

MEDICAL ANNEX

I. PURPOSE

This annex includes provisions for accomplishing those necessary actions related to lifesaving, transport, evacuation, treatment of the injured, disposition of the dead, and crisis mental health services during response operations, as a result of a disaster.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. The potential exists for a multiple casualty incident resulting from any natural or man-made disaster, which would stress emergency medical services within the county.
2. Adjacent county hospitals listed in Section VII.B. of this annex, will be utilized for mass casualty evacuation.
3. There are nursing homes in Morgan County licensed by the State Department of Health as Intermediate Care Facilities. See Tab 1 for a listing of Nursing Homes.
4. The volunteer fire departments will provide rescue services within Morgan County.
5. There are Mental Health facilities, serving Morgan County, that provide counseling for the mental health and welfare of Morgan County residents. See Tab 1 for locations.
6. The EMS groups who are capable of performing field triage and providing transportation of injured to areas hospitals.
7. The Morgan County Coroner operates out of his office at 1210 Ashland Avenue, Zanesville, Ohio 43701-2883 (740-454-8551/5000)
8. Verbal and written mutual-aid agreements exist between EMS responders, county health departments and hospitals in adjacent counties. Mutual aid is activated by the ICS Commander. When all available resources are committed and assistance is still required, state and federal support may be obtained by following the procedures listed in Tab 4 to the Basic Plan.

B. Assumptions

1. An emergency will result in increased demands on hospitals, EMS, and health and medical personnel.

2. Additional assistance for health and medial personnel will be available from neighboring counties, hospitals, Red Cross and State/Federal Agencies.
3. Any nursing home or other medical facilities evacuating patients or residents to other facilities within Morgan County or to a neighboring county, will provide the medical records of patients, professional staff, and as many supplies and resources as practical.

III. CONCEPT OF OPERATIONS

A. General

1. Emergency operations services will be divided into four sections: Field Emergency Medical Services, Hospitals, Mortuary Services, and Mental Health Services.
2. Each area of concern will have a coordinator responsible for implementing that portion of this annex.
3. Close coordination is needed between these groups, as the health and well being of the community will be a mutual undertaking.
4. Emergency operations will be an extension of normal duties.
5. All medical facilities have emergency plans and updated resource lists of personnel and equipment. They also have on a rotating basis an individual on call 24-hours a day.
6. All emergency service organizations will report appropriate information concerning casualties, damage observations, chemical/radiation exposure, terrorism activities and related information to the EOC.
7. For information concerning public health activities, see Annex H.

B. Field Emergency Medical Services

1. General

- a. Emergency Medical Services (EMS) Units are a part of local fire departments.
- b. Under the ICS, a Scene Commander is designated, which may or may not be the Fire chief or senior officer on scene. This individual is responsible for everything occurring on site.
- c. Additional positions may be assigned, such as, EMS Control Officer, EMS Triage Officer, EMS Treatment Officer, and EMS Transport Officer. The severity of the incident and number of injured will affect the organization and assignment of positions.

- 1) EMS Control Officer is in charge of all EMS related activities. Responsible to the scene commander.
- 2) Triage Officer is in charge of all triage, tagging, and movement into patient collection areas. Responsible to EMS Control Officer.
- 3) Treatment Officer is in charge of all treatment and re-triage within the patient collection areas. Responsible to EMS Control Officer.
- 4) Transport Officer is responsible for patient movement from the patient collection area to receiving hospitals. Responsible to EMS Control Officer.

2. Mobilizing Emergency Medical Services

- a. EMS units are dispatched by the M&M Fire Department located at 77 South 4th Street, McConnelsville, Ohio.
- b. EMS units have a common radio frequency and can communicate with other fire departments units and the Morgan County Sheriff's Dispatcher.
- c. The first squad arriving at the scene will determine the need for an ICS.
- d. Should an ICS be set up, the first officer arriving on the scene will be the Scene Commander until relieved by a Senior Officer or Fire Chief. The Scene Commander shall designate the individual to fill positions to those mentioned in B.1.c. above.

3. Transport and treatment of injured.

- a. Victims will be transported to area hospitals according to the severity of their injuries.

C. Hospitals/Clinics

1. Mobilizing hospital clinic personnel are mobilized by the Hospital/Clinic Administrator upon notification of the need for augmentation of additional personnel.

2. Evacuation of In-patient Medical Facilities

- a. The Administrator, or designated representative, will coordinate the evacuation.
- b. Receiving facilities will be selected according to the ability to receive additional patients.
- c. Ambulatory patients may be released from the medical facility, depending on their condition.
- d. Coronary and critical patients will be a top priority in evacuation.

- e. Ambulances, school buses, and air ambulance services will provide transportation. Should additional transportation be required, support would be requested through the Governor's Office for assistance from the Ohio National Guard. Assistance may also be available from Wright-Patterson AFB.

3. Receiving Additional Patients

- a. Should a neighboring hospital have to evacuate, that hospital should contact Morgan County EMA concerning their ability to accept additional patients.
- b. Patients will be received according to established plans and procedures.
- c. Utilization of medical staff from another hospital will be decided in accordance with provisions of applicable state and local laws.
- d. Listings of hospitals, nursing homes, care facilities and related organizations appear in Tab 1. These organizations may support each other by accepting temporary, additional residents should one facility be evacuated during an emergency.

D. Mortuary and Coroner

- 1. In a mass casualty situation, the coroner shall determine when the dead are removed from the scene.
- 2. The Morgan County Coroner will determine the location of a temporary morgue in mass-casualty emergencies.
- 3. Bodies will be identified, and arrangements for interment may be made from this location.
- 4. Coordination with all area funeral homes will be required. See Tab 1 for listing of Morgan County funeral directors.
- 5. If conditions warrant, refrigerated trucks will be requested to hold bodies pending transfer to funeral homes.
- 6. Contact with the EOC, if activated, will be maintained throughout the emergency. Information concerning casualties will be reported through the Red Cross/JPIC.

E. Mental Health Services

- 1. The Community Mental Health Board is the local governmental planning, monitoring, evaluation and contracting authority for community mental health and drug abuse services for the residents of Morgan County.

2. The Community Mental Health Board is comprised of 18 representatives, who are citizen volunteers. County board of commissioners appoints ten members; four are appointed by the Director of the Ohio Department of Mental Health; and four by the Director of the Ohio Department of Alcohol & Drug Addiction Services.
 - a. Muskingum County has seven representatives; Coshocton, Guernsey, and Perry Counties, three representative per county; Morgan County, one representative; and Noble County; one representative
 - b. The citizens set the policies, priorities and direction for the kinds, levels and mix of services provided to Morgan County.
3. The Board insures that needed services are available to county residents through contracts with public or private provider organizations for direct service provision. See Tab 1 for listing of agencies within Morgan County.
4. Mental Health Services will be provided to all victims of a disaster, as needed, by agencies from Morgan County. The agencies, within neighboring counties, will be asked to assist when additional resources are required.

F. Phases of Emergency Management

1. Mitigation
 - a. Community assessment of hazard vulnerability and development of disaster scenarios.
 - b. Specialized training in disaster operations for EMS personnel, first responders, and local medical staffs.
 - c. First Aid and CPR training for the public.
 - d. Review and update mutual-aid agreements with clinics, EMS, voluntary and private organizations.
 - e. Review procedures for obtaining medical support from state and federal-level organizations.
2. Preparedness
 - a. Storage of medical supplies and equipment.
 - b. Maintenance of medications and other supplies.
 - c. Prepare or upgrade emergency plans and operating procedures, including mutual-aid agreements for EMS and other medical agencies.
 - d. Prepare or update emergency plans for mortuary services.
3. Response

- a. Implement public information programs for release of citizen protective action information.
- b. Initiate triage, treatment, and transportation.
- c. Implement Emergency Operations Plan.
- d. Establish staging areas for receipt of additional supplies.
- e. Activate mass casualty procedures, if required.
- f. Selection and activation of temporary morgue.
- g. Area EMT squads, Red Cross personnel, Health Department personnel and local medical staff are working in cooperation at temporary emergency treatment stations near disaster site (if needed).

4. Recovery

- a. Continue response and treatment activities, as needed.
- b. Compile required reports.
- c. Inventory and re-supply of health and medical supplies.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

- 1. Medical and Public Health Operations are addressed in separate annexes (Annex H-Public Health), but close coordination is required to fulfill the overall responsibility of safeguarding and minimizing the adverse health factors which may affect persons during and/or after an emergency or disaster.
- 2. Nursing Homes, Morgan County Clinic, physicians' w/staff, all EMS units, funeral homes, the coroner, and mental health facilities comprise the medical components within Morgan County.

B. Assignment of Responsibilities

- 1. Nursing Homes/Morgan County Clinic Administrator or designee
 - a. Implement organization's disaster plans.
 - b. Coordinate transportation of casualties and medical resources to the hospital and other areas as required.
 - c. Coordinate with area hospitals, which may be involved in caring for the injured.
 - d. Maintain liaison with the coordinators of other emergency services; fire, police, public health, etc.
 - e. Distribute antidotes, drugs, and vaccines to shelters (if available).
- 2. Nursing Homes/Morgan County Clinic Staff
 - a. Provide medical guidance to EMS units, and field triage teams concerning the treatment and handling of the injured.

- b. Establish and maintain field and inter-clinic medical communications.
 - c. Make available upon request qualified medical personnel, supplies, and equipment.
 - d. Maintain communications with Health Care Coordinator within the EOC and provide updated information as possible.
 - e. Implement mass casualty plans.
 - f. Provide emergency treatment and hospital care for disaster victims.
 - g. Support County Coroner at temporary morgue.
3. Emergency Medical Services (EMS)
- a. Provide personnel to administer emergency medical assistance at the disaster scene.
 - b. Provide first aid/medical supplies for disaster use.
 - c. Establish and maintain field communications and coordination with other emergency services; police, fire, health, hospitals, etc.
 - d. Provide field triage.
 - e. Provide emergency medical care for essential workers following an evacuation by establishing a mobile medical center outside of the hazardous area.
4. County Coroner
- a. Coordinate local resources utilized for the collection, identification, and disposition of deceased persons and human tissue.
 - b. Select sites to establish temporary morgues, and the personnel to staff them.
 - c. Coordinate with search and rescue teams.
 - d. Determine cause of death.
 - e. Identify mass-burial sites.
 - f. Protect the property and personal effects of the deceased.
 - g. Provide emergency information to the PIO/JPIC or Red Cross for release to the news media.
 - h. Coordinate services of funeral directors, ambulances, EMS, and other pathologists; dentists and x-ray technicians for purposes of identification; and police for security, property protection, and evidence collection.
5. Mental Health Agencies
- a. Ensure professional psychological support is available for victims and emergency response personnel during all phases of the disaster.

6. Red Cross
 - a. Provide blood, and blood substitutes and/or implement reciprocal agreements for replacement of blood items.
 - b. Provide nursing support at temporary treatment centers, as requested, and within capability. Support will also be provided at shelter and reception care center.
 - c. Provide assistance in the location and notification of next of kin.
 - d. Provide assistance for the special needs of the handicapped, elderly, and those children separated from their parents.
 - e. Maintain a medical evacuee tracking system.
 - f. Train assigned response staff and volunteer augmentees to perform emergency functions.
7. Nursing Homes
 - a. Care for injured residents.
 - b. Provide space as available for temporary hospital/medical treatment facility for disaster victims. (See Tab 1)
 - c. Reduce the patient population to the extent possible if evacuation is necessary, and continue medical care for those that cannot be evacuated.
8. Law Enforcement
 - a. Provide traffic control, crowd control, security and law enforcement at disaster site and medical facilities.
 - b. Assist in search and rescue.
 - c. Assist in body identification and transportation.
 - d. Provide physicians' emergency transport and medical supplies as requested.
9. School Systems
 - a. Provide buses and drivers for medical evacuations.
 - b. Provide school facilities for shelters and temporary medical treatment facilities.
10. Volunteer Groups
 - a. Provide food, clothing and sheltering to disaster victims, their families and emergency response workers.
 - b. Provide other support services as available.

V. DIRECTION AND CONTROL

- A. The Health Care Coordinator will report to the EOC upon its activation. From this location, coordination of medical activities within Morgan County facilities will take place.

An EMS liaison from Morgan County will report to the EOC to coordinate field triage activities.

- B. The Coroner and Mental Health Personnel should respond to the EOC when activated. They need to provide information to the EOC for coordination purposes.
- C. Internal resources of all operating departments will be managed by individual departmental procedures and policies.

VI. CONTINUITY OF GOVERNMENT

- A. The line of succession for the Hospital/Clinic Care Coordinator shall be as follows:
 - 1. Clinic Administrator
 - 2. Assistant Clinic Administrator
- B. Lines of succession for the Coroner (Section 313.06 ORC), EMS and Mental Health Agencies are as determined by law and in existing internal operating procedures.
- C. Refer to Tab 11, Procedures for the Relocation and Safeguarding of Vital Records in the Basic Plan, and Tab 3, Procedures for the Protection of Government Resources, Facilities, and Personnel in Annex N, Resource Management.

VII. ADMINISTRATION AND LOGISTICS

- A. Nursing Homes
 - 1. Staff: (Varies with patient density)
 - a. Active Medical Staff
 - b. Registered Nurses (fulltime and part-time)
 - c. LPNs (fulltime and part-time)
 - 2. Patient Capacity
 - a. 150 beds
 - 3. Additional facilities
 - a. Morgue
 - b. Heli-pad
 - c. Decontamination area
 - 4. Logistical support for food, water, lighting and so on, will be provided for response personnel by their attached organizations and through material support by EOC representatives as necessary.

B. Morgan County Clinic

1. Staff:
 - a. Active Medical Staff
 - b. Registered Nurses (fulltime and part-time)
 - c. LPNs (fulltime and part-time)
2. Supplies
 - a. Morgan County Clinic maintains a limited supply of medicine and medical equipment that can be re-supplied on a short-term basis by hospitals and clinics from outlying areas.
 - b. Supplies must be checked and reordered as dictated by the emergency.
3. Logistical support for food, water, lighting and so on, will be provided for response personnel by their attached organizations and through material support by EOC representatives as necessary.

C. Neighboring Hospitals

1. Hospitals in surrounding counties that may receive ill or injured persons from Morgan County are:
 - a. Bethesda Hospitals, 2951 Maple Avenue, Zanesville, Ohio
 - b. Good Samaritan Hospital, 800 Forest Avenue, Zanesville, Ohio
 - c. Marietta Memorial Hospital, 401 Matthew Street, Marietta, Ohio
 - d. Doctors Hospital, 1950 Nt. St. Nary Dr., Nelsonville, Ohio
 - e. O'Bleness Memorial Hospital, 1 Hospital Drive, Athens, Ohio
 - f. Selby General Hospital, 1106 Colgate Drive, Marietta, Ohio

D. Emergency Medical Services

1. Resources
 - a. Each EMS unit carries a 4' x 8' x 4' disaster kit consisting of basic medical supplies, such as, bandages, splints, triage tags, etc. The contents of the case vary with each department.
2. Communications
 - a. Frequencies (Tab 3)
 - 1) Medical frequencies (all squads can talk to each other on medical frequencies)
 - b. Equipment
 - 1) Base station
 - 2) Telephone
 - 3) Portable Units

4) Pagers (None)

E. Mental Health Facilities

1. The Mental Health facilities within Morgan County have the following staff:
 - a. Muskingum Area Community Mental Health Board
 - 1) Clinical Social Worker
 - 2) Clinical Master-level counselors
 - 3) Part-time Psychologist
 - 4) Part-time Psychiatrist
 - 5) Case Manager
2. If additional assistance is required, the following facilities may be contacted.
 - a. Six County, Inc., State Route 376 S, McConnelsville, Ohio
 - b. Morgan County Drug & Alcohol Council, Ohio Route 376 NW, McConnelsville, Ohio
 - c. Family Health Service, 40 Third Street, Malta, Ohio
 - d. Morgan County Human Services, 155 East Main Street, Basement, McConnelsville, Ohio
 - e. Morgan County Health Department, 4275 St. Rt. 376 NW, McConnelsville, Ohio
 - f. Washington-Morgan Community Action Family Service Center, 15 Third Street, Malta, Ohio

F. Mutual Aid

1. A written mutual-aid agreement does exist between all EMS units within the county. This agreement is renewed every five years and was developed by the County Fire Association.
2. An inventory listing of all EMS organizations in the county is maintained in this agreement.

G. Training

1. Morgan County Fire Departments
 - a. Annual drills and training in dealing with contaminated victims. Designated staff members receive specialized training.
 - b. Exercise disaster plans yearly.
 - c. Appropriate staff are trained in radiological monitoring, decontamination, and treatment of contaminated injured.
2. EMS Units

- a. EMS personnel (EMTs) receive mandatory training every three years.
- b. Ensure training in hazardous materials/radiological monitoring.

H. Protective Clothing and Equipment

1. Morgan County Fire Departments have a limited amount of clothing, equipment, and antidotes to perform assigned tasks in a hazardous chemical radiological environment, or terrorism activities.
2. Monitoring equipment is maintained at the Chesterhill Fire Department and Morgan County Sheriff's Department.
3. Medical facilities which have the capability to decontaminate injured persons are:
 - a. Bethesda Hospital, 2951 Maple Avenue, Zanesville, Ohio
 - b. Good Samaritan Hospital, 800 Forest Avenue, Zanesville, Ohio
 - c. Marietta Memorial Hospital, 401 Matthew Street, Marietta, Ohio
 - d. Selby General Hospital, 1106 Colgate Drive, Marietta, Ohio
 - e. O'Bleness Memorial Hospital, 1 Hospital Drive, Athens, Ohio

I. Decontamination

1. Radiation levels and the need for decontamination will be determined prior to admittance of victims or patients to medical treatment facilities.
2. Techniques for chemical/radiological decontamination and treatment will be determined after proper identification of contaminate.
3. Bethesda, Good Samaritan, Marietta Memorial and Selby General Hospitals have the capability of designating a decontamination area within their facility.

J. Protection of Records

1. All medical facilities and groups will protect records deemed essential, such as patient records.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

- A. The Health Care Coordinator, representative of Emergency Services, the Coroner, and Director of the Mental Health Agency are responsible for reviewing this annex and submitting changes to the County Emergency Management Director based upon deficiencies identified through exercises, emergencies and/or changes in government structure.

- B. The Morgan County Emergency Management Director will publish and distribute all changes to this annex and forward revisions to all responsible organizations listed in this annex.
- C. All agencies and organizations with responsibilities in health and medical operations during emergencies are responsible for developing and maintain departmental SOPs, mutual-aid agreements, personnel rosters including 24-hour emergency telephone notification numbers and equipment inventories.

IX. AUTHORITIES AND REFERENCES

A. Authorities

Not used, see Section IX of the Basic Plan.

B. References

Job Aid Manual, Federal Emergency Management Agency, SM-61

Guide For The Development of State and Local Emergency Operations Plans

Guide For The Review of State and Local Emergency Operations Plans

X. ADDENDUMS

Tab 1 – Nursing Homes, Crisis Counseling Facilities, Ambulance Services, and Funeral Directors

Tab 2 – Medical Supply Resources

Tab 3 – Emergency Medical Service Radio Frequencies

Tab 4 – Morgan County EMS Squad Districts

XI. AUTHENTICATION

Date

Health Care Coordinator

Date

Morgan County Coroner

NURSING HOMES, CRISIS COUNSELING FACILITIES,
AMBULANCE SERVICES AND FUNERAL DIRECTORS

NURSING HOMES WITHIN MORGAN COUNTY

Morgan County Care Center, 856 Riverside Drive, McConnelsville, Ohio
Mark Rest Center, 4114 State Route 376 NW, McConnelsville, Ohio

CRISIS COUNSELING FACILITIES

Morgan County Drug & Alcohol Council, St. Rt. 376 S, McConnelsville, Ohio
Six County, Inc., State Route 376 S, McConnelsville, Ohio

AMBULANCE SERVICES

Morgan County Ambulance, McConnelsville, Ohio

FUNERAL DIRECTORS IN MORGAN COUNTY

CHESTERHILL

Stone-Matheney Funeral Home, Marion Street, Chesterhill, Ohio

McCONNELSVILLE

Miller-Huck Funeral Home, 62 South 7th Street, McConnelsville, Ohio
Matheney Funeral Home, 165 North Kennebec Avenue, McConnelsville, Ohio

Medical Supply Resource

| Department | Firemen | EMTs | Equipment |
|-------------------|----------------|-------------|---|
| Center Township | 11 | 0 | See Morgan County Resource Directory |
| Chesterhill Fire | 20 | 14 | |
| M&M Fire | 29 | 21 | |
| Pennsville Fire | 15 | 0 | |
| Reinersville Fire | 10 | 0 | |
| Stockport Fire | 30 | 22 | |

EMT Vehicles (ALS)

Advance Life Support (ALS) Each vehicle is equipped with the following patient care items:

1. Wheeled ambulance stretcher w/straps
2. Adult oropharyngeal airway
3. Child oropharyngeal airway
4. Infant oropharyngeal airway
5. S-tube airway (adult and child)
6. Bite sticks
7. Permanently installed and portable complete suction units w/assorted sterile catheter tips.
8. Adult/infant BVM (bag valve mask)
9. Complete oxygen system w/minimum one-hour supply rated at 5 lpm w/pressure gauge and flow meter.
10. Oxygen tubing to connect BVM to O2.
11. Adult and child masks, cannulas and tubing.
12. Male urinal.
13. Female urinal or bedpan.
14. Emesis basin.
15. Blankets (2)
16. Sheets (clean & folded)
17. Pillows (2) & cases (2)
18. First Aid Kit (minimum OSHA Industrial Type)
19. Flashlight (operative)
20. Fire Extinguisher (5 lbs. Minimum)
21. Flares or safety lights
22. Jack and tools for changing tires or suitable alternative.
23. Controlled heating and air-conditioning.
24. Seat belts for driver, passenger, and squad bench.

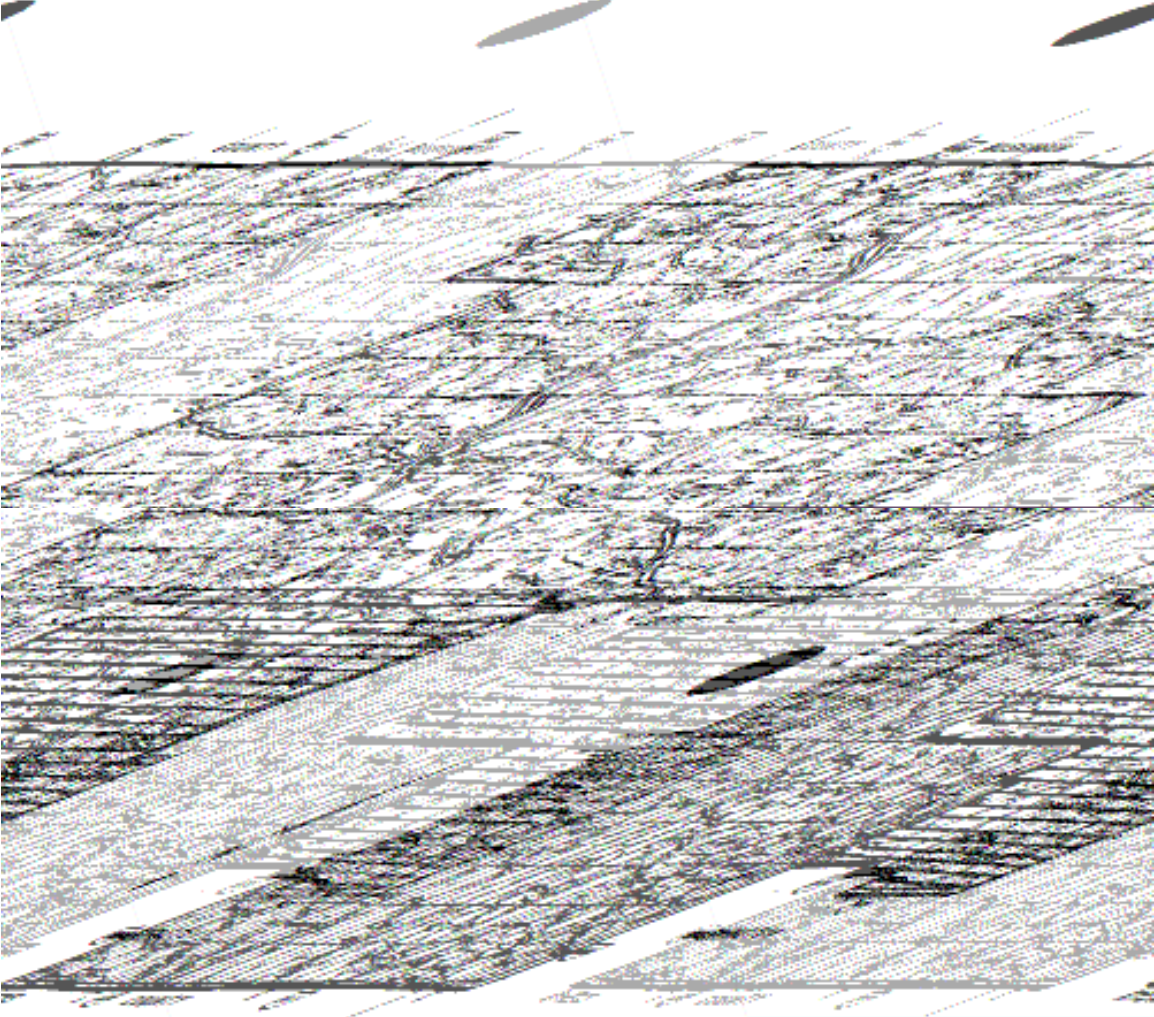
EMERGENCY MEDICAL SERVICE RADIO FREQUENCIES

1. Morgan County Fire Department Dispatch (M&M Fire)
 - a. 33.68/155.220 MHz
2. Center Township Fire Department
 - a. 33.68 MHz
3. Chesterhill Fire Department
 - a. 33.68 MHz (Primary)
 - b. 33.86 MHz
4. M&M Fire Department
 - a. 33.86 MHz
 - b. 33.68 MHz
 - c. 33.46 MHz
5. Pennsville Fire Department
 - a. 33.68 MHz
6. Reinersville Fire Department
 - a. 33.68 MHz
7. Stockport Fire Department
 - a. 33.68 MHz
8. Perry County Fire Departments
 - a. 33.98/33.86 MHz
9. Athens County Fire Departments
 - a. 46.42 MHz
10. Washington County Fire Departments
 - a. 46.14 MHz
11. Noble County Fire Departments
 - a. 33.90 MHz

HOSPITALS

1. Bethesda Hospital
 - a. 155.220 MHz
2. Good Samaritan Hospital
 - a. 155.220 MHz
3. Marietta Memorial Hospital
 - a. 155.220 MHz
4. Selby General Hospital
 - a. 155.220 MHz
5. O'Bleness Hospital
 - a. 155.220 MHz

Morgan County EMS Squad Districts



Chesterhill EMS-ALS (1 paid personnel / volunteer)



M&M EMS-ALS (10 paid personnel / volunteer) *note M&M responds in entire county



Stockport EMS-ALS (Volunteer) *Note: Some of this area may be covered by M&M and Chesterhill, if Stockport cannot respond.