

CHATHAM COUNTY EMERGENCY OPERATIONS PLAN

ESF-08 ANNEX
APPENDIX 8-2

DISASTER HEALTH AND MEDICAL SERVICES

AUGUST 2013





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RECORD OF CHANGES

- April 2013 – Complete re-write



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ACRONYMS

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| ARC | American Red Cross |
| CBRNE | Chemical, Biological, Radiological, Nuclear, Explosive |
| CCHD | Chatham County Health Department |
| CEMA | Chatham Emergency Management Agency |
| CHOC | County Health Operations Center |
| CPG | Command Policy Group |
| DEH | Department of Environmental Health |
| DFCS | Department of Family and Children Services |
| DMAT | Disaster Medical Assistance Team |
| EH | Environmental Health |
| EMS | Emergency Medical Services |
| EMT | Emergency Medical Technician |
| EOP | Emergency Operations Plan |
| ESF | Emergency Support Function |
| GEMA | Georgia Emergency Management Agency |
| GHA | Georgia Hospital Association |
| HSBD | Human Services Branch Director |
| JIC | Joint Information Center |
| JIS | Joint Information System |
| NDMS | National Disaster Medical System |
| O.C.G.A | Official Code of Georgia Annotated |
| PH | Public Health |
| PHAST | Public Health Advanced Strike Team |
| PIO | Public Information Officer |
| RCH | Regional Coordinating Hospital |
| SNS | Strategic National Stockpile |



SOP Standard Operating Procedure
USPHS U.S. Public Health Services
WMD Weapons of Mass Destruction



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I. INTRODUCTION

- A. In the wake of a disaster, there is a possibility of significant injuries, loss of human life, and issues of public health concern. Since a large number of casualties and community issues can overwhelm the existing health and medical structure, establishing/reestablishing health and medical services is critical. The type of health and medical services needed is depending on the situation; but basic physical, dental, and preventative care focusing on the long and short term needs of the community should be a priority.
- B. During an emergency of any magnitude, it is the expectation of the community that health and medical services will continue, maintained or be restored as quickly as possible after the event has occurred.

II. PURPOSE

- A. The purpose of this appendix is to outline the local organization, mobilization, operational concepts, responsibilities, procedures/guidelines to accomplish coordinated health and medical services to reduce death and injury during and after emergency situations that require the involvement of or activation of Public Health and Medical Emergency Support Function (ESF) -08.
- B. This appendix is utilized in conjunction with the Emergency Operations plan and provides more details about coordination of emergency provision of county's resources for health, medical, and pharmaceutical services post catastrophic event.

III. SCOPE

- A. Contents are broad in scope and do not replace the internal standard operating procedures (SOP)'s of the Chatham County Health Department (CCHD), Hospitals, Emergency Medical Services (EMS) providers, or private practices.
- B. This Appendix does not address Functional and Medical Needs (FMN) Evacuations, Crisis Counseling Coordination or Mass Fatality plans. These three areas of health concerns are addressed in additional appendices since they require additional details over and above the expected standards of care for the community.



IV. AUTHORITIES

- A. O.C.G.A. Title 31 gives specific responsibilities to the County Health Departments regarding their authority to perform certain duties and responsibilities within the boundary of their county.
- B. This Appendix is developed under the authority of the Chairman of the Board of the County Commission, Chatham County, Georgia; and the Director of the Chatham Emergency Management Agency (CEMA), Chatham County, Georgia. This Appendix supersedes all similar and previous versions to date.
- C. CEMA has the responsibility for compliance with the provisions of the Chatham County EOP; therefore will have primary responsibility for ensuring execution of activities outlined in supporting documents.
- D. CCHD through authority delegated from the Chatham County Board of Health (Governing Board) is responsible for providing support to this Appendix and will assist in coordinating resources and personnel to carry out the tasks defined in this document.

V. ASSUMPTIONS

- A. Hospitals, Public Health, EMS, and other ESF-08 partners have the capability to respond to an emergency 24 hours a day, seven days a week.
- B. A large-scale emergency or disaster event will cause sufficient casualties and/or fatalities to overwhelm local health, medical, and pharmaceutical service capabilities and will require maximum coordination and efficient use of resources.
- C. Public and private health and medical resources located in Chatham County will generally be available for use during disaster situations; but many of these resources, including human resources, could be impacted by the disaster.
- D. Sufficient notification of an impending need may not always be possible. The first 12 to 24 hours after the disaster in all-likelihood will be exclusively dependent on local and area resources.
- E. The public should not anticipate routine public health services, such as immunizations, special nutritional programs, or public health nursing services, routine dental care for at least 72 hours of a large scale disaster event.



- F. Public Health facilities, hospitals and health care facilities have a well written and executable Emergency Operations Plan (EOP). Information regarding hospital bed availability will be managed through the Georgia Hospital Association (GHA).
- G. Health and medical services agencies have planned and prepared to maintain emergency response capability under emergency or disaster conditions to the best of their ability.

VI. IMPLEMENTATION

- A. This plan can be implemented upon the recommendation of the Director of CEMA with the approval of the Chairman, Chatham County Board of Commissioners with the concurrence of the Mayors of the Municipalities, through the Command Policy Group (CPG) as appropriate.
- B. Under certain emergency circumstances the Deputy Director of CEMA can implement the activation of the ESF-08 resources at the EOC level or it can be implemented through appropriate lines of succession.
- C. In the event of a terrorist attack or pandemic disease outbreak requiring the request of the release of the Strategic National Stockpile (SNS), the Coastal Health District Director can activate the ESF-08 resources at the EOC through coordination Director or Deputy Director of CEMA.
- D. Once the decision is made to implement this Appendix or any part thereof, the ESF-08 representative will initiate the call system to alert the necessary staff for the activation of this Appendix.
- E. Emergency response and recovery operations coordinated by CEMA and ESF-08 will be conducted in accordance with the National Incident Management System.

VII. CONCEPT OF OPERATIONS

- A. General:
 - 1. With the potential for, or the occurrence of an event, CEMA Duty Officer (DO) will notify CCPH via telephone, text, or automated notification system. This notification could be to advise of a potential event, announce an activation of the EOC, or to pass a request from local jurisdiction officials requesting assistance.
 - 2. Depending on the size and scope of the incident, most health and medical operations will likely be conducted “on-site” under an ICS structure, while the Chatham EOC may serve as a central location



for ESF-08 interagency coordination, information management and sharing and executive decision making.

3. Priority of the Health and Medical response will be:
 - a. Utilization of local resources.
 - b. Mutual aid agreements with surrounding communities and health districts.
 - c. Assistance from State health and private resources.
 - d. Federal assistance. The one exception to this order of priority is in the event of a man-made (terrorist) event or pandemic outbreak where the immediate mobilization of the SNS is required.
4. ESF-08 response and recovery activities will be directed from the County EOC when it is activated and has become operational. If the EOC has not been activated, the ESF-08 coordinating agency will direct and organize response from the field, when necessary, until the EOC has been activated or the situation is mitigated.
5. CCPH is the coordinating agency for ESF-08 and is responsible for the coordination and assisting with the provisions of services addressing health and medical services, hospitals and health care facilities, pharmaceutical services, and FMN evacuation and return (Appendix 8-1).
 - a. To help support ESF-08 carry out the provisions of this Appendix, the two Georgia Hospital Association (GHA) hospital systems in Chatham County will provide a representative to the EOC to address hospital and health care facilities issues.
 - b. EMS, whether contracted or provided locally, will provide a representative to advise and address the issues of the EMS system.
 - c. Other agencies, as requested or needed, will be utilized to staff the EOC.
6. Because of the potential complexity of health and medical response issues and situations, conditions may require special advisory groups of subject matter experts (SME) to be assembled by the EOC.



7. ESF-08 may need to arrange for the use of facilities such as gymnasiums and community centers as temporary treatment facilities. Staffing and supply of temporary treatment facilities will be consistent with the ability to mobilize and transport staff and supplies from other medical facilities, temporary employment agencies or private medical suppliers. This may take up to 72 hours or more after a large event, such as a hurricane.
8. Assessments of health and medical service needs following a disaster will be provided thru Rapid Needs Assessments and Damage Assessment Teams conducting Preliminary Damage Assessments along with status inquiries to local hospitals and other health care facilities.
 - a. As soon as possible after a disaster, ESF-08 will survey the three county hospitals for an assessment of their status, patient population, and anticipated requirements for support or assistance.
 - b. The CCHD will deploy Public Health Advanced Strike Team (PHAST) group and/or District or State Environmental Health (EH) Strike teams, as required and available, to conduct initial damage assessment and to obtain information on specific, potentially serious, health and medical problems.
 - c. Status reports will be requested from municipal EOC's, if activated, as soon as communication permits and will continue throughout the duration of the event.
9. Communications
 - a. Communication will be in accordance with policies and procedures established by ESF-02. Internal communications for Public Health, EMS, and hospitals include hard wired phones, cell phones, SouthernLinc radios, and the 800MHz radio system. Public Health and hospitals also have a robust Amateur radio system.
 - b. The PIO for the Chatham County Health Department will work within the JIS to ensure information is disseminated regarding health and medical services.
 - c. Communications will be established between the EOC and facilities providing health and medical services post incident.



B. Health Services

1. General

- a. CCPH will activate PHAST groups and/or EH Strike teams to be field responders after an emergency or disaster or prior to disasters that have lead time, such as hurricanes.
- b. Teams can be deployed for disasters including natural and man-made disasters including Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) events.
- c. The EOC Human Services Branch Director (HSBD) will ensure site and operational logs of critical facilities and services established during the response and recovery are logged. This requires close coordination with ESF-06 and other partners regarding the location and availability of mass shelters and mass feeding sites.
- d. Communication will be in accordance with policies and procedures established by ESF-02. Internal communications for Public Health include hard wired phones, cell phones, SouthernLinc radios, and the 800MHz radio system. Public Health also has a robust Amateur radio system.
- e. The Public Information Officer (PIO) for the Chatham County Health Department will work within the Joint Information System (JIS) to ensure information regarding health and medical services are broadcast through all media means possible.

2. Manage public health and sanitation services

- a. ESF-08 will manage, track, and coordinate field-deployed assets supporting ESF-08 activities.
- b. CCHD will operate the County Health Operations Center (CHOC), if necessary, and will coordinate closely with the District Public Health to ensure adequate support is available. Out of county resources will be ordered through the Department Operations Center to ensure the best use of available assets requested through the State in support of the county.
- c. CCHD will assess public health impact and potential consequences posed by an emergency and determine appropriate course of action. CCHD and ESF-08 will ensure



that ESF-05 and the EOC Manager are kept informed of concerns and issues impacting the public health of the community.

- d. ESF-08 will coordinate with ESF-06 to support public health services during sheltering operations.
 - e. ESF-08 Health Services will continue services assistance and treatment throughout reentry and until health services issues are resolved and normal support channels are reestablished.
3. Determine need for health surveillance programs
- a. ESF-08 monitors the health of the general population and special high-risk populations, carries out field studies and investigations, monitors injury and disease patterns and potential disease outbreaks, and provides technical assistance and consultations on disease and injury prevention and precautions through district and state public health assets, local epidemiologists, etc.
 - b. Hospitals, health providers, and EMS providers will provide status updates to ESF-08 in the EOC about any potential health trends or issues of concern.
 - c. ESF-08 will coordinate with State on requesting epidemiological teams needed to monitor trends and carry out field studies to assess health and medical needs and identify issues with wastewater, solid waste disposal, and the threat of vector-borne diseases.
 - d. An emergency that may require isolation or quarantine of passengers on ships or planes will be coordinated with the appropriate authorities and the CDC and is detailed in the CCHD Disaster Manual.
4. Waste, Physical, and Chemical Hazards
- a. The health department will work with public, city, county and state agencies to develop and implement plans for the safe storage, collection, transportation and final disposal of solid waste.
 - b. ESF-08 will coordinate with agencies for issuance of notices of non-compliance or health related concerns on private



property through municipal code enforcement and county agencies.

- c. ESF-08 will assist in hazardous materials response through consultation, technical supports, public health notices, or deployment of personnel as requested
- d. ESF-08 will respond when requested and available to reported illnesses and complaints related to toxic chemical and/or physical hazards. Technical assistance is available regarding correct product storage and waste disposal.

5. Protection and Restoration of Potable Water Supplies

- a. The protection and restoration of potable water supplies and water treatment facilities is the responsibility of the county, municipal and private operators of such facilities. Operation of water treatment facilities is governed by applicable Federal, State, and local regulations and procedures. Restoration of these facilities following a disaster will be in accordance with the disaster plan for each facility.
- b. Information pertaining to the status of water treatment facilities will be collected by ESF-03 and coordinated with ESF-08 for assessment of potential public health hazards. When a determination has been made that a threat to public health exists because of contamination of water systems, ESF-08 will work with ESF-15 to coordinate the release of information and instructions to the public by the fastest available means
- c. Accurate timely estimates for required repairs should permit the health department and public works to identify appropriate interim measures such as rationing, expedient water treatment, or construction of temporary water delivery systems.
- d. The Chatham County Health Department will conduct testing as requested on both public and private water systems to determine quality and/or suitability for human consumption.

6. Vector Control

- a. CCHD has limited vector control capabilities. Upon assessment and determination of a major pest or rodent control problem in the post-disaster period, assistance will be required through the State EOC.



- b. Potential support will be:
 - 1) Provide and/or coordinate available vector control equipment and supplies.
 - 2) Providing technical assistance and consultation on protective actions regarding vector-borne diseases
 - 3) Providing technical assistance and consultation on medical treatment of victims of vector-borne diseases

7. Food Safety

- a. CCHD will preform on-site inspections to ensure emergency food supplies are stored and dispensed at feeding stations in a safe and sanitary manner
- b. CCHD will conduct inspections of school facilities, nursing homes, and child care facilities in response to public health problems occurring in the post-disaster period.
- c. CCHD will conduct routine inspections of commercial facilities and will respond to emergency requests in disaster areas to access food safety.

8. Laboratory testing Facilities: CCHD maintains an emergency laboratory plan that identifies facilities available for analysis of health and environmental samples both within Chatham County and outside of Chatham County.

C. Medical and Dental Services

1. Medical Personnel Response

- a. PHAST groups are the responders for Public Health. Operations of Medical Services will be conducted in accordance with the policies and procedures outlined in the PH Policies, Procedures, Standing Orders and SOPs for Disaster Response.
 - 1) PHAST groups will carry out the initial needs assessment of the County following any emergency or disaster.
 - 2) PHAST can be deployed for disasters including natural and man-made disasters including CBRNE events.



- b. Hospitals in Georgia operate under a GHA Regional Mutual Aid plan. Chatham County Hospitals and surrounding areas combine to make the Region J hospital district. Emergency staffing and surge support would come from the GHA structure and plan.
 - c. EMS providers will utilize available resources within Chatham County, first. When additional resources are needed, the County EMS provider would request additional resources through the Region 9 EMS Program Director for additional state resources. When open, this request would go through the County EOC.
 - d. Staging area for incoming medical personnel will be handled per the incident. An attempt will be made to get people to one overall location to register; however, that may not always be possible.
 - e. Chatham County does not maintain a roster of active and formerly active healthcare/medical personnel available to support emergency response activities. Once an incident has been stabilized, if needed, a volunteer reception center could be activated to support the arrival of volunteers.
2. Organization and Control of restoring medical services will be maintained by the medical director or his/her designee. The Policies, Procedures and Standard Operating Procedures (SOP) to this section are in hard copy and are maintained by the responsible parties charged with maintaining and updating them by the medical director.
3. Critical Functions outlined in the Policies, Procedures, Standing Orders and SOPs for Disasters include but are not limited to: provision for and support to the EMS system to insure Advanced Life Saving (ALS) and Basic Life Saving (BLS) Emergency Medical Technicians (EMT), and Paramedics are available, restoration of the health care system including support to private practice physicians, emergency clinics and the hospital systems in Chatham County and coordination with GHA, disease surveillance and investigations, preventative medicine, restoration of dental health care system, and provisions for mental health services.
4. Tracking of activities is the responsibility of the Human Services Branch Director. ESF-08 will have site and operational logs of critical facilities and services established during the response and recovery. This requires close coordination with ESF-06 regarding



the location and availability of mass shelters for medical care monitoring in the shelter environment.

5. Emergency Re-supply of Medical Resources: ESF-08 is responsible for ensuring necessary medical services and resources are provided in Chatham County during and following a disaster.
 - a. When medical supplies available in the county are exhausted, re-supply will be attempted through normal commercial channels.
 - b. When re-supply channels are not sufficiently responsive, ESF-08 will develop priority lists of critical items. These requirements will be forwarded to the District Public Health. The district will coordinate out of county resources to ensure the best use of available assets requested through the State in support of the county.
 - c. Emergency medical supplies coming into Chatham County will be directed to the designated staging area, if one is set up. Upon arrival, such supplies will be inventoried, classified, and reported to the EOC. Medical supplies will be reported to ESF-08 for distribution based on established priorities. If the situation does not warrant a designated centralized staging area, supplies will be directed to location designated on the logistic request form.
 - d. Staging area for incoming medical vehicles will be handled per the incident. The attempt will to get vehicles and resources to one overall location to register; however, that may not always be possible.
 - e. ESF-08 is responsible for the requesting and support of any National Disaster Medical System (NDMS) assets needed to assist with the response and recovery efforts. The Federal assets include but are not limited to NDMS system including Disaster Medical Assistance Team (DMAT), U.S. Public Health Service (USPHS) medical system assets, and military medical assets.
6. Medical Treatment
 - a. Determine the number and type of casualties and establish staging areas and initiate triage procedures.
 - b. The primary source of medical assistance during emergencies will be the established hospitals operating in



Chatham County. Hospitals will determine, within their internal plans, which normal activities and facility accommodations can be curtailed or shifted to allow for increased emergency capacity.

- c. Additional sources of emergency medical care are the clinics operated by the county and private enterprises. The availability of the clinics will be determined by ESF-08 following a disaster and information distributed to the public through ESF-15.
- d. Hospitals will coordinate through the Regional Coordination Hospital (RCH) and GHA as defined in the Health Care Facility Coordination plan (Appendix 8-3).
- e. When the hospitals are unavailable, damaged, or additional emergency medical centers are needed, ESF-08 will coordinate for establishment of needed staging areas for medical personnel and medical centers. This will be distributed to the public through ESF-15.
- f. If a Portable Field Hospital is needed, local hospitals along with the RCH and the GHA will play a role in the activation and supporting of such facility. The RCH will notify GHA if resources are needed from outside of its region, in accordance with the Health Care Facility Coordination Plan (Appendix 8-3)
- g. The primary mission of EMS during emergencies will be to provide rapid response to requests for emergency medical triage, treatment and transportation of victims to appropriate medical facilities.
- h. In some cases, especially in regards to the Island areas, medical care may be limited especially post-hurricane. In these cases, requests from the community will have to come to the EOC for allocation of resources.
- i. ESF-08 Medical Services will continue services assistance and treatment throughout reentry and until medical issues are resolved and normal support channels are reestablished.
- j. ESF-08 will coordinate with ESF-06 to support medical services during sheltering operations.



D. Pharmaceutical Services

1. Although pharmaceuticals are an integral part of the medical care system they pose unique issues when a community has been hit by a major disaster. These issues include but are not limited to:
 - a. Citizens who no longer have access to their pharmacies.
 - b. Health care facilities that no longer have access to contract pharmacies.
 - c. Shipment, receipt and storage of large amounts of prescription drugs and controlled substances to the hospitals whose pharmacies may be damaged and are unable to provide control and security of such drugs.
 - d. Activation of the SNS along with the requirements for storage, security and control of such stocks coming into Chatham County.
2. The Pharmaceutical Program is carried out through the combined efforts of private pharmacies, hospitals, and public health. Coordination of efforts is one of the responsibilities of the ESF-08 in the EOC. Pharmacy programs must be planned for and included in any and all disasters including natural and man-made disasters including CBRNE events.
3. Private Pharmacies should have active disaster plans. It is not the intention of this plan to override those plans but ensure the plans are integrated into the overall EOP for the county. This will ensure the plan is as seamless as possible and critical pharmaceutical services are available to responders and the returning public following any emergency or disaster. The Policies, Procedures and SOPs of private pharmacies are the responsibility of the various companies but should be included as part of the overall ESF-08 Appendix.
4. Hospital Pharmacies also have written plans, policies and procedures for maintaining the hospital-based pharmacy program. As in the case of private pharmacies, MUMC and SJC have well established programs designed to address any contingency of a disaster or emergency. These plans rely upon private vendors, mutual aid agreements with other hospitals, state assets and federal assets. This includes but is not limited to NDSM system including DMAT, USPHS medical system assets, and US military medical assets. Additionally, private non-profit programs can also



supplement both the hospital pharmacy programs and private pharmacy plans.

5. The assets included in the SNS are available only through the Public Health System. In the event of a terrorist attack involving CBRNE, or in the event of a natural pandemic outbreak the SNS will be requested and activated through a request from the District Health Director of the Coastal Health District. If assets from the SNS are utilized, ESF-08 will coordinate the receipt, storage distribution and dispensing of the pharmaceuticals and supplies. This entails a massive coordinated effort with private, hospital and public health pharmacists.
6. Chatham County Public Health maintains a comprehensive SNS plan that funnels into the State SNS plan.
7. Chatham County has no capability to conduct inspections of drugs to ensure safety. Such precautions should be taken by health care facilities and health care providers. When problems are identified, ESF-08 will coordinate requests for assistance from State and Federal sources through the State EOC.
8. Communication will be in accordance with policies and procedures established by ESF-02. Internal communications for Public Health include hard wired phones, cell phones, SouthernLinc radios, and the 800MHz radio system. Public Health also has a robust Amateur radio system.
9. The PIO for the Chatham County Health Department will work within the JIS to ensure information regarding the location and hours of operations pharmacies established during the response and recovery, and where preventative care clinics are established for such services as vaccinations and immunizations.

VIII. RESPONSIBILITIES

- A. Executive Agent: Chatham Emergency Management Agency (CEMA) is the overall coordinator for Chatham County in disasters and emergency management, CEMA is responsible for the following activities when an EOC activation including ESF-08 is to be initiated:
 1. Facilitate planning between emergency support functions and Georgia Emergency Management Agency to ensure the health and medical services necessary to sustain a quality of care for the citizens of Chatham County is maintained.



2. Assist the Chatham County Health Department with any transportation needs they may have to operate health care facilities and to move critical medical stocks, vaccines and medicines needed through the SNS.
 3. Coordinate security to any health care facility established or operated under the purview of ESF-08 including to but not limited to hospitals, clinics, dispensing sites and storage sites of pilferable supplies, vaccines and medicines.
 4. Assist the Chatham County Health Department in locating physical sites or buildings if the need for the establishment of health care facilities requires such actions.
 5. Support coordination for housing for the critical workforce that are necessary for the emergency or disaster.
- B. Chatham County Health Department: Coordinate the actions and carry out the responsibilities of ESF-08 including the implementation of plans and activities of responsible parties for health and medical services, hospitals and health Care facilities. Activate the County Health Operations Center (CHOC).
1. Conduct initial assessments of health and medical needs.
 2. Hold at least quarterly meeting to ensure planning functions are carried out to support this ESF.
 3. Participate in drills and exercises to evaluate local capabilities to carry out the duties prescribed by this ESF.
 4. Work with private resources and with volunteer organizations to ensure adequate support will be available to support this ESF.
 - a. Assist response for: Hazardous materials
 - b. Safety of food and drugs
 - c. Radiological hazards
 - d. Mental health problems victims
 - e. Vector control
 - f. Potable water/wastewater/solid waste
 - g. Victim identification/mortuary services



5. Maintain records of expenditures and document resources utilized during response and recovery efforts.
- C. Chatham County Hospitals and Health Care Facilities:
1. Develop emergency and disaster plans appropriate with all hazards recognized for Chatham County.
 2. Participate in Disaster drills and exercises.
 3. Provide support personnel to the EOC upon request by the Chatham County Health Department to address issues and responses to emergencies and disasters in the county.
- D. CEMA Director is responsible for the activation of the EOC. CEMA will also ensure adequate space is provided for the ESF-08 representative in the EOC.
- E. CEMA Deputy Director: The CEMA Deputy Director (Deputy) provides the leadership role in CEMA Operations. He takes recommendations from the CEMA Duty Officer (DO) and determines the need for response actions, EOC activations, and other CEMA functions through consultation with the CEMA Director. In the event activation of the EOC is ordered, the Deputy will make notifications to CEMA Staff and the GEMA Area V Field Coordinator. He will take the responsibilities of the CEMA Director when required.
- F. ESF-08 Group Supervisor: The ESF-08 Health and Medical Primary Coordinator serves as the community coordinator for ensuring the actions defined by the ESF are coordinated throughout the County and to coordinate input and planning with a multitude of ESF-08 Support Agencies. This position has the responsibility to manage this planning effort and export information to emergency response partners. The ESF-08 Primary Coordinator also serves as CEMA's SME for Health and Medical events and coordinates the staffing of the ESF-08 Health and Medical Group Supervisor position in the EOC. The ESF-08 Primary Coordinator is managed through the Chatham County Department of Public Health. Request for additional support for the Health Services, medical or pharmaceuticals program will be sent through the ESF-08 representative from the CHOC to the SOC. Requests that cannot be filled from the SOC will go from the SOC to FEMA.
- G. EMS providers are responsible for supporting the emergency or disaster by providing representation to the EOC when requested, providing transportation for medical emergencies both within and outside of the county, and supporting medical services at disaster facilities.



- H. Private Pharmacists are responsible for working with their parent companies to ensure there is a robust and usable plan in place to address the pharmaceutical supply system. This plan should include mutual aid and vendor managed stocks of pharmaceutical that can be made available should an emergency or disaster occur in Chatham County.
- I. Hospital Pharmacists work closely with their facility to ensure the hospitals have the necessary stock of pharmaceuticals needed to supply their patients. They will also include mutual aid and vendor managed stocks as part of their contingency plan to ensure the hospitals can meet necessary needs of the community.

IX. MANAGEMENT AND MAINTENANCE

- A. CEMA is the executive agent for Appendix management and maintenance. This and supporting documents will be updated periodically as required to incorporate new directives and changes based on lessons learned from exercises and actual events. This section establishes procedures for interim changes and full updates of the Exhibit.
- B. Types and Changes: Changes include additions of new or supplementary material and deletions. No proposed change should contradict or override authorities or other plans contained in statute, order, or regulation.
- C. Coordination and Approval: Any department or agency with assigned responsibilities within the Tab may propose a change to the plan. CEMA is responsible for coordinating all proposed modifications to the Appendices with primary agencies, support agencies and other stakeholders. CEMA will coordinate review and approval for proposed modifications as required.
- D. Notice of Change: After coordination has been accomplished, including receipt of the necessary signed approval supporting the final change language, CEMA will issue an official Notice of Change. The notice will specify the date, number, subject, purpose, background, and action required, and provide the change language on one or more numbered and dated insert pages that will replace the modified pages in the EOP, Annex, or supporting documents. Once published, the modifications will be considered part of the EOP for operational purposes pending a formal revision and re-issuance of the entire document. Interim changes can be further modified or updated using the above process.
- E. Distribution: CEMA will distribute the Notice of Change to all participating agencies. Notice of Change to other organizations will be provided upon request. Re-issuance of the individual Appendix or the entire EOP will take place as required. Working toward continuous improvement, CEMA is



responsible for an annual review and update of the EOP to include related annexes, and a complete revision every four years (or more frequently if the County Commission of GEMA deems necessary). The review and update will consider lessons learned and best practices identified during exercises and responses to actual events, and incorporate new information technologies.