropriate countermeasures, including treatment or protection, in a timely manner. The rebuilding of the public health infrastructure, removal of environmental hazards, and appropriate decontamination of the environment enable the safe re-entry and re-occupancy of the impacted area. Continued monitoring occurs throughout the recovery process in order to identify hazards and reduce exposure. Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals.

Fatality Management – The complete documentation and recovery of human remains and items of evidence (except in cases where the health risks posed to personnel outweigh the benefits of recovery of remains). Remains receive surface decontamination (if indicated) and, unless catastrophic circumstances dictate otherwise, are examined, identified, and released to the next-of-kin's funeral home with a complete certified death certificate. Reports of missing persons and ante mortem data are efficiently collected. Victims' family members receive updated information prior to the media release.

CBRNE Detection – All hazardous material regulations are reviewed and any restrictions on the transportation and disposition of remains are made clear by those with the authority and responsibility to establish the standards. Law enforcement agencies are given all information needed to investigate and prosecute the case successfully.

Medical Supplies Management and Distribution – Critical medical supplies and equipment are appropriately secured, managed, distributed, and restocked in a timeframe appropriate to the incident.

Emergency Public Information and Warning – Public information strategies include recommendations on specific actions individuals can take to protect their family, friends, and themselves.

Triage and Pre-Hospital Treatment – Those who are injured or ill from the event are rapidly and appropriately cared for. Continuity of care is maintained for non-incident related illness or injury.

Emergency medical services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients, and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations. Families are provided incident-specific support services.

The jurisdiction has created and maintains an Emergency Operations Plan and a Resource Manual that:

Public Health and Medical Services Response

- 1 2 3
- Identifies and describes the public health hazards that would create a need to activate this plan.
 - Outlines the responsibilities assigned to each organization that has an emergency response and/or recovery assignment of responsibility in the plan. Include elected officials, local departments and agencies, state agencies, federal agencies, regional organizations, volunteer resources, VOADs, and private sector businesses and groups.
 - Describes the actions that will be taken to coordinate direct communications between on-scene health system responders, the emergency operations center, and off-scene agencies that have a response role.
 - Identifies and describes the agencies and the actions they will take to assess and address public health issues resulting from emergencies and disasters (food/water safety, biological concerns, transportation, security, crowd control, etc.) and to prioritize how those issues will be managed, including how these actions are coordinated between the local health department, incident command post/EOC, and supporting agencies for vaccination clinics, points of distribution, establish quarantine, etc.
 - Identifies the lead agency for providing health and medical support to individuals with disabilities and others with access and functional needs.
 - Describes the mechanisms or processes to effectively identify children and families who will need additional assistance, as well as individuals with disabilities and others with access and functional needs, with their specific health-related needs in advance of, during, and following an emergency.
 - Identifies and describes the actions that will be taken to secure medical records to enable children with disabilities and/or other special health care needs, as well as individuals with disabilities and others with access and functional needs, to receive health care and sustained rehabilitation during an emergency.
 - Describes the use and coordination of health professionals, incident commanders, and PIOs to issue public health alerts and media releases.
 - Describes the public health actions related to isolation and quarantine operations and identify the agencies that would have responsibilities for those actions.
 - Describes the use and coordination of health professionals from outside agencies to support local response needs (poison control centers, ODH, CDC, Funeral Director’s Assoc., MRC).

Epidemiological Surveillance and Investigation

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- Identifies and describes the agencies and the actions they will take to maintain and provide public health surveillance systems to assess and address public health issues, including early detection, reporting, mitigation, and evaluation of expected and unexpected public health conditions.
- Identify and describes the actions that will be taken to assess and provide food production and agricultural safety services (e.g., conducting a coordinated investigation of food and agricultural events or agricultural or animal disease outbreaks).

Laboratory Testing

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- Identify and describes the agencies and the actions they will take to provide environmental sampling, analysis, testing, and confirmation of lab specimens.
- Identifies and describes the agencies and the actions they will take to provide testing of products for public consumption.

Environmental Health

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- Identifies and describes the agencies and the actions they will take to provide potable water, bulk water, and temporary water systems to the jurisdiction when water systems are not functioning (private sources, boil orders, use private wells).
- Describes the agencies and methods they will use to provide alternate sources for human waste disposal (arrange portable latrines, encourage sharing with those who have their own septic systems).
- Identifies and describes the agencies and the actions they will take to assess and provide vector control services (insect & rodent controls, biological wastes/contamination, use of pesticides).
- Identifies and describes the actions that will be taken to assess and provide animal care services (remove and dispose of carcasses, rescue/recover displaced household pets/livestock, provide emergency veterinary care, treat endangered wildlife). Include agencies, veterinarians, animal hospitals, the Humane Society, and the Ohio Dept. of Natural Resources.
- Identifies and describes the agencies and the actions they will take to identify and respond to gravesites/cemeteries that are impacted by the disaster (recover and replace unearthed/floating/missing coffins, review records to confirm identification, manage closed/historical gravesites).

Fatality Management

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- Identifies and describes the tasks that the coroner/medical examiner will take during an emergency or disaster (victim identification, morgue operations and expansion, mortuary services, DMORT activation), and how they will be coordinated with responders (EMS officer, ICP/EOC, local hospitals).
- Describes plans for recovering human remains, transferring them to the mortuary facility, establishing a family assistance center, assisting with personal effects recovery, conducting

autopsies, identifying victims, and returning remains to the victims' families for final disposition.

- ○ ○ Identifies the agencies and the actions that will be taken to manage on-scene functions of mass fatality events (body identification, expanded mortuary services, notify next of kin).
- ○ ○ Identifies and describes the agencies and the actions they will take to provide assistance and support for mass fatality incidents (not on-scene).
- ○ ○ Identifies and describes the tasks that the coroner/medical examiner will take during an emergency or disaster (victim identification, morgue operations and expansion, mortuary services, DMORT activation), and how they will be coordinated with responders (EMS officer, ICP/EOC, local hospitals).
- ○ ○ Describes plans for recovering human remains, transferring them to the mortuary facility, establishing a family assistance center, assisting with personal effects recovery, conducting autopsies, identifying victims, and returning remains to the victims' families for final disposition.

Mass Casualty Management

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- ○ ○ Identifies and describes the actions that will be taken by emergency medical personnel to contain and stabilize a disaster (setup triage, provide initial treatment, conduct/coordinate transport).
- ○ ○ Identifies and describes the actions that will be taken to track patients from the incident scene through their courses of care.
- ○ ○ Describes how emergency system patient transport and tracking systems are interoperable with national and U.S. Department of Defense systems.
- ○ ○ Identifies and describes the actions that will be taken to coordinate with private agencies to support on-scene medical operations (life-flight, private EMS) including the actions to stage and integrating assets at the scene.
- ○ ○ Identifies the agencies and the actions that will be taken to manage on-scene functions of mass casualty/fatality events (body identification, expanded mortuary services, notify next of kin).
- ○ ○ Identifies and describes the agencies and the actions they will take to provide assistance and support for mass casualty and mass fatality incidents (not on-scene).
- ○ ○ Identifies and describes the process for identifying shortfalls in medical supplies (backboards, meds, etc.) and then to acquire those additional resources either locally or from external sources.
- ○ ○ Identifies and describes the process for identifying shortfalls in durable medical equipment.
- ○ ○ Identifies and describes the actions that will take place to activate Hospital and EMS CHEMPACKS from the Strategic National Stockpile Program in the event of a nerve agent or organophosphate poisoning of at least 50 victims.
- ○ ○ Identifies and describes the actions that hospitals, within or outside the jurisdiction, will take to assist medical operations with on-scene personnel (prioritize patient arrival, divert patients to other sites when full/less capable, conduct decontamination operations, provide triage team support).
- ○ ○ Identifies and describes the actions that will be taken to decontaminate patients, individuals with access and functional needs, children, and household pets and service animals for exposure to chemical, biological, nuclear, and radiological hazards both at the scene of the incident and at treatment facilities.

- ○ ○ Describes the actions that health department personnel will take to support on-scene medical and local hospital operations in obtaining additional resources when local supplies are likely to be exhausted.
- ○ ○ Identifies the agencies and the actions that will be taken to manage on-scene functions of mass casualty events (body identification, expanded mortuary services, notify next of kin).
- ○ ○ Identifies and describes the agencies and the actions they will take to provide assistance and support for mass casualty incidents (not on-scene).

Mass Prophylaxis

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- ○ ○ Develops plans for mass prophylaxis patient movement and tracking
- ○ ○ Develops plans for the transport and tracking of medical supplies and equipment
- ○ ○ Develops plans for obtaining mass prophylaxis supplies from the receipt, staging, and storage (RSS) sites in coordination with the Medical Supplies and Distribution Capability
- ○ ○ Develops plans, procedures, and protocols for mass prophylaxis dispensing operations
- ○ ○ Develops the tactical communications portion of the mass prophylaxis dispensing plan
- ○ ○ Develops a mass prophylaxis inventory management system
- ○ ○ Develops procedures for the distribution and dispensing of mass prophylaxis
- ○ ○ Develops processes to ensure that first responders, public health responses, critical infrastructure personnel, and their families receive prophylaxis prior to POD opening
- ○ ○ Develops processes for coordinating with treatment centers
- ○ ○ Establishes protocols for individuals receiving medications (e.g., number of doses, identification requirements, etc.)
- ○ ○ Establishes processes for obtaining and distributing investigation new drug (IND) consent forms at POD sites
- ○ ○ Develops credentialing mechanisms for volunteers and staff at mass prophylaxis dispensing sites
- ○ ○ Develop programs to ensure security of mass prophylaxis during dispensing operations
- ○ ○ Identifies and addresses legal issues regarding authorizations for mass prophylaxis practitioners
- ○ ○ Establishes processes for communicating with the public regarding the nature of the event and mass prophylaxis operations.

Medical Supplies Management and Distribution

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- ○ ○ Identifies potential sources for medical and general health supplies that will be needed during a disaster (medical equipment, pharmaceutical supplies, labs, toxicologists). Note: This information could be maintained as a separate tab in this plan, or in the jurisdiction's Resource Manual.

Medical Surge

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- ○ ○ Identifies and describes the actions that will be taken to initiate, maintain, and demobilize medical surge capacity, including mutual aid agreements for medical facilities and equipment.
- ○ ○ Identifies and describes the process for identifying shortfalls in medical supplies (backboards, meds, etc.) and then to acquire those additional resources either locally or from external sources.
- ○ ○ Identifies and describes the process for identifying shortfalls in durable medical equipment.
- ○ ○ Describes the actions that health department personnel will take to support on-scene medical and local hospital operations in obtaining additional resources when local supplies are likely to be exhausted.

Emergency Triage and Pre-Hospital Treatment

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- ○ ○ Identifies and describes the actions that will be taken by emergency medical personnel to contain and stabilize a disaster (setup triage, provide initial treatment, conduct/coordinate transport).
- ○ ○ Identifies and describes the actions that will be taken to track patients from the incident scene through their courses of care.
- ○ ○ Describes how emergency system patient transport and tracking systems are interoperable with national and U.S. Department of Defense systems.
- ○ ○ Identifies and describes the actions that will be taken to coordinate with private agencies to support on-scene medical operations (life-flight, private EMS) including the actions to stage and integrating assets at the scene.
- ○ ○ Identifies and describes the actions that hospitals, within or outside the jurisdiction, will take to assist medical operations with on-scene personnel (prioritize patient arrival, divert patients to other sites when full/less capable, conduct decontamination operations, provide triage team support).
- ○ ○ Identifies and describes the actions that will be taken to decontaminate patients, individuals with access and functional needs, children, and household pets and service animals for exposure to chemical, biological, nuclear, and radiological hazards both at the scene of the incident and at treatment facilities.

Behavioral Health

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- ○ ○ Identifies and describes the agencies and the actions they will take to assess and provide behavioral health services for the general public (including individuals with disabilities and others with access and functional needs) impacted by an emergency or disaster.

Biological Incident Response

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- ○ ○ For biological emergencies, plans address the hazard-unique actions and methods that the jurisdiction will use to prepare for and respond to incidents that are biological in nature (viruses, bacteria, infectious wastes, epidemics, etc.).

- Identifies and describes the actions that will take place to activate Hospital and EMS CHEMPACKS from the Strategic National Stockpile Program in the event of a nerve agent or organophosphate poisoning of at least 50 victims.
- Identifies/discusses the jurisdiction's specific concerns, capabilities, training, procedures, agencies, and resources that will be used to mitigate against, prepare for, respond to, and recover from epidemic diseases and biological incidents (West Nile Virus, Hoof and Mouth, Small Pox, etc.). Include a hazard analysis summary that discusses where/how biological incidents are likely to impact the community.

A fully-functioning Public Health and Medical Services function should address the following measures:

Public Health and Medical Services

- The jurisdiction has designated health services coordinator.
- The jurisdiction has designated medical services coordinator.
- The jurisdiction has developed SOPs/SOGs using hazard identification and analysis.
- The jurisdiction has identified and inventoried all medical facilities, including hospitals, clinics, doctors' offices, dental offices and veterinarians' offices and temporary & permanent morgues.
- The jurisdiction has coordinated health, safety and disease control with local and state agricultural agencies.
- The jurisdiction has developed resource agreements and/or written mutual aid agreements with other government agencies and counties.
- The jurisdiction has developed resource agreements and/or written mutual aid agreements with business/industry and contractors.
- The jurisdiction has developed resource agreement and/or written mutual aid agreements with medical care facilities.

Fatality Management

- A system for identifying and marking bodies.
- A system for release of information to next of kin and media sources.
- A system for processing unknown remains.
- The jurisdiction has designated mortuary services coordinator.

Medical Surge

- The re-establishment of medical services.

Emergency Triage and Pre-Hospital Treatment

- Transportation & treatment of victims, including functional needs patients in and out of hospitals and nursing homes.

Behavioral Health Services

- ○ ○ The jurisdiction’s Medical Services function response operations have been established and maintained in EOP/SOP/SOG and includes the following elements:
 - The jurisdiction’s behavioral health services function is established and is maintained in EOP/ SOP/SOG and includes the following elements:
 - The jurisdiction has Designated behavioral health coordinator responsible for organization and mobilization of public behavioral health services
- ○ ○ The jurisdiction has Established a Disaster Behavioral Health Services Plan, which includes:
 - Referral services for disaster victims
 - Referral services for emergency response workers
 - Pre-incident training to reduce emergency response worker stress
- ○ ○ The jurisdiction has Developed resource agreements and/or written mutual aid agreements with other government agencies and counties.
- ○ ○ The jurisdiction has Developed resource agreements and/or written mutual aid agreements with business/industry and contractors.
- ○ ○ The jurisdiction has Developed resource agreements and/or written mutual aid agreements with medical care facilities.

Capability Assessment – Public Health and Medical Services

- 1 2 3 4 5 The jurisdiction has engaged an integrated team to develop this capability.
- 1 2 3 4 5 The jurisdiction has developed an integrated plan for this capability.
- 1 2 3 4 5 The jurisdiction has identified the hazards/threats that would necessitate the application of this capability.
- 1 2 3 4 5 The jurisdiction’s local responders have the necessary training to effectively carry out this capability.
- 1 2 3 4 5 The jurisdiction has access to the necessary resources to effectively carry out this capability (either local or identified through MOUs).
- 1 2 3 4 5 The jurisdiction’s local responders have received the necessary training to be able to carry out this capability.
- 1 2 3 4 5 The jurisdiction’s local responders have the expertise to carry out this capability.
- 1 2 3 4 5 The jurisdiction has tested this capability within the last year through exercise or activation.

Scale Key:

- 1- The jurisdiction has not started to develop this measure.
- 2- The jurisdiction has started to develop this measure, but we are not far along in the process.
- 3- The jurisdiction has developed this measure, but it needs to be improved.
- 4- The jurisdiction has fully developed this measure.
- 5- The jurisdiction has fully developed and tested this measure.