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North Slope Borough Emergency Operations Plan 216
Approved 2007
Emergency Operations Guide

SECTION 9: HEALTH AND MEDICAL SERVICES
Emergency Operations Guide

INTRODUCTION

Health and Human Services deals with the activities that are associated with lifesaving: transport, evacuation and treatment of the injured, disposition of the dead, and disease control activities related to sanitation, preventing contamination of water and food supplies, etc., during response operations and recovery operations. It focuses on health and medical problems under emergency conditions of varying scopes.

DESCRIPTION

This section describes policies and procedures for mobilizing medical resources and public health problems under disaster emergency conditions. Approaches for dealing with mass casualty and mass fatality situations are covered.

CONCEPT OF OPERATIONS

Emergency Medical Services

The provider of emergency medical services (EMS) within the North Slope Borough is the North Slope Borough Emergency Medical Services and Barrow Fire and EMS.

Additional EMS resources may be available through mutual aid with surrounding private resources located at Prudhoe Bay, Deadhorse or nearby drilling operations as well as various State of Alaska and federal government resources which can be accessed by contacting the Alaska Division of Homeland Security and Emergency Management and requesting assistance.

The local government will be the agency responsible for establishing the on-scene Incident Command Post utilizing the Incident Command System, special ICS structure for a multi-casualty incident, using either single or unified command as appropriate. If local capacity to establish command is exceeded, or if disaster emergency authority has not been allocated to the local government, then the North Slope Borough is responsible for establishing the ICS.

A triage system would be initiated with initial care provided in the field and secondary care provided at the hospital or local clinic. In the event that the hospital/clinic facility is overwhelmed with patients, provisions for the transfer of patients to the appropriate medical facility would be the responsibility of the hospital/clinic in coordination with the Incident Management Team commanding the incident.
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Fatality Management
At present, the hospital has the capacity to hold two (2) deceased patients. Other communities may have a cooler or temporary cooling facilities that are very limited in capacity. There are no full time private mortuary services provided in the region.

In the event of a multi-fatality incident, procedures to set up a temporary morgue will have to be initiated through the State of Alaska. The State of Alaska Medical Examiner is responsible for the collection, identification and disposition of deceased persons and human tissue from a multi-casualty incident. In addition, FEMA has the capability to provide Disaster Mortuary Assistance Teams (DMORT) to respond to the scene of a multi-casualty incident. Both the State Medical Examiner and FEMA DMORT can be accessed by contacting the Alaska Division of Homeland Security and Emergency Management and requesting assistance.

NOTE: See Appendix B, this section, for temporary morgue services checklist.

Public Health
The North Slope Borough does have limited public health services through Public Health Nursing. Public health concerns during a disaster emergency such as identifying and controlling environmental health hazards, issuing health advisories to the public on emergency water supplies, waste disposal, disease vectors, food monitoring at mass care facilities, immunizations and disinfection would be the responsibility of the State of Alaska Department of Health and Social Services which can be accessed by contacting the Alaska Division of Homeland Security and Emergency Management and requesting assistance.

Mental Health
Mental health services in the North Slope Borough are provided for by the Borough. To access those services, the Community Mental Health Clinic can be contacted directly during normal business hours or through the NSB Dispatch after hours. There is a clinician on-call for after hours contact. Other agencies such as the American Red Cross, The Salvation Army, various religious clergy and others can provide personnel and counselors to aid in delivering mental health support to victims and families affected by a disaster emergency. In addition, State of Alaska resources for mental health services can be accessed by contacting the Alaska Division of Homeland Security and Emergency Management and requesting assistance.

Mental health support for the responders involved in a multi-casualty incident is provided by the regional Critical Incident Stress Debriefing Team (CISD Team). This team is activated through a request by the North Slope Borough - Office of Emergency Management and consists of trained members from various communities and agencies to aid responders in dealing with critical stress relating from the incident.
APPENDIX A
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MULTI-CASUALTY INCIDENT MANAGEMENT

RESPONSE OPERATIONS GUIDELINES

Emergency Medical Services

___1. Implement the Multi-Casualty Incident Command System which will establish an emergency medical organization within the Incident Command System.

   NOTE: See Section 11, Organizing for Special Incidents, Multi-casualty Incident, this volume.

___2. Respond to the disaster scene with emergency medical units.

___3. Provide personnel and equipment to administer emergency medical assistance at the disaster scene.

___4. Coordinate with hospitals and other public health services organizations to ensure all medical operations are thoroughly integrated.

___5. Assist in the triage of the injured, as appropriate.

___6. Coordinate with local and regional hospitals to ensure causalities are transported to the appropriate hospital.

___7. Provide appropriate emergency medical supplies for disaster use.

___8. Maintain updated resource inventories of emergency medical supplies and equipment.

___9. Maintain a casualty/patient tracking system.

___10. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.) and radio or telephone communications with hospitals, as appropriate.

___11. If appropriate, provide information through the PIO to the news media on the number of injuries, deaths, etc.

Law Enforcement

___1. Assist Medical Examiner in the identification of fatalities.

___2. Provide for the security, property protection, and evidence collection.
Hospitals
___1. Implement hospital disaster plan.
___2. Establish and maintain field and inter-hospital medical communications.
___3. Provide medical guidance, as needed, to EMS units, field collection and/or treatment locations, etc.
___4. Coordinate with medical response personnel at the disaster scene to ensure that casualties are transported to the appropriate medical facility.
___5. Distribute existing patients to and among hospitals based on capability to treat, and bed capacity, including transfers out of the area and/or rerouting to alternative facilities.
___6. Make available upon request qualified medical personnel, supplies and equipment located in the jurisdiction.
___7. Coordinate with other area hospitals involved in caring for the injured.
___8. Maintain liaison with the coordinators of other emergency services such as fire and rescue departments, law enforcement, public works, emergency management agency, etc.
___9. If appropriate, provide information through the PIO to the news media on the number of injuries, deaths, etc.
___10. Assist in the reunification of the injured with their families.

Medical Examiner
___1. Coordinate local resources used for the collection, identification, and disposition of deceased persons and human tissues.
___2. Select an adequate number of qualified personnel to start temporary morgue sites.
___3. Establish collection points to facilitate recovery operations.
___4. Coordinate with search and rescue teams.
___6. Designate an adequate number of persons to perform the duties of Deputy Coroner.
___7. Protect the property and personnel effects of the deceased.
___8. Notify next of kin of the deceased.
___9. Establish and maintain a comprehensive record keeping systems for continuous updating and recording of fatality numbers.
___10. Submit requests for mutual aid assistance if required.
___11. Provide information through the PIO to the news media on the number of deaths, morgue operations, etc., as appropriate.
Medical Examiner (cont):

12. Coordinate services of:
   - Funeral directors and morticians.
   - Other pathologists
   - The American Red Cross for location and notification of relatives.
   - Dentist and x-ray technicians for purposes of identification.
   - Law enforcement agencies for security, property protection, and evidence collection.

Military Agencies

1. Provide support to medical operations during disaster (direction of the Governor).

American Red Cross

1. Provide food for emergency medical workers and patients if requested.
2. Maintain a medical evacuee tracking system.
3. Assist in the notification of the next of kin of the injured and deceased.
4. Assist with the reunification of the injured with their families.
5. Provide first aid and other related medical support at temporary treatment centers, as requested, and within capability.
6. Provide supplementary medical, nursing aid, and other health services upon request and within capability.
7. Provide assistance for the special needs of the handicapped, elderly, orphaned children, and those children separated from their parents.

Mental Health Agencies

1. Ensure professional psychological support is available for victims and involved personnel (on an as needed basis) during all phases of the disaster.
2. At inpatient facilities:
   - Care for patients who reside in mental health facilities during disaster and emergency conditions.
   - Implement the mental health facility disaster plan.
   - Coordinate the evacuation of patients from damaged or threatened mental health facilities.
   - Protect and provide security for those people committed to inpatient mental health facilities.
   - Prepare for and coordinate the reception of mental patients evacuated from other such facilities.
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Accident Investigation
The National Transportation Safety Board (NTSB) is responsible for accident investigations on all aircraft, and selected accidents involving surface transportation. The FAA may assist the NTSB in accident investigation. Investigations of accidents involving public use aircraft (public use aircraft are those aircraft used by government entities) are normally conducted by the agency operating the aircraft. Coordination of the incident with these agencies is vital. None of the investigative agencies have the authority to direct emergency services during the rescue phase, but they may direct the removal of bodies and debris. It is NTSB policy to be on the scene of a major accident as soon as possible. In minor accidents, the FAA, instead of the NTSB, may respond to the scene.

It is vital that the Incident Commander contact the NTSB prior to removing deceased victims, or moving aircraft wreckage. This can be accomplished by contacting any FAA facility, or directly calling the NTSB.

Debris Removal and Scene Security
Mass casualty scenes involving public transportation (e.g. airlines, cruise ships, ferries, buses, trains, etc.) should be treated as a crime scene. Removal of accident-related debris from the impact area, except as necessary to facilitate rescue, should not be attempted by emergency response personnel without clear direction from the appropriate authority. Accident investigation is highly dependent upon the preservation of the accident scene which should be maintained in as close to impact condition as possible. Removal of debris will ordinarily be accomplished by, or under the direction of, investigative agencies such as the NTSB or FAA. Scene security is of extreme importance, and shall take place under the direction of law enforcement.

When responding to and securing the scene of a transportation accident, the following steps shall be considered:

1. If bodies must be removed prior to the arrival of investigators, attempt to identify the victim, and mark the position in which the body was found. The location and position of bodies may be valuable clues to the cause of the accident. Assign a photographer to document accident scene, and the location of bodies prior to their removal. The following procedure shall be used prior to, and during removal:
   a. Use spray paint to number the location of each body, making sure the number is easily visible on the ground, or on debris next to the body.
   b. Photograph the scene, making sure the number will appear in the photograph.
   c. Mark the body bag with the same number.
   d. Place body in body bag.
   e. Bags for personal effects should be marked with the same number.
   f. Subsequent paperwork should reference the same number.

2. Mark cuts or tears in metal or other materials made in order to rescue victims to differentiate them from those which were the result of the accident.

3. Protect the scene from "souvenir" hunters. This may require lighting the scene at night to ensure a secure perimeter.
Logistical Support
The following is a partial listing of possible sources of additional medical services providers during a multi-casualty incident coordinated through the Alaska Division of Homeland Security and Emergency Management:

Medical Response Teams. Identify pre-organized disaster teams available within the jurisdiction. Mutual aid from neighboring jurisdictions, state sources such as National Guard or militia units, federal sources such as military, Centers for Disease Control, and National Disaster Medical Systems sources.

Additional Personnel. These are additional sources of health and medical personnel that can be used to augment disaster medical teams. They include:

1. Local government EMS personnel from medical and public health agencies and fire, police, public work and other emergency services departments. Among these would be general physicians, specialists, nurses, laboratory and x-ray technicians, ambulance crews, etc.
2. State employed general physicians, specialists, nurses, laboratory and x-ray technicians, ambulance crews, etc.
3. Volunteer/bystander health professionals including general physicians, specialists, nurses, laboratory and x-ray technicians, ambulance crews, etc.
4. U. S. Public Health Service Teams to include Disaster Medical Assistance Teams (DMAT) and Veterinary Medical Assistance Teams.
5. Other volunteer medical personnel from throughout the State.
6. U. S. Armed Forces and the U.S. Coast Guard
7. Indian Health Service
8. Department of Veterans Affairs personnel.
9. Volunteer medical personnel from other states.

The following are some of the potential sources for support needs of the organizations performing health and medical functions on the Incident Management Team commanding a multi-casualty incident.

Sources of medical supplies and equipment.
1. Local stores of supplies (hospitals, clinics, pharmacies, emergency vehicles, local government resources, etc.).
2. Mutual aid from jurisdictions not affected by the disaster.
3. Private sector suppliers in the State.
4. Private sector health care organizations that maintain a supply system for medical supplies and equipment.
5. National Disaster Medical System (includes U.S. Department of Defense, Department of Health and Human Services, Department of Veterans Affairs, American Veterinary Medical Association, and FEMA).
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Transportation of medical/health supplies, personnel and equipment:
1. Local government-owned and commercial fixed-wing aircraft, rotor-wing aircraft, trucks and buses.
2. U.S. Armed Forces fixed and rotor winged aircraft, trucks and buses.
3. Ambulance services.
5. Limousine and taxi companies.
6. Mortuaries (for hearses).
7. Four-wheel drive and high clearance vehicles for medical evacuations under bad weather or terrain conditions.
8. Village Search and Rescue teams- snow machines, boats

Care for Families of Victims
Special care should be taken to provide up-to-date information to friends and family of victims. Consideration should be given to keeping all such people in a central location where they can be protected from the press, and where information can be provided as it becomes available. These services will usually take place under the direction of other entities, such as the operator of the facility or the airline in the event of an air disaster. The Public Information Officer should expect calls from relatives, the press, and concerned citizens, and may be requested to assist in providing information to friends and families of victims.

For airline or air transport accidents the American Red Cross is responsible for the coordination of services to families and survivors.

Assign a member of the clergy, a social worker, to each family, if possible.

Mass Fatalities
Under normal circumstances, determination of the cause of death, investigation of the scene of the fatality, disposal of human remains, and notification of next of kin is the responsibility of the Medical Examiner. However, in the event of a catastrophic disaster, the local jurisdiction may become responsible for those functions. If an event causes multiple fatalities, the following process shall be followed:
1. Contact the Office of the Medical Examiner, and determine its ability to respond to the incident. If the Office will be unable to dispatch law enforcement, fire, or emergency medical services personnel with instructions to:
   a. Determine and document the cause of death to the best of their ability.
   b. Photograph scene.
   c. Obtain body bags, and place personal effects with body.
   d. Confirm identification if possible.
   e. Transport remains to funeral home or temporary morgue.
   f. Relay identification of deceased (if that can be determined) to the Planning Section.

2. With the approval of Command, the Planning Section will contact funeral home directors, police and fire chaplains, clergy, American Red Cross and others to notify the next of kin.

3. The Planning Section will provide copies of documentation to the Office of the Medical Examiner.
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TEMPORARY MORGUE SERVICES CHECKLIST

Temporary morgues may be necessary in the event of an incident which results in either damage to existing mortuary facilities, or numbers of fatalities which exceed their capabilities. Identification of victims may be a long and complicated process. Facilities that might be used as temporary morgues include school receiving areas or shops, armories, or other secure, cool buildings. Facilities should provide:

1. A receiving entrance protected from public view.
2. A plainly marked general information area, easily accessible, and where it will not interfere with free passage to the operational area.
3. A waiting room and public restrooms.
4. Separate rooms for interviews with individuals seeking missing persons.
5. Private viewing rooms for identification purposes.
6. Telephone area and personnel adequate to handle incoming and outgoing calls.
7. Working area for the press.
8. Working area for the clergy.

In addition to the above, the facility should provide work spaces with the following provisions:

1. Storage space for bodies. Should be divided to provide segregated areas for each of the following: male adults, female adults, male children, female children, and those whose sex cannot be determined.
2. 220 volt, AC current for X-ray equipment.
3. Tables for examination.
4. Running water.
5. Good ventilation.
6. Good lighting.
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DESCRIPTION

The North Slope Borough Incident Management Team staff has the authority under emergency conditions to establish priorities for the assignment and use of all borough resources and personnel. The North Slope Borough will commit all its resources, if necessary, to protect lives, property and the environment.

During a major emergency, it will be necessary to make difficult choices among competing requests for the same resource. To ensure that the status of resource requests and commitments can be maintained throughout the emergency, the Logistics and Planning Sections of the Incident Management Team staff will track resources assigned to the emergency. The Operations Section will assist in identifying resource needs, and resources that can be released from the incident.

The Incident Commander has the overall responsibility for establishing resource priorities based on the incident objectives. In a situation where resource allocations are in dispute, the Incident Commander has the final allocation authority. In the event of a long-term emergency affecting major borough, village, state, private or regional operations, the MAC Group will convene to assess borough and other agency response efforts and priorities for the Incident.

The Operations, Logistics and Planning Sections have primary responsibility for coordinating the resource management effort, including:

OPERATIONS SECTION
1. Provides the Incident Management Team staff with additional resource needs.
2. Identifies resources which are excess and can be released or reassigned.

PLANNING SECTION
1. Provides the Incident Management Team staff with a timely inventory of needs and commitments.
2. Identifies those public facilities essential to the community, provides a recommended priority list to the Command and General Staff, and assists in the coordination of facility repair and restoration of services.

LOGISTICS SECTION
1. Serves as the primary point of contact for resource requests from the Incident Management Team staff, cooperating jurisdictions, and resource management organizations.
2. Resource lists appear in the Resource Manual, Volume 4 of this plan. In addition, each department is responsible for developing and maintaining mutual aid agreements to augment resources, and department-specific inventories of resources which might be available to them in an emergency.
GENERAL GUIDELINES

Under emergency conditions, members of the North Slope Borough Incident Management Team and the Borough Mayor will allocate resources according to the following guidelines.

1. Deploy resources according to the following priorities:
   a. Protection of life
      i. Responders
      ii. At risk populations
      iii. Public at large
   b. Incident stabilization
      i. Protection of mobile response resources.
      ii. Isolation of the impacted area.
      iii. Containment (if possible) of the incident.
   c. Property conservation
      i. Protection of public facilities essential to life safety or emergency response.
      ii. Protection of the environment where degradation will adversely impact public safety.
      iii. Protection of private property.

2. Distribute resources in a manner that provides the most benefit.

3. Coordinate citizen appeals for assistance through the Public Information Officer at the EOC. Citizens will be given information through local media about where to make these requests.

4. Escalate the activation of other available resources by activating mutual aid agreements with other jurisdictions or requesting state assistance.

5. Should the emergency be of such magnitude that all local resources are committed or expended, the Borough Mayor will request assistance from state and federal sources.

6. Activation of borough, state, and/or federal resources will be accomplished in a timely manner through a request for declaration of a disaster emergency.
EMERGENCY FISCAL MANAGEMENT

During a disaster emergency, the North Slope Borough is likely to find it necessary to redirect borough funds in order to facilitate an effective response. Although the authority to adjust department budgets and funding priorities rests with the Borough Assembly, emergency procurement authority is delegated to each department director as provided for in Borough Code. The Borough Finance Director shall establish any incident specific policies or guidelines for emergency procurement or funding requirements.

Tracking the expenditures related to an incident is the responsibility of the Finance Section on the Incident Management Team. This section will be staffed by members of the Borough Finance Department.

If a disaster in the North Slope Borough requires redirection of borough fiscal resources beyond the procurement authority of department directors, the following general procedures will be followed.

- The North Slope Borough Assembly will meet in emergency session to decide how to respond to the emergency funding needs.
- If a quorum of Assembly Members cannot be reached, and if a prompt decision will protect lives, community/regional resources and facilities, the environment, or private property, the Borough Mayor, as provided for in Borough Code, may act on emergency funding requests.
- In order to facilitate tracking of financial resources committed to the incident, and to provide the necessary documentation should a disaster declaration be necessary, a separate charge code for all incident-related personnel time, losses, and purchases will be established by the Finance Section or department.
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INCIDENT COMMAND

North Slope Borough emergency response to a major event may involve a variety of local, borough, state, federal, and private sector resources. No single agency or department will have the necessary resources to carry out all response activities. Coordination, direction and control of all response resources will be provided by the Incident Management Team organization that's managing the incident.

In a major emergency, or if an incident is one part of an area-wide disaster, the Emergency Operations Center (EOC) will be activated, and the Incident Command System and structure described in the Incident Command System Section of this volume and the EOC Guide will be implemented. When the EOC is activated, overall incident management, direction and control will come from the Incident Commander and staff of the Incident Management Team. On-scene tactical direction and control will remain the responsibility of the Operations Section Chief.

MUTUAL AID

The North Slope Borough maintains mutual aid agreements, either formal or informal, to facilitate bringing additional resources to the scene of an emergency. The Office of Emergency Management is responsible for developing future agreements necessary to augment available resources. Copies of current approved mutual aid agreements are maintained by the Office of Emergency Management.
DONATIONS MANAGEMENT

During a major disaster emergency, the issue of donations usually arises. There are two categories of donations, solicited and unsolicited.

Solicited donations occur when high priority needs cannot be satisfied quickly through procurement and hiring, or when cost begins to outweigh time as a consideration and an appeal is made through the Logistics Section with coordination with the Public Information Officer for donations of the specific good and/or services required.

Unsolicited donations occur when goods and services pour into the area impacted by the disaster emergency due to the generosity of people who perceive that the goods and services are needed, or due to the poorly communicated resources needs of the Incident Management Team. Sometimes these donations are totally inappropriate and/or far in excess of local needs. Recipient communities must be prepared to handle this influx of goods and services.

The management of donations can be dealt with in either of two ways: the appointing of a Donations Manager within the Logistics Section on the Incident Management Team, or the delegation of donations management work to voluntary agencies such as the Seventh Day Adventist Church, or the Alaska Volunteers Organized to Assist in Disasters (AkVOAD), coordinating with the Incident Management Team. The important thing is to ensure that the entire process of donations management is well coordinated.

Those jurisdictions electing to use volunteer agencies to manage donations need to coordinate and link those agencies closely with the Logistics Section. Each will rely on the Incident Management Team transportation, distribution, and traffic flow systems. Each needs access to the other’s information regarding needs and supply. Donations Management can supplement the Logistics Section’s efforts to obtain certain items and should also relay useful offers and bids from the contractors and vendors that inevitably call the EOC.

If a jurisdiction is anticipating an extensive donation of goods and services, the following facilities to handle donations may be appropriate.

- **Donations Coordination Center/Phone Bank:** At a Donations Coordination Center, representatives of the jurisdiction’s government and volunteer agencies or assigned staff of the Incident Management Team screen unsolicited donation offers and match them with possible recipients. Jurisdictions might choose to set up an “800” phone number at this facility.

- **Checkpoints:** Checkpoints permit inspection, scheduling, and routing rerouting of inbound vehicles bearing donations.

- **Reception Centers:** A Reception Center serves as a collection point and sorting area for unsolicited donations of goods. It should be located as close to air, water, and road transport facilities as is feasible outside the disaster area. Other considerations include parking, covered storage space and ample room for vehicles to maneuver.
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- **Warehouses:** Where possible, the donations effort should rely on volunteer agencies' own warehousing capacity. However, should additional space be necessary, particularly when disposal of donations becomes difficult, the jurisdiction should have on hand information on suitable warehousing space to be quickly located.

- **Distribution Centers:** Goods are distributed directly to victims at Distribution Centers. Churches and volunteer agencies are good locations. In state or federally declared disasters, Distribution Centers and Disaster Recovery Centers (DRCs) can be collocated or fairly near one another to allow "one-stop" service delivery to the affected public.