PUBLIC HEALTH, HEALTHCARE, AND EMERGENCY MANAGEMENT SERVICES

Provide lifesaving medical treatment via Emergency Medical Services and related operations, and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support and products to all affected populations.

MISSION AREA

Response

FUNCTIONAL AREAS

• Clinical laboratory testing
• Definitive care
• Emergency medical services
• Health assessments
• Medical countermeasures
• Medical surge
• Public health interventions
• Triage and initial stabilization

EXAMPLE WORDING

Local EMS response initiates medical care on-scene including triage, initial stabilization, and transport to local hospitals for definitive care.

Local hospitals routinely participate in exercises for providing continuous care during a medical surge due to larger scale disasters.

Local health commissioner is responsible for prioritization of medical response and public health interventions necessary to control the spread of disease or encourage safe health practices to reduce the risks and impacts of health-related incidents.

MAY BE FOUND IN:
Health and EMS

BUILDING CAPABILITY

161: Disaster Sanitation—EPHOC
AWR-111-W: Basic Emergency Medical Services (EMS) Concepts for CBRNE Events
AWR-323-W: Disease Containment Measures
Emergency Planning for Local Public Health
V0033: Virtual Tabletop Exercise—Public Health

Ohio EMA Training Courses: https://trainingcampus.dps.ohio.gov/CourseMill/pstc/pstc.html
Additional Training Courses: https://www.firstrespondertraining.gov/ft/npccatalog

Examples demonstrate options to consider and are provided for training purposes only. The examples are intended to demonstrate how planning teams may incorporate the key tasks found on FEMA’s Core Capability Development Sheets into planning documents (e.g. the Emergency Operations Plan, Mitigation Plan, Debris Management Plan, HazMat Plan, and so forth). The items in the Functional Areas section are FEMA-identified areas where gaps could exist for the associated core capability. Counties should not re-design their Emergency Operations Plans around the Core Capabilities; stakeholders should integrate the capabilities within the EOP and in a format that is effective for the jurisdiction.