

# Emergency Support Function (ESF) 8

## Kentucky Mass Casualty Incident Support Plan



**Kentucky Public Health**

Prevent. Promote. Protect.

**Approved: March 3, 2015**

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## FOREWORD

The Kentucky Mass Casualty Incident (MCI) Support Plan was developed through collaboration between the Kentucky Department for Public Health, Kentucky Board of Emergency Medical Services, Kentucky Community Crisis Response Board, American Red Cross (Louisville Chapter), Kentucky Emergency Management, Kentucky Fire Commission, Kentucky Hospital Association, Louisville Metro Emergency Medical Services, Lexington-Fayette County Health Department, Lexington-Fayette Emergency Management Agency, Kentucky Emergency Preparedness for Aging/Long Term Care (LTC) Program, U.S. Department of Health and Human Services, and the U.S. Department of Veteran Affairs (Lexington/Louisville, KY).

A MCI is defined as a single geographically focused event which produces a sufficient number of injured or ill casualties that overwhelm local capabilities, thereby requiring special operations and additional assistance. Kentucky's MCI Support Plan provides the guidelines necessary to coordinate support for a MCI when state assistance is requested by local jurisdictions.

The following four distinct phases will be addressed within this plan:

- **Preparedness**: Prior to a MCI, agencies should focus on assessments, planning, training, exercises, and evaluation to prepare for any all-hazards incident that may involve mass casualties. Early identification, alert, and notification are key activities that will allow agencies to begin coordinating an effective response for a MCI.
- **Initial Response**: At the beginning of a MCI, there may be too few resources compared to the needs of the injured or ill. While there may be an initial sense of urgency to provide direct, hands-on emergency patient care, the focus should be on patient triage concurrent with scene evaluation. Establishing a scene management structure is critical so that when additional help arrives, it will be deployed efficiently and effectively.
- **Response through Stabilization**: During this phase of a MCI, resource needs will be met through varying sources and will require increased attention to scene management. This may include the identification and setup of an alternate care site and patient transportation. It is up to the scene management in this stage to assign resources effectively. The focus is still on care of the injured; however, attention is also directed to support the responder personnel.
- **Recovery**: The final stage of a MCI is cleanup and recovery. The focus on scene coordination remains primary, but with emphasis on termination of response efforts for the incident including tracking of patients and equipment, accurate documentation, and continued support of response personnel, to include critical incident stress debriefings.


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## APPROVAL AND IMPLEMENTATION

Kentucky's Emergency Support Function (ESF) 8 – Mass Casualty Incident (MCI) Support Plan was developed through coordination with local, state, and federal agencies in 2013/14 and is hereby approved for implementation. This plan may be amended by the Kentucky Department for Public Health (KDPH) as outlined in the [Plan Development and Maintenance](#) section of this plan.

Approved: March 3, 2015

  
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### RECORD OF CHANGES

KDPH’s Emergency Support Function (ESF) 8 Planning Coordinator shall ensure any changes made to this plan outside the official cycle of plan review and update are documented and distributed using the Document Change Record in *Table 1* as outlined in the [Plan Development and Maintenance](#) section of this plan.

**Table 1 - Document Change Record**

Date	Page(s)	Revision Description(s) (Include Section/Paragraph)	Who Posted

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## OVERVIEW

### Primary Agencies

- Kentucky Department for Public Health
- Kentucky Board of Emergency Medical Services
- Kentucky Community Crisis Response Board
- Kentucky Emergency Management

### Support Agencies

- American Red Cross
- Cabinet for Health and Family Services (Office of Communications/Office of Inspector General)
- Kentucky Department of Environmental Protection
- Kentucky Emergency Preparedness for Aging/LTC Program
- Kentucky Fire Commission
- Kentucky Hospital Association
- Kentucky Medical Examiner's Office
- Kentucky National Guard
- Kentucky State Police
- Kentucky Transportation Cabinet

### Purpose

Kentucky's MCI Support Plan identifies the roles and responsibilities of state agencies and partnering organizations for providing state-level support to a local jurisdiction during the preparedness, response, and recovery phases for a Mass Casualty Incident (MCI) or medical surge event. This plan will enable state agencies to fulfill their mission of reducing potential loss of life and assist in restoring essential services following a MCI.

The ESF 8 Primary and Support Agencies listed in this plan shall also reference the Kentucky Emergency Operations Plan (EOP), supporting ESF Annexes, and other relevant plans as listed in the [Authorities and References](#) section when preparing for, responding to, and recovering from a MCI.

### Scope

For the purposes of this plan, and for the purposes of state planning and response, a MCI is defined as an incident where casualties within a single geographic area will exceed county/region capabilities and assistance will be requested from the state;

- A casualty is defined as a living individual who is injured or ill due to the nature of the incident;
- A MCI is defined as more casualties than the local jurisdiction can handle.

This plan covers injuries and illnesses due to any all-hazards incident to include, but not limited to, criminal incidents, disease outbreaks (acute), hazardous material incidents, industrial accidents, natural disasters; radiological incidents, terrorism, and transportation accidents. However, this plan does not cover the state-level response to pandemic influenza or other long-term infectious disease outbreaks. This is covered under the ESF 8 – Public Health and Medical Service Annex and Kentucky Department for Public Health's (KDPH) Disease Outbreak Support Plan (DOSP).

## **Assumptions**

The following assumptions have been made in the development of this plan:

- A MCI can happen very quickly and without warning in any part of the state due to natural or manmade disasters;
- Some communities will have fewer resources than others to deal with a MCI and thus an overwhelming MCI for one area may not be within the capabilities for another;
- MCIs may have the potential to generate medical surge, mass fatalities, and the need to evacuate homebound patients, inpatients, or residents of long-term care facilities. People with special medical needs may require additional levels of medical support and evacuation to facilities equipped to provide the required level of service;
- Major disasters will likely result in immediate local and regional shortages of critical medical resources due to supply chain disruption and/or a higher utilization rate that exceeds on-hand supplies. Additionally, local and mutual aid capacity for patient transport will be overwhelmed;
- Local government will provide the initial response to any emergency or disaster in accordance with local emergency operations plans, procedures, and policies. When it is anticipated that local capabilities will be exceeded, including those available through mutual aid agreements and volunteer resources, assistance will be requested from the state. Kentucky's response partners will honor any existing formal agreements;
- Healthcare Coalitions (HCC) in the impacted area may implement medical surge plans to expand health care system capacity in response to a MCI;
- The initial notification and request for assistance from the state will be through the state's 24-Hour Warning Points. Some counties do not have a dispatch center and may notify the state through other agencies (i.e. Regional 911 Centers or Kentucky State Police);
- The state's level of response will be determined based upon the local jurisdiction's request for assistance and the needs of the incident. If this request exceeds the state's capabilities, then interstate support may be requested through the Emergency Management Assistance Compact (EMAC) or from federal assistance;
- State agencies will conduct emergency operations in accordance with the direction and guidance published in the Kentucky EOP and supporting ESF Annexes. Kentucky Emergency Management (KYEM) may activate a Regional Emergency Coordination Center (RECC) when three or more contiguous counties are simultaneously affected;
- Management and coordination of medical resources, personnel, equipment, and communications will take place through the Incident Command System (ICS) using the concepts within the National Incident Management System (NIMS);
- Hazardous materials or other factors involved in a MCI may require additional response capabilities;
- MCIs will produce a need for psychological first aid and/or behavioral health services for response personnel, as well as disaster casualties.

## CONCEPT OF OPERATIONS

### General

The agencies and organizations listed in this plan will maintain the ability to respond to a MCI as outlined within the Kentucky EOP and supporting ESF Annexes and upon request, activate to coordinate state-level support throughout the response and recovery phases. The acronyms in [Attachment 1](#) may be used in all communications, both written and oral.

KDPH shall activate the State Health Operations Center (SHOC) to coordinate ESF 8 - Public Health and Medical Services in accordance with this plan, Kentucky's ESF 8 - Public Health and Medical Services Annex, and KDPH's SHOC Support Plan. KDPH's SHOC shall operate under a defined Incident Command System (ICS) as represented by the incident command structure in [Attachment 2](#). The incident command structure of the SHOC may expand or contract based upon incident complexity, duration, and activation levels.

During a MCI, KDPH's SHOC will coordinate ESF 8 operations based upon Kentucky's ESF 8 Regions identified in [Attachment 3](#) and provide support to the hospitals graphically represented in [Attachment 4](#). Local agencies may request resources through mutual aid or from the state as outlined in Kentucky's ESF 8 Resource Request Flowchart in [Attachment 5](#).

KYEM shall activate the state EOC and ESFs, as applicable, in accordance with the Kentucky EOP and this plan. The following ESFs may have a major role during a MCI and will provide technical and logistical support, as applicable:

- ESF 1 - Transportation
- ESF 4 – Firefighting
- ESF 5 – Emergency Management
- ESF 6 - Mass Care, Emergency Assistance, Housing and Human Services
- ESF 7 – Logistics Management and Resource Support
- ESF 8 - Public Health and Medical Services
- ESF 9 - Search and Rescue
- ESF 10 – Oil and Hazardous Materials Response
- ESF 13 - Public Safety and Security
- ESF 15 - Public Information

### Preparedness Phase

ESF 8 Primary and Support Agencies shall maintain the ability to respond to a MCI through planning, training, exercising, and evaluations as outlined in the Kentucky EOP, supporting ESF Annexes, and through the following mechanisms:

- Pre-positioning resources in anticipation of potential MCI's and subsequent medical surge;
- Maintaining awareness of potential MCI's through existing information sharing practices;
- Providing support to planned events upon request;
- Maintaining the ability to execute the processes necessary to achieve the legal and statutory waivers required to execute a successful MCI response.

### **Initial Response Phase**

The transition from preparedness to response will occur when there is a MCI at the local level requiring state-level public health and medical support. Upon request, state agencies will provide support to the impacted jurisdiction by activating ESF 8 – Public Health and Medical Services through the KDPH’s SHOC and supporting ESFs through the state’s EOC, as applicable. The major components of a MCI response during the initial response phase may include:

- Alert and Notification
- Activation
- Situational Awareness
- Hospital Bed Availability
- Resource Management
- Medical Evacuation
- Patient Tracking
- Search and Rescue
- Mass Care
- Public Information
- Behavioral Health Services
- Hazardous Materials Response
- Public Safety and Security
- Fatality Management

### **Response Phase through Stabilization**

The transition from initial response to stabilization will occur when resources begin to meet the available needs. The on-site ICS will continue to assign resources effectively ensuring continuance of care for the injured and to support responding personnel. Throughout the response-stabilization phase, state-level support shall continue to the impacted jurisdiction(s) through:

- Situational Awareness
- Hospital Bed Availability
- Resource Management
- 1135 Waivers
- Medical Evacuation
- Patient Tracking
- Mass Care
- Public Information
- Behavioral Health Services
- Public Safety and Security
- Fatality Management
- Deactivation/Demobilization

## **Recovery Phase**

The transition from response-stabilization will occur when the major operations have been completed. Recovery activities will focus on effective documentation, continued support of response personnel, and recovery of deployed resources. Throughout the recovery phase, state-level support shall continue to the impacted jurisdiction(s) through:

- Continued Support
- Situational Awareness
- Resource Management
- Public Information
- Behavioral Health Services
- 1135 Waivers
- Reimbursement
- After Action Reporting and Follow up of Correction Actions

## **ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

### **Primary Agencies**

#### **1. Kentucky Department for Public Health**

- a. Serves as the coordinating agency for ESF 8 – Public Health and Medical Services;
- b. Activates KDPH’s SHOC to coordinate public health and medical-related services and resources;
- c. Provides personnel, as applicable, to coordinate public health and emergency medical services through KDPH’S SHOC, state EOC, or a RECC, if activated;
- d. Liaises with affected HCCs to receive and act on requests for assistance from affected county(s);
- e. Requests, receives, deploys, tracks and recovers state public health and medical resources;
- f. Maintains communications with state agencies and local jurisdictions regarding the status of response and recovery efforts and to determine if a Public Health Emergency Declaration is needed;
- g. Coordinates the requests for 1135 Waivers through consultation with the Kentucky Office of Inspector General (OIG) upon declaration of a national emergency or disaster by the President and determination of a public health emergency by the Secretary of Health and Human Services (HHS);
- h. Coordinates requests for assistance through Mutual Aid, EMAC and/or to the federal government when the capabilities of the state to respond to a disaster are exceeded;
- i. Coordinates epidemiological support to assist local health departments, hospitals, and other healthcare agencies in disease outbreak investigations and surveillance measures.

2. Kentucky Board of Emergency Medical Services (KBEMS)

- a. Serves as a primary agency for ESF 8 – Public Health and Medical Services;
- b. Provides personnel, as applicable, to coordinate emergency medical services through KDPH'S SHOC, State EOC, or a RECC, if activated;
- c. Organizes and coordinates inter/intra-state EMS (ground and air) assets and resource mobilization and deployment;
- d. Assists in securing ground and air EMS assets to support the medical evacuation and transportation of injured persons, hospitalized patients, and residents of long-term care facilities;
- e. Coordinates requests for assistance through Mutual Aid, EMAC and/or to the federal government when the capabilities of the state to respond to a disaster are exceeded.

3. Kentucky Crisis Community Response Board (KCCRB)

- a. Serves as a primary agency for ESF 8 – Public Health and Medical Services;
- b. Provides personnel, as applicable, to coordinate behavioral health services through KDPH'S SHOC, state EOC, or a RECC, if activated;
- c. Coordinates the activation and deployment of Crisis Intervention Teams to provide behavioral health services to disaster casualties, emergency workers, and others as required;
- d. Coordinates requests for assistance through Mutual Aid, EMAC and/or to the federal government when the capabilities of the state to respond to a disaster are exceeded.

4. Kentucky Emergency Management (KYEM)

- a. Serves as the lead agency for ESF 5 - Emergency Management, ESF 7 – Logistics Management and Resource Support, ESF 9 - Search and Rescue, and ESF 15 - Public Information;
- b. Liaises with affected jurisdictions to receive and act on requests for assistance from affected county(s);
- c. Alerts and activates personnel for the staffing of the state EOC based upon the complexity and duration of a MCI;
- d. Maintains communications with Governor's Office, state agencies, and local jurisdictions regarding the status of response and recovery efforts to determine if an emergency declaration is needed;
- e. Supports ESF 8 – Public Health and Medical Services in coordinating public health and medical response and recovery activities with other ESFs and local, state, and federal agencies;



- f. Coordinates resources and requests for assistance through ESF 7 – Logistics Management Resource Support to include but not limited to, Mutual Aid, EMAC and/or federal support when the capabilities of the state to respond to a disaster are exceeded;
- g. Coordinates search and rescue operations through ESF 9 - Search and Rescue;
- h. Coordinates the release of incident-related information during an emergency or disaster through ESF 15 – Public Information and/or activation of a Joint Information Center (JIC).

### **Support Agencies**

The following Support Agencies have a major role during a MCI as outlined within this plan. Other local, state, or federal agencies may provide logistical and technical support per the Kentucky EOP and supporting ESF Annexes.

#### **1. American Red Cross (ARC)**

- a. Serves as the lead agency for ESF 6 - Mass Care;
- b. Opens emergency shelters, provides food and first aid, blood products, and staff for Family Assistance Centers (FAC);
- c. Collects, receives and reports information about the status of casualties to assist with family reunification;
- d. Provides first aid, supportive counseling, and other related medical support.

#### **2. Cabinet for Health and Family Services (CHFS) - Office of Communications**

- a. Coordinates the communications response and media relations for ESF 8 through coordination with CHFS, KDPH, and ESF 8 agencies;
- b. Serves in the Public Information role for ESF 8 from a virtual setting or at the state's JIC, KDPH's SHOC, or in field settings.

#### **3. Cabinet for Health and Family Services (CHFS) - Office of Inspector General**

- a. Serves as the primary point of contact for coordinating response and recovery efforts specific to Division of Healthcare, Division of Regulated Childcare, and Audits and Investigations;
- b. Provides technical assistance to healthcare facilities concerning 1135 Waivers upon declaration of a national emergency or disaster and determination of a public health emergency;
- c. Provides patient tracking assistance to ESF 8 Primary and Support Agencies during an emergency or disaster.

4. Kentucky Department of Environmental Protection (KDEP)
  - a. Serves as the lead agency for ESF 10 – Oil and Hazardous Materials Response;
  - b. Coordinates HAZMAT operations in support of a MCI.
5. Kentucky Emergency Preparedness for Aging/LTC Program
  - a. Provides technical assistance to ESF 8 – Public Health and Medical Services concerning long-term care facilities.
6. Kentucky Fire Commission
  - a. Serves as the lead agency for ESF 4 - Firefighting;
  - b. Provides direction and coordinates support for decontamination operations;
  - c. Coordinates the deployment of state and local fire department assets;
  - d. If requested, support the mobilization and demobilization of EMS assets.
7. Kentucky Hospital Association (KHA)
  - a. Supports public health and medical response efforts by acting as a liaison between ESF 8 – Public Health and Medical Services, hospitals, HCCs, and other community healthcare partners;
  - b. Provides healthcare situational awareness by monitoring hospital, community, and syndromic surveillance systems for infectious disease and injury cases;
  - c. Assists with the collection and interpretation of patient tracking and hospital bed data;
  - d. Assists with the deployment of medical prepositioned response assets including, but not limited to, pharmaceuticals, antiviral medications, and medical surge units.
8. Kentucky Medical Examiner’s Office
  - a. Upon request from the County Coroner, activates the Kentucky Coroner/Medical Examiner Incident Response Team to support fatality operations by providing trained personnel, equipment, and supplies to locate, recover, and identify the deceased;
  - b. Provides support to County Coroners by determining the cause and manner of death, identifying the deceased, preparing reports, and maintaining evidence and personal property;
  - c. Shares missing persons data to help identify the seriously wounded or deceased;
  - d. Coordinates data collection through the Coroner’s Office and Mortality Data Management System (MDMS);

- e. Makes the decisions and places the request for the activation of the Federal Disaster Mortuary Assistance Team (DMORT).

9. Kentucky National Guard (KYNG)

- a. Provides available personnel and equipment to support the triage, treatment, decontamination, transportation, evacuation, and tracking of casualties;
- b. Provides available personnel and equipment to support the receipt and distribution of state and federal assets;
- c. Coordinates the activation and deployment of the 41<sup>st</sup> Civil Support Team (CST) and the Chemical, Biological, Radiological, Nuclear and high-yield Explosive (CBRNE) Enhanced Response Force Package (CERFP) to provide immediate response capabilities including command and control, search and extraction, decontamination, and medical triage, treatment and transportation;
- d. Helps coordinates air operations per the Kentucky Air Operations Plan.

10. Kentucky State Police (KSP)

- a. Serves as the lead agency for ESF 13 – Public Safety and Security;
- b. Assists local law enforcement with any requested tasks such as law and order, crowd control, evidence collection, and casualty assistance;
- c. Coordinates with the local law enforcement agencies and designated airfields for security and traffic control during operations involving the movement of resources or medical evacuation.

11. Kentucky Transportation Cabinet

- a. Serves as the lead agency for ESF 1 - Transportation;
- b. Coordinates the state's transportation resources for the routing and logistical movement of personnel, equipment, and supplies;
- c. Assists with routing for the transportation of casualties, patients, and evacuees;
- d. Provides assistance by providing barricades, debris removal, and road repair.

## **DIRECTION, CONTROL, AND COORDINATION**

### **General**

Kentucky's MCI Support Plan serves as the operational framework for coordinating state-level response and recovery activities for MCIs within Kentucky through the following;

- KDPH's SHOC will serve as the base of direction, control, and coordination of state MCI support, in coordination with the state EOC, when activated;
- State support of MCI operations within a single geographic region will be executed through and/or in cooperation with a RECC, if established;
- Local governments are responsible under all applicable laws, executive orders, proclamations, rules, regulations, and ordinances for MCI response within their respective jurisdiction(s);
- Upon activation of ESF 8 in support of MCI operations, the agencies and organizations identified within this plan shall ensure the necessary personnel and resources are available to achieve the operational objectives;
- Personnel from supporting agencies will operate in accordance with the rules, regulations, and capabilities of their respective agency or organization.

### **Authority to Initiate Actions**

This plan and the coordinating structures and agencies named therein, maintain authority to initiate and coordinate actions to support an effective MCI response per the Kentucky EOP.

### **Preparedness Phase**

#### **1. Prepositioned Resources**

- a. KDPH, through coordination with KHA, HCCs, and Local Health Departments (LHD) maintains an emergency resource listing and inventory of state prepositioned resources in the Inventory Control and Asset Management (iCAM) System;
- b. State assets are prepositioned strategically throughout the state and may be requested to support a MCI. Requests for resources (personnel, equipment, and supplies) can be requested through mutual aid from local jurisdictions and/or from the state as outlined in Kentucky's ESF 8 Resource Request Flowchart in [Attachment 5](#).

#### **2. Situational Awareness**

- a. KDPH and KYEM shall coordinate with local, state, and federal agencies to monitor for potential MCIs and if necessary, disseminate information or warning orders to applicable agencies;
- b. Event/incident related information shall be disseminated through warning orders in a timely manner to ensure agencies are prepared to provide state-level support for a MCI.

### 3. Planned Events

- a. If requested, KDPH shall collaborate with local, state, and federal agencies to coordinate health and medical support for planned events where a MCI could occur;
  - b. KDPH may pre-stage resources and supporting personnel through activation of the SHOC in collaboration with the established ICS and state EOC, if activated.
4. Legal/Statutory Waivers: The Primary Agencies listed in this plan shall develop and maintain processes to request and implement the legal and statutory waivers required to execute MCI response and recovery activities.

## **Response Phase (Initial Response through Stabilization)**

### 1. Alert and Notification

- a. Local agencies shall notify the state's 24-Hour Warning Point at 800-255-2587 for any MCI requiring state assistance as outlined in the Kentucky EOP and/or notify KDPH's On-Call Epidemiologist at 888-9REPORT (973-7678) for any MCI involving acute disease outbreaks, either suspected or confirmed;
- b. State agencies notified by other means will immediately notify the state's 24-Hour Warning Point;
- c. KYEM will alert all agencies that have a lead ESF role within the state EOC and applicable Regional Response Managers;
- d. KDPH shall notify applicable ESF 8 Primary and Support Agencies using established systems and processes as outlined in the ESF 8 – Public Health and Medical Services Annex.

### 2. Activation

- a. Agencies assigned a lead ESF role during a MCI shall activate upon notification from KYEM and staff the ESFs and Commonwealth Support Groups (C-Groups) at the state EOC, as applicable. The state EOC will be activated to one of five levels based upon incident complexity and requests for assistance.
- b. KDPH shall alert local, state, and federal ESF 8 agencies upon notification of a MCI requiring state-level public health and medical support and stand up the SHOC to coordinate ESF 8 – Public Health and Medical Services operations. The KDPH SHOC will be activated to one of four levels based upon incident complexity and requests for assistance.
- c. KYEM shall notify all ESFs and the KDPH SHOC if a RECC is activated.

### 3. Situational Awareness

- a. ESF 8 Primary and Support Agencies shall maintain situational awareness through communication with their respective counterparts and keep the state EOC, KDPH's SHOC, and applicable ESFs aware of current conditions in the impacted area;

- b. Event/incident related information shall be submitted to the state EOC and KDPH's SHOC. Information may be obtained from:
- Briefings
  - Health Alert Network
  - Impact Assessments
  - Incident Action Plans
  - Onsite Reconnaissance Reports
  - Situation Reports
  - Situational Updates
  - WebEOC
4. Hospital Bed Availability: Upon request, Kentucky's hospitals shall report their bed status through the Hospital Available Beds for Emergencies and Disasters (HAVBED) System in KDPH's WebEOC system to facilitate allocation of beds based upon the type and number of injured patients. The map in [Attachment 4](#) graphically shows the location of hospitals within Kentucky.
5. Resource Management
- a. Requests for resources (personnel, equipment, and supplies) can be requested through mutual aid from local jurisdictions and/or from the state through the SHOC or state's EOC as outlined in Kentucky's ESF 8 Resource Request Flowchart in [Attachment 5](#);
  - b. Resource requests and tracking shall be managed throughout deployment and demobilization through the use of WebEOC. Other systems or processes shall be used if WebEOC is not functional;
  - c. KDPH shall coordinate the deployment of state and federal medical assets, to include Strategic National Stockpile (SNS) assets;
  - d. KBEMS shall collaborate with aeromedical providers and ambulance agencies to coordinate the movement and operations of air and ground ambulance resources;
  - e. KYEM, through ESF 7 – Logistics Management and Resource Support, shall provide support to activated ESFs for the request, deployment, and recovery of resources;
  - f. Recovery of resources shall be addressed in demobilization plans as required.
6. 1135 Waivers: KDPH shall coordinate the request for 1135 Waivers through consultation with the Kentucky OIG upon declaration of a national emergency or disaster by the President under the National Emergencies Act or Stafford Act and upon a public health emergency determination by the Secretary of HHS under the Public Health Service Act.

## 7. Medical Evacuation

- a. Medical evacuation is primarily a local responsibility. However, if casualties, patients, or residents require transport outside of the impacted jurisdiction, and assistance is requested, KDPH and KBEMS shall coordinate with KYEM (ESF 5 – Emergency Management) and KY Transportation Cabinet (ESF 1- Transportation) to determine the methods and routes to transport casualties, patients, and long-term care residents to the nearest functional facilities;
- b. KBEMS and KDPH shall coordinate with local agencies for the transportation of evacuated inpatients and/or long term care residents to decompress facilities.

## 8. Patient Tracking

- a. At the local level, Emergency Medical Services (EMS) and hospitals shall use applicable patient tracking systems to track patients during a MCI. This may include electronic, web-based, or paper-based patient tracking systems and processes. Regardless of the system used, all EMS agencies must have the capability to submit run reports to KBEMS through the Kentucky Emergency Medical Services Information System (KEMSIS);
- b. At the state level, KBEMS and KDPH have made the Resource Bridge Patient Tracking System at <https://kemsis.kbems.kctcs.edu/resourcebridge/> available for all EMS agencies and hospitals to use at no cost. KDPH, KBEMS, and KYEM will access this system to monitor patient tracking activities during a MCI, as applicable.

## 9. Search and Rescue

- a. Initial response for search and rescue will be a local effort with priorities established by local government;
- b. KYEM, the lead agency for ESF 9 – Search and Rescue, shall activate the statewide search and rescue task force to coordinate field operations of assigned search and rescue units;
- c. KBEMS and KDPH shall support mobilization of EMS assets to support ESF-9 operations.

10. Mass Care: The American Red Cross and ESF 8 Agencies shall coordinate with the applicable agencies and organizations to provide mass care support as outlined in the ESF 6 – Mass Care, Emergency Assistance, Housing and Human Services Annex.

## 11. Public Information

- a. Public information may be released through coordination with the Commonwealth’s Joint Information Center (CJIC) as outlined in the ESF 15 - Public Information Annex. Designated ESF personnel shall support the CJIC when activated, through a virtual or physical location;
- b. KDPH shall coordinate with the CHFS’s Office of Communication for the development and release of public health and medical related information as outlined in the CHFS Emergency Communications Plan.

## 12. Behavioral Health Services

- a. Behavioral health services for responders and impacted persons shall be coordinated through the KCCRB as determined through consultation with local and state officials;
- b. KCCRB shall coordinate with KDPH and KYEM to deploy Kentucky Community Crisis Response Teams (KCCRT) to provide onsite behavioral health assessments and counseling.

## 13. Hazardous Materials Response

- a. The Kentucky Department of Environmental Protection (ESF 10 - Oil and Hazardous Materials) shall coordinate with local, state, and federal agencies to provide state-level assistance to the affected jurisdiction as outlined in the ESF 10 - Oil and Hazardous Materials Annex;
- b. KBEMS and KDPH shall support mobilization of EMS assets to support ESF 10 operations.

## 14. Public Safety and Security

- a. KSP (ESF 13 - Public Safety and Security) will coordinate law enforcement and security measures as outlined in the ESF 13 - Public Safety and Security Annex;
- b. ESF 8 Agencies shall coordinate with KSP to provide security during the deployment and recovery of response vehicles, equipment, medical supplies, and personnel.

## 15. Fatality Management

- a. Fatalities resulting from a MCI will be coordinated among the incident command structures involved in the response at the direction of the county's Coroner;
- b. Upon request, the State Medical Examiner's Office and the Kentucky Coroner/Medical Examiner Response Team shall provide support to the affected jurisdiction in accordance with the Commonwealth of Kentucky Mass Fatality Incident Plan;
- c. The request for Disaster Mortuary Operational Response Teams (DMORT) and other fatality management resources external to Kentucky shall be coordinated jointly through KDPH, KYEM, and the Kentucky Medical Examiner's Office.

## 16. Deactivation/Demobilization

- a. KDPH and KYEM shall coordinate with ESFs and other local and state agencies to determine when KDPH's SHOC and the state EOC will be deactivated, as applicable;
- b. The SHOC and EOC shall remain activated during the recovery of personnel, but not necessarily during the recovery of equipment and supplies as this may be ongoing for an extended period of time;
- c. Prior to deactivation, KDPH and KYEM will develop and disseminate a Demobilization Plan. Available state-recovered assets shall be reconstituted and returned to service during this period.



## **Recovery Phase**

### **1. Continued Support**

- a. ESF 8 Primary and Support Agencies shall continue to provide public health and medical support to an affected community throughout the Recovery Phase as outlined in the Kentucky EOP and supporting ESF Annexes. ESF 8 Primary and Support Agencies shall continue to coordinate with their impacted agencies until state-level assistance is no longer required;
- b. If required, KDPH shall maintain an activated SHOC and KYEM an activated state EOC to coordinate needed support until it has been determined that these services are no longer required.

2. **Situational Awareness:** ESF 8 Primary and Support Agencies shall continue to coordinate the collection and dissemination of event/incident related information through collaboration with local, state, and federal agencies as outlined in the response phase until state-level assistance is no longer required.

3. **Resource Management:** Throughout the recovery phase, ESF 8 primary agencies shall organize the return of any state-level assets that were not recovered during demobilization. State-recovered assets shall be reconstituted and returned to service.

4. **Public Information:** ESF 8 Primary and Support Agencies shall continue to coordinate with the CJIC (ESF 15 – Public Information) and CHFS’ Office of Communication for the development and release of all public information.

5. **Behavioral Health Services:** KCCRB shall continue to coordinate behavioral health services for responders and affected persons through the deployment of Community Crisis Response Teams. KCCRB shall keep KDPH and KYEM apprised of behavioral health services provided and recovery of teams.

6. **1135 Waivers:** KDPH shall continue to review waivers through coordination with the Kentucky OIG, if applicable.

7. **Reimbursement:** KDPH and KYEM shall support local and state impacted agencies with the administration, logistics, and documentation requirements for state and federal level reimbursement of MCI-specific operations.

### **8. After Action Reporting**

- a. KDPH and KYEM shall coordinate with ESF 8 Primary and Support Agencies to evaluate and document response and recovery activities through After Action Reviews and After Action Reports/Improvement Plans (AAR/IP) per the Department of Homeland Security’s Exercise and Evaluation Program (HSEEP) guidance;
- b. AAR/IPs shall be written to document response and recovery activities within 60 days of an exercise or within 120 days of an incident or planned event.

9. **Follow Up of Corrective Actions:** Corrective actions identified in the AAR/IP shall be tracked and implemented through coordination with applicable agencies per HSEEP guidance.

## PLAN DEVELOPMENT AND MAINTENANCE

### Maintenance

KDPH shall conduct an annual review of this plan in coordination with the agencies and organizations identified within this document. Additional reviews may be conducted after an exercise, a significant incident/event occurs, or regulatory changes indicate a need;

- This plan shall be updated or modified when there are significant organizational or procedural changes and/or when other events occur that will impact personnel, systems, and processes. The updated plan will be submitted to KYEM for publication and distribution;
- KDPH's ESF 8 Planning Coordinator shall track and distribute any needed changes to this plan using the Document Change Record in *Table 1* when changes/updates are required outside the official cycle of plan review;
- Documentation of annual reviews and revisions to this plan shall be maintained on file by the KDPH's ESF 8 Planning Coordinator. Documentation should include, at a minimum, the date of the change, a description of the change with page/section number, and the name and title of the person who made the change.

Elements of this plan shall be evaluated during scheduled exercises as outlined in Kentucky's Inter-Agency Multiyear Training and Exercise Plan.

### Document Control

The original, signed copy and digital copy of Kentucky's MCI Plan shall be maintained by KDPH's Public Health Preparedness Branch in coordination with KYEM's Planning Branch.

## AUTHORITIES AND REFERENCES

### Legal Authorities

#### Federal

- The Robert T. Stafford Disaster Relief and Emergency Assistance (Public Law 93-288) as amended;
- Homeland Security Presidential Decision 5 (HSPD-5);
- National Emergencies Act of 1976:
- Robert T. Stafford Act Disaster Relief and Emergency Assistance Act (Stafford Act);
- Section 319 of the Public Health Service Act – Declaration of a Public Health Emergency;
- Social Security Act Section 1135 Waiver Authority in National Emergencies;
- The Health Insurance Portability and Accountability Act (HIPAA) of 1996;
- Presidential Policy Directive 8 (PPD-8);
- Title III of SARA, Public Law 99-499, dated October 17, 1986.

#### State

- Kentucky Revised Statutes (KRS), Title XVIII-Public Health;
- KRS 36.260(5) Duties of board (Crisis Response Services);

- KRS 39A.270 - Use of publicly owned resources at impending, happening, or response phase of disaster or emergency;
- KRS 39A.950 - Emergency Management Assistance Compact;
- KRS 39B.045 - Mutual aid agreements between Kentucky or its agencies or political subdivisions and units of government from another state;
- KRS 311A.170 – Paramedics – Permitted activities – Employment by hospitals – Reasonable control by employers;
- KRS 311A.175 – Exceeding scope of practice – Discipline prohibited for refusal to exceed scope of practice;
- KRS 315.500 - Emergency authority for pharmacists during state of emergency;
- KRS 411.148 - Non-liability of licensees and certified technicians for emergency care;
- 106 KAR 5:040 - Initiation of a crisis or disaster response;
- 202 KAR 7:501- Ambulance Providers and Medical First Response Agencies- Exemptions;
- 202 KAR 7:510 - Air Ambulance Services- Exemptions;
- 202 KAR 7:701 - Scope of Practice Matters- Exemptions;
- 902 KAR 2:020 – Disease surveillance;
- 902 KAR 100 – Radiology.

## **References**

### **Federal**

- National Response Framework, U.S. Department of Homeland Security, May 2013;
- Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, January 2012;
- Public Health Preparedness Capabilities, National Standards for State and Local Planning, Centers for Disease Control and Prevention, March 2011;
- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, Federal Emergency Management Agency, November 2010;
- National Incident Management System, U.S. Department of Homeland Security, December 2008.

### **State**

- Kentucky Emergency Operations Plan
  - Emergency Support Function 1 – Transportation Annex
  - Emergency Support Function 4 – Firefighting Annex
  - Emergency Support Function 5 – Emergency Management Annex
  - Emergency Support Function 6 – Mass Care, Emergency Assistance, Housing, and Human Services Annex
  - Emergency Support Function 7 – Logistics Movement and Resource Support Annex
  - Emergency Support Function 8 – Public Health and Medical Services Annex
  - Emergency Support Function 9 - Search and Rescue Annex
  - Emergency Support Function 10 – Oil and Hazardous Materials Response Annex
  - Emergency Support Function 13 - Public Safety and Security Annex
  - Emergency Support Function 15 – Public Information Annex
- Commonwealth of Kentucky Unified Area Command and Regional Emergency Coordination Center – Complex Guide;
- Commonwealth of Kentucky Air Operations Plan;
- Commonwealth of Kentucky Communications Plan;
- Commonwealth of Kentucky EMS Patient Care Protocols;

- Cabinet for Health and Family Services' Emergency Communication Plan;
- Kentucky Department for Public Health's State Health Operations Center Support Plan;
- Kentucky Radiological Incident Specific Plan;
- Kentucky Department for Public Health's Disease Outbreak Support Plan;
- Kentucky Strategic National Stockpile Support Plan;
- Commonwealth of Kentucky Mass Fatality Incident Plan;
- Kentucky's Multiyear Inter-Agency Training and Exercise Plan;
- KDPH's Public Health Preparedness Training Matrix.

## ATTACHMENT 1: ACRONYM LIST

Table 2 - Acronym List

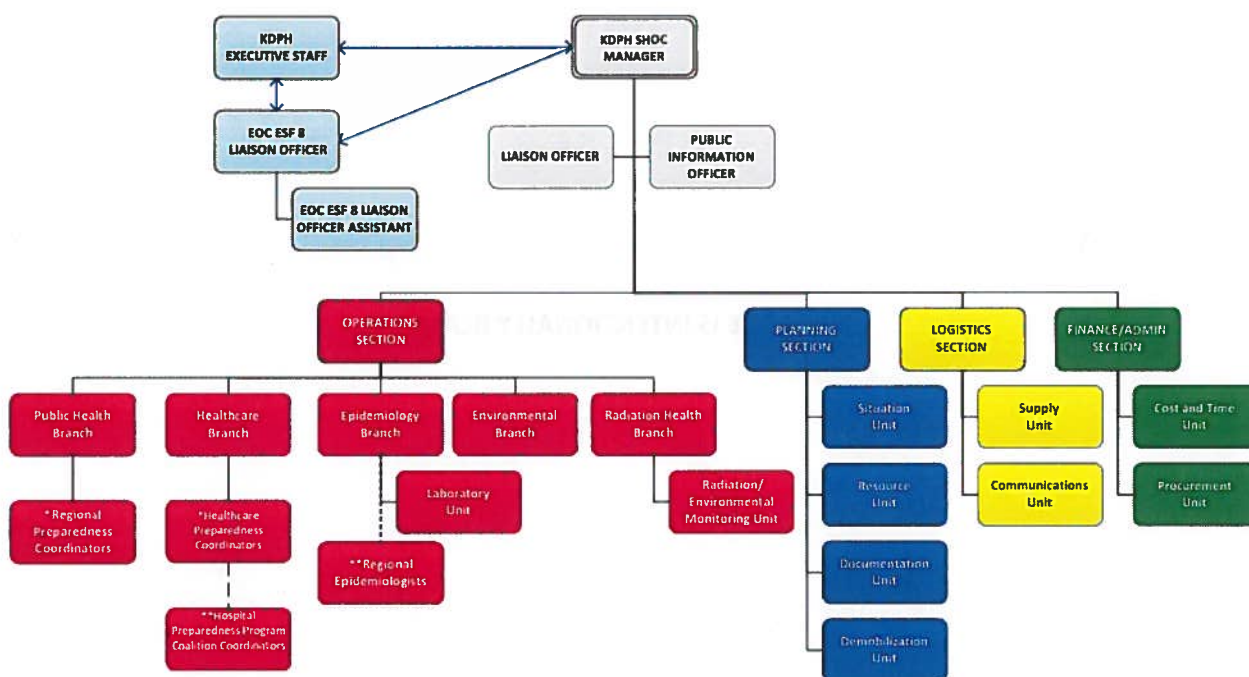
Acronym	Title
AAR/IP	After Action Report/Improvement Plan
ARC	American Red Cross
CHFS	Cabinet for Health and Family Services
CJIC	Commonwealth's Joint Information Center
DMORT	Disaster Mortuary Assistance Team
DOSP	Disease Outbreak Support Plan
EMAC	Emergency Management Assistance Compact
EMEDS	Expeditionary Medical Support
EMS	Emergency Medical Services
EOC	Commonwealth Emergency Operations Center
EOP	Emergency Operation Plan
ESF	Emergency Support Function
HHS	Health and Human Services
HAN	Health Alert Network
HCC	Healthcare Coalitions
HIPAA	Health Insurance Portability and Accountability Act
HSPD	Homeland Security Presidential Decision
iCAM	Inventory Control and Asset Management System
ICS	Incident Command System
KAR	Kentucky Administrative Regulation
KBEMS	Kentucky Board of Emergency Medical Services
KCCRB	Kentucky Community Crisis Response Board
KCCRT	Kentucky Community Crisis Response Team
KDEP	Kentucky Department of Environmental Protection
KDPH	Kentucky Department for Public Health
KEMIS	Kentucky Emergency Medical Services Information System
KHA	Kentucky Hospital Association
KHELPS	Kentucky Health Emergency Listing of Professionals for Surge
KNG	Kentucky National Guard
KRS	Kentucky Revised Statute
KSP	Kentucky State Police
KYEM	Kentucky Emergency Management
LHD	Local Health Department
LTC	Long Term Care
MCI	Mass Casualty Incident
NIMS	National Incident Management System
PPD	Presidential Policy Directive
RECC	Regional Emergency Coordination Center
SHOC	State Health Operations Center
SNS	Strategic National Stockpile

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## ATTACHMENT 2: KDPH’S STATE HEALTH OPERATIONS CENTER (SHOC) INCIDENT COMMAND STRUCTURE FOR ESF 8 OPERATIONS

KDPH’s SHOC will serve as the base of direction, control, and coordination of ESF 8 public health and medical response and recovery activities based upon the type and complexity of event. The incident command structure in Figure 1 will expand or contract to meet the needs of the event. At minimum, an Executive Staff Member and KDPH SHOC Manager will be assigned to coordinate ESF 8 operations. The state’s EOC may or may not be activated when the SHOC is activated. ESF 8 Agency Representatives may provide technical and/or logistical support through assignment to an ICS position.

**Figure 1 – KDPH SHOC ICS**



- *\*Regional Preparedness Coordinators (RPCs) and Healthcare Preparedness Coordinators (HPCs) are employed by KDPH and shall support ESF 8 operations by providing assistance to local health departments, hospitals, long term care facilities, and other healthcare agencies in the affected area and maintaining situational awareness through coordination with the SHOC. RPCs and HPCs from unaffected areas may be assigned to work in the SHOC or mobilized to the affected area;*
  
- *\*\*Hospital Preparedness Program (HPP) Coalition Coordinators and Regional Epidemiologists are not employed by KDPH but are preparedness funded through LHDs. These positions are responsible for coordinating ESF 8 operations, as applicable, within their respective jurisdictions and maintaining situational awareness through coordination with the SHOC. HPP Coalition Coordinators and Regional Epidemiologists from unaffected areas may be requested to work in the SHOC to support ESF 8 operations.*

# ATTACHMENT 2: KDPH'S STATE HEALTH OPERATIONS CENTER (SHOC) INCIDENT COMMAND STRUCTURE FOR ESF 8 OPERATIONS

The SHOC Incident Command Structure for ESF 8 Operations is designed to provide a clear and concise organizational chart for the State Health Operations Center (SHOC) during a mass casualty incident (MCI). The structure is based on the Incident Command System (ICS) and is intended to facilitate the coordination and management of resources and information during an MCI. The structure is organized into several functional areas, including the Incident Command, Operations, Planning, Logistics, and Finance/Administration. The Incident Command is the central authority and is responsible for overall incident management. The Operations Section is responsible for the execution of the incident response plan. The Planning Section is responsible for gathering and analyzing information, and for developing and updating the incident action plan. The Logistics Section is responsible for providing the resources and services needed for the incident response. The Finance/Administration Section is responsible for managing the incident's financial and administrative aspects.

Figure 1: SHOC Incident Command Structure



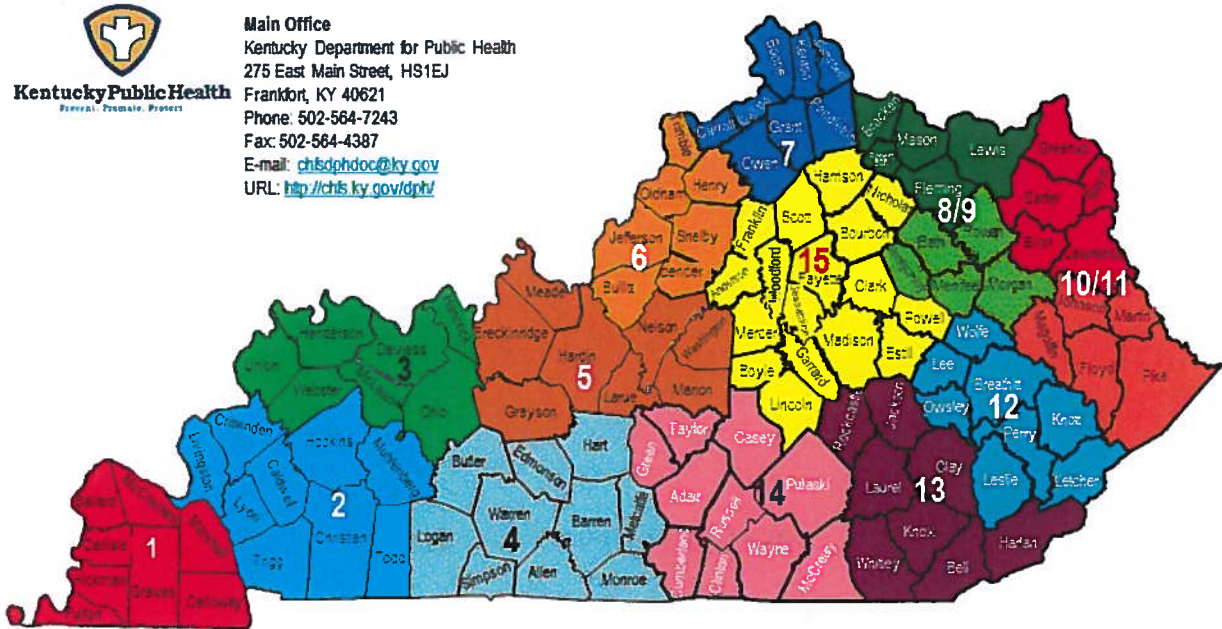
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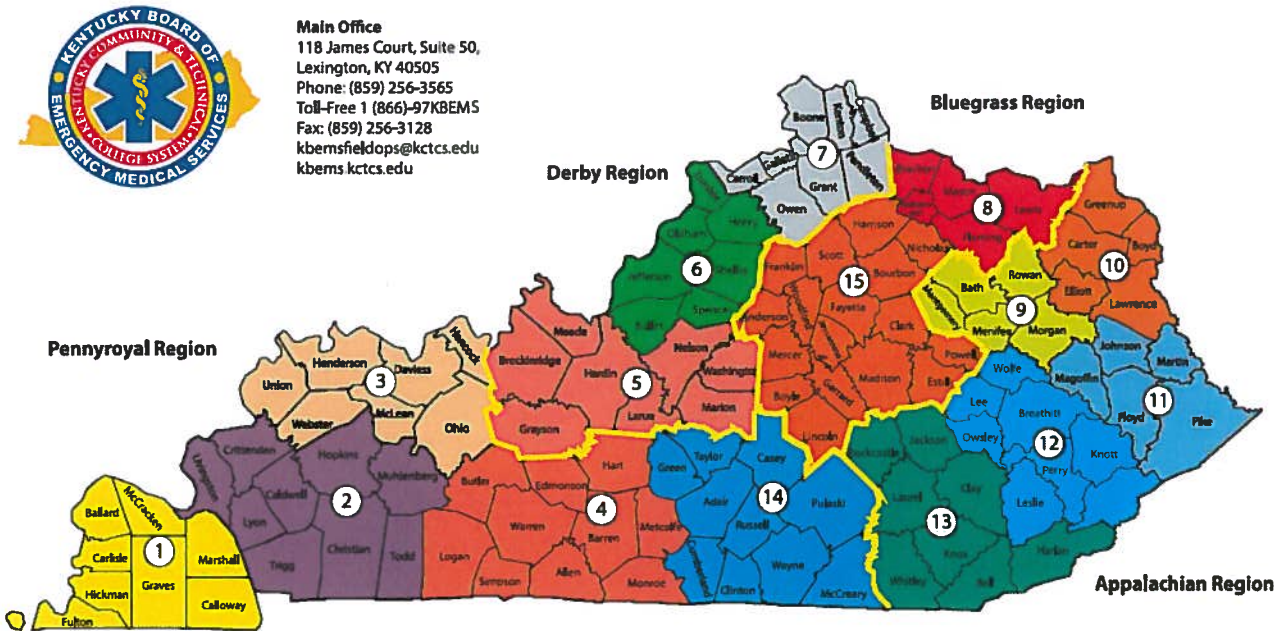


# ATTACHMENT 3: MAP OF KENTUCKY'S EMERGENCY SUPPORT FUNCTION (ESF) 8 REGIONS

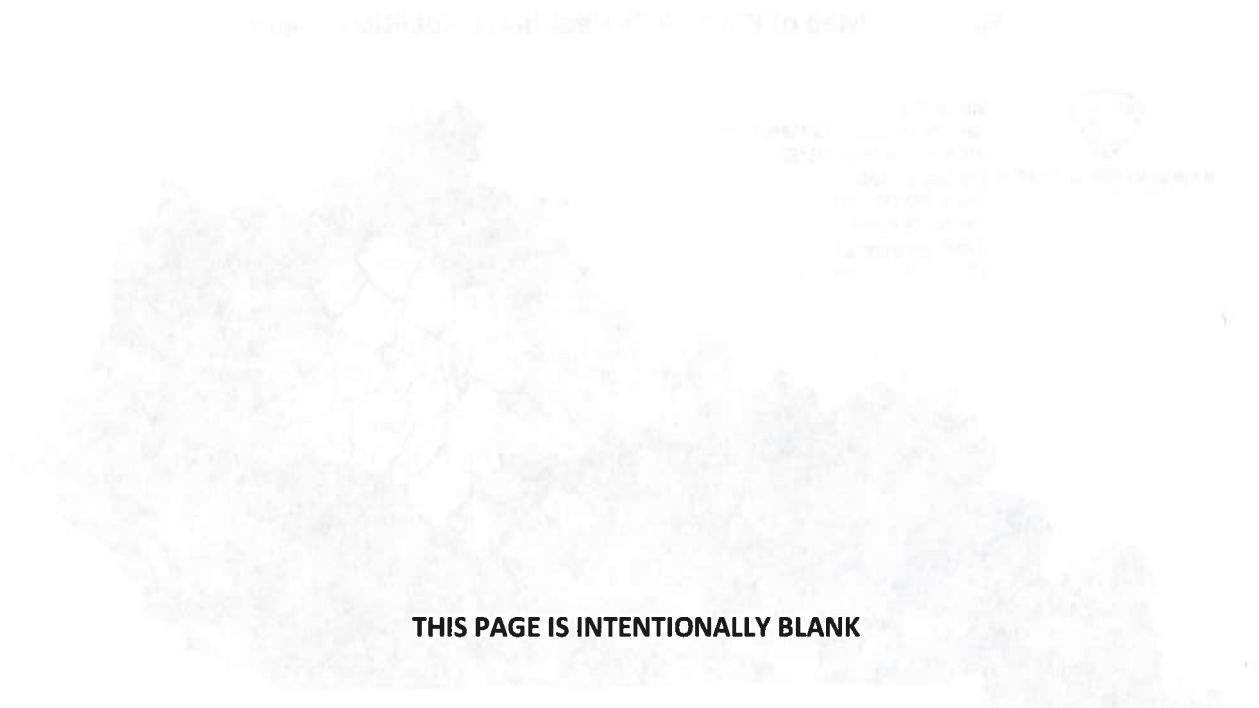
### Figure 2 – Map of Kentucky's Healthcare Coalition Regions



### Figure 3 – Map of Kentucky's EMS Regions

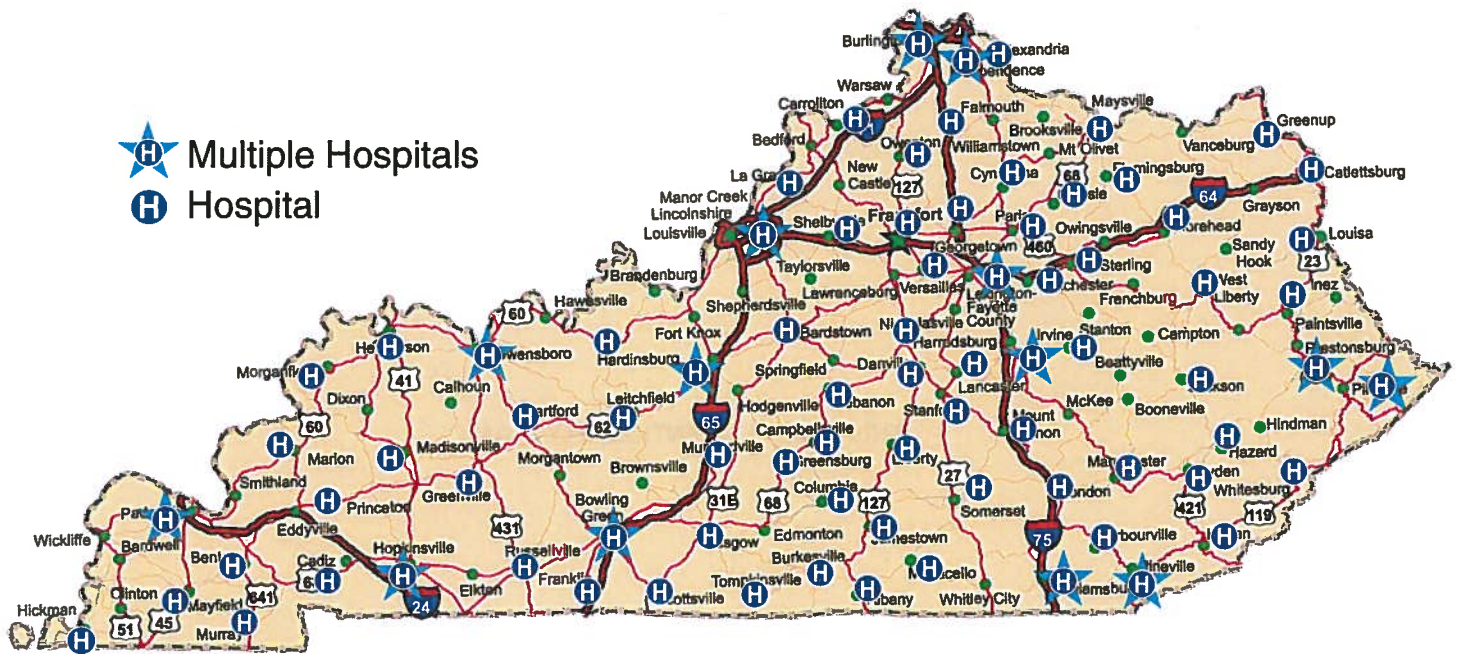


ATTACHMENT 3: MAP OF KENTUCKY'S EMERGENCY SUPPORT FUNCTION (ESF) REGIONS



# ATTACHMENT 4: MAP OF KENTUCKY'S HOSPITALS

Figure 4 – Map of Kentucky's Hospitals



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# ATTACHMENT 5: KENTUCKY'S ESF 8 RESOURCE REQUEST FLOWCHART

Figure 5 – Kentucky's ESF 8 Resource Request Flowchart

