

# Hunt County EMERGENCY OPERATIONS PLAN

## Emergency Support Function 8

### Public Health and Medical Services

**COORDINATING AGENCY:** County Health Officer

**SUPPORTING AGENCIES:**

County Judge

Emergency Management Coordinator

Justice of the Peace

Mortuary Services

Public Works Department

Law Enforcement

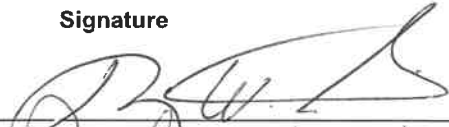
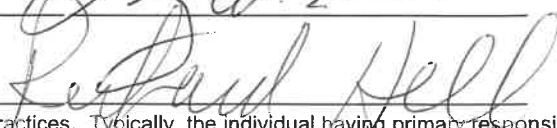
Fire Service

Health and Medical Services

American Red Cross

Transportation/ISD

### Approval and Implementation

Date	Signed by	Signature
1/27/25	County Judge	
1/27/25	Emergency Management Coordinator	

NOTE: The signature(s) will be based upon local administrative practices. Typically, the individual having primary responsibility for this emergency support function signs in the first block and the second signature block is used by the Emergency Management Coordinator, Mayor, or County Judge. Alternatively, each department head assigned tasks within the support function may sign.

## Record of Changes to ESF 8

This page is used to date and describe changes to this document, followed by the initials of the person who made the change.

Use this table to record the following information:

- Change number, in sequence, beginning with 1
- Date change was made to the document
- Description of change and rationale if applicable
- Initials of person who made the change

Number	Date	Description	Name/Initials
	2025-Jan-15		

doc. revision 04/06/2023

# INTRODUCTION

- A. ESF #8 – Public Health and Medical Services provides assistance to supplement jurisdictional assets in response to public health and medical needs in an incident.
- B. This document applies to Hunt County and all jurisdictions signatory to the basic plan. Whenever this support function indicates a city/county official or office, the support function also refers to the corresponding municipal official or office.
- C. Respective primary and support agencies are responsible for the dissemination of information that may be of value to other ESF representatives. This information sharing contributes to the response and recovery during an emergency/disaster of any type.

## Purpose

### A. Function

This support ESF provides an outline for the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services.

### B. Goal

Provide Hunt County with a mechanism to manage public health and medical response and recovery during an incident.

### C. Objectives

- a. Provide operational guidance for entities that assist in local and regional logistics.
- b. Provide information to decision makers about public health.
- c. Describe roles, responsibilities and actions that ensure public health and medical operational support during incident response.

## Explanation of Terms

**This section defines terms and acronyms' used in this document.**

### Acronyms

DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Services Team
NDMS	National Disaster Medical System

### Definitions

1. DMAT: A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care.
2. DMORT: A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.
3. NDMS: A coordinated partnership between DHS, HHSC, DoD, and the VA for the purpose of responding to the needs of victims of a public health emergency. Non-federal participants include major pharmaceutical companies and hospital suppliers, the National Foundation for Mortuary Care, and certain international

disaster response and health organizations.

4. Walking Wounded: Individuals who suffer injury, or perceived injury, to the extent that they are not incapacitated, yet seek out urgent medical assistance.

## Situations and Assumptions

### .. Situation

1. See basic plan for a general situation statement.
2. The loss of water supply, wastewater processing and solid waste disposal capabilities can create a public health hazard(s).
3. Public Health facilities and institutions, to include those serving functional and access needs populations, may be damaged or destroyed by a disaster.
4. Health and medical facilities that survive without damage may yet be unable to function, due to interruption of necessary utilities or because of isolation from staff.
5. Medical and health care facilities that remain functional, at least in part, may become overwhelmed by the quantity of "walking wounded" and seriously injured victims transported to facilities in the aftermath of a disaster.
6. Uninjured parties who require frequent medication, or regular medical treatment, may encounter difficulty in managing their conditions due to disruptions caused by disaster.
7. CBRNE agents could result in numbers of casualties requiring specialized care far in excess of resources available.
8. People affected by disaster, whether emergency responders, victims, or otherwise, may require disaster mental health services.

### .. Assumptions

1. There is an adequate local capability to meet most incidents.
2. Local emergency medical and health resources will be available for use in the event of an incident, however, they may be adversely impacted by the same.
3. Hospitals and in-patient facilities may require significant relocation of patients if they become damaged.
4. Disruption of sanitation services, loss of power, and concentration of populations in shelters can all contribute to disease potential and injury.
5. Damage to HazMat facilities can result in a number of potential secondary hazards, including myriad public health concerns.
6. The public will require education on how to avoid health hazards caused by the disaster.
7. Some types of disaster affect a large geographic area, restricting ability of mutual aid to flow from outside the affected area.
8. Appropriate medical, public health, and related officials/organizations will coordinate to determine current community needs.

## Concept of Operations

- A. Hunt County will provide a consistent approach to the effective management of actual or potential public health or medical situations to ensure the health and welfare of its citizens operating under the principles and

protocols outlined in NIMS.

- B. County Health Officer is the local agency responsible for day-to-day provision of health and medical services to Hunt County. County Health Officer also serves as the local health authority.
- C. Emergency functions of the public health, medical, and mortuary services will parallel their normal day-to-day functions. To the extent possible, the same resources will be employed in both cases. Some normal functions may be suspended for the duration of the emergency and the resources that would normally be committed to those functions will be redirected to the accomplishment of emergency tasks.
- D. Provision will be made for the following:
  - 1. Establishment of a medical command post at the disaster site.
  - 2. Coordinating health and medical response team efforts.
  - 3. Triage of the injured
  - 4. Medical care and transport for injured
  - 5. Identification, transportation, and disposition of the dead
  - 6. Holding and treatment areas for the injured
  - 7. Isolating, decontaminating, and treating victims of HazMat or infectious disease
  - 8. Identifying Hazardous Materials or infectious disease, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.
  - 9. Issuing health and medical advisories to the public on such issues as drinking water precautions, waste disposal, the need for immunizations, and food protection techniques.
- E. Appropriate mental health services need to be made available for all parties impacted during response and recovery phases. Such may include crisis counselling, critical incident stress management, information about/referral to other services, and education about normal and predictable reactions to a disaster experience. Further, education on how to cope with such reactions.
- F. All ambulances and emergency rescue vehicles shall be equipped with International Field Triage Tags and shall contain at all times, those essential items as specified by DSHS.
  - 1. Incidents that elevate to the level of requiring an ICP or the activation of the EOC will be handled per the internal SOPs of the entity responsible for the arriving unit.
  - 2. The IC will continue to work the incident site according to their internal SOPs and best judgement, requesting additional resources in congruence with established SOP or through an activated EOC.
  - 3. A Triage Officer will be designated, who will assume responsibility for transport and disposition of casualties.
- G. Medical Supplies for providing advanced life support to trauma victims will be stored in a major rescue vehicle or trailer, or every responding service will bring a predetermined mass casualty supply package. Adequate supplies for treatment of victims requiring advanced life support will be stored in the rescue vehicle and mobilized to the scene of a mass casualty incident.
  - 1. The responsibility of triage rests with the first responding EMT/paramedic who arrives on scene, as well as conferring with the nearest emergency department physician and instituting appropriate actions per SOP and as the situation dictates.
  - 2. If it is apparent that there will be mass casualties, the nearest hospital with emergency facilities and others with suitable facilities will be notified.
  - 3. The EMS Chief or a designee shall respond to the scene and act as liaison between the on-scene commander and EMS. This person shall be responsible for patient care, triage, transportation, and all EMS personnel. This person is responsible for the formal declaration of a medical disaster.
  - 4. The Triage Officer will assume responsibility for priority of treatment, priority of transportation, and priority of care of patients awaiting transport, upon arrival.
  - 5. An EMS Transportation Officer will be designated or will arrive, and will serve as liaison between the field and hospitals.
  - 6. Professionals capable of providing advanced life support will respond and work with the Triage Officer as required.

7. Equipment and medication for providing advanced life support will be transported to the scene by the assigned rescue unit.
8. Triage will follow current international guidelines of:
  - a. Red
  - b. Yellow
  - c. Green
  - d. Black
- H. A request for offshore medical assistance will include enough information to determine needs, location, name, description of conveyance, and other pertinent information.
- I. Law Enforcement is responsible for investigating deaths as outlined in the Texas Code of Criminal Procedure. JPs and MEs are responsible for determining the cause of death, authorization of autopsy to determine the same, forensic investigation to determine identity, and removal of bodies from incident sites.
  1. ICs will inform their local ME/JP and law enforcement if they determine fatalities have arose during an incident.
  2. LE and JPs/MEs have the responsibility to arrange for transportation of bodies, and may require mortuary services in the event of a mass fatality incident.
  3. Funeral homes will consolidate bodies and contact next of kin.
- J. When requested by local officials, DSHS can assist through DMAT and DMORT as well as through technical expertise and advice.
- K. The County Health Officer has primary responsibility for gathering information concerning injuries and fatalities resulting from emergencies and disasters. Accurate information is essential in identifying levels of medical support needed, thus this information must be forwarded to the EOC County Health Officer as soon as feasible to support requests for resources and inclusion in necessary reports.
- L. Local public works entities, in cooperation with DSHS, have responsibility for evaluating damage to water infrastructure in the event of disaster, due to the potential for different types of contamination and the impact of a prolonged shutdown on public health. Accurate timely estimates for repair will allow DSHS and County Health Officer to identify appropriate interim measures.
- M. Wastewater treatment facilities are vulnerable to interruptions, and would have a major impact on health and well-being if they are suspended. TCEQ, in coordination with the local public works entity, are responsible for evaluating damage to this infrastructure and advising local officials concerning expedient sanitation practices that may be required.
- N. County Health Officer is responsible for evaluating damage sustained by medical facilities in a disaster area. The hospitals and nursing homes in Hunt County will provide support in this area. The facility admin or designee will gather initial damage reports and ID which patients must be removed pending repairs.
- O. Should all local resources become exhausted, to include inter-local jurisdictions, Hunt County may request medical/mortuary assistance from the state. The should make this request to the DDC chairperson in .
- P. Relationships between levels of government
  1. Federal
    - a. Coordination with Federal ESF #8 may occur through the State Operations Center, at the site of the incident, or in an established Field Office designated as such.
  2. Tribal
    - a. Communication with tribal government may occur through a liaison at the discretion of the tribe.
  3. State
    - a. Coordination with the State ESF #8 may occur through the DDC, at the scene of the incident, or through a facility designated as a field office.
  4. Local/Regional
    - a. Local and Regional entities maintain primary responsibility for addressing local gaps and provisioning for incidents or eventualities that may impact operations.

## Q. Activities by Phase of Emergency Management

### 1. Prevention

- a. Provide immunizations.
- b. Conduct continuous health inspections.
- c. Promote and encourage blood donation programs.
- d. Conduct specialized training.
- e. Conduct epidemic intelligence, evaluation, presentation, and detection of communicable diseases.

### 2. Preparedness

- a. Maintain adequate supplies.
- b. Coordinate with local officials to ensure water quality.
- c. Coordinate with local officials to ensure waste disposal.
- d. Review emergency plans for laboratory activities regarding examination of food and water, diagnostic tests, and ID, registration, and disposal of the deceased.
- e. Train and exercise personnel.

### 3. Response

- a. Conduct public information programs dealing with personal health and hygiene.
- b. Conduct disease control operations.
- c. Monitor sanitation activities.
- d. Ensure supplies of water are available.
- e. Conduct environmental health activities regarding waste disposal, refuse, food and water control, and vector control.
- f. Collect vital statistics.

### 4. Recovery

- a. Compile health reports for state and federal officials.
- b. Identify potential and/or continuing hazards to public health.
- c. Distribute guidance for the prevention of the harmful effects of hazards.
- d. Continue to collect vital statistics.

## Organization and Assignment of Responsibilities

### A. General

1. Our normal emergency organization, described in the basic plan, will plan and carry out health and medical operations during incidents.
2. The County Health Officer will function as the local health authority. The health authority is responsible for the health and medical services function and will designate a Health Officer to plan and coordinate public health and medical services during incidents. The health officer or a designee shall serve as a member of the EOC staff. Health and medical service response activities at an incident scene will be coordinated through the incident commander. Large scale health and medical efforts will be coordinated from the EOC.
3. Upon receipt of official notice of an actual or potential emergency condition, it is the responsibility of the Health Authority to receive and evaluate all requests for health and medical assistance and to disseminate

such notification to all appropriate public health, medical, and mortuary assistance.

4. All entities assigned to provide health and medical services support are responsible for the following:
  - a. Designating and training representatives of their agency, to include NIMS and ICS training.
  - b. Ensuring that appropriate SOPs are developed and maintained.
  - c. Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC and, as needed, in the field.

## **B. Task Assignments**

### **1. Health Authority will:**

- a. Designate a Health Officer to perform pre-emergency planning for emergency health and medical services and coordinate such activities during major emergencies and disasters.
- b. Provide qualified staff to support health and medical operations at the ICP and the EOC.

### **2. The Health Officer and Health Authority will coordinate:**

- a. Emergency health and medical activities from the EOC when activated.
- b. Rapid assessments of health and medical needs.
- c. Efforts of local health and medical organizations activated for an emergency assessing their needs, obtain additional resources, and ensure that necessary services are provided.
- d. Emergency medical teams responding to a disaster to ensure the establishment of medical command posts.
- e. Neighboring community health and medical organizations on matters related to assistance from other jurisdictions.
- f. State and federal officials regarding state and federal assistance.
- g. Response units, such as DMAT.
- h. Screen individual health and medical volunteers obtaining positive identification and proof of licensure of volunteers.
- i. Location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
- j. Information to the news media on casualties and instructions to the public on dealing with public health problems through the PIO.
- k. The provision of laboratory services required in support of emergency health and medical services.
- l. Immunization campaigns or quarantines, if required.
- m. Inspections of foodstuffs, water, drugs, and other consumables that were exposed to the hazard.
- n. Inspections of damaged buildings for health hazards.
- o. Disposal of dead animals with the Health Authority.
- p. Implementation of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents.
- q. Preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.
- r. Food handling and sanitation monitoring in emergency facilities.

### **3. Emergency Medical Services will:**

- a. Respond to the scene with appropriate emergency medical personnel and equipment.
- b. Upon arrival at the scene, assume an appropriate role in the ICS. Initiate ICS if it has not been established and report to the Communications center or EOC, as appropriate.
- c. Triage, stabilize, treat, and transport the injured.
- d. Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities.
- e. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.). Continue radio and/or telephone communications with hospitals.
- f. Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed.
- g. Evacuate patients from affected hospitals and nursing homes, if necessary.



4. Hospitals will:

- a. Implement internal and/or external disaster plans.
- b. Advise the Health and medical services staff in the EOC of conditions at the facility and the number and type of available beds.
- c. Establish and maintain field and inter-facility medical communications.
- d. Provide medical guidance, as needed, to EMS.
- e. Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
  - i. Casualties are transported to the appropriate medical facility.
  - ii. Patients are distributed hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, treatment capabilities, and bed capacity.
  - iii. Take into account special designations such as trauma centers and burn centers.
  - iv. Consider the use of clinics to treat less acute illnesses and injuries.
- f. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
- g. Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where patients are to be taken.
- h. Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
- i. Establish and staff a reception and support center at each hospital for relatives and friends of disaster victims searching for their loved ones.
- j. Provide patient identification information to the American Red Cross upon request.

5. The Mental Health Authority will:

- a. Ensure appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations.

6. The Justice(s) of the Peace will:

- a. Conduct inquests for the deceased and prepare death certificates.
- b. Order or conduct autopsies if necessary to determine cause of death.
- c. Order or conduct forensic investigations to identify unidentified bodies.
- d. Authorize removal of bodies from incident sites to the morgue or mortuary facilities
- e. Provide information through the PIO to the news media for the dissemination of public advisories, as needed.

7. Law Enforcement will:

- a. Upon request, provide security for medical facilities.
- b. Conduct investigations of deaths not due to natural causes.
- c. Locate and notify next of kin.

8. Mortuary Services will:

- a. Provide for the collection and care of human remains.
- b. Establish temporary holding facilities and morgue sites, if required.
- c. Coordinate with emergency health and medical services.

9. The Public Works Department will:

- a. Inspect damaged medical facilities.
- b. Make temporary repairs to medical facilities.

10. The Farmers Electric, TXU, JUICE will:

- a. Coordinate the restoration of utilities service to key medical facilities.

11. The Public Information Officer (PIO) will:

- a. Disseminate emergency public information provided by health and medical officials. The Health Officer has primary responsibility for the coordination of health & medical information intended for release through public media during emergency operations.

## **Direction and Control**

### **A. General**

1. The County Health Officer, working as staff of the Hunt County emergency organization, supported by an appropriate network, shall direct and coordinate the efforts of local health and medical services and agencies, and organizations during major emergencies and disasters requiring an integrated response.
2. Routine health and medical services operations may continue during less severe incidents. Direction and control of such operations will be by those that normally direct and control day-to-day health and medical activities.
3. External agencies providing health and medical support during emergencies are expected to conform to the general guidance provided by our senior decision-makers and carry out mission assignments directed by the IC or EOC.

### **B. Continuity of Government**

1. Each department or agency with communications responsibilities shall establish a line of succession for communications personnel.

### **C. Disaster Area Medical Coordination**

1. In incidents involving significant damage to Hunt County medical facilities, each facility shall be responsible for determining its overall status and compiling a consolidated list of resources or services needed to restore vital functions. Each operating unit will report its status and needs to a single contact point designated by the facility. This facility contact should consolidate the data provided and report it to the Health and Medical staff in the EOC.
2. The Health Officer must be prepared to receive the consolidated requests and channel various elements of those requests to those local health and medical facilities as well as other departments, agencies, and organizations that can best respond. Requests for resources that cannot be obtained through normal sources of supply or through mutual aid by health and medical facilities outside the local area should be identified to the Logistics staff in the EOC for action.

## **Readiness Levels**

Refer to Basic Plan

# Administration and Support

## A. Facilities and Equipment

A complete listing of equipment is included in Appendix 1 of ESF Resource Support or is maintained internally by Hunt County.

## B. Records

1. Records generated during an emergency shall be retained for use in documenting costs, in accordance with internal SOPs and applicable legal guidelines.

Records should be protected from the effects of disaster as feasible. Should records be damaged, professional assistance in preserving/restoring such records should be obtained as soon as possible.

## C. Training

1. Staff shall be trained on their respective functions.

## D. Resource Data

1. A list of available resources shall be kept current and available to the County Health Officer.
2. A list of sources for necessary resources shall be kept current and stored by County Health Officer.

# Development and Maintenance

The Health Authority will maintain responsibility for the development and maintenance of this ESF.

The EMC, or their designee, will maintain responsibility for the regular testing of equipment related to this ESF, where such falls outside the SOPs of the responsible agencies.

# References

- A. Texas Division of Emergency Executive Guide (TDEM, Federal Emergency Management Agency (FEMA), Comprehensive Preparedness Guide (CPG-101), National Preparedness Goal, State of Texas Emergency Plan Communications (ESF 2)
- B. Division Of Emergency Management *Local Emergency Management Planning Guide*. (DEM-10)

## APPENDICES

1. Medical Facilities

## **Appendix 1: Medical Facility List**

(\*If attached appended at the end of Document)

[Local Health and Medical Facilities- ESF 8.docx](#)