

EMERGENCY SUPPORT FUNCTION #8

PUBLIC HEALTH AND MEDICAL SERVICES

ESF COORDINATOR: **Fire Chief**
 Public Health-Seattle & King County

LEAD AGENCY: **Fire Department**

SUPPORT AGENCIES: **Department of Emergency Management**
 Police Department
 King County Medical Examiner
 Local Hospitals
 Puget Sound Blood Center
 Washington State Emergency Management Division

I. Introduction

A. Purpose

To coordinate the organization and mobilization of medical, health and mortuary services for emergency management activities within the City of Snoqualmie (City) which may include veterinary and/or animal health issues when appropriate.

B. Scope

This ESF addresses medical, health, and mortuary concerns for the City including:

1. Assessment of public health/medical needs
2. Communicable disease control including isolation and quarantine
3. Public health informational/risk communication on public health issues
4. Medical consultation, coordination, and control
5. EMS provision and coordination
6. Mental health care for victims, worried well, response personnel, health and medical personnel and general public
7. Patient distribution, tracking, decontamination, and care
8. Public health surveillance
9. Medical care personnel
10. Medical/health equipment and supplies

C. Situation

1. A public emergency or other significant event may be of such severity and magnitude as to require City response and recovery assistance to field efforts to save lives and protect property.
2. A significant public emergency may impede or prohibit the delivery of routine health and medical services. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and special needs populations may be severely damaged or destroyed. Facilities that survive with little or no structural damage may be rendered unusable or only partially usable because of a lack of utilities (power, water, sewer) or because staff are unable to report for duty as a result of personal injuries and/or damage/disruption of communications and transportation systems.
3. Medical and health care facilities that remain in operation and have the necessary utilities and staff will probably become overwhelmed. In the event of a sudden increase in the need for health and medical services, medical supplies and equipment may quickly run out, including pharmaceuticals, blood products, medicines, equipment, and other related consumable supplies.
4. Critical and long-term patients in existing hospital or health care facilities may need immediate relocation from these facilities if they are damaged or inoperable. Uninjured persons who require routine medications, such as insulin, anti-hypertensive drugs, digitalis, and dialysis may have difficulty in obtaining these medications and treatments because of damage/destruction of normal supply locations, general shortages, or lack of access due to damaged transportation infrastructure.
5. If the event's negative impacts last for several days or weeks, there could be health and medical complications and issues involving relocation, shelters, vector control, potable water, wastewater, and solid waste
6. A major medical and environmental emergency resulting from chemical, biological, or nuclear Weapons of Mass Destruction (WMD) could produce a large concentration of specialized injuries, illnesses, fatalities, and other problems that could overwhelm health care facilities within the City.

D. Assumptions

1. The resources routinely available within the affected emergency area may be inadequate to clear casualties from the scene or treat them in nearby/immediate health care facilities. Mobilization of city resources, and possible neighboring community resources based on established partnering agreements, may be urgently needed for triage, treating

- casualties in the emergency area, and then transporting them to the closest appropriate hospital or other health care facility.
2. Medical resupply may be needed throughout the emergency area. Fire/EMS will have the responsibility of identifying, ordering, receiving, and distributing such supplies.
 3. In an event that causes large numbers of casualties, Fire/EMS agencies may be required to set up and staff Field Treatment Sites where patients can be stabilized while they await transportation to appropriate medical care facilities.
 4. In a major public health emergency, operational necessity may require the transportation of patients to other medical health facilities by alternative means.
 5. A terrorist release of WMD, industrial accident, or other HazMat event may lead to toxic water/air/land environments that threaten surviving populations and response personnel, including exposure to hazardous chemicals, biological agents, radiological substances, and contaminated water supplies and food products.
 6. The damage and destruction of a major public emergency may result in numerous deaths, and may require coordination and outside assistance for body location and recovery, extrication, examination, identification, storage, and release, as well as coordination with law enforcement for evidentiary purposes.
 7. The damage and destruction of a major public emergency may result in the injury and death of pets and other animals in and around the disaster zone. Veterinary service and animal control capabilities may be stretched, and disease and vector control problems associated with animal fatalities may impact public health in and around the emergency location.
 8. The stress, loss, and pain caused as a result of the public emergency may result in the mental health system becoming overwhelmed, producing urgent need for mental health crisis-counseling for emergency victims, response personnel, and their families. Assistance in maintaining the continuity of health and medical services may be required, especially for citizens with long-term and ongoing health care needs, as well as continuity of services for critical or acute care patients.
 9. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury. Disruptions may dislocate tourists and visitors who will become disoriented and be unfamiliar with the area and, thus, may have difficulty in identifying and locating health and medical support services in the event of a disaster. Tourists and visitors may have difficulty in obtaining access to needed medicines or treatments and may not be able to access hotels or other locations where they may be keeping their medicine. It may be difficult for medical and health service providers to obtain

records and medical histories of tourists and visitors, which may be critical to providing effective treatments and cures to such individuals that may have been impacted by the event.

10. Primary medical treatment facilities may be damaged or inoperable, thus assessment and emergency restoration to necessary operational levels or the establishment of alternate medical care facilities is a basic requirement to stabilize the medical support system.
11. An emergency may require the isolation or quarantine of individuals in their home or in temporary facilities.
12. Assistance in maintaining the continuity of health and medical services may be required, especially for citizens with long-term and ongoing health care needs, as well as continuity of services for critical or acute care patients

E. Policies

1. The Snoqualmie Fire Department (FD) will provide Basic Life Support (BLS) and coordinate Advanced Life Support (ALS).
2. All activities within ESF #8 – Public Health and Medical Services will be conducted in accordance with the National Incident Management System (NIMS) and the National Response Framework (NRF) and will utilize the Incident Command System (ICS).
3. As a signatory of the King County Regional Disaster Framework for Public and Private Agencies, activation of the Washington State Mutual Aid System (WAMAS) and through local mutual aid agreements with community partners, the City and Fire Department will make resources available to other jurisdictions through the Zone 1 Emergency Coordinator, and King County Emergency Coordination Center (KC ECC), whenever possible. They will also utilize those same systems when needing resources.
4. The King County Fire Chief's Mutual Aid Agreement and the Washington State Fire Services Resource Mobilization Plan are the mutual aid agreements for the FD.
5. All City mutual aid emergency medical responders, assigned to provide emergency medical assistance within the City, should operate under the direction and control of the FD.
6. Public Health- Seattle-King County may provide guidance to City agencies and individuals on basic public health principles involving safe drinking water, food sanitation, personal hygiene, and proper disposal of human waste, garbage, and infectious or hazardous waste.
7. In the event of an incident of national significance, requiring federal response at the request of the state, the NRP, Emergency Support Function #8 – Public Health and Medical Services may coordinate assistance and resources. The primary Federal agency will be the U.S. Department of Health and Human Services.
8. In the event that mental health counseling is necessary for emergency workers, the City will utilize the Employee Assistance Program and/or the services of the King County Critical Incident Stress Debriefing Team. Mental health counseling for citizens and disaster victims may be obtained through the American Red Cross and other local area mental health organizations following the disaster.
9. The City's Public Information Officer may be authorized to release general medical and public health response information to the public after consultation with Public Health- Seattle King County and the Washington State Department of Health. To ensure patient confidentiality, the release of medical information will be in accordance

with the Health Insurance Portability and Accountability Act (see ESF #15 – Public Affairs).

11. In the event of a zoonotic disease (infectious agents that can be transmitted between animals and humans) outbreak, the release of public health information may be coordinated with the Washington State Department of Agriculture, King County Department of Natural Resources and Parks, and the City's Parks & Recreation Department (see ESF #11 – Agriculture and Natural Resources) as well as the Washington State and Public Health-Seattle King County.
12. City and Fire personnel will not release medical information on individual patients to the general public to ensure patient confidentiality protection, in accordance with the Health Insurance Portability and Accountability Act (H.I.P.A.A). Obtain non-specific information on casualties/patients and provide to the American Red Cross for inclusion in the Disaster Welfare Information System, to Communications Unit for informational releases and to the Situations Unit for development of Situation Report(s) for dissemination to the State EOC.
13. In the event of a public health epidemic, Public Health - Seattle King County will be the lead agency and coordinate all associated activities. The City and Snoqualmie Fire Dept. will initiate their Continuity of Government and Continuity of Operations Plan to help deliver key services.

II. Concept of Operations

A. General

1. The King County ESF 8 Area Command Center, led by Public Health – Seattle & King County, coordinates the following:
 - a. Establishment of overall health and medical response and recovery objectives.
 - b. Coordination of incident information with ESF-8 agencies.
 - c. Identification and coordination of medical resources.
 - d. Management of the acquisition and use of medical resources.
 - e. Activation of the health and medical Joint Information System (JIS) as needed to coordinate the content and timing for release of accurate and consistent health and medical information to the public, media, and community response partners.
 - f. Coordination of health and medical information
 - g. Investigation into the cause and manner of death resulting from an emergency or disaster.
 - h. Overseeing regional health and medical surge capacity measures associated with added capacity or mobilization of volunteer
 - i. Collaborating with local EOCs to provide logistical support for medical needs shelters, alternate care facilities, medication

- centers, mortuary operations, family assistance centers, and other field response locations.
- j.* Implementing local medication distribution strategies directed by the Local Health Officer.
 - k.* Coordinating with the Puget Sound Blood Center to support the blood distribution system.
 - l.* Identification of potential sites and support staff for temporary emergency clinics.
 - m.* Emergency care at shelters and congregate care facilities.
 - n.* Coordination of medical transportation resources.
 - o.* Support of recovery activities aimed at restoring health and medical services to pre-event status.
- 2. The provision of basic and advanced life support services shall be provided as per existing standard operating procedures, patient care guidelines and treatment/transfer protocols as promulgated or coordinated by the Emergency Medical Services Division of Public Health – Seattle & King County.
 - 3. The American Red Cross may support the Emergency Medical Services response with additional resources within the scope of their mission and as resources are available.
 - 4. For a Mass Casualty Incident the Snoqualmie Fire Department follows procedure written in the Seattle-King County Mass Casualty Incident (MCI) Plan (Appendix B). Public Health - Seattle & King County follows procedures written in the King County, Washington, Comprehensive Emergency Management Plan, Emergency Support Function (ESF) 8, Health, Medical, and Mortuary Services. As a region the Puget Sound area follows guidance provided in the Pre-Hospital Emergency Triage and Treatment Annex (Appendix C) and the Long Term Care Mutual Aid Plan (Appendix D).
 - 5. During a local disaster, County and State health and medical resources may be available upon request. Federal health and medical resources may be available upon request for incidents of national significance. The King County, Washington State and U.S. Public Health Departments will work with the FD to determine medical and public health assistance requirements.
 - 6. An employee of the FD will perform or delegate the oversight function of coordinating medical and health resources within the City.
 - 7. Mortuary Services will be coordinated by the Snoqualmie Police Department until the Medical Examiner can assume control within the City.
 - 8. The Snoqualmie Fire Department will utilize the King County Mass Fatality Incident Plan, Appendix B, which depicts operations according

- to the ICS. When activated, the Fire Department will work with the EOC to coordinate expansion of hospital care to field operations when needed.
9. Hospitals will respond according to their established emergency response plans.
 10. In the event of structural failure or inaccessibility of medical clinics and hospitals relating to a disaster, any city facility or temporarily established site may act as a remote emergency clinic, temporary hospital or morgue for its local area until coordination of more permanent facilities can be established by the City's EOC.
 11. Communications will be through established channels. (See ESF #2 – Communications, Information Sharing and Warning)
 12. Department personnel shall operate according to specific directives, department standard operating procedures (SOP) and by exercising reasonable personal judgment when unusual or unanticipated situations arise and command guidance is not available.
 13. The City may not have all of the resources, either in type or quantity that may be required to combat the effects of all potential hazards during a disaster.
 14. City departments and support agencies will perform tasks and expend resources under their own authorities in coordination with the EOC, including implementation of mutual aid agreements, as applicable, in addition to tasks received under the authority of this plan.

B. Organization

The Snoqualmie Fire Department responds to medical emergencies within the City of Snoqualmie. After a disaster the Fire Department will coordinate medical needs of victims under the King County Emergency Medical Services guidelines. Public Health - Seattle & King County is the lead agency in providing health, medical, and mortuary response within King County

1. The Fire Chief or his designee shall provide direction and control over the FD resources in coordination with the EOC.
2. On-scene management of emergencies will follow the Incident Command System (ICS) in accordance with the (NIMS).
3. Any site designated by the Incident Commander (IC) may serve as any of the six ICS facilities: incident command post, staging area, base, camp, helibase or helispot, or in any other function capacity appropriate for the situation.
4. The FD will work under the Seattle Area Hospital Plan to establish emergency medical support and provide support to local hospitals and the EOC in the coordination and establishment of expanded hospital facility needs during an emergency.
5. The FD may establish a system to expand emergency medical support and provide support to local hospitals and the EOC in the coordination

and establishment of expanded hospital facility needs during an emergency.

C. Actions

1. Preparedness

- a. Primary Agencies - Snoqualmie Fire Department
 - 1. Provides ongoing medical service training to their personnel.
 - 2. Provides CPR training to the public through periodic classes.
 - 3. Establishes transport procedures to facilitate disaster operations.
 - 4. Works with local health care providers to establish disaster treatment centers within the City of Snoqualmie.
- b. Public Health – Seattle & King County
 - 1. Develops operational and tactical plans for health and medical response
 - 2. Coordinates and manages health and medical training and exercise opportunities for healthcare providers throughout the region
 - 3. Assesses the region’s vulnerability to the health impacts of emergencies and disasters
 - 4. Provides ongoing health protection activities such as vaccinations, provider education, and food and water safety assurance

2. Response

- a. Primary Agencies - Snoqualmie Fire Department
 - 1. Establishes Incident Command for on scene emergency operations.
 - 2. Provides basic life support (BLS) to ill or injured persons.
 - 3. Coordinates the transport of ill or injured persons.
 - 4. Requests additional medical services dependent upon the number of injuries.

5. Requests critical incident stress debriefing teams.
 6. Requests assistance through King County Office of Emergency Management/Regional Communications and Emergency Coordination Center.
 7. Coordinates response efforts with the primary agencies.
- b. Public Health - Seattle & King County
1. Provides leadership and direction in responding to health and medical emergencies across King County consistent with the authority of the Local Health Officer.
 2. Activates the ESF 8 Area Command Center, Joint Information System and the Multi Agency Coordinating (MAC) Group as appropriate.
 3. Provides medical advice and treatment protocols regarding communicable diseases and other biological hazards to EMS, hospitals, and healthcare providers.
 4. Maintains 24/7 Duty Officer Program and serves as the primary point of notification for health and medical emergencies in King County.
 5. Coordinates assessment and response to disaster consequences affecting food safety, water quality, and sanitation.
 6. Coordinates and collaborates with community response agencies in identifying environmental impact, remediation, and recovery activities.
 7. Coordinates the response of regional veterinarian services and animal care groups.
 8. Directs response activities to vector-borne public health emergencies.
 9. Supports mass care sheltering plans throughout the county in coordination with the American Red Cross and ESF 6 Mass Care agencies. Public Health's role in mass care sheltering will focus on assisting with environmental health assessments at shelters.

10. Provides epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism and outbreaks of food borne illness.
11. Assesses the health and medical impacts and potential consequences posed by an emergencies and disasters and determines appropriate courses of action.
12. Directs and manages medical surge capabilities including medical needs shelters, alternate care facilities, medication centers and temporary morgues.
13. Coordinates and manages incident information and medical resources for healthcare agencies across King County.
14. Directs and manages regional isolation, quarantine, and other control measures necessary in response to disease outbreaks.
15. Directs and manages mass vaccination and antibiotic dispensing operations.
16. Coordinates requests for medical resources with private vendors, the King County ECC and the State EOC, as needed.
17. Supports the King County Department of Community and Human Services and the American Red Cross in meeting demands for regional mental health services.
18. Directs the development and dissemination of health messages to the public, media, response partners, and community based organizations.
19. Activates the Public Health Information Call Center as needed.
20. Activates the Community Communications Network during emergencies to provide public health and related information to community based organizations (CBO) and healthcare providers serving vulnerable populations and to receive incident information from CBOs.

- c. Support Agencies –
City of Snoqualmie EOC/ Public Works

1. Monitors and assures safe drinking water supply.
2. Provides liaison with utility providers for emergency repairs to utility systems as necessary.

American Red Cross

1. Acquaints families with available health resources and services and make appropriate referrals.
2. Provides supportive counseling for the family members of the dead and injured.
3. Provides emergency first aid, supportive counseling, health care for minor illnesses and injuries to individuals in mass care shelters, selected disaster clean-up areas, and other sites deemed necessary by the Department of Health.

King County Emergency Medical Services

1. Provides advanced life support (ALS) services in response to ill or injured persons.
2. Provides limited emergency medical transportation capability.
3. Provides Medical Services Officer, if requested.
4. Coordinates regional critical incident stress management for first responders.

Snoqualmie Police Department

1. Provides limited first aid capability.
2. Assists the Medical Examiner with the identification of deceased persons.
3. Secures medical scene.

King County Medical Examiner

1. Provides notification of emergency morgue locations.
2. Authorizes the release of the deceased.
3. Coordinates transportation of the deceased.
4. Tracks incident related deaths resulting from emergencies and disasters.

5. Manages disaster related human remains.
6. Oversees a family assistance center to provide a private, safe and secure place for survivors of disaster victims to gather, and to facilitate necessary communication with the KCMEO, and to facilitate the coordination of psycho-social support.

Private Ambulance Companies

1. Assists in the transportation of the injured.

3. Recovery

Primary and Support Agencies

1. Participate in a debriefing to evaluate the incident.
2. Continues response and recovery efforts in support of this ESF.

4. Mitigation

Mitigation efforts for this ESF are covered in the City of Snoqualmie Hazard Mitigation Plan.

III. Responsibilities

A. Lead Agencies

1. Snoqualmie Fire Department
 - a. Provide, direct, and coordinate ESF #8 operations.
 - b. Develop an inventory of medical facilities, clinics, medical personnel, medical transportation, communications and supply sources.
 - c. Implement the King County Mass Fatality Incident Plan which specifically deals with handling multiple casualty incidents (Appendix B).
 - d. Refer to the Mass Fatality Management Deaths Occurring Out of a Healthcare Facility for guidance (Appendix E).
 - e. If it is a catastrophic event, refer to King County Medical Examiners Catastrophic Fatality Management: Guidelines for Cities (Appendix F) Communications shall be through normal established channels. (See ESF #2 – Information Systems, Communications and Warning)

- f. The FD officer in charge of the incident shall establish Incident Command.
 - g. Provide initial incident evaluation to ensure appropriate coordination of resources and mitigation of the incident.
 - h. Initiate implementation of a Triage and Treatment system is not delayed pending the arrival of the primary medic units.
 - i. Assure that all responsibilities of the medical group supervisor position are completed.
 - j. Responsible for fire suppression, crash rescue, and mitigation of mass casualties.
 - k. Coordinate all aspects of medical care and transportation of patients at a specific scene including but not limited to triage, treatment, transportation and set-up of an initial morgue area.
 - l. Contact the appropriate Disaster Medical Control Center (DMCC) (primary: Harborview Medical Center) in King County and activate the Alternative Care Facility Plan (separately published plan) when appropriate.
 - m. Provide assistance to health care facilities in the implementation of plans to reduce patient populations if evacuation is necessary and with provisions for continuing medical care for patients that cannot be evacuated as resources permit.
 - n. Provide incident status and requests for resources to the EOC at regular intervals.
 - o. Evaluate the on-scene situation and determine whether or not there is a need for post-incident critical incident stress debriefing (CISD). Requests for the CISD Team will be coordinated through the EOC.
 - p. Coordinate with the EOC regarding requests for County, State and Federal health and medical resources.
2. Public Health - Seattle-King County
- a. Organize and mobilize public health services during an emergency.

- b. Monitor potential causes of communicable diseases and environmental health hazards.
- c. Identify and coordinate activation of additional mental health professionals when needed.
- d. Establish monitoring facilities for problems regarding public health, water supplies, sanitation and food needs when appropriate.
- e. Provide information and instructions to facility managers and the general public to safeguard public health, water supplies, sanitation and food.
- f. Provide inoculation of individuals if warranted by threat of disease.
- g. Provide information on health department activities to the EOC.
- h. Provide information on health department activities to the EOC.
- i. Serve as the lead agency across the county for the development and release of health messages to response partners, the media, and the public.
- j. Implement and direct public health response actions including the isolation and quarantine of patients, when needed.
- k. Maintain critical public health functions (continuity of operations).
- l. Support the response and recovery of health care system partners.
- m. Lead mass fatalities planning and response efforts.

B. Support Agencies

- 1. Snoqualmie Emergency Operations Center
 - a. Provide initial coordination and notification of mutual aid requests for outside agencies to provide operational support based on requests from field personnel.

- b. Request County, State and Federal resources as appropriate according to the situation.
- c. Refer to the King County Medical Examiners Catastrophic Fatality Management: Guidelines for Cities. (Appendix E).

2. Police Department

- a. Coordinate initial mortuary activities.
- b. Provide assistance to the medical examiner in the identification of the deceased.
- c. Provide security to field morgue operations and facilities.
- d. Provide perimeter control at incident scenes when requested.
- e. If the medical examiner's office is unable to come to Shoreline implement procedures found in Appendix A Mass Fatality Plan, Appendix E Mass Fatality Management Deaths Occurring out of healthcare Facility, Appendix F Catastrophic Fatality Management: Guidance for Cities, and Appendix G Decedent Tracking information.

3. Local Hospitals

- a. Coordinate movement of patients from the field to area hospitals through Disaster Medical Control (DMC). Primary DMC is located at Harborview Medical Center. Back up DMC is Overlake Hospital.
- b. Coordinate the establishment of temporary medical facilities with the EOC and FD personnel.

4. Local Morticians

- a. Assist the medical examiner in establishing temporary morgues and transporting and storing corpses until final dispositions are determined.
- b. Assist with victim identification as needed.
- c. Provide liaison at the EOC to assist in coordination activities when requested.

5. King County Medical Examiner

- a. Coordinate with the local morticians to expand mortuary services as appropriate for the situation.
- b. Establish temporary morgues, determine cause of death, coordinate the disposition of corpses, and notification of relatives.
- c. Coordinate activities with the EOC, morticians, police, and incident commander.
- d. Coordinate activities associated with the identification of victims with City, County, State and Federal agencies.
- e. Provide liaison at the EOC to assist in coordination activities when appropriate.

7. Puget Sound Blood Center

- a. Coordinate operations relative to collecting and distributing blood, based on local hospital and clinic facility needs.
- b. Provide adequate planning for maintaining emergency capabilities under disaster conditions or other episodes of utility services interruption.
- c. During a disaster situation, assure adequate blood supply to meet demand and coordinate acquisition of additional resources if necessary.

8. Washington State Emergency Management Division

- a. Coordinates supplemental emergency medical and logistics support as requested by local political subdivisions.

9. Washington State Department of Public Health

- a. Coordinates with the FD for all public health and medical assistance efforts within the City.
- b. Emergency Medical Services are partially funded, licensed, and basically controlled by the State Department of Health, Emergency Medical Services/Trauma Division.
- c. Requests the activation of the Federal Emergency Support Function #8 Public Health and Medical Services through the Homeland Security Operations Center (HSOC) as necessary.
- d. Requests the deployment or pre-deployment of the Strategic National Stockpile (SNS) as deemed appropriate by State requirements.

10. Federal Emergency Management Agency (FEMA)

- a. When local, state, and volunteer agencies' capabilities to provide mass care or essential needs are exceeded, FEMA may assign Federal agencies under mission assignment to supplement state and local emergency medical efforts.

11. U.S. Department of Health and Human Services (DHHS)

- a. The US DHHS has primary responsibility for Federal activities associated with health hazards resulting from a disaster or emergency that is categorized as an incident of national significance.
- b. Provide leadership in coordinating and integrating overall Federal efforts to provide public health and medical assistance within the City.
- c. Upon request from the State EOC, the DHHS will request appropriate organizations to activate and deploy health and medical personnel, equipment, and supplies.
- d. Assist and support the FD in monitoring for internal contamination and administering pharmaceuticals for internal decontamination and deemed necessary.
- e. Assist in the assessment of whether food facilities within the City are able to provide safe and secure food.
- f. Assist with the creation of a registry of potentially exposed individuals, performing dose reconstruction, and conducting long-term monitoring of Snoqualmie residents and commuters for potential long-term health effects.
- g. Monitor blood and blood product shortages and reserves with the coordination with appropriate agencies.
- h. Evaluate the request for deployment of or pre-deployment of the SNS based upon relevant threat information.
- i. Assist the City to assess potable water, wastewater, solid waste disposal issues, and other environmental health issues, provide water purification and provide technical assistance on potable water and wastewater/solid waste disposal issues
- j. Assign professional and technical personnel to augment state and local forces.

12. U.S. Department of Agriculture

- a. Coordinate efforts to control and eradicate the outbreak of highly contagious or economically devastating animal diseases.
- b. Assist to ensure food safety and security.
- c. Coordinate with the City (ESF # 11 - Agriculture and Natural Resources) and State Department of Agriculture on efforts to disposal of animal carcasses, protect livestock health and zoonotic diseases associated with livestock.
- d. Provide support for public health matters for radiological incidents.

IV. APPENDICES

- A. All Hazards Mass Fatality Management Plan
- B. King County Mass Causality Incident Plan
- C. Puget Sound Region Pre-Hospital Catastrophic Emergency Triage and Treatment Plan
- D. King County Long Term Care Facilities Mutual Aid Evacuation Plan
- E. Mass Fatality Management Deaths Occurring Out of a Healthcare Facility
- F. King County Medical Examiners Catastrophic Fatality Management: Guidelines for Cities
- G. King County Decedent Tracking Information

V. REFERENCES

- A. King County Emergency Operations Plan, ESF # 8 Public Health and Medical Services
- B. The National Response Framework, ESF #8 Public Health and Medical Services
- C. Washington State Comprehensive Emergency Management Plan