



# Wyandotte County, Kansas Emergency Operations Plan

## ESF 8 Public Health and Medical Services

### Coordinating Agency

Unified Government Public Health Department

### Primary Agencies

Bonner Springs Fire and EMS Department  
Edwardsville Fire Department  
Kansas City Kansas Fire Department  
Providence Medical Center  
The University of Kansas Health System  
Wyandot Center  
Wyandotte County Coroner  
Wyandotte County Sheriff's Office

### Support Agencies

American Medical Response  
American Red Cross  
Board of Public Utilities  
Bonner Springs Police Department  
Center for Disease Control and Prevention  
Edwardsville Police Department  
Kansas City Kansas Fire Department, Hazardous  
Materials  
Kansas City Kansas Police Department  
Kansas City Regional Community Organizations Active in  
Disasters (KCR COAD)  
Kansas Department of Health and Environment  
Kansas Funeral Directors Association  
Kansas Metro Health Care Coalition  
Medical Reserve Corps of Greater Kansas City  
Mid-America Regional Council  
Missouri Disaster Response System (MDRS)  
Unified Government GeoSpatial Division  
Unified Government Public Works - Buildings and  
Logistics Division  
Unified Government Public Works – Water Pollution  
Control Division  
Unified Government Transit Department  
Unified School District 202 - Turner  
Unified School District 203 - Piper  
Unified School District 204 - Bonner Springs/Edwardsville  
Unified School District 500 - Kansas City Kansas  
United States Environmental Protection Agency



Wyandotte County Emergency Management Department  
Wyandotte/Leavenworth Area Agency on Aging

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## 1 PURPOSE, SCOPE, POLICIES/AUTHORITIES

This section provides the overall purpose of the Emergency Support Function (ESF) 8 Annex, the scope of emergency operations, as well as specific policies and authorities that govern assigned actions and responsibilities.

### 1.1 Purpose

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This ESF Annex describes the actions required to coordinate public health and medical services during a disaster. Specifically, ESF 8 addresses:

- Public Health Department (PHD) notification, coordination, and response
- Medical and non-medical counter measures
- Emergency Medical Services (EMS) activities
- Mental health needs during and after an event
- Coordination among healthcare providers
- Mass fatality management

### 1.2 Scope

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This ESF includes information that addresses: 1) the four phases of emergency management; 2) stakeholders including those with access and functional needs and children; 3) incident management procedures including organizational charts, as appropriate; and 4) all hazards planning. This ESF Annex applies to all county, city, and participating agencies with assigned emergency responsibilities as described in Section 3, Responsibilities. This Annex benefits Wyandotte County through coordination with partner agencies, outside organizations, and the public. This Annex specifically addresses:

- Command, control and notification
- Information sharing
- Epidemiology and surveillance
- Fatality management
- Pre-hospital care
- Mass countermeasure distribution and dispensing
- Medical materiel distribution
- Non-pharmaceutical interventions
- Responder health and safety
- Volunteer management



- Environmental health
- Behavioral health
- Function and access needs, including children

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## 1.3 Policies/Authorities/Guidelines

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The following local, regional, state and federal authorities apply to this ESF 8 Annex.

### Local

- [Unified Government Code of Wyandotte County/Kansas City, Kansas, Health and Sanitation Article 1. Section 17-3](#)
- [Wyandotte County – Unified Government, Kansas – Code of Ordinances/Chapter 12 – Emergency Management and Emergency Services](#)

### Regional

- [Mid-America Regional Council \(MARC\) Regional Coordination Guide for ESF 8;](#)
- [Regional Mass Casualty Incident \(MCI\) Plan](#)
- MARCER Regional High Demand Plan (not publicly available)
- [Kansas City Metro Emergency Department High-Volume and Saturation Plan](#)

### State

- [Kansas Statutes Annotated \(K.S.A.\), 65-119a, Duties and powers of local health officers](#)
- [K.S.A. 65-201, Defines “local board of health” and “local health officer”](#)
- [Executive Order 05-03, Use of the National Incident Management System \(NIMS\)](#)
- [K.S.A. 48-901, Emergency Management Assistance Compact \(EMAC\)](#)
- [K.S.A. 48-904 through 48-958: as amended, State and County Emergency Management Responsibilities](#)
- [Kansas Response Plan 2022](#)

### [Kansas Highly Infections Disease and Pandemic Plan](#)

### Federal

- [Health Information Portability and Accountability Act \(HIPAA\)](#)
- [Title II of the Americans with Disabilities Act](#)
- [National Response Framework](#)
- [Homeland Security Presidential Directive 5 \(HSPD-5\): Management of Domestic Incidents](#)
- [Presidential Policy Directive 8 \(PPD-8\): National Preparedness](#)
- [Comprehensive Preparedness Guide \(CPG\) 101](#)
- [Disaster Mitigation Act of 2000](#)
- [Centers for Disease Control and Prevention](#)
- [Administration for Strategic Preparedness and Response \(ASPR\)](#)
- [Department of Health and Human Services](#)





## 2 CONCEPT OF OPERATIONS

This section provides a narrative description summarizing the Concept of Operations for the following ESF 8 activities. 1) General Command, Control, and Notification; 2) Continuity of Operations; 3) Medical Surge; 4) Epidemiology and Surveillance; 5) Fatality Management; 6) Pre-hospital Care; 7) Medical Countermeasure Distribution and Dispensing; 8) Medical Materiel Distribution; 9) Non-pharmaceutical Interventions; 10) Responder Health and Safety; 11) Volunteer Management; 12) Environmental Health; 13) Behavioral Health; and 14) Considerations for Access and Functional Needs Populations and Children.

The narrative portions of this section provide summarized overviews for the topics listed above. Section 3 provides additional operational details by listing specific actions to be accomplished in each phase of Emergency Management for ESF 8. Then Section 3 provides the detailed actions organized by agency detailing their ESF 8 duties in a consolidated format.

### 2.1 Command, Control, and Notification

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Managing the health and medical components of any large incident is a complex, multi-faceted process and as such requires the careful coordination of resources. To best facilitate this process, Wyandotte County recognizes the need for multiple primary agencies. From an operational standpoint, responsibilities for ESF 8 coordination are assigned as follows:

#### Public Health Response (Public Health Response)

- Disease surveillance
- Epidemiology investigation
- Isolation and quarantine
- Non-pharmaceutical interventions
- Countermeasure response and reporting

#### Emergency Medical Services (Casualty Management)

- High demand for EMS services
- Patient tracking
- Hospital diversion
- Large venue/scenario pre-planning



Hospital Services (Acute Care Management)

- Medical surge
- Alternate care sites
- National Disaster Medical System (NDMS)
- Regional Healthcare Coordinating System (RHCS)

Coroner (Fatality Management)

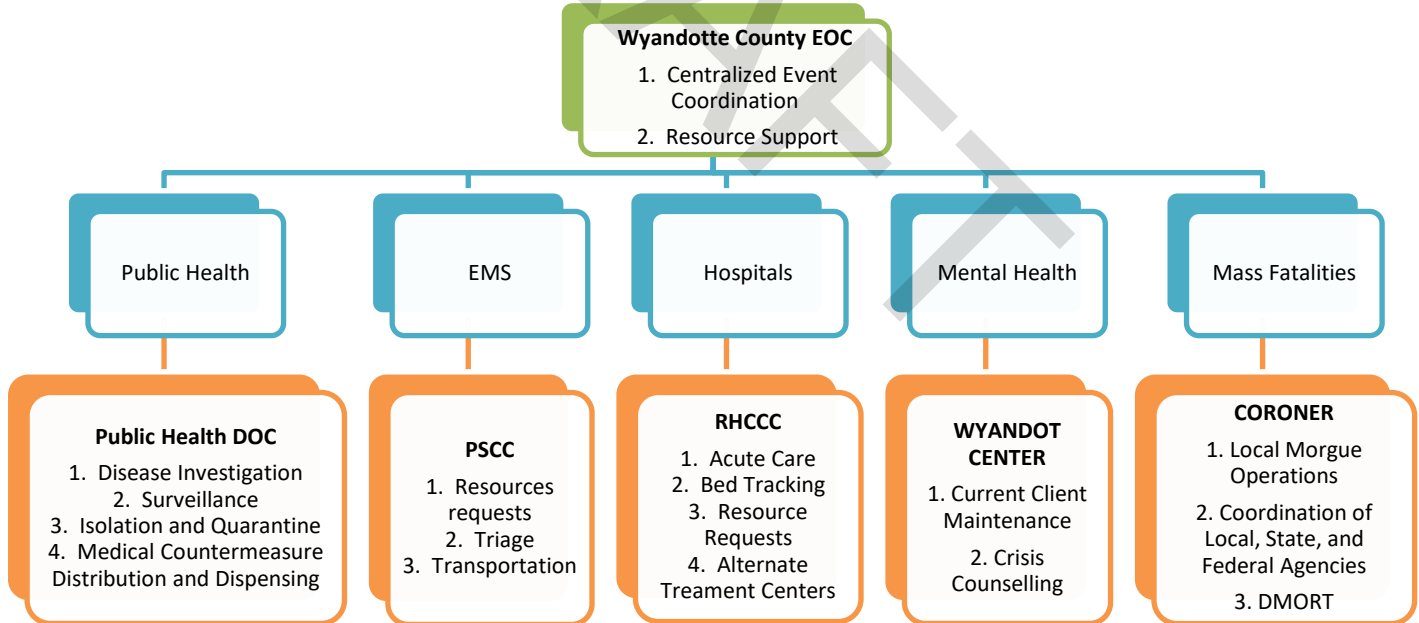
- Local Morgue Operations
- Kansas City Mortuary Operational Response Group (KCRMORG)
- Local, State and Federal Agencies
- Disaster Mortuary Operational Response Team (DMORT)

Wyandot Center for Behavioral Health Network

- Behavioral Health

For a full list of responsibilities of other primary agencies, see Section 3.

An abbreviated organizational chart for ESF 8 is below:



When the Emergency Management Director is notified of an event that requires the activation of the EOC, the Emergency Management Director, in consultation with the



County Administrator, and emergency management staff will determine which Emergency Support Functions are required for activation in support of emergency operations. If the request to activate the EOC came from the Public Health Department or EMS Departments, from an event that originated as a health and medical emergency, ESF 8 will automatically be activated. If another primary event resulted in activation of the EOC and it is determined that health and medical services are needed, the Emergency Management Director will contact the Coordinating Agency for ESF 8 and request representatives to report to the EOC to attend an initial briefing regarding the situation.

Depending on the event type, the activation of the EOC be virtual to preserve the health and safety of those activating to support the incident. The decision to activate virtually will be done through collaboration with the EOC Director, EOC Coordinator, and the ESF 8 Coordinator.

Depending on the complexity or severity of the incident, the Emergency Management Director, or designee, may advise the County Administrator that the need exists to declare a local emergency. The Emergency Management Director or designee may also advise the City Administrators in Bonner Springs and/or Edwardsville of the need to declare a local emergency in their community. For more information on a declaration of a local emergency, see the ESF 5 Annex.

Once activated, the ESF 8 Coordinator is responsible for contacting primary and support agencies with liaison roles as well as providing briefings and direction for activities pertaining to public health and medical aspects of incident response.

### **2.1.1 Departmental Operations Centers (DOC)**

It is understood through this planning effort that whenever a coordinating agency chooses to open a Departmental Operations Center (DOC) to manage the event, they will also send a representative to the EOC to serve as liaison between the EOC and the DOC.



**Public Health Departmental Operations Center**

In some instances, originating as a health and medical emergency (e.g., a disease outbreak or suspected bioterrorism event), the Public Health Department may activate the Public Health Departmental Operations Center (PHDOC) to coordinate health and medical activities or support health and medical operations in the EOC. If activated, the PHDOC will coordinate closely with the Emergency Management Department and the County EOC.

Activation of a PHDOC serves as notice to all Public Health Department staff to shift from normal operations to emergency operations, which may require departmental shifts in mission, staffing, and resource allocation.

The PHDOC will be established at the PHD on the third floor or at a secondary facility as needed. It may also be virtual. The PHDOC will be operated in accordance with the ICS structure in place for the PHD.

In some instances, originating as an EMS response, the fire department may activate their DOC or alternate DOC. These are the DOCs for the fire departments in Wyandotte County:

**Kansas City Kansas Fire (KCKFD) Departmental Operations Center**

**Primary:**

Station #6  
9548 State Street  
Kansas City, Kansas

**Alternate:**

815 N. 6th Street  
Kansas City, Kansas

**Bonner Springs Fire and EMS Departmental Operations Center**

Bonner Fire and EMS Department  
13001 Metropolitan  
Bonner Springs, Kansas

**Edwardsville Fire Department EMS Departmental Operations Center**

Edwardsville Fire Department  
698 South 4th  
Edwardsville, Kansas

Tactical EMS operations will be controlled by the Incident, Unified, or Area Commander(s) at the scene(s) within the Incident, Unified, or Area Command System



structure. The Incident, Unified, and/or Area Commander(s) will assess the need for additional resources and request additional resources initially through the Wyandotte County Communications Center to activate mutual aid. Once mutual aid resources are exhausted, EMS will send a request to the EOC for additional assets to support field operations through the Wyandotte County Public Safety Communications Center.

### **Hospital Departmental Operations Centers**

Both acute care hospitals in Wyandotte County, Providence Medical Center (PMC) and The University of Kansas Health System (TUKHS) have developed Standard Operating Procedures (SOPs) that include activation of Hospital Command Centers to respond to mass casualty incidents, or other situations that exceed normal capabilities. These

Emergency Operations Plans contain procedures for surge capacity, Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) agent identification, patient decontamination, triage, treatment, etc. A contact list and each facility's identified capabilities are included in the Public Health Emergency Response Plan, Appendix 1.

The Hospital Incident Command System (HICS) will be used by both PMC and TUKHS to manage emergency incidents at their facilities. The HICS is based on the Incident Command System (ICS) and provides a logical structure, defined responsibilities, clear lines of command, and common terminology to assist hospitals in managing emergency events. The use of this shared command structure will assist with coordination during events.

### **2.1.2 Information Sharing**

The ESF 8 Coordinator will manage the collection, processing, and dissemination of ESF 8-related information to and from key stakeholders. This includes the EOC, adjacent county EOCs, stakeholder DOCs, the State, and other health and medical partners. For each incident, the ESF 8 Coordinator, in partnership with other ESFs and health and medical partners, will define incident-specific essential elements of information (EEI) to share collectively. These EEIs will be used to track progress and maintain a common operating picture for all agencies supporting incident response.

ESF 8 also uses the following communications resources to assist health and medical agencies during an incident. Brief overviews are provided below for these communications resources:

- WebEOC will be utilized as the preferred method for communication between the EOC and all applicable field sites (e.g., field command post, points of dispensing,



local distribution site, the DOCs) and to disseminate information to EOC staff and other activated ESFs.

- EMResource is the region's primary method of communicating hospital status and capabilities and coordinating patient routing during a mass casualty incident (MCI). EMResource, a web-based program providing real-time information on hospital emergency department status, patient capacity, and the availability of staffed beds and specialized treatment capabilities, is used in the metropolitan area to link all acute-care hospitals and most EMS agencies.
- Electronic Incident Command System (eICS) is a Hospital-based online system to manage Hospital Incident Command System (HICS) either on a standalone or regional basis.
- Additionally, each hospital facility is also equipped with the Hospital Emergency Administrative Radio (HEAR) system. The HEAR system is a single channel radio system that is available to link hospitals in the metropolitan area and serves as a backup to EMResource in the event of a mass casualty incident.
- The Health Alert Network (HAN) is available to assist Wyandotte County with notification of a public health emergency. The state HAN is capable of notifying the Unified Government Public Health Department (UGPHD) via pager, phone, fax, and email.
- Also, in place to assist with coordination and communication among multiple emergency medical agencies providing out-of-hospital emergency medical care in the metropolitan area is the Mid-America Regional Council Emergency Rescue Committee (MARCER) Regional Mass Casualty Incident Plan. The MARCER Plan is designed to maximize the existing resources of EMS agencies and hospitals.
- Phone, pager, fax, e-mail, and amateur (ham) radio capabilities at the PHD are available for use in emergency situations to both receive information and provide information to the EOC. The two acute care hospitals also have point-to-point communications between hospitals via the HEAR system and Amateur Radios for back-up communications.



- The primary means of communication with UGPHD field personnel will be through cellular phones. When necessary, UGPHD field personnel will be equipped with handheld radios operating on the Wyandotte County Public Safety Radio System (WCPSRS). The UGPHD will coordinate with the Emergency Management Department to ensure enough two-way or WCPSRS radios in the event cellular phones and landline communications are non-functional or overwhelmed.
- The primary means of communication with EMS field personnel will be through WCPSRS radios. The KCKFD, Edwardsville Fire, and Bonner Springs Fire and EMS Departments utilize a medical communications system built on WCPSRS radio system. This system facilitates communication between responders on scene, between the responders and area hospitals, and between scenes as needed. In addition, these units have access to the National Public Safety Planning Advisory Committee (NPSPAC) mutual aid radio frequencies, the Regional Area Multi Band Integrated System (RAMBIS), and other Metropolitan Area Regional Radio System (MARRS) talk groups if needed. UGPHD has access to all of the above systems.
- KCKFD commanders and EMS units carry cellular phones. In addition, the department utilizes commercial wireless resources to maintain computer connectivity in the field.
- The hospitals in the Mid-America Regional Council (MARC) region maintain their own call trees, alerting capabilities and will notify personnel via their internal procedures.
- In addition to the EMResource, communications between hospitals and EMS agencies will occur via the MARCER Radio System (MARCER), a two-way communication system connecting EMS responders from over thirty (30) agencies with area hospitals for pre-hospital patient care and/or to alert the hospitals to in-coming patient situations.
- TUKHS and PMC are equipped with MARCER radio system resources, as are most hospitals in the region. All pre-hospital communications to hospitals occur over this radio system. During MCI operations, MARCER can patch multiple hospitals into one tactical talk group to facilitate region wide communications.

Other forms of communications to provide information updates to the EOC will be closely coordinated through the EOC Data and Technology Coordinator to ensure necessary ESF 8 information is disseminated to the EOC staff.





## 2.2 Continuity of Operations

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**Public Health:** During significant incidents, the UGPHD will consider focusing all resources on managing the public health aspects of the incident, except the Tuberculosis control nurse. When necessary, the UGPHD will reassign staff to meet ongoing or long-term UGPHD staffing needs. If the decision is made to suspend non-essential services, UGPHD staff will be available to perform various functions as requested. This may require cancelling planned staff leave to accommodate staffing needs.

Based on the activation of the UGPHD ICS, the Logistics Section will coordinate staffing with the approval of the UGPHD Director. If necessary and feasible, the EOC will activate the mutual aid agreements signed with neighboring jurisdictions to provide additional staff to assist with health and medical activities. Assistance with UGPHD activities may be requested from private sector resources, voluntary organizations, and regional health department partners.

**EMS/Public Safety Answering Point (PSAP):** Though EMS resources are largely mobile, if an incident depletes these resources or renders the PSAP non-functional, the departmental COOPs may be activated to manage long-term operational challenges.

**Hospitals:** Hospitals are complex highly technical entities with sophisticated, sensitive, expensive equipment that can be nearly impossible to acquire on short notice. Hospitals in Wyandotte County have COOPs, alternate care site plans, and other necessary operations support plans to ensure continuity of operations for any incident or patient surge event. Many of those plans were tested and refined during the COVID-19 pandemic. .





## 2.3 Medical Surge

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Both acute care hospitals in Wyandotte County have bed capacity as follows:

- TUKHS: 876 licensed beds (of which 34 are bassinets), 638 is the nominal maximum when fully staffed.
- PMC: 400 licensed beds, 145 is the nominal maximum when fully staffed.

This allows a maximum reserve capacity without a waiver of 493 beds (depending on staffing) for new inpatients during an incident in Wyandotte County. In addition, both TUKHS and PMC have developed plans to set up patient overflow capabilities in-house.

To further expand available beds, all patients who can be discharged will be sent home and those with less acute needs will be sent to other specialty hospitals or nursing homes in the area. ESF 6 Mass Care, Housing, and Human Services of the Wyandotte County EOP includes a list of facilities identified as emergency placement facilities that may potentially be used for expansion of the healthcare system.

In the event of a Mass Casualty Incident (MCI), the number of seriously injured or ill patients could easily overwhelm Wyandotte County's hospital's capacities. If this occurs, additional beds will be sought at other metropolitan area hospitals. The Regional Hospital Plan for the Metro Kansas Region may be activated when more than two hospitals in the KC Metro region are needed to receive casualties from an incident, and when the resources utilized to respond to the event have been or will soon be exhausted. The affected Hospital will request the Regional Hospital Coordinator to activate the plan. Activation of the plan authorizes the deployment of available resources such as personnel, supplies, equipment, and facilities. A copy of the MARCER MCI Plan can be found in the Documents Section of EMResource. It contains various contacts and resource lists for the hospitals in the region.

### 2.3.1 Monitor/Communicate Bed Availability

In the event of a mass casualty incident, an alert will be posted on EMResource. The alert can be local in nature (e.g., issued to the five hospitals closest to the incident) or it can be issued to the hospital's metro wide. In some instances, hospitals may be the first to identify a mass casualty incident through the presentation of walk-in patients. In this scenario, the affected hospital(s) will notify the EMResource System Coordination Center (EMCC) as well as the Public Health Department in the affected jurisdiction. Public Health Departments will alert the Emergency Management Department and other appropriate officials in their jurisdictions.



Upon notification or recognition of an event, the hospitals in the area may activate their disaster response plans. The hospitals in the MARC region maintain their own notification capabilities and will notify personnel via their internal procedures.

Communications between the hospitals and the Wyandotte County EOC may occur using WebEOC, phones, or radios.

### **EMS – Hospital Coordination**

Using EMResource, field medical operations will notify area hospitals as soon as possible of the nature and scope of the incident. This notification will include the information available, including estimated number of affected persons and/or suspected Chemical, Biological, Radiological, Nuclear, and high yield Explosives (CBRNE) substances, etc., but will likely be incomplete. Throughout the event and at regular intervals, the on-scene medical transport officer will frequently update the hospital(s) regarding the scope of the incident. EMS agencies on scene and in route will maintain contact with the hospitals regarding patient status/condition, potential hazards to hospital personnel, and the level of Personal Protective Equipment (PPE) being utilized based on decontamination status, triage, and treatment. As described under decontamination, the EMS agencies will inform hospitals prior to their arrival so they may implement their decontamination procedures, if necessary.

The TUKHS and PMC have emergency plans in place as required by The Joint Commission (TJC). The medical activities of the hospitals will be governed in accordance with these internal emergency plans and procedures.

### **2.3.2 Decontamination**

If necessary, the hospitals will prevent contamination of their facilities from non-EMS walk-in patients by performing a lock down as described in their internal policies and procedures. If contaminants on incoming patients present a threat to hospital personnel, hospitals will implement decontamination procedures and use appropriate Personal Protective Equipment (PPE).



Decontamination should be performed, as much as possible, prior to the patient's arrival at a definitive care facility. However, if contaminated patients arrive at hospitals, appropriate decontamination will be performed based on the agent involved per internal policies and procedures. Once they are notified of an incident with the potential need for patient decontamination, hospitals will prepare to implement their decontamination procedures. Both TUKHS and PMC have decontamination capabilities as described in their internal emergency plans.

The Hospitals will use their own decontamination equipment first and if additional decontamination equipment is required, the hospital will request use of decontamination equipment from nearby hospitals through the regional hospital coordinator. If further assistance is needed, state resources may be requested through the Wyandotte County EOC.

Depending on the nature and scope of the incident, situations may arise where large numbers of patients awaiting decontamination present a threat to the safety of hospital triage personnel. If inadequate security is present and a threat exists, the triage personnel should retreat to the safety of the hospital and notify law enforcement for support.

Detailed information on hospital decontamination capabilities and procedures are contained in the PMC and TUKHS CBRNE Plans.

### **2.3.3 WMD Agent Recognition & Treatment of Casualties**

Each healthcare facility in Wyandotte County is required to have an up-to-date internal disaster plan in place. These plans will be written to address each facilities' needs and risks. For facilities that may be receiving CBRNE patients, patients will be triaged and decontaminated per their facility's standard operating procedures. Appropriate personal protective equipment (PPE) and safety checks will be managed by the site Safety Officer and their teams. Personnel have the capability and training to perform all necessary functions while donning PPE to ensure patients received necessary care, including receiving medications, post-incident.



Both Wyandotte County acute care hospitals have access to emergency treatment protocols for CBRNE illnesses and injuries through several websites and 24-hour access numbers, such as the National Institute for Occupational Safety and Health (NIOSH) and the Poison Control Center.

Approved Treatment Protocols for the use of Duo-Dote kits can be found at:  
<http://www.drugs.com/pro/duodote.html>.

For access to the prepositioned category B shipping containers and packaging materials (Chemical Event Shipping Supply Locations—**CESSL**) for health professionals to use for collecting specimens from persons within a chemical exposure area:

- During normal business hours: Contact the Emergency Management Department at (913) 573-6300.
- After normal business hours and on holidays/weekends: Contact Fire Dispatch at (913) 596-3081, ask them to contact the Emergency Management on-call representative and have the on-call EM contact you.

For access to the local supply of nerve agent antidotes (**CHEMPACK**): Contact the Regional Hospital Emergency Preparedness Coordinator at (816) 858-2550.

For security and transport of CHEMPACK within Wyandotte County:

- During normal business hours: Contact the Wyandotte County Sheriff's office at (913) 573-2861 and ask for a Sheriff's Field Supervisor to contact you.
- After normal business hours and on weekends and holidays: Contact the Police Communications Supervisor at (913) 596-3000, ask them to contact a Sheriff's Field Supervisor and have the Field Supervisor contact you.

To transport larger quantities of the CHEMPACK, items that cannot be moved in a regular sheriff's sedan, contact Emergency Management in the same manner as described above for the CESSL.



### 2.3.4 Patient Tracking

Hospitals regularly update bed availability and Emergency Department status so EMS agencies can route patients accordingly. If an incident occurs in the Kansas City metro area, the three EMResource Control Centers (EMCC) will provide guidance to field transportation officers.

The three (3) EMCC are:

- EMCC West: Johnson County Emergency Communications Center
- EMCC Central: KCFD(Mo)/EMS
- EMCC East: Lee's Summit Fire Department

As part of the on-scene triage process, patients will be issued triage tags that provide a color-coded status (no injury, immediate, delayed, minor, morgue). Patient documentation and tracking will be in written form.

Information regarding the need to transfer patients from a facility will be relayed through the Hospital Incident Command System (HICS) structure to the appropriate EMCC, Regional Healthcare Coordination Center or the Wyandotte County EOC.

### 2.3.5 Information Sharing/Victim Identities

Wyandotte County follows the September 2, 2005, bulletin from the U.S. Department of Health and Human Services Office for Civil Rights regarding HIPAA Privacy and Disclosures in Emergency Situations. Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:



## TREATMENT

Healthcare providers can share patient information as necessary to provide treatment.

Treatment includes:

- Sharing information with other providers (including hospitals and clinics)
- Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated)
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services)
- Sharing patient and situational information with public health for epidemiological purposes

Providers can also share patient information to the extent necessary to seek payment for these healthcare services.

## NOTIFICATION

Healthcare providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care of the patient's location, general condition, or death. The healthcare provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

When necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones. When a healthcare provider is sharing information with disaster relief organizations such as the American Red Cross who are authorized by law, or by their charters, to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

## IMMINENT DANGER

Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law and the provider's standards of ethical conduct.



## **FACILITY DIRECTORY**

Healthcare facilities maintaining a directory of patients can tell people who call or ask about a patient whether the individual is at the facility, and their location in the facility in accordance with their internal processes and policies.

The ESF 8 Coordinator will work closely with ESF 6 to develop and provide a comprehensive reunification effort.

## **2.4 Epidemiology and Surveillance**

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In responding to public health emergencies, the assistance of hospitals, schools, industry, pharmacies, ambulances, emergency rooms, and others are required to collect and share information with local and state public health officials. Information and methods to confidentially collect this information include a direct line phone number to the PHD Epidemiology Division (913-573-6712), direct fax (913-573-6744) and a 24-hour pager number (913-573-8877).

The Public Health Department has disease surveillance systems in place to continually collect, analyze, interpret, and disseminate data to prevent and control disease. The PHD uses a variety of methods to conduct disease surveillance including Passive Surveillance, Syndromic Sites, Active Surveillance Sites, and ambulance surveillance data.

### **2.4.1 Passive Surveillance**

Healthcare providers and laboratories are required to notify public health regarding patients with suspected or confirmed reportable diseases. The list of reportable diseases is defined by Kansas statute ([K.S.A. 65-118, 65-128 and 65-6001 through 65-6007](#); and by [K.A.R. 28-1-2 and 28-1-18](#)). The PHD Communicable Disease Control program receives daily disease reports concerning communicable and environmental diseases.

Epi Trax is the primary tool used in Wyandotte County to communicate and share case information with the Kansas Department of Health and Environment (KDHE) regarding disease reports. This database of all reportable diseases in Kansas is a secure, internet-based disease surveillance tool that allows for the rapid input of data, complete documentation of individual disease investigation records, advanced analysis of data, and the ability to view aggregate data for the entire state. Due to increased electronic lab reporting in recent years, Epi Trax is currently the major source of disease reports received by the Communicable Disease Control program. In addition, X-Sentinel is an online tool that serves as the primary method to share and view case and event



notifications and related documents with other local health departments in the metropolitan area in Kansas and Missouri. The Communicable Disease Control program also continues to receive notification of reportable diseases via confidential phone and fax. All reportable disease cases are recorded in Epi Trax.

The Chief Epidemiologist is the local administrator for Epi Trax and X-Sentinel. All Communicable Disease Control program staff have access to both systems. Individual disease reports are investigated as outlined in specified timeframes. The Chief Epidemiologist Review's Epi Trax cases at minimum on a biweekly basis and publishes a monthly reportable disease summary report on the health department website including comparison to the same month from the previous year, year-to-date, and the 5 year annual median for reference.

The Communicable Disease Control program receives regular voluntary influenza reporting from Providence Medical Center, the University of Kansas Hospital and outpatient clinics, and other local hospitals and providers. Weekly influenza surveillance reports are published on the health department website and shared directly with hospital infection prevention during influenza season.

The Chief Epidemiologist and disease investigator participate in a bimonthly Regional Epidemiology Conference call with participants from Kansas Region 15 and a bimonthly Regional Conference call with Missouri Region A. The purpose of these calls is to strengthen communication lines between our Regional and Metro partners and foster the exchange of Epidemiological information.





### 2.4.2 Active Surveillance

Active surveillance will be established and maintained by the Chief Epidemiologist in the event of a suspected or confirmed infectious disease outbreak or bioterrorism event.

Active surveillance will provide two-way communication and information regarding morbidity and mortality of disease in Wyandotte County. The following conditions would warrant activation of these surveillance sites:

- Disease outbreaks of the same illness occurring in noncontiguous areas
- Unusual illness in a population
- Unusual routes of exposure for a pathogen
- Large numbers of ill persons with a similar disease or syndrome
- Large numbers of unexplained disease, syndrome, or deaths
- Higher morbidity and mortality with a common disease
- Failure of a common disease to respond to routine therapies and treatments
- Unusual strains or variants of organisms or anti-microbial resistance patterns different from those circulating
- Similar genetic type among agents isolated from distinct sources at different times or locations
- Higher attack rates in those exposed in certain areas, such as inside a building if released indoors, or lower rates in those inside a sealed building if released outside
- Disease with an unusual geographical or seasonal distribution
- Unusual, atypical, genetically, or antiquated strain or agent identified;
- Disease normally transmitted by a vector that is not present in the local area
- Endemic disease with unexplained increase in incidence
- Atypical aerosol, food, or water transmission or contamination
- Increased numbers of absenteeism from work and school
- Increased numbers of dead animals, birds, or insects
- Multiple simultaneous or serial epidemics of different disease in the same population
- A single case of disease by an uncommon agent, (Smallpox)
- Disease that is unusual for an age group
- A disease outbreak with zoonotic impact
- Intelligence of a potential attack claims by a terrorist or aggressor of a release, or discovery of munitions or tampering



### 2.4.3 Syndromic Surveillance

The Chief Epidemiologist regularly monitors key reportable conditions as well as syndrome trends for Wyandotte County residents and Wyandotte County hospitals using ESSENCE—Electronic Surveillance System for the Early Notification of Community-based Epidemics through access granted by the KDHE. This system provides access to de-identified record-level data from hospital emergency departments.

ESSENCE users can create time series, set alerts, and design queries based on free text fields such as chief complaint or discrete fields like ICD-10 codes. A custom dashboard has been created to quickly visualize trends in total emergency department visits and certain syndromes including influenza-like illness and gastrointestinal illness. The dashboard also includes records of interest such as measles and mumps to detect and facilitate follow-up on reportable diseases that have not previously been reported to public health.

Local public schools serve as syndromic surveillance sites to report key sets of symptoms of a potential outbreak to the Chief Epidemiologist. This information is aggregated, reviewed, and submitted back to the reporting schools. An analysis of these reports serves as an early warning system for disease outbreak detection.

The UGPHD receives First Watch® ambulance surveillance data from the KCKFD and JOCO MedAct. Aberrations related to specific symptoms automatically initiate a notice to various health and medical partners including the Epidemiologist on-call. This notice prompts recipients to log onto a website to receive further information.

### 2.4.4 Disease Investigation and Follow Up

Upon receiving information regarding a disease reportable to KDHE, the PHD will forward the initial report information via the KDHE hotline at 1-877-427-7317 or via Epi Trax as the situation warrants. KDHE will aid in determining the diagnosis and disposition of the patient.

An epidemiological investigation will be necessary to determine if individuals have been exposed or infected. The Environmental Health Division of the UGPHD will coordinate with the State and the Environmental Protection Agency (EPA) regarding contamination of buildings and the environment.

When passive, syndromic, or active sentinel site surveillance indicates a deviation from the norm, the data will be analyzed for trends and patterns. Any clustering or increase in a disease or syndrome will be investigated immediately by the UGPHD Epidemiology



Program. The KDHE and CDC epidemiologists may be brought in to assist with investigations. Epidemiological protocols, tools, and resources are available in the Epidemiology Program located in the UGPHD. A Disease Protocol Manual on-line ([http://www.kdheks.gov/epi/disease\\_investigation.htm](http://www.kdheks.gov/epi/disease_investigation.htm)) used for investigation and managing disease outbreaks, was prepared and maintained by the Kansas Department of Health and Environment (KDHE)-Bureau of Epidemiology and Public Health Informatics (BEPHI).

## 2.4.5 Legal Authorities

### Communicable Disease Powers

Governmental responsibilities for public health extend beyond voluntary activities and services to include additional authorities such as quarantine, mandatory immunizations laws, and regulatory authorities.

Duties and powers of local health officers are outlined in K.S.A. 65-119 and K.S.A. 65-202.



	Local Board of Health	Local Health Officer
Receive reports of diseases.	K.S.A. 65 -118(a); 65 – 202	K.S.A. 65 – 118(1); 65-202
Investigate causes of diseases and cases of infectious or contagious disease.	K.S.A. 65 - 119	K.S.A. 65 - 119
Take all known measures to prevent the spread of diseases.		K.S.A. 65 - 202
Order persons to seek appropriate and necessary evaluation and treatment.		K.S.A. 65-116b (suspected active tuberculosis); 65129b(a)(1)(A)
Order persons to be isolated or quarantined.		K.S.A. 65-116c (active tuberculosis); 65-126; 65129(a)(1)(B), (C), and (D)
Order law enforcement officers to assist in execution or enforcement of orders.		K.S.A. 65 – 129b(a)(2)
Prohibit public gatherings.	K.S.A. 65 – 119	K.S.A. 65 – 119

**2.4.6 Radiological Emergency Community Reception Center**

In an event involving potential radiation exposure to persons where Wyandotte County is not the hot zone, the UGPHD in conjunction with Emergency Management and the KDHE Radiation Division will set up a population monitoring community reception center (CRC). The CRC will screen for the presence of radiation, de-contaminate, and refer persons for medical care as deemed necessary.



## 2.5 Fatality Management

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The Wyandotte County Coroner is responsible for the proper examination, care and disposition of fatalities. Some specific duties of the Wyandotte County Coroner are:

- Establish temporary morgues and temporary interment sites, as required
- Establish and coordinate activities of the survey and recovery teams
- Determine victim identification and cause of death
- Coordinate notification of next of kin
- Coordinate security and transportation of remains and personal effects
- Report pertinent information to the EOC thru the Incident Command System
- Coordinate with HazMat and/or Public Health experts on decontamination requirements for deceased
- Estimate the number of deceased
- Excavation of remains
- Body tag procedures and tracking system
- Determine, request, and coordinate additional required resources
- Coordinate with other agencies as required

Depending on the size of the incident, the Wyandotte County Coroner will use local funeral directors in providing mortuary services. Wyandotte County also has a Memorandum of Understanding with First Call in Wyandotte County for transport of decedents. Morgue services would be provided by Frontier Forensics Midwest in the event of a Mass Fatality Incident. The Kansas City Homeland Security Region has developed a Kansas City Regional Mortuary Operational Response Group (KCRMORG) that utilizes regional personnel, resources, and capabilities to assist local medical examiners/coroners to recover, transport, process, and identify decedents of a mass fatality incident occurring in the Kansas City metropolitan area. Team members are trained in the functional areas of site recovery of decedent remains, morgue operations, and working with the Family Assistance Center. The team has a mobile morgue that will deploy with and be operated by KCRMORG personnel. With current equipment supplies and dependent on the condition of remains, the KCRMORG has the ability to process 80-100 decedents.



### **State Resources and Kansas Funeral Directors Association Disaster Team**

The coroner will coordinate with the Wyandotte County EOC to request activation of State resources. The Kansas Funeral Directors and Embalmers Association (KFDA) is available to assist local Coroners in Kansas as needed and requested. A KFDA Disaster Mortuary Response Team can be activated in accordance with the KFDA Mass Fatalities Disaster Plan.

Additional information may be found on the [KFDA](#) website and on the Kansas State Board of Mortuary Arts (KSBMA) website, which includes a [list of funeral homes and their address](#) as well as a [list of establishments with refrigeration units](#) along with their maximum storing capacities.

### **Federal Resources**

If the event exceeds local, regional, and state capabilities, Wyandotte County can request assistance from Federal Disaster Mortuary Operational Response Teams (DMORT) resources. When needed, the state EOC will work with the federal government to activate federal disaster mortuary operations.

DMORTs are available to provide guidance, including Field Operations Guides (FOGs) for mass fatalities incidents.

The Federal DMORT maintains three (3) Disaster Portable Morgue Units (DPMUs) that may be deployed to the region, when needed and requested. The DPMU is a packaged system containing the forensic equipment, instrumentation, support equipment, and administrative supplies required to operate an incident morgue facility in the field, or to support an existing morgue facility. The DPMU carries computers and related equipment to support the Family Assistance Center and Information Resource Center. Additional information on the DPMU is located at:

<http://www.dmort.org/DNPages/DMORTDPMU.htm>

As described on the DMORT website, any temporary morgue facility used must meet certain requirements for size, layout, and support infrastructure (potential facilities include airplane hangars and abandoned warehouses).

The Region VII (KS, MO, IA, and NE) has a local DMORT located in Kansas City, Missouri.

### **2.5.1 Family Assistance Center**

A Family Assistance Center (FAC) designed and staffed to take care of the needs of the victims' families and survivors will be established and coordinated through ESF 6 during



a mass fatality incident. Depending on the needs of those affected, the FAC will assist in the collection of ante mortem data to identify victims and serve as the primary point for releasing remains to families. The FAC will also coordinate support from professional mental health and spiritual care providers.

## **2.6 Pre-hospital Care**

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Kansas City, Kansas Fire Department (KCKFD) operates the Emergency Medical Service (EMS) for Kansas City, Kansas; the Bonner Springs Fire and EMS Department operates for Bonner Springs, and the Edwardsville Fire Department operates EMS for Edwardsville. The EMS departments maintain the expertise through daily operations to respond to, evaluate, and transport patients to definitive care.

### **2.6.1 Field-based Triage Scheme**

Responding EMS support agencies will assume responsibility for patient triage, treatment and tracking under the guidelines set forth in the Mid-America Regional Council Emergency Rescue (MARCER) Regional Mass Casualty Incident Plan.

EMS personnel will coordinate and track the delivery of patients to individual hospitals throughout the metropolitan area using the MARCER Radio System.

### **2.6.2 EMS Mutual Aid Agreements**

The KCKFD, Bonner Springs Fire and EMS, and Edwardsville FD departments maintain arrangements with other area EMS providers to provide assistance should the needs of the incident exceed those available. When an incident occurs, the departments will direct the EMS assets to best accomplish the mission of moving patients to definitive care.

The KCKFD, Bonner Springs Fire and EMS, and Edwardsville FD are also part of the MARCER mass casualty incident plan. This plan describes EMS activities during a mass casualty event, including regional coordination in regional events.

## **2.7 Mass Countermeasure Distribution and Dispensing (MCDD)**

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This Mass Countermeasure Distribution and Dispensing (MCDD) section has been developed in collaboration with a diverse group of emergency management, public health, law enforcement, medical, behavioral health agencies, and other public and



private organizations to promote their understanding and connection to Medical Counter Measures (MCM) activities.

The main goal of this section is to outline the steps necessary for mass distribution and dispensing of prophylactic medications/vaccinations during a public health emergency and to assign individual or group responsibilities for MCDD activities. Primary responsibility for MCDD falls on local governments and jurisdictions, in this case, Wyandotte County and the PHD. Large-scale MCDD requires a community response, including involvement and participation of community organizations, businesses, and volunteers.

Regional, State, and Metro partners have collaborated in the creation of this section to maintain a certain level of consistency with planning issues, specifically, in maintaining consistent nomenclature for cross training purposes and to coordinate the opening of Metro-wide Points of Dispensing (PODs). While the focus of this section is MCDD in response to a WMD or public health emergency event, the concepts henceforth will be applied to other infectious disease outbreaks or emergencies that may require similar resources; these include, but are not limited to, receiving and distributing the Strategic National Stockpile (SNS), managing pandemic illnesses, or responding with other mass immunizations.

Dispensing of the local pharmacy and pharmaceutical cache will be initiated from a recommendation to the EOC from the Incident Commander. Use of the cache may necessitate the requesting and dispensing of Strategic National Stockpile (SNS) supplies and materiel. Initiation of the SNS will be coordinated through KDHE and the EOC.

### **Antivirals**

The use of antivirals received from the SNS will be used for treatment only and must begin within 48 hours from the onset of symptoms. Standing orders for the SNS stockpile and the state cache of antivirals will be written by the Kansas State Health Officer while the Local Health Officer will issue standing orders for dispensing of local and regional caches. SNS antivirals will be delivered by KDHE.

### **Vaccination**

Vaccination will be required when the presence of a disease can be mitigated by the administration of a vaccine to prevent further spread of some diseases.

Kansas will receive an allotment of the federally sourced vaccine. Distribution of the vaccine will be decided by the State Health Officer in consultation with the State





Epidemiologist. Distribution of the SNS vaccine will be completed by KDHE. Vaccine will be packed for each county and delivered to the local public health departments in Kansas.

The local public health departments will oversee the administration of the vaccine at their Points of Dispensing. It is probable that vaccination will require a second dose; however, KDHE will make recommendations for prioritization and second dosing. Priority vaccination will follow priority countermeasure guidelines. Note: the web-based [Dispense Assist](#) systems and forms will be utilized (where possible) for both vaccination and dispensing.

Smallpox vaccine use in a confirmed response will be directed and coordinated through the PHD, EOC, KDHE, and the CDC.

Use of the pharmacy cache will provide countermeasure to some, but not all, persons involved in public health emergency. The pharmacy cache will be utilized to provide countermeasure to priority countermeasure dispensing personnel and their families, ill persons (as appropriate), and contacts of ill persons based on epidemiological investigation and the priority countermeasure list. See the “Priority Countermeasure” section for more information.

The Unified Government of Wyandotte County recognizes the need to prevent illness and death resulting from a natural or malicious infectious disease outbreak. This need has been acknowledged by the allocation of federal funds for state and local WMD preparedness initiatives.



### Considerations and Assumptions

Any person exposed to a potentially infectious disease while in Wyandotte County will receive Post-Exposure Prophylaxis (PEP) to the best of our ability and dependent on availability of proper materials for such countermeasure.

Any person exposed to a potentially infectious disease while in Wyandotte County that subsequently leaves the jurisdiction of Wyandotte County, will be provided Post-Exposure Countermeasure by the jurisdiction that individual is currently in.

Both the Mass Prophylaxis Dispensing (MPD) and Mass Vaccination sections can be used for a variety of public health emergencies—from small outbreaks requiring Post-Exposure Countermeasures of a small number of people to large County/Metro wide outbreaks that require PEP of most of the Wyandotte County population.

Priority Countermeasure will be provided at the Priority Countermeasure Dispensing Site. Information regarding the specifics of the Priority Countermeasure Dispensing Site is in the Public Health Mass Countermeasure Distribution and Dispensing (MCDD) Standard Operating Guide.

Only asymptomatic persons will receive Post-Exposure Countermeasures at any dispensing site. Symptomatic persons shall be diverted to an Acute Care Treatment Center.

All recipients will be required to complete a [Dispense Assist](#) form (when available). Adults may pick up medications for family members and close contacts. In order to receive medications for children the individual picking up medications will need knowledge of each child's health history, demographics and weight.

If the mass exposure is limited to a localized area, public health and other trained medical/health providers will respond. All visitors not staying in a private residence will report to, or be transported to, the nearest Open Site. Information regarding the specifics of the open sites is in the Public Health MCDD Standard Operating Guide.

Wyandotte County is responsible for dispensing to all individuals under custodial or incarcerated status. School children and children in licensed childcare facilities could be dismissed from going home as they would with any other emergency disaster. However, if it is determined those children were exposed at school, or are at very high risk for being exposed, they may receive countermeasure by the school nurse and/or public health nurse; or be transported, in coordination with the EOC and the Public-School



District, to the nearest POD. Information regarding the specifics of open sites or the schools is in the Public Health MCDD Standard Operating Guide.

The Wyandot Center for Community Behavioral Healthcare will be the lead agency for assisting in the prophylactic treatment of homeless, transient, and mentally ill populations throughout Wyandotte County. Information regarding the specifics of access and functional needs populations is in the Public Health MCDD Standard Operating Guide.

Licensed care facilities and other clients/residents of licensed facilities are considered in most cases to be at lower risk for exposure. Those facilities will implement isolation or limited isolation policies to prevent exposure. However, if it is determined those persons were directly exposed or at very high risk for being exposed, they will receive countermeasure from individuals or staff that would routinely give them medications. For a list of the licensed care facilities refer to the Public Health MCDD Standard Operating Guide.

The EOC will arrange transportation of medication and supplies to these facilities as the need arises based on the advice of UGPHD officials. Information regarding the specifics of access and functional needs populations is in the Public Health MCDD Standard Operating Guide.

Home Health Agencies will be contacted by the UGPHD in coordination with the EOC and Area Agency on Aging to arrange pickup of medications for dispensing to homebound recipients. Information regarding the specifics of access and functional needs populations is in the Public Health MCDD Standard Operating Guide.

Other special populations will be provided PEP by the UGPHD utilizing those agencies that currently provide services to said persons.

### **Direction and Control**

The Public Health Department Operation Center (PHDOC) will utilize the Incident Command Structure. See the Public Health Emergency Response Plan.

Emergency Operations Center (EOC) personnel involved in Mass Countermeasure Dispensing will operate through the EOC Unified Command structure. The EOC will notify the appropriate agencies, coordinate logistics, request mutual aid and include other jurisdictions as described in ESF 5 Emergency Management.

Open Sites will be assigned a Site Commander who will be given operational control during activation. Closed Sites will have pre-selected Site Commanders who will be



given this same control. Information regarding the specifics of the Mass Countermeasure On-Site Command Flow Chart is in the Public Health MCDD Standard Operating Guide.

All Site Commanders will provide regular status reports to the Open Site Group Supervisor, who will provide information to the Mass Countermeasure Dispensing Branch Director at the PHDOC. Information from the PHDOC will be provided to the ESF 8 Coordinator regarding the specifics of the Mass Countermeasure Dispensing On-Site Command Flow Chart. It is in the Public Health MCDD Standard Operating Guide.

The Health Officer (Deputy), or designee, will be responsible for approving all decisions regarding the allocation of pharmaceutical assets among delivery sites based on input from the reports mentioned above, in consultation with the Incident Commander, Logistics Section Chief, KDHE, CDC, or other regional or federal agencies.

To limit the span of control, all workers in identical roles will designate a lead for their job responsibilities that will represent and speak for all members to their Supervisor. Other workers that may be needed at dispensing sites include EMS, who would provide care and transport. Smaller dispensing sites and those serving target populations may not use every site worker classification.

All team leaders will provide regular situation reports to the Site Commander who will report to the PHDOC Mass Countermeasure Operations Section Chief during an event. Positions are not exclusive or all-inclusive.

The initial dispensing work force will include current Public Health Staff with prior training and those that receive just-in-time training. Public Health staff will ensure the dispensing of countermeasures to the dispensers. An internal database has been created with names and corresponding day, night, and off-hour contact information. A call down of designated staff would be conducted through the automated call down system.



Workforce will be expanded as needed via pre-existing or new partnerships with various local organizations that may include:

- Unified Government Employees
- University of Kansas Medical Center Schools of Medicine, Nursing, and Allied Health students and faculty
- Kansas City Kansas Community College School of Nursing [(RN & LPN) Nurse's Aide Training (CNA & CMA), Medical Assistant] and Occupational and Physical Therapy
- Donnelly College nursing program
- Johnson and Wyandotte County Medical Society
- Election Volunteers
- Service Organizations:
  - Kiwanis
  - Lions Club
  - Masonic Lodges
  - Rotary
  - Local churches
- Local volunteer agencies (RACES, CERT, KCMRC, etc.)
- Occupational health agencies
- Kansas National Guard\*
- U.S. Public Health Service Commissioned Corps Readiness Force (CCRF)\*

\* The EOC must request these resources per the EOP

### **Priority Countermeasure**

Designated individuals within local government and throughout the County have been identified as Priority Countermeasure recipients. The PHDOC will notify these agencies that dispensing is to occur. Information regarding the specifics of the Priority Countermeasure distribution is in the Public Health MCDD Standard Operating Guide.

All volunteers and workers will receive countermeasures at their assigned site. All volunteers and workers not assigned to a site will receive countermeasure from the Priority Countermeasure Dispensing Site.



To implement and sustain a Medical Care Development (MCD) response, responding individuals need to be assured that the health and the well-being of their loved ones is not in immediate jeopardy. Therefore, supplies of individual doses in the pharmacy cache will first be provided to potentially immune compromised individuals (as appropriate) and their contacts based on epidemiological investigation, and the priority countermeasure list and dispensers and their families.

Priority countermeasure designation will alter when:

- The scope of the event warrants
- Medication/vaccine supplies are limited
- The medication is contraindicated or may involve risk to the individual
- There is not enough time or adequate staffing to do dispensing activities

Each agency and organization that has individuals eligible for priority countermeasure has been asked to estimate the number of persons eligible and provide that information to the PHDOC. This will be used to estimate required quantity of priority countermeasure from each organization. Information regarding the Priority Countermeasure Needs Assessment Summary is in the Public Health MCDD Standard Operating Guide.

### **Site Determination**

#### **Open Sites**

Open Sites have been determined through evaluation of population demographics and densities. Maps locating these sites are in the Public Health MCDD Standard Operating Guide.

Determining how many dispensing sites to activate will depend upon the projected number of individuals needing Post-Exposure Countermeasure and their distribution throughout the city. Assuming some overlap and simultaneous use, Post-Exposure Countermeasure dispensing is anticipated at the following types of sites:

- Schools
- Community centers
- Other sites as identified



### **Alternate Dispensing Sites**

The Public Health Department will be using alternate forms of dispensing/vaccinations to ensure that all needs of county residents are met. To expedite distribution and meet the timeliness requirements for medical countermeasures, the following alternative dispensing sites will also be used:

#### **Closed Sites**

The Closed Sites will provide countermeasures to specific populations (i.e., employees, students, residential care patients). Each Closed Site will require a signed Memorandum of Understanding and an approved plan by the Public Health Department.

#### **Bulk Dispensing**

This method of dispensing will help meet the needs of the portion of the population that have special needs or are at-risk. Agencies and/or organizations will be the link to these special population members. A signed Memorandum of Understanding with the PHD is required.

#### **Drive-Through Site**

This method is optional and will also help reduce the numbers of individuals receiving countermeasure medications at an Open Site. A Drive-Thru Site may also serve as a secondary dispensing site, if needed.

### **Considerations**

The recommended hours of public access to Open Sites will be from 8 a.m. – 8 a.m., (24 hours), unless otherwise determined by the Incident Commander.

It is projected that 30,000 recipients will go through each Open Site, resulting in all of those affected receiving countermeasure within 48 hours.

Unified Government employees will perform the roles of the Mass Countermeasure Personnel as will Medical Reserve Corp personnel. Those with healthcare training—nurses, pharmacists, physicians, paramedics, EMTs, certified medical aids, etc.—will be utilized as effectively as possible. All activated personnel will be notified and supplied with Just-In-Time training.



### **Security**

ESF 13 will coordinate security at dispensing sites. Other participating agencies and organizations include the Wyandotte County Sheriff's Office, Bonner Springs and Edwardsville Police, the Kansas Highway Patrol (KHP), and the security personnel of individual designated sites, if any. The Law Enforcement Branch Director will oversee all facets of security.

Individualized identification badges will be provided through the EOC to identify site workers and those who have security clearance for restricted areas of operations. These badges will ensure that workers are granted access to the facilities and locations described in this plan and are able to move throughout the county, if necessary, to carry out their duties. Unified Government employees may use their employee name badges.

### **Transportation**

As the Lead Agency for ESF 1 Transportation, the UG Transit Department will work within the EOC structure and coordinate with the PHD Transportation Unit Leader to provide transportation resources as necessary to support Mass Prophylaxis Dispensing (MPD) operations.

Transit Department buses will be available and will run from predetermined "pick-up" sites to dispensing sites. This will be coordinated with the EOC by the Transportation Unit Leader.

Individuals transported can include asymptomatic patients to Open Sites as well as Open/Closed Site workers. The ESF 8 Public Health Coordinator may need to oversee and arrange transport of symptomatic patients to treatment sites.

The Office of Buildings and Logistics, in coordination with ESF 1, will oversee all movement of materiel to and from storage and delivery sites. This includes the movement of materiel to the dispensing sites and hospitals.

The primary method of transporting SNS materiel to the delivery sites will be trucks. Helicopter transportation will be the alternate method of transportation if traffic or other situations prohibit the use of trucks. Refer to the Activation of the Strategic National Stockpile section for more detailed information.





The Office of Buildings and Logistics, in Coordination with ESF 1, will be responsible for ensuring that daily medical waste from all Open Sites and pre-identified Closed Sites is removed from the facility and brought to the PHD laboratory for proper disposal by the laboratory's medical waste disposal contractor.

## 2.8 Medical Materiel Distribution

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The Wyandotte County EOC will deploy and oversee pharmaceutical inventories and the Local Distribution Sites (LDS). To ensure a continuous flow of materiel as needed, the LDS must provide continuous feedback to the EOC Logistics Manager on the amount of medication and other supplies that have been distributed to the dispensing sites.

Inventory and re-supply management includes tracking the local cache or [Strategic National Stockpile](#) (SNS) assets while stored at LDS sites, en-route to the dispensing sites and delivered to the dispensing sites. Note that SNS assets will be stored at the LDS location (see the Public Health MCDD for location and back-up location).

The Medical Advisor/Health Officer and Chief Epidemiologist will project immediate and long-term needs for treatment and post-exposure countermeasures. They will prioritize the use of such assets and identify primary deficits that will require Federal SNS assistance and make the necessary recommendation to the EOC.

The Logistics Branch will routinely monitor appropriate local, regional, and state medical materiel asset availabilities and will maintain a summary of these assets. This data will be made available on the county Crisis Information Management System (CIMS), Web EOC.



With some degree of overlap and simultaneous use, it is anticipated that medical materiel resources will be utilized in the following order:

**Tier 1: Local and Hospital Pharmacies**

- On hand pharmaceuticals
- For treatment of incoming patients and Post-Exposure Countermeasure of pre-selected workers
- Availability is immediate upon determination of need

**Tier 2: Regional Pharmaceutical Vendors (drug wholesalers)**

- Vendors may provide primarily medical/surgical supplies, IV fluids, and unanticipated drug needs
- Availability dependent on vendor quantities on hand

**Tier 3: Strategic National Stockpile**

- The SNS will arrive at the point of transfer to state within 12 hours of need determination, request, and CDC approval. Due to its size, SNS material may require substantial time to offload, stage, apportion, and further transport. Thus, it is anticipated that assets will be available within 24 hours of need determination, request and CDC approval.



## 2.9 Non-pharmaceutical Interventions

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Non-Pharmaceutical Interventions are personal and community-level public health measures that do not involve vaccines or drugs, and may serve as a first line of defense to help reduce the spread of disease. During the on-set of a public health emergency in which pharmaceuticals are not available, the UGPHD will work to delay the spread of a pandemic to allow time for vaccine production; to help lessen the demand for and preserve scarce healthcare resources; and help to reduce the overall number of people who become sick, therefore, reducing suffering, illness, and death by the use of non-pharmaceutical interventions. Examples of these interventions are:

- Advising people to stay home if they are sick (timeline specific to the disease)
- Asking people who have been exposed to a sick person to stay at home (timeline specific to the disease)
- Dismissing children and teenagers from schools and preventing them from re-congregating in the community
- Asking people to work from home if possible and use measures to increase the distance between people at the workplace
- Closing of mass gatherings
- Creating publications and promotional materials to encourage use of proper hygiene

To determine the trigger for these interventions, the UGPHD will utilize the CDC [Pandemic Severity Assessment Framework](#).

The CDC recommends the following condition for the use of masks during a pandemic outbreak:

- If they have symptoms and might have contact with others
- If they live with someone who has symptoms and they need to be in a crowded place
- If they are well and do not expect to have close contact with a sick person, but need to be in a crowded place



### **Isolation and Quarantine**

The rationale and background justification (both from public health and legal perspectives) for the use of isolation and quarantine of exposed individuals can be found in the Community Containment SOG. Kansas Statutes 65-119 and 65-126 authorize the Local Health Officer (UGPHD Medical Advisor) or the Kansas Secretary of Health and Environment to order and enforce isolation and quarantine of people afflicted with, or exposed to, infectious or contagious disease.

The UGPHD will assist local institutions in implementing appropriate policies and procedures to reduce the risk of infectious disease exposure within populations they serve. Information regarding the need for isolation is provided by the CDC.

Isolation of suspected infectious patients is a primary function of hospitals. Unless otherwise specified, standard hospital isolation will occur when the disease situation warrants, based on KDHE and CDC recommendations and guidelines. TUKHS has 38 positive pressure and 28 negative pressure full isolation rooms. PMC has 13 negative pressure rooms.

The UGPHD will impose quarantine when circumstances warrant (considering the nature of the disease and whether it has been identified). Individuals exposed to a known infectious disease will be quarantined based on state and CDC guidelines and recommendations for the identified disease.

To ensure daily compliance with quarantine, the UGPHD Epidemiology Division, or their designee, will monitor quarantined contacts daily by a variety of means including, but not limited to, home visits and phone calls. Food and supplies will be coordinated through the EOC via ESF 6.

Enforcement of quarantine will be coordinated through the PHDOC, the EOC and ESF 13, Public Safety. Individuals will be educated to contact public health officials should symptoms of disease develop. ESF 8 will coordinate closely with ESF 15 to promote hygiene and disease prevention methods to reduce further spread of pathogens or contaminants.

Local Health Officer may consider the closing of large public gatherings and venues to mitigate the spread of disease. The UGPHD will work with the necessary agencies to implement procedures for decontamination, vector intervention, and a process for safe re-entry into a suspect area.



## 2.10 Responder Health and Safety

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All emergency responders and emergency receivers may be asked to perform duties under dangerous circumstances and consideration must always be given to employee safety. Further, since employee activities may directly affect the level of morbidity and mortality of disease, responders will be provided education at their orientation and annually thereafter, regarding appropriate precautions to limit likelihood of exposure to potentially toxic or infectious agents.

Hospitals, public health, EMS, and the coroner are responsible for providing enough personal protective equipment (PPE) for employees. When use of N95 masks is required, fit testing of N95 masks will be conducted annually using standard fit test guidelines with test records kept on file at each agency. If needed, additional personnel may be fit tested for N95 masks and other PPE obtained through the EOC.

Exposure to toxic agents or infectious material will be limited as much as possible. Guidelines for isolation precautions, patient placement, patient transport, cleaning/disinfection of equipment, discharge management, and postmortem care are typically found with State and Federal agencies (e.g., KDHE and CDC). Additionally, each agency has standard operating procedures for health and safety that relate specifically to the tasks that the agency's employees may be required to perform during an event.

## 2.11 Volunteer Management

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The Wyandotte County Emergency Management Department leadership has embraced the benefits of a planned, systematic, and professional approach to incorporating spontaneous, unaffiliated volunteers into disaster response.

**Medical Reserve Corps of Greater Kansas City (MRCKC)** - The Medical Reserve Corps of Greater Kansas City is a network of medical and non-medical volunteers who support public health and emergency management agencies throughout the Greater Kansas City area during disasters and other times of community need. While programs like MRCKC already exist, they may be "federalized" in large-scale emergencies and may not be available to assist in their home communities. MRCKC is dedicated for use within the Kansas City region to support local public health agencies and emergency management agencies.



**Volunteer Reception Center(s)** - An exercised volunteer management process initiated by the Kansas City Regional Community Organizations Active in Disasters (KCR COAD) is in place. The KCR COAD Volunteer Reception Center will be used for regional responses and those incidents for which numerous volunteers (over 1000 volunteers) are required for the entire Kansas City Metropolitan area as identified by the Mid-America Regional Council jurisdictions.

The Wyandotte County Volunteer Reception Center (VRC) process is tailored to meet identified specific needs for Wyandotte County disasters. The Wyandotte County VRC may also be used in cooperation with the KCR COAD VRC, if requested. The Public Health Department has badges that can be provided to the Volunteer Reception Center once credentialing has been completed and can be augmented by the Rapid Tag system deployed by the EOC.

## 2.12 Environmental Health

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The Air Quality and Environmental Departments of the UGPHD will work with the EOC to identify resources to provide air quality monitoring in the disaster area(s) and in support of other emergency activities (such as debris burning operations). In most cases, the resources of the United States EPA and KDHE will be used to support local air monitoring operations.

KDHE and the EPA shall be tasked with ascertaining when it is safe for the public to re-enter an affected area. The KDHE and EPA have resources available for the testing of air and water quality in areas where a known or suspected agent has been released. The results of these tests shall help identify environmental risk and will aid in determining the need for decontamination. Assistance from the EPA for environmental concerns shall be requested through the EOC, as early in the incident as is practical. An On-Scene Coordinator will then respond to the area and begin a needs assessment based on the agent(s) involved and the extent of involvement.

The State of Kansas resides in the EPA's Region 7. Regional Response Team 7 (RRT 7) is the federal component of the National Response System for the states of Kansas, Iowa, Missouri, and Nebraska. It is made up of representatives of 14 agencies plus each of the four states. RRT 7 is a planning, policy, and coordinating body, which does not respond directly to the scene of an oil spill or hazardous substance release. It provides assistance as requested to the On-Scene Coordinator during an incident.

Depending upon the pathogen or contaminant involved in a public health emergency, vector intervention may be required. A disease vector is any agent that carries and



transmits an infectious pathogen into another living organism such as an insect, parasite, dust, or bacteria.

Based on the pathogen or contaminant involved a determination will be made as to what actions/interventions may be undertaken to prevent the spread of the agent and/or disease. Examples of possible interventions are spraying insecticides to eliminate possible vectors, quarantining of livestock, etc.

## 2.13 Behavioral Health

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Every effort will be made to provide crisis-counseling services to people affected by the disaster. Depending on the magnitude of the event, a representative from the Wyandot Center may be requested to report to the EOC to serve as the Mental Health Services Coordinator. To activate the mental health responders during an emergency event, the appropriate designee in the EOC will contact the 24-hour Wyandot Center Mental Health Crisis Line (913-788-4200). The Crisis Line operator will notify the Director of Outpatient/Crisis Services or designee in the director's absence. The director or designee will then activate the center's disaster response call system.

Trained mental health counselors are available through the Wyandot Center and numerous volunteer organizations. Both can provide faith-based and non-faith-based disaster counseling services.



Emergency services personnel will be notified to be alert to signs of high stress, emotional instability, or unusual behavior among both disaster victims and emergency workers and will notify ESF 6 of such conditions. The Mental Health Services Coordinator will work with primary and support agencies to assess disaster mental health requirements and based on the needs of the event, deploy appropriately trained staff to provide services at:

- Disaster sites
- Damage areas
- Shelters
- Medical facilities
- Assistance centers
- Mortuary facilities
- Dispensing sites
- Mental health offices

If the emergency is crime-related, the Kansas City Kansas Police Department's Office of Victims Services will take the lead in providing appropriate mental health services to the individuals affected by the event and work with the Mental Health Services Coordinator to ensure services are coordinated.

ESF 6, specifically the Mental Health Services Coordinator, will work with ESF 15 to ensure information regarding the availability of crisis counseling services is provided to the public. If dictated by the scope of the event, a special phone number may be established to take calls specifically related to disaster mental health issues.

All mental health workers to be activated will be Critical Incident Stress Management (CISM) trained. The Wyandotte Center Crisis Services will maintain a database of current CISM-certified Mental Health Workers within the organization and the broader community.

The American Red Cross (ARC) will operate a Disaster Welfare Information (DWI) system to report on victims' statuses and assist with family reunification. Information regarding individuals residing in the affected area will be collected and provided to authorities and immediate family members. If appropriate, the ARC will work closely with agencies providing mental health services when relaying information to family members.





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## 2.14 Considerations for Access and Functional Needs Populations and Children

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The Unified Government has a local American with Disabilities Act (ADA) Coordinator position within the Human Services Department who coordinates regularly with the State ADA Coordinator to ensure programs and policies are following the Americans with Disabilities Act. In addition, in large or complex disasters, the EOC Manager may choose to staff an ADA Incident Coordinator directly in the EOC. If necessary, the ESF 8 Coordinator will consult with the ADA Coordinator, or ADA Incident Coordinator, if assigned, to ensure services are delivered in a manner consistent with the ADA.

Evacuation Plans have been independently developed for institutions housing access and functional needs populations and children by the administrations of those facilities including long-term care facilities, Kansas School for the Blind, assisted living centers, independent living facilities, schools, hospitals, and day care facilities.

In many cases, these evacuation plans have been communicated in advance to medical services agencies. In the event of evacuation of a large facility, ESF 8 would coordinate closely with ESF 1 and other transportation providers to provide appropriate transportation for the medically fragile. ESF 1 and ESF 8 have access to transport resources to accommodate those with access and functional needs.

The Department of Health and Human Services has identified the top 15 languages spoken in households in Kansas. English was identified as the most common language and Spanish as the second most common language spoken in households within Wyandotte County. Some educational materials have been translated into Spanish and, on occasion, other languages. Translation into additional languages will be performed as required.

The Unified Government of Wyandotte County utilizes several vendors for interpretation and translation services. This service is available to all emergency response agencies and the Public Information Officers throughout the county. Specific information about how to request and utilize these vendors as well as the languages for which services can be provided is found in Addendum 8, Interpreter and Translator Services, of ESF 6.

The local television stations have agreed to provide information in Spanish and other languages as appropriate when they interrupt programming or when text scrolls are used across normal programming. TTY telephone services are available throughout Wyandotte County. In addition, the Kansas State School for the Blind can assist with Braille interpretation.



### 3 RESPONSIBILITIES

This section describes responsibilities and actions designated to coordinating, primary, and support agencies. Actions are grouped into phases of emergency management: Preparedness, Response, Recovery, and Mitigation.

<b>Overall Actions Assigned To All Agencies</b>	
<b>Overall Actions Assigned to All Agencies</b>	
<i>Preparedness (Pre-Event) Actions for ESF 8—Public Health and Medical Services</i>	
1	Maintain a central personnel roster and contact and resource lists to support ESF 8 tasks.
2	Identify who is responsible for initial notification of ESF 8 personnel.
3	Identify responsibilities for liaison roles with state and adjacent county transportation officials.
4	Develop standard operating guides and checklists to support ESF 8 activities.
5	Collect, process, and disseminate information to and from the EOC.
6	Develop and maintain ESF 8 Annex.
7	Identify resources to assist with evacuation and movement of people.
8	Identify guidance for evacuation of vulnerable facilities.
<b>Overall Actions Assigned to All Agencies</b>	
<i>Response (During Event) Actions for ESF 8—Public Health and Medical Services</i>	
1	Manage the collection, processing, and dissemination of information between ESF 8 and EOC or incident command.
2	Designate personnel to coordinate ESF 8 activities in EOC.
3	Provide field support for emergency responders at the scene.
4	Participate in EOC briefings, incident action plans, situation reports, and meetings to support ESF 8.
5	Coordinate and/or perform damage assessments on infrastructure, transportation systems, facilities, and equipment.
6	Coordinate the pre-positioning of resources with other agencies.
7	Coordinate with other agencies to recommend evacuations.
8	Coordinate and/or provide transportation resources to support evacuations and movement of people.
9	Coordinate the transportation of evacuated animals to designated shelters.
10	Assist establishing alternate routes of access required due to road closures.
11	Coordinate the management of air resources with other agencies.



<b>Overall Actions Assigned to All Agencies</b>	
<i>Recovery (Post Event) Actions for ESF 8—Public Health and Medical Services</i>	
1	Provide documentation for possible financial reimbursement process for recovery activities.
2	Prioritize emergency repair and restoration of transportation infrastructure.
3	Provide documentation for possible financial reimbursement process for recovery activities.
4	Provide personnel and resources to support damage assessment teams.
5	Identify transportation reentry criteria and reentry routes.
6	Clean, repair, and perform maintenance on all equipment before returning to normal operations or storage.
<b>Overall Actions Assigned to All Agencies</b>	
<i>Mitigation Actions for ESF 8 Public Health and Medical Services</i>	
1	Participate in mitigation planning team meetings and work with local emergency management to promote community preparedness.
2	Participate in the hazard identification process and identify and correct vulnerabilities.



<b>Coordinating: Unified Government Public Health Department</b>	
<b><i>Preparedness (Pre-Event) Actions for Unified Government Public Health Department</i></b>	
1	Actions assigned all ESF partners.
2	Coordinate with ESF 6 to identify agencies that work with individuals with access and functional needs in advance of, during, and following an emergency. This will serve as a resource to identify individuals with access and functional needs.
3	Identify public health services needed to support identified disaster risks and provision of those services.
4	Coordinate activities related to health department SOG development.
5	Coordinate public health department's training and exercise program.
6	Ensure department employees are credentialed and badged in the state CRMCS system and that volunteers are registered in K-SERV or MRC prior to an incident.
7	Provide liaison to communicate between public health department and ESF 8 for emergency related information.
8	Provide a trained representative to serve as the ESF 8 Coordinator and report to the EOC or other designated location as requested by the Emergency Management Department.
9	Establish preventive public health services including the control of communicable diseases.
10	Coordinate the county medical countermeasure distribution and planning activities.
11	Work with neighboring community public health departments, as well as with State and Federal officials, to augment Wyandotte County's public health resources.
12	Coordinate immunization programs.



<b>Response (During Event) Actions for Unified Government Public Health Department</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs
3	Coordinate surveillance and epidemiological activities of the local health department including activities with community partners such as schools, EMS, hospitals, private medical providers, and others.
4	Recommend or determine health-related protective actions.
5	Activate and conduct activities that may be involved in community disease containment measures.
6	Provide liaison for communication between hospitals and ESF 8 related to patient census and other information.
7	Report incident related injuries to EOC.
8	Coordinate vector surveillance activities.
9	Perform vector surveillance activities.
10	Provide liaison to communicate between public health department and ESF 8.
11	Provide a trained representative to serve as the ESF 8 Coordinator and report to the EOC as requested by the Emergency Management Department.
12	Establish preventive public health services including the control of communicable diseases.
13	Work with neighboring community public health departments, as well as with State and Federal officials, to augment Wyandotte County's public health resources.
14	Coordinate immunization programs.
15	Activate Threat Assessment Team (TAT) and Departmental Operations Center.
16	Ensure the protection of public health emergency response staff by taking actions to obtain necessary personal protective equipment (PPE) and prophylactic medications/vaccines.
17	Ensure public health advisories on such matters as water, vectors, immunizations, disinfecting, and other public health issues dictated by the event are provided to the PIO (ESF 15) for dissemination. This includes communicating incident related health and medical information to citizens including at-risk populations.
19	Ensure appropriate public health situational information is made available to the EOC.
20	Activate/coordinate county mass distribution and/or dispensing of medical countermeasures/materiel.



21	Serve as the Lead Agency for Biological Incidents.
22	Recover medical supplies and dispose of medical waste.
<b>Recovery (Post Event) Actions for Unified Government Public Health Department</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Provide public health input into community recovery affairs.
4	Provide liaison to communicate between public health department and ESF 8 for emergency related information.
5	Provide a trained representative to serve as the ESF 8 Coordinator and report to the EOC or other designated location as requested by the EM Department.
6	Continue public health preventive health services including the control of communicable diseases.
7	Monitor public health effects post-disaster.
8	Continue investigation on sanitation conditions and coordinate the immunization programs.
<b>Mitigation Actions for Unified Government Public Health Department</b>	
1	Actions assigned all ESF partners.
2	Participate on the jurisdictional hazard mitigation planning committee.
3	Identify the public health impact of identified risks.
4	Provide hand washing and other disease prevention campaign activities.
5	Provide liaison to communicate between public health department and ESF 8 for emergency related information.
6	Provide a trained representative to serve as the ESF 8 Coordinator and report to the EOC or other designated location as requested by the Emergency Management Department.
7	Establish public health preventive services including the control of communicable diseases.
8	Coordinate immunization programs.
9	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
10	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Primary: Bonner Springs Fire and EMS Department</b>	
<b><i>Preparedness (Pre-Event) Actions for Bonner Springs Fire and EMS Department</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Credential and badge department employees prior to an incident.
4	Credential medical staff.
5	Maintain Resource list for specialized medical transportation.
<b><i>Response (During Event) Actions for Bonner Springs Fire and EMS Department</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Report incident related injuries to EOC.
4	Dispose of medical supplies.
5	Compile ESF 8 information and provide to EM for Incident Action Plan.
6	Support EMS operations as needed.
7	Respond to the disaster scene with emergency medical personnel and equipment.
8	Establish a medical command post at the disaster site(s) to coordinate health and medical response team efforts.
9	Provide triage, medical care, and transport for the injured.
10	As requested, deploy personnel to the Wyandotte County EOC to assist the Public Health and Medical Services Coordinator.
11	Establish and maintain field communications and coordination with other responding emergency teams (police, public works, etc.) and radio or telephone communications with hospitals.
12	Evacuate patients from affected hospitals and nursing homes.
<b><i>Recovery (Post Event) Actions for Bonner Springs Fire and EMS Department</i></b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.





<b>Mitigation Actions for Bonner Springs Fire and EMS Department</b>	
1	Actions assigned all ESF partners.
2	Participate on the jurisdictional hazard mitigation planning committee.
3	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
4	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Primary: Edwardsville Fire Department</b>	
<b>Preparedness (Pre-Event) Actions for Edwardsville Fire Department</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Credential medical staff.
4	Maintain Resource list for specialized medical transportation.
<b>Response (During Event) Actions for Edwardsville Fire Department</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Report incident related injuries to EOC.
4	Dispose of medical supplies.
5	Compile ESF 8 information and provide to EM for Incident Action Plan.
6	Support EMS operations as needed.
7	Respond to the disaster scene with emergency medical personnel and equipment.
8	Establish a medical command post at the disaster site(s) to coordinate health and medical response team efforts.
9	Provide triage, medical care, and transport for the injured.
10	As requested, deploy personnel to the Wyandotte County EOC to assist the Public Health and Medical Services Coordinator.
11	Establish and maintain field communications and coordination with other responding emergency teams (police, public works, etc.) and radio or telephone communications with hospitals.
12	Evacuate patients from affected hospitals and nursing homes





<b>Recovery (Post Event) Actions for Edwardsville Fire Department</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Edwardsville Fire Department</b>	
1	Actions assigned all ESF partners.
2	Participate on the jurisdictional hazard mitigation planning committee.
3	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
4	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Primary: Kansas City Kansas Fire Department</b>	
<b>Preparedness (Pre-Event) Actions for Kansas City Kansas Fire Department</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Credential medical staff.
4	Maintain Resource list for specialized medical transportation.
<b>Response (During Event) Actions for Kansas City Kansas Fire Department</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Report incident related injuries to EOC.
4	Dispose of medical supplies.
5	Compile ESF 8 information and provide to EM for Incident Action Plan.
6	Support EMS operations as needed.
7	Respond to the disaster scene with emergency medical personnel and equipment.
8	Establish a medical command post at the disaster site(s) to coordinate health and medical response team efforts.
9	Provide triage, medical care, and transport for the injured.
10	As requested, deploy personnel to the Wyandotte County EOC to assist ESF 8.
11	Establish and maintain field communications and coordination with other responding emergency teams (police, public works, etc.) and radio or telephone communications with hospitals.



12	Assist with the evacuation of non-ambulatory patients from affected hospitals and nursing homes.
13	Upon arrival at the scene, assume an appropriate role in the Incident Command System (ICS).
<b>Recovery (Post Event) Actions for Kansas City Kansas Fire Department</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to Emergency Management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Kansas City Kansas Fire Department</b>	
1	Actions assigned all ESF partners.
2	Participate on the jurisdictional hazard mitigation planning committee.
3	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
4	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Primary: Providence Medical Center</b>	
<b>Preparedness (Pre-Event) Actions for Providence Medical Center</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Credential and badge department employees prior to an incident.
4	Identify ability of hospitals to perform decontamination of patients, service animals and pets.
5	Monitor available medical beds and report to ESF 8 Coordinator in EOC.
6	Maintain MOUs or MOAs to share medical resources.
7	Identify alternate care site planning activities.
8	Credential medical staff.
9	Maintain Resource list for specialized medical transportation.
10	Maintain list/contacts for specialty medical care organizations such as Dialysis Centers.
11	Ensure medical staff are credentialed and badged by the state in ESR, VIP, or MRC prior to an incident.



<b>Response (During Event) Actions for Providence Medical Center</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Operate community alternate care site.
4	Track the injured (registration to discharge process).
5	Provide liaison for communication between hospitals and ESF 8 related to patient numbers and information.
6	Report incident related injuries to EOC.
7	Activate and conduct medical care activities during a disaster.
8	Activate and conduct medical surge activities (cancellation of elective surgeries, transfer of patients, etc.).
9	Provide numbers of available beds, resources, medical capabilities, and medical specialties to the ESF 8 Coordinator.
10	Coordinate and activate patient decontamination activities.
11	Dispose of medical supplies.
12	Conduct decontamination activities, in coordination with ESF 10, from chemical, radiological, or biological agents.
13	Compile ESF 8 information and provide to EM for Incident Action Plan.
14	Implement internal and external hospital disaster plans.
15	Advise the Health and Medical Services Coordinator in the EOC of conditions of the hospital and number and type of available beds.
16	Advise the Health and Medical Services Coordinator in the EOC of conditions of the hospital and number and type of available beds.
17	Coordinate with EMS, other hospitals and any medical response personnel at the scene to ensure that casualties are transported to the appropriate medical facility.
18	Distribute patients to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, bed capacity, and special designations such as trauma and burn centers.
19	Coordinate the use of clinics to treat less than acute illnesses and injuries.
20	Coordinate with local emergency responders to isolate and decontaminate incoming patients to avoid the spread of chemical or bacterial agents to other patients and staff.
21	Coordinate with other hospitals and EMS on the evacuation of patients from affected hospitals and specify where patients are to be taken.



22	Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
23	Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
24	Provide patient identification information to the American Red Cross.
25	Provide medical guidance as needed to Emergency Medical Services.
26	Activate Departmental Operations Center.
27	Coordinate the location, procurement, screening and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
28	Request needed hospital resources through Hospital Regional Coordinator.
<b>Recovery (Post Event) Actions for Providence Medical Center</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Report damages of hospitals to ESF 8.
4	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Providence Medical Center</b>	
1	Actions assigned all ESF partners.
2	Participate on the jurisdictional hazard mitigation planning committee.
3	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
4	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

**Primary: The University of Kansas Health System**

**Preparedness (Pre-Event) Actions for The University of Kansas Health System**

1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Credential and badge department employees prior to an incident.
4	Identify ability of hospitals to perform decontamination of patients, service animals and pets.
5	Monitor available medical beds and report to ESF 8 Coordinator in EOC.
6	Maintain MOUs or MOAs to share medical resources.
7	Identify alternate care site planning activities.



8	Participate in the Hospital Preparedness Program.
9	Maintain Resource list for specialized medical transportation.
10	Establish and maintain field and inter-hospital medical communications.
11	Maintain list/contacts for specialty medical care organizations such as Dialysis Centers.
12	Ensure medical staff are credentialed and badged in the state CRMCS system or registered in K-SERV or MRC prior to an incident.
<b>Response (During Event) Actions for The University of Kansas Health System</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Activate community alternate care site if necessary.
4	Track the injured (registration to discharge process).
5	Provide liaison for communication between hospitals and ESF 8 related to patient census and information.
6	Report incident related injuries to EOC.
7	Activate and conduct medical care activities during a disaster.
8	Activate and conduct medical surge activities (cancellation of elective surgeries, transfer of patients, etc.).
9	Provide numbers of available beds, resources, medical capabilities, and medical specialties to the ESF 8 Coordinator.
10	Coordinate and activate patient decontamination activities.
11	Conduct decontamination activities, in coordination with ESF 10, from chemical, radiological, or biological agents (CBRNE).
12	Compile ESF 8 information and provide to EM for Incident Action Plan.
13	Implement internal and external hospital disaster plans.
14	Advise the ESF 8 Health and Medical Services Coordinator in the EOC of conditions of the hospital and number and type of available beds.
15	Coordinate with EMS, other hospitals and any medical response personnel at the scene to ensure that casualties are transported to the appropriate medical facility.
16	Distribute patients to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, bed capacity, and special designations such as trauma and burn centers.
17	Coordinate the use of clinics to treat less than acute illnesses and injuries.



18	Coordinate with local emergency responders to isolate and decontaminate incoming patients to avoid the spread of chemical or bacterial agents to other patients and staff.
19	Coordinate with other hospitals and EMS on the evacuation of patients from affected hospitals and specify where patients are to be taken if the building is compromised.
20	Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s).
21	Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims in search of their loved ones.
22	Provide patient identification information to the American Red Cross.
23	Activate Departmental Operations Center.
24	Coordinate the location, procurement, screening and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
25	Request needed hospital resources through Hospital Regional Coordinator.
<b>Recovery (Post Event) Actions for The University of Kansas Health System</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Report damages of hospitals to ESF 8.
4	Compile ESF 8 information and provide to EM for Incident Action Plan.
5	Establish and maintain field and inter-hospital medical communications.
<b>Mitigation Actions for The University of Kansas Health System</b>	
1	Actions assigned all ESF partners.
2	Participate on the jurisdictional hazard mitigation planning committee.
3	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
4	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Primary: Wyandot Center</b>	
<b>Preparedness (Pre-Event) Actions for Wyandot Center</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Identify county's behavioral health response capabilities.
4	Coordinate behavioral health capabilities of the organization.
5	Coordinate organization's behavioral health disaster team.
<b>Response (During Event) Actions for Wyandot Center</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Coordinate and activate behavioral healthcare activities.
4	Conduct behavioral healthcare activities.
<b>Recovery (Post Event) Actions for Wyandot Center</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Wyandot Center</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Primary: Wyandotte County Coroner</b>	
<b>Preparedness (Pre-Event) Actions for Wyandotte County Coroner</b>	
1	Actions assigned all ESF partners.
2	Identify county's fatality management capabilities.
3	Develop procedures to appropriately vet and release casualty and fatality information.
<b>Response (During Event) Actions for Wyandotte County Coroner</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Coordinate fatality management process and requests additional support.
4	Activate the Kansas Funeral Directors Association Disaster Team to support fatality management according to the Kansas Mass Fatality Plan.





5	Report incident related fatalities to EOC.
6	Coordinate and activate mortuary services during an emergency.
7	Conduct mortuary services during an emergency.
8	Manage the disposition and tracking of the deceased.
9	Activate mass fatality site.
<b>Recovery (Post Event) Actions for Wyandotte County Coroner</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Wyandotte County Coroner</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.

<b>Primary: Wyandotte County Sheriff's Office</b>	
<b>Preparedness (Pre-Event) Actions for Wyandotte County Sheriff's Office</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Wyandotte County Sheriff's Office</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Provide security at or around health and medical facilities or at mass casualty sites.
4	Provide security assistance to medical facilities and to health and medical field personnel upon request.
5	Maintain emergency health services at correctional facilities.
6	Provide communications support for health and medical activities.
7	Provide traffic flow and parking assistance around health and medical facilities.
<b>Recovery (Post Event) Actions for Edwardsville Fire Department</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.





<b>Mitigation Actions for Wyandotte County Sheriff's Office</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: American Medical Response</b>	
<b>Preparedness (Pre-Event) Actions for American Medical Response</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for American Medical Response</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b>Recovery (Post Event) Actions for Edwardsville Fire Department</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for American Medical Response</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Supporting: American Red Cross</b>	
<b><i>Preparedness (Pre-Event) Actions for American Red Cross</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Coordinate and maintain family reunification policies or procedures.
<b><i>Response (During Event) Actions for American Red Cross</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Coordinate with access and functional needs populations at community shelters.
<b><i>Recovery (Post Event) Actions for American Red Cross</i></b>	
1	Actions assigned all ESF partners.
2	Activate family reunification policies or procedures to be used by ESF 8.
<b><i>Mitigation Actions for American Red Cross</i></b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Board of Public Utilities</b>	
<b><i>Preparedness (Pre-Event) Actions for Board of Public Utilities</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b><i>Response (During Event) Actions for Board of Public Utilities</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b><i>Recovery (Post Event) Actions for Board of Public Utilities</i></b>	
1	Actions assigned all ESF partners.
2	Restore water and wastewater capabilities in coordination with ESF 3.
<b><i>Mitigation Actions for Board of Public Utilities</i></b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Supporting: Bonner Springs Police Department</b>	
<b><i>Preparedness (Pre-Event) Actions for Bonner Springs Police Department</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b><i>Response (During Event) Actions for Bonner Springs Police Department</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Provide security at or around health and medical facilities or at mass casualty sites.
4	Provide security assistance to medical facilities and to health and medical field personnel upon request.
5	Maintain emergency health services at correctional facilities.
6	Provide communications support for health and medical activities.
7	Provide traffic flow and parking assistance around health and medical facilities.
<b><i>Recovery (Post Event) Actions for Edwardsville Fire Department</i></b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b><i>Mitigation Actions for American Medical Response</i></b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Centers for Disease Control and Prevention</b>	
<b><i>Preparedness (Pre-Event) Actions for Centers for Disease Control and Prevention</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b><i>Response (During Event) Actions for Centers for Disease Control and Prevention</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.



<b>Recovery (During Event) Actions for Centers for Disease Control and Prevention</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Centers for Disease Control and Prevention</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Edwardsville Police Department</b>	
<b>Preparedness (Pre-Event) Actions for Edwardsville Police Department</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Edwardsville Police Department</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Provide security at or around health and medical facilities or at mass casualty sites.
4	Provide security assistance to medical facilities and to health and medical field personnel upon request.
5	Maintain emergency health services at their correctional facilities.
6	Provide communications support for health and medical activities.
7	Provide traffic flow and parking assistance around health and medical facilities.
<b>Recovery (During Event) Actions for Edwardsville Police Department</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.



<b>Mitigation Actions for Edwardsville Police Department</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Kansas City Kansas Fire Department - HAZMAT</b>	
<b>Preparedness (Pre-Event) Actions for Kansas City Kansas Fire Department - HAZMAT</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Kansas City Kansas Fire Department - HAZMAT</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Activate and perform decontamination of patients, service animals and pets.
<b>Recovery (During Event) Actions for Kansas City Kansas Fire Department HAZMAT</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Kansas City Kansas Fire Department - HAZMAT</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Supporting: Kansas City Kansas Police Department</b>	
<b>Preparedness (Pre-Event) Actions for Kansas City Kansas Police Department</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Kansas City Kansas Police Department</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b>Recovery (During Event) Actions for Kansas City Kansas Police Department</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Kansas City Kansas Police Department</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Supporting: Kansas City Regional Community Organizations Active in Disasters (KCR COAD)</b>	
<b><i>Preparedness (Pre-Event) Actions for Kansas City Regional Community Organizations Active in Disasters (KCR COAD)</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b><i>Response (During Event) Actions for Kansas City Regional Community Organizations Active in Disasters (KCR COAD)</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Provide food for emergency medical workers, volunteers and patients, if requested.
4	Maintain a Disaster Welfare Information (DWI) system in coordination with hospitals, EMS, aid stations, and field triage units to collect, receive, and report information about the status of victims.
5	Provide Disaster Welfare Information to the ESF 8 Coordinator for appropriate dissemination.
6	Assist in the notification to the next of kin of the injured and deceased.
7	Assist with the reunification of the injured with their families.
8	Provide first aid and other related medical support (within capabilities) at temporary treatment centers.
9	Provide supplementary medical and nursing aid and other health services, if requested and within capabilities.
10	Provide assistance for the special needs of the disabled, elderly and children separated from their parents.
<b><i>Recovery (During Event) Actions for Kansas City Regional Community Organizations Active in Disasters (KCR COAD)</i></b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.





<b>Mitigation Actions for Kansas City Regional Community Organizations Active in Disasters (KCR COAD)</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Kansas Department of Health and Environment</b>	
<b>Preparedness (Pre-Event) Actions for Kansas Department of Health and Environment</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Kansas Department of Health and Environment</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Provide additional resources, personnel and technical assistance to support public health and medical activities.
4	Determine the extent or threat of contamination from chemical, radiological, or infectious agents.
<b>Recovery (Post Event) Actions for Kansas Department of Health and Environment</b>	
1	Actions assigned all ESF partners.
2	Inspect food service establishments prior to resuming business.
<b>Mitigation Actions for Kansas Department of Health and Environment</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.





<b>Supporting: Kansas Funeral Directors Association</b>	
<b>Preparedness (Pre-Event) Actions for Kansas Funeral Directors Association</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Kansas Funeral Directors Association</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b>Recovery (During Event) Actions for Kansas Funeral Directors Association</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Kansas Funeral Directors Association</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Kansas Metro Health Care Coalition</b>	
<b>Preparedness (Pre-Event) Actions for Kansas Metro Health Care Coalition</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Kansas Metro Health Care Coalition</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b>Recovery (During Event) Actions for Kansas Metro Health Care Coalition</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.



<b>Mitigation Actions for Kansas Metro Health Care Coalition</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Medical Reserve Corps of Greater Kansas City</b>	
<b>Preparedness (Pre-Event) Actions for Medical Reserve Corps of Greater Kansas City</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Medical Reserve Corps of Greater Kansas City</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Coordinate support activities to ESF 6 for access and functional needs populations.
<b>Recovery (During Event) Actions for Medical Reserve Corps of Greater Kansas City</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Medical Reserve Corps of Greater Kansas City</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Supporting: Mid-America Regional Council</b>	
<b><i>Preparedness (Pre-Event) Actions for Mid-America Regional Council</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b><i>Response (During Event) Actions for Mid-America Regional Council</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b><i>Recovery (During Event) Actions for Mid-America Regional Council</i></b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b><i>Mitigation Actions for Mid-America Regional Council</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Supporting: Missouri Disaster Response System (MDRS)</b>	
<b><i>Preparedness (Pre-Event) Actions for Missouri Disaster Response System (MDRS)</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
4	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations.



<b>Response (During Event) Actions for Missouri Disaster Response System (MDRS)</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations.
<b>Recovery (Post Event) Actions for Missouri Disaster Response System (MDRS)</b>	
1	Actions assigned all ESF partners.
2	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations.
<b>Mitigation Actions for Missouri Disaster Response System (MDRS)</b>	
1	Actions assigned all ESF partners.
2	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations.
3	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
4	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

**Supporting: Unified Government GeoSpatial Division**

<b>Preparedness (Pre-Event) Actions for Unified Government GeoSpatial Division</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Unified Government GeoSpatial Division</b>	
1	Actions assigned all ESF partners.
2	Provide assistance in gathering data and supplying maps to assist departments as needed.
<b>Recovery (During Event) Actions for Unified Government GeoSpatial Division</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.



<b>Mitigation Actions for Unified Government GeoSpatial Division</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Unified Government Public Works - Buildings &amp; Logistics Division</b>	
<b>Preparedness (Pre-Event) Actions for Unified Government Public Works - Buildings &amp; Logistics Division</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Ensure that any County facilities suitable for use in support of ESF 8 activities can be quickly made available.
<b>Response (During Event) Actions for Unified Government Public Works - Buildings &amp; Logistics Division</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Ensure that any County facilities suitable for use in support of ESF 8 activities can be quickly made available.
<b>Recovery (During Event) Actions for Unified Government Public Works - Buildings &amp; Logistics Division</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Unified Government Unified Government Public Works - Buildings &amp; Logistics Division</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Primary: Unified Government Water Pollution Control Division</b>	
<b><i>Preparedness (Pre-Event) Actions for Water Pollution Control Division</i></b>	
1	Actions assigned to all ESF partners.
2	Identify procedures for notification to the public about the status of energy and utility facilities.
<b><i>Response (During Event) Actions for Water Pollution Control Division</i></b>	
1	Actions assigned to all ESF partners.
2	Manage major utility outages that threaten public health & safety.
<b><i>Recovery (Post Event) Actions for Water Pollution Control Division</i></b>	
1	Actions assigned to all ESF partners.
<b><i>Mitigation Actions for Water Pollution Control Division</i></b>	
1	Actions assigned to all ESF partners.
2	Implement a public awareness campaign regarding energy and utilities safety in emergencies.
<b>Supporting: Unified Government Transit Department</b>	
<b><i>Preparedness (Pre-Event) Actions for Unified Government Transit Department</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b><i>Response (During Event) Actions for Unified Government Transit Department</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b><i>Recovery (During Event) Actions for Unified Government Transit Department</i></b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b><i>Mitigation Actions for Unified Government Transit Department</i></b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Supporting: Unified School District 202 - Turner</b>	
<b><i>Preparedness (Pre-Event) Actions for Unified School District 202 - Turner</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b><i>Response (During Event) Actions for Unified School District 202 - Turner</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b><i>Recovery (During Event) Actions for Unified School District 202 - Turner</i></b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b><i>Mitigation Actions for Unified School District 202 - Turner</i></b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Unified School District 203 - Piper</b>	
<b><i>Preparedness (Pre-Event) Actions for Unified School District 203 - Piper</i></b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b><i>Response (During Event) Actions for Unified School District 203 - Piper</i></b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b><i>Recovery (During Event) Actions for Unified School District 203 - Piper</i></b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.





<b>Mitigation Actions for Unified School District 203 - Piper</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Unified School District 204 - Bonner Springs/Edwardsville</b>	
<b>Preparedness (Pre-Event) Actions for Unified School District 204 - Bonner Springs/Edwardsville</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Unified School District 204 - Bonner Springs/Edwardsville</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b>Recovery (During Event) Actions for Unified School District 204 - Bonner Springs/Edwardsville</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Unified School District 204 - Bonner Springs/Edwardsville</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: Unified School District 500 - Kansas City Kansas</b>	
<b>Preparedness (Pre-Event) Actions for Unified School District 500 - Kansas City Kansas</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.





<b>Response (During Event) Actions for Unified School District 500 - Kansas City Kansas</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b>Recovery (During Event) Actions for Unified School District 500 - Kansas City Kansas</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Unified School District 500 - Kansas City Kansas</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.

<b>Supporting: United States Environmental Protection Agency</b>	
<b>Preparedness (Pre-Event) Actions for U.S. Environmental Protection Agency</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for U.S. Environmental Protection Agency</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
<b>Recovery (During Event) Actions for U.S. Environmental Protection Agency</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for U.S. Environmental Protection Agency</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



<b>Supporting: Wyandotte County Emergency Management</b>	
<b>Preparedness (Pre-Event) Actions for Wyandotte County Emergency Management</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
3	Coordinate credentialing/privileging procedures to utilize volunteer behavioral health professional and other staff.
4	Coordinate activities in preparing access and functional needs populations for disasters.
5	Provide initial notification for ESF 8.
6	Coordinate local efforts related to K-SERV and medical professional volunteer registration.
7	Identify currently available health and medical sector related volunteer organizations.
8	Capture incident related expenses to be used in emergency response.
<b>Response (During Event) Actions for Wyandotte County Emergency Management</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Communicate ESF 8 information to and between support agencies.
4	Coordinate and maintain ESF 8 situational awareness.
5	Coordinate medical operations activities and resource needs for the health department, hospitals, EMS, environmental health, pharmacies, behavioral health centers/teams, clinics, and funeral directors/coroners.
6	Identify specific health and safety risks for disasters.
7	Coordinate with ESF 7 to request resources.
8	Coordinate and activate mutual aid, K-SERV, and other methods for requesting additional medical providers and support personnel.
9	Activate continuity of operations plan.
10	Coordinate emergency organization credentialing/privileging procedures.
11	Coordinate community outreach to access and functional needs populations.
12	Provide communication of at-risk populations' needs to the ESF 8 Coordinator.
13	Coordinate and activate the Kansas Funeral Directors Association to support fatality management according to the Kansas Mass Fatality Plan.
14	Provide initial notification for ESF 8.



<b>Recovery (Post Event) Actions for Wyandotte County Emergency Management</b>	
1	Actions assigned all ESF partners.
2	Record damage assessment information.
3	Provide incident reports for elected officials.
4	Assist at-risk populations in recovering from disasters including programs provided.
<b>Mitigation Actions for Wyandotte County Emergency Management</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Supporting: Wyandotte/Leavenworth Area Agency on Aging</b>	
<b>Preparedness (Pre-Event) Actions for Wyandotte/Leavenworth Area Agency on Aging</b>	
1	Actions assigned all ESF partners.
2	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
<b>Response (During Event) Actions for Wyandotte/Leavenworth Area Agency on Aging</b>	
1	Actions assigned all ESF partners.
2	Document and track resources that are committed to specific missions and costs.
3	Provide assistance in dealing with the health and medical needs of seniors, such as health screening and inoculations.
<b>Recovery (During Event) Actions for Wyandotte/Leavenworth Area Agency on Aging</b>	
1	Actions assigned all ESF partners.
2	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management.
3	Compile ESF 8 information and provide to EM for Incident Action Plan.
<b>Mitigation Actions for Wyandotte/Leavenworth Area Agency on Aging</b>	
1	Actions assigned all ESF partners.
2	Develop applicable standard operating procedures, guidelines, and/or checklists detailing the accomplishment of their assigned functions.
3	Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.



## 4 REFERENCES/ADDENDUMS

The following reference documents are available from the Emergency Management Department.

- Public Health Emergency Response Plan (Attachment 1)
- ICS Forms
- Regional Hazard Mitigation Plan
- [RHSCC Regional Coordination Guide ESF 8 Plan](#)
- [Regional Mass Casualty Incident \(MCI\) Plan](#)

In general, detailed contact lists and inventories will not be attached to ESF Annexes since this type of information changes constantly. Instead, information is provided as to the department or individual that maintains each type of contact list or inventory.

- Local emergency resources – see ESF 5 and ESF 7
- Mass Fatality Resources/Contacts – information maintained by the County Coroner
- Mental Health Resources/Contacts – information maintained by the Wyandotte Center
- Suppliers – maintained by Unified Government Purchasing Department
- Services/contracts – maintained by Unified Government Purchasing Department
- Mutual aid agreement contacts – maintained by the State of Kansas
- Language Translation Services – see ESF 6 Addendum 9 Interpreter and Translator Services

The following documents are addendums to this ESF:

- Map of Wyandotte County Day Care Centers (Addendum 1)
- Map of Wyandotte County Healthcare Facilities and Hospitals (Addendum 2)
- Map of Wyandotte County Nursing Homes (Addendum 3)