



DISASTER RESPONSE & RECOVERY GUIDE

Department of Health and Social Services

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State of Alaska

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES DISASTER RESPONSE/RECOVERY GUIDE

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DISASTER RESPONSE AND RECOVERY GUIDE

PURPOSE

The purpose of this guide is to prescribe policies and procedures governing DHSS's roles and responsibilities in assisting the Governor and the Alaska Division of Homeland Security and Emergency Management, Department of Military and Veteran Affairs (DMVA) (under the *State of Alaska Emergency Response Plan*) and the Department of Environmental Conservation (DEC) (under the *State and Regional Oil and Hazardous Substance Discharge Prevention and Contingency Plan*, i.e., the Federal/State Unified Plan and the ten subarea plans), to respond to, or assist in recovery from, disaster emergencies (to include weapons of mass destruction (WMD) incidents). These include:

- Planning and assisting in the development of the organizations and resources required statewide ensuring the availability of needed health and welfare activities during and following a disaster emergency.
- Assigning and training employees, based on PCN and position title, to staff the department's initial disaster response team and the State Emergency Coordination Center (SECC), upon request of the Division of Homeland Security and Emergency Management, DMVA.

<p>* It shall be the responsibility of each Division Director to provide the Commissioner's office with the names and contact information for at least two disaster contacts. In turn, the designated individuals should maintain updated lists of personnel to contact in the event of a statewide disaster.</p>

ROLES & RESPONSIBILITIES

DHSS roles and responsibilities as specified under the *State of Alaska Emergency Response Plan* (See Appendices), and the *Federal/State Unified Plan* (as supplemental by the ten subarea plans) include:

- Provide staff support to the SECC upon request of the Governor and the Department of Military and Veterans Affairs (DMVA) or the Department of Environmental Conservation (DEC).
- Serve as a lead state agency for assessing the needs for, recommending, and/or providing medical, public health, and welfare services during and following a disaster emergency.
- Assist in coordinating predisaster planning of emergency medical services between regions and with out-of-state and federal resources.
- Assist local communities and other agencies in the assessment of needs for, and provision of, health facilities, health personnel, and health and medical equipment/supplies.
- Coordinate, through the Division of Behavioral Health, the provision of crisis counseling and outreach to victims in affected communities, and to rescuers.
- Advise the Department of Environmental Conservation regarding medical and health consequences of oil and hazardous materials spills.

TRAINING

Assumptions:

Each division has specific expertise and resources, which may be requested in a disaster.

Each division has certain responsibilities under the State of Alaska Emergency Response Plan and the department's Disaster Response and Recovery Guide.

In a disaster, the ability of the department to respond in a rapid and efficient manner may save lives and relieve suffering.

To maintain the department's readiness to respond to disaster emergencies, periodic training should occur providing appropriate staff with information on:

- the responsibilities of the department in a disaster;
- how the department fits within the state's emergency response plan;
- the roles and responsibilities of department employees in a disaster;
- the responsibilities of each division in a disaster;
- how each division fits within the department's disaster plan;
- how emergency communications will occur;
- how state and federal personnel will interact to fulfill the department's mission as outlined in the State Emergency Response Plan.

It is recommended that scenario based training be provided at least each year and that it includes an opportunity for designated staff members to become familiar with department and division disaster checklists and resource lists.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES EMERGENCY
COORDINATION CENTER**

In a disaster, the Department of Health and Social Services may be called upon to provide assistance. Depending on the nature of the disaster, there are several ways in which the department may respond.

In some cases, the department may be able to provide the assistance required with little or no change in its day-to-day operations. For example, personnel in the State Emergency Coordination Center may request assistance in locating mental health professionals who have been trained to respond to the crisis counseling needs of rescuers and patients following a disaster.

In major events, such as a catastrophic earthquake with deaths and injuries, the department is likely to send representatives to help staff the State Emergency Coordination Center at the Alaska National Guard Armory at Fort Richardson in Anchorage, or with the incident command post established by DEC for major spill events. These individuals may need to interact with departmental personnel from several divisions as well as with personnel from other departments and agencies. Some disasters may require that certain key department personnel gather periodically to be informed of disaster related developments and to make decisions about how best to fulfill the mission of the department outlined in the State Emergency Response Plan.

To that end, the Commissioner may designate a location in Anchorage or Juneau as the department's Emergency Coordination Center, to coordinate with staff at the State Emergency Coordination Center (SECC) at Ft. Richardson.

GUIDELINES FOR ALL DHSS EMPLOYEES

During a Disaster Emergency All DHSS Employees Are Hereby Assigned To:

- Identify potential hazards and take action, as appropriate, to ensure the safety of DHSS staff and the general public (e.g. evacuating damaged buildings);
- Provide for the protection of department property and records vital to continuing operation of DHSS business (if such action will not jeopardize individual safety);
- Curtail or suspend less essential administrative or program activities while emergency management activities take priority;
- Report to supervisors and division directors as much accurate information as possible about local areas affected by the disaster as well as impacts on DHSS offices;
- Forward appropriate state facility damage information to the closest Department of Transportation and Public Facilities maintenance station;
- Report to supervisors and division directors the critical personnel and supply needs of the department;
- Support local emergency operations, as appropriate, if they do not interfere with urgent agency missions or responsibilities;
- Report to supervisors and division directors on emergency related activities conducted by DHSS employees; and
- Avoid unnecessary risks and becoming directly involved in rescue activities unless properly trained and equipped (e.g. volunteer firefighters and EMTs may be authorized leave if assistance is requested by appropriate local or state officials).

COMMISSIONER'S OFFICE

The **DHSS Commissioner**, or alternate, will:

- Provide overall policy direction for developing plans, organizations, staffing, training and other resources for responding to disaster emergencies requiring health and welfare services that exceed the capabilities of stricken area(s).
- Participate in the Governor's Disaster Policy Cabinet meetings when directed.
- Advise the Governor and Commissioner of the Department of Military and Veteran Affairs or the Commissioner of the Department of Environmental Conservation on policy matters pertaining to the medical, health, and welfare aspects of emergency and disaster response and recovery.
- Ensure that appropriate DHSS staff members are contacted in the event of a major disaster emergency, or potential disaster, that requires a response from the department.
- Be briefed at least once a day, or more often as needed, by the DHSS Emergency Management Coordinator (Director, Division of Public Health or alternate) regarding DHSS disaster response roles and responsibilities, and needs.
- Advise the Governor and Commissioners of Military and Veteran Affairs and Environmental Conservation regarding DHSS roles, responsibilities, and needs in responding to a disaster emergency.
- Assign the Division of Public Health Radiological Physicist to advise the DMVA and DEC on appropriate response to radiological incidents.
- Assign all appropriate DHSS Divisions and Sections to respond to requests, from local communities or other state agencies, for assistance regarding medical, health, or welfare services to respond to, or recover from, a disaster emergency.
- Assign the office of Administrative Services, DHSS, to maintain appropriate fiscal records and designate accounting codes for disaster emergency related activities.
- With assistance from division directors, monitor status of facilities owned or operated by DHSS in affected areas.
- Assign division directors and staff to implement appropriate homeland security threat procedures to ensure the safety of DHSS, staff and facilities during a potential or actual terrorism emergency.
- Through the DHSS Commissioner's office, and following DHSS media policies, provide clear, accurate, consistent disaster emergency public

information in coordination with the Department of Military and Veterans Affairs and the State Emergency Coordination Center.

DIVISION OF PUBLIC HEALTH

Director of the Division of Public Health, or alternate:

- Has responsibility for the overall coordination of DHSS disaster emergency preparedness planning and response.
- Will act as DHSS Emergency Management Coordinator upon receipt of notice of a disaster emergency, or potential disaster emergency.
- Be the principal contact person, for the Commissioner, with the Division of Homeland Security & Emergency Management, Department of Military and Veteran Affairs, or with the Division of Spill Prevention and Response, Department of Environmental Conservation.
- Keep the DHSS Commissioner and other appropriate DHSS staff apprised of existing or potential disaster situations and the needs for DHSS support.
- Work with the DHSS Commissioner and other appropriate DHSS staff to develop and update DHSS disaster response and recovery plans, policies and procedures.
- Be the lead DHSS staff person assigned to the Alaska Division of Homeland Security & Emergency Management's State Emergency Coordination Center (SECC) and designate other appropriate DHSS SECC staff members.
- Establish protocols with the Commissioners of Military and Veteran Affairs and/or Environmental Conservation and with the Chief of the Section of Community Health and EMS, to activate the National Disaster Medical System in the event of a serious mass casualty disaster that exceeds the treatment capabilities of hospitals in Alaska.
- Coordinate the use of emergency medical, health care, public health and mental health resources for the SECC.
- Make a recommendation to the Commissioner and the Disaster Policy Cabinet regarding the Strategic National Stockpile, Disaster Medical Assistance Teams and Disaster Mortuary Teams.

- Assist the DMVA with planning for and obtaining needed primary care services in communities impacted by the disaster emergency, in cooperation with the DHSS Primary Care and Rural Health Unit.

SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES

Section Chief, (under the direction of the Director, Division of Public Health), or alternate shall:

- Have responsibility for assisting the DMVA for predisaster planning for the emergency medical services aspects of multiple or mass casualty incidents that exceed the capabilities of affected communities (See Appendix 1).
- Assist in staffing the State's Emergency Coordination Center (SECC), upon request of the DHSS Emergency Management Coordinator and the Division of Homeland Security and Emergency Management, DMVA.
- Assist the DMVA in establishing protocols for requests from local communities for additional emergency medical personnel, equipment, transport vehicles, or supplies.
- Assist the DMVA with planning for needed air medical services, including air ambulance services, National Guard, Coast Guard, military resources, or private aircraft to help medevac large numbers of injured or ill victims to appropriate medical facilities in Alaska or to out-of-state medical facilities.

SECTION OF EPIDEMIOLOGY

The Chief of the Section of Epidemiology or alternate, and designated staff, have roles in the early phase of the disaster, during the critical days of the disaster's evolution, and potentially in long-term follow-up.

Early Role:

- Provide, if necessary, back-up medical and nursing advice and consultation as requested by the DMVA, the DEC, and Director of Public Health, or the Commissioner of DHSS.
- Evaluate potential public health risks and make recommendations to the disaster response team and the general public.
- Provide healthcare information and clinic support to health care providers through the Health Alert Network (HAN).

As the Disaster Evolves:

- Establish a centralized surveillance system for responders and providers to report any disaster-related diseases.
- Provide rapid analysis of reports received by the surveillance system and issue reports and recommendations based upon such analyses.
- Promptly investigate any reports or rumors of outbreaks of communicable diseases.
- Investigate other potential threats to public health as may be necessary.
- Disseminate results of surveillance and investigations in order to alert the public to potential health risks and to ease public fear and reduce rumors.

Long-Term Follow-up:

- Provide technical information on potential long-term health effects of specific exposures to hazardous substances or communicable diseases during or following the disaster.
- Conduct epidemiologic studies of affected populations to assess long-term health effects of exposure to specific environmental hazards.

SECTION OF LABORATORIES

The Chief, Section of Laboratories, or alternate shall:

- Ensure that appropriate and comprehensive laboratory testing services are available to affected populations.
- Provide expertise and assistance in the proper collection, handling, and shipping of clinical specimens.
- Provide environmental testing services as required.
- Assist other private, federal, and state laboratories with personnel, material, services, and/or expertise.
- Initiate new tests or reestablish old tests as required for the maintenance of a healthy population for the duration of the emergency and recovery period.
- Provide data to Epidemiology to assess the health risks to the affected populations.
- Provide assurances to the public concerning the safety and health concerns generated by the emergency.

In the event of a major nuclear-related incident impacting Alaska, two situations may occur, The Governor of Alaska may declare a disaster emergency and therefore the State of Alaska Emergency Response Plan would be activated, and DMVA would be the lead agency. For non-declared emergencies, the DEC would more than likely serve as the lead agency under its hazardous materials response system. Note: A 1982 memorandum of understanding between DMVA, DEC, DOC, and DHSS states that DHSS is the lead agency for responding to radiation incidents and accidents, and for coordinating responses to peacetime radiation incidents and accidents. This MOU should be updated.

The Radiological Physicist, or alternate, would:

- Develop appropriate protective action guidelines (PAGs) for response to radiological releases. EPA-developed Federal protective action guidelines may be used if deemed appropriate for Alaska.
- Alert the U.S. Food and Drug Administration (US FDA) and U.S. Nuclear Regulatory Commission (NRC) of the potential for radiological contamination impacting the State of Alaska.
- Advise the SECC on the potential health hazards resulting from the deposition of radiological contamination.
- Maintain contact with health facilities and provide them with updated status reports.
- Provide a representative to the Unified Command structure at the SECC or at the incident command post established by DEC.

SECTION OF NURSING

The Chief of the Section of Nursing, or alternate, shall: refer to the Section's telephone tree for establishing contact with management staff in major locations throughout the state. Depending on the type and magnitude of the disaster, the Section of Nursing staff may be most useful in the following ways (under the direction of the Director, Division of Public Health or alternate/designee).

- Mobilize a massive immunization effort.
- Serve as backup for nurses skilled in treating casualties. However, many PHNs have not worked in high tech hospital or emergency nursing situations so their skills and expertise may be better used in working with families, or on local organizing efforts.
- Provide crisis intervention with families. Reassure and work with family members. Help families with grief in cases of injury or death, or loss.
- Help set up a system for reuniting family members.
- Assist with quick assessments and help families/ communities plan. PHNs have a lot of knowledge of multiple agencies and resources to help families. PHNs could work with the Red Cross and other agencies to help organize mass temporary housing situations. PHNs also know basic health and safety requirements for food, water, sewage and waste disposal and are skilled at dealing with individuals and families, and communities in distress situations.
- Assist with health care of victims, other than high tech trauma or emergency medical nursing care.
- Beyond the immediate needs in a disaster, PHN IIIs and above should be continuing members of a team to establish normalcy, (recovery) after the emergency.

BUREAU OF VITAL STATISTICS

In the event of a disaster that renders a local recording magistrate unable to fulfill his or her responsibilities for initial receipt of vital events information, Bureau of Vital Statistics staff will be able to directly receive and issue certificates of death and birth for victims in the affected areas.

MEDICAL EXAMINER'S OFFICE

In a mass fatality incident, the Office of the State Medical Examiner has a variety of roles and associations, to include the following:

- **Body recovery:** Once the living have been rescued, the recovery of human remains from the scene should ensue. The Medical Examiner will work with the investigating agency (if the possibility of a crime has not been ruled out) and other agencies at the scene – fire, police, EMS, Hazmat Teams, National Guard, airport safety, etc. – to recover the remains. (According to AS 12.65.020, no human remains can be removed without permission from the Medical Examiner.)
- **Staging:** In most situations, the recovered remains will be moved to a staging area, where preliminary accessioning steps are completed and where remains are prepared for shipment to the place of examination.
- **Morgue operations:** Body reception, x-ray, fingerprinting, dental exam and x-ray, autopsy, embalming, checkout and the associated quality assurance and crosschecking mechanisms.
- **Logistic support for SME operations:** Provide tags, body bags, personal protective equipment, and other such equipment and supplies necessary for the processing of remains.
- **Fiscal accountability:** Document all expenditures in support of SME operations.
- **Family service center:** Receive antemortem x-rays and dental records; provide updates to family members of the deceased. At the center, families are protected from the press and mental health counselors can provide grief counseling, and other agencies that need to interface with families can do so (e.g., Red Cross).

DIVISION OF BEHAVIORAL HEALTH

An important service provided or coordinated through the division is crisis intervention and other emergency mental health and substance abuse services in areas affected by the disaster situation. Each local Community Mental Health Center (CMHC) will have a mental health disaster/emergency response plan for utilization of the mental health resources in its service area. As the state continues to move toward integrated mental health and substance abuse services, the disaster/emergency response plans will also include provision for the utilization of local area substance abuse services during a disaster's recovery phase. The State of Alaska Mental Health Disaster/Emergency Response Plan will have defined the role of substance abuse services in response to a disaster, and described how these services will be utilized in conjunction with other response services. Many of the CMHCs will have created a mental health response team (MHRT). These MHRTs are multi-disciplinary teams of mental health professionals who provide necessary interventions in the initial phases of disaster recovery. MHRTs provide essential mental health services to victims and to other disaster/emergency workers.

The division can make available staff professionals, including persons from the Alaska Psychiatric Institute (API) and the central and regional offices. In addition, the division maintains a list of persons, from community programs it funds throughout the state, who have disaster training. The division director can help assemble and direct crisis response teams.

Division staff can assist disaster response officials and local community mental health centers to apply for grants from the Federal Emergency Management Agency (FEMA) to fund disaster crisis counseling teams.

API may be available as an inpatient hospital setting for persons experiencing severe emotional reactions during and following the disaster incident. API medical staff may be able to provide consultation telephonically to local mental health response teams.

There are persons in the Alaska mental health system trained to participate in critical incident stress management (CISM) activities for emergency response personnel following a disaster. However, if these persons live in the impacted area, and provide services as part of a

local response effort during a disaster, they may not be an appropriate resource to conduct the CISM activity. As needed, the division, and other first responder groups, may request support from other CISM teams located in nearby communities and around the state. Once called-out, these CISM teams would only provide services to specifically identified groups of disaster/emergency workers. CISM team efforts should always be coordinated with the CMHC in the impacted service area.

DIVISION OF PUBLIC ASSISTANCE

The primary goals for the Division of Public Assistance in the event of a major disaster would be to:

- Determine eligibility and grant aid to Alaskans eligible for emergency food and cash assistance.
- Coordinate emergency assistance operations with other agencies in the state.
- Protect the Division's computer system, equipment and case records.
- Receive, disburse, and account for federal and state funds made available for emergency public assistance services.

DIVISION OF HEALTH CARE SERVICES

THE FIRST HEALTH SERVICES CORPORATION (FHSC) SECURITY/DISASTER RECOVERY PLAN

FHSC is the contract claims administrator for the Division of Health Care Services (Medicaid claims).

FHSC's network security plan and mainframe disaster recovery plan is available for review from the HCS security officer and the alternate security officer. Procedures for gaining access, passwords and accounts in Eligibility Information System (EIS) and Medicaid Management Information System (MMIS) are addressed in the documentation for those systems. The access for EIS and MMIS is coordinated by the HCS Systems Manager, Jeff Hubbard, or his designee.

Our role is essentially holding the purse strings for Medicaid payments with Division leaders regarding the role of Health Care Services, the Medicaid Division.

OFFICE OF CHILDREN'S SERVICES

The Office of Children's Services (OCS) staff can provide assistance in a disaster, depending on the circumstances and the nature of the disaster.

- Licensing staff can assist in identifying temporary childcare arrangements and licensed foster/daycare facilities. Staff members are skilled in the organization and development of childcare and similar community programs.
- Staff can assist in connecting families through relative searches for children who are orphaned by the disaster or otherwise separated from parents or guardians and/or by identifying temporary homes for children.
- Staff can provide information regarding resources available for children and families not yet identified by other agencies.
- Staff have crisis intervention, needs assessment, referral, and case management skills, with mental health professionals that can provide counseling and Information and Referrals (I&Rs) in a variety of ways, such as: staffing crisis lines; assisting families whose loved ones are missing or dead; those who need assistance in obtaining required services; or who need childcare while they care for other family members.
- Staff may be able to coordinate with community residential and foster care programs to make beds available for emergency or temporary shelter care.
- OCS may be able to provide state vehicles that could be used to transport disaster victims.
- OCS has a number of licensed mental health professionals who could provide crisis counseling to adults and children.
- OCS has five Regional Offices (Central Office in Juneau, Anchorage, Fairbanks, Wasilla and Anchorage) and 24 Field Offices in Aniak, Craig, Ketchikan, Petersburg, Haines, Sitka, Wrangell, Bethel, Cordova, Homer, Kenai, King Salmon, Kodiak, St. Mary's, Mat-Su, Seward, Unalaska, Valdez, Barrow, Delta Junction, Galena, Kotzebue, McGrath, Nome that may be able to be opened as temporary shelters for disaster victims and as foster care coordination points for children in custody, or those in need of temporary child care.

THE DIVISION OF SENIOR AND DISABILITIES SERVICES

The Division requires its major grantees to complete a disaster response plan and keeps a copy in their file. Grantees would put their plans into operation with support from DSDS as needed. Those children (approximately 150) who receive services under the Children with Complex Medical Conditions Waiver have GPS locators, which are linked with their local fire departments for evacuation if necessary.

Adult Protection workers in the three urban hubs with responsibility for the entire state would be available to assist individuals and caregivers with specific needs such as housing, and other vital issues. The Senior Care - Senior Information Office would be available for statewide referrals to those individuals who are looking for assistance and would be able to identify needs and resources.

The Division has a contact with Region 10 of the federal Administration on Aging to assist with federal grant applications for services needed by seniors after a disaster.

Staff may be able to find resources through licensed assisted living homes and other providers of shelter and care. Senior Centers and Adult Day Programs could be supported to provide meals and shelter.

DIVISION OF PIONEER PROGRAMS

The Division of Alaska Longevity Programs staff can provide assistance in a disaster, depending on the circumstances and the nature of the disaster.

- All licensed staff RN's are CPR certified and could provide First Aid in emergency medical teams.
- Provide crisis intervention with families. Reassure and work with family members. Help families with grief in cases of injury or death, or loss
- Assist with health care of victims, other than high tech trauma or emergency medical nursing care.
- Vehicles assigned to the Pioneers' Home could be used to transport disaster victims.
- Pioneer's Homes have food services sections and might be used to prepare food for community shelters.
- Ability to convert areas into Homes for low acuity victim monitoring stations. Function as download areas for hospitals.

DIVISION OF JUVENILE JUSTICE

The Division of Juvenile Justice (DJJ) has a youth facility in the following eight (8) communities: Ketchikan, Juneau, Anchorage, Palmer, Kenai, Fairbanks, Bethel, and Nome. Each of these facilities operates with a back-up power source in the event of an emergency and can provide shelter for a limited number of community members. DJJ has Juvenile Probation offices (JPOs) in the following seventeen (17) communities: Barrow, Kotzebue, Nome, Bethel, Fairbanks, Palmer, Kenai, Homer, Dillingham, Kodiak, Anchorage, Valdez, Juneau, Sitka, Petersburg, Ketchikan, and Prince of Wales.

- Each facility can house 20 to 50 community members.
- Each facility can provide food and water up to 72 hours for the 20 to 50 community members. This can be extended if the rations are minimized at the beginning of the disaster if it is determined that the need for shelter could last longer than 72 hours.
- Each facility has nursing care that can help in the event of a medical emergency.
- All of the Youth Counselors in each of the facilities receive first aid and CPR training every year.
- Each facility has a radio base station that enables the facility staff to communicate with emergency services within their community.
- Each facility has a van and other vehicles that can be utilized to transport victims to medical or shelter services.
- Each facility has access to satellite communication systems that may be useful.
- All the facilities have additional clothing, shampoo, toothbrushes, toothpaste, deodorant, soap and towels to assist in the personal hygiene of the victims.
- All of the JPO offices have additional vehicles that can be utilized to transport victims.

FINANCE AND MANAGEMENT SERVICES

Finance and Management Services (formerly Division of Administrative Services) maintains appropriate fiscal records and designates accounting codes for disaster activities. The Facilities and Information Services Sections may also be of assistance if needed. The following activities will occur in a disaster situation

- Staff will assist other Divisions/Offices if DHSS facilities are damaged in a disaster. Finance and Management Services also manages the Capital Contingency Fund, a fund established for small emergency capital projects.
- Information Systems staff will also provide assistance to reestablish WAN and other telecommunications linkages.
- Once a disaster has occurred, Fiscal staff will work immediately, to set up collocation codes to properly keep track of costs incurred during the disaster.

DHSS RESPONSIBILITIES /TASKS UNDER STATE EMERGENCY RESPONSE PLAN

RESPONSIBILITY/TASK	PRE- EMERGENCY	DISTASTER- EMERGENCY
COORDINATION AND CONTROL		
<ul style="list-style-type: none"> • Develop checklists and standard operating procedures in support of this plan • Coordinate with Federal Emergency Support Functions (ESFs): • ESF #6 Mass Care • EFS #8 Health and Medical Services • EFS #11 Food 	X	
COMMUNICATIONS		
<ul style="list-style-type: none"> • Provide back-up communications resources, as appropriate. 		X
HUMAN SERVICES		
<ul style="list-style-type: none"> • Provide Human Services resources • Help coordinate use of emergency medical and health care resources. • Provide technical assistance to control disease and identify public health hazards. • Assist those providing assistance to victims requiring special care. 		X X X X
DAMAGE ASSESSMENT		
<ul style="list-style-type: none"> • Long term care/medical facilities. • Coordinate with federal agencies in areas of mutual interest. 		X X
FINANCE AND MANAGEMENT SERVICES		
<ul style="list-style-type: none"> • Administer the field purchase order and invoice system. • Administer contracts and service agreements. • Collect disaster related cost data projections, upon request. • Maintain an audit trail of billings and invoice payments. 		X X X X
RADIOLOGICAL PROTECTION		
<ul style="list-style-type: none"> • Train state and local personnel in radiological protective measures and in the use of Civil Defense instruments. 	X	
<ul style="list-style-type: none"> • Inspect radiation sources to determine possible radiation hazards. 	X	
<ul style="list-style-type: none"> • Assess the impact of the effects of a radiological incident on the health of the populace in the affected area. 		X

Appendix # 2

BIOTERRORISM

MAJOR SUPPORTING STATE AGENCY: DEPARTMENT OF HEALTH AND SOCIAL SERVICES

PURPOSE: To protect life, property, and the environment in the event of an attack involving biological agents.

	RESPONSIBILITY/TASK	TASK ORG
Pre-Disaster	<ul style="list-style-type: none"> ·Disseminate information about potential bioterrorism attack scenarios and biological agents that can be used in an attack. 	about the DHSS/DPH, DMVA/DHS&EM, FBI
	<ul style="list-style-type: none"> ·Assemble intelligence about specific bioterrorism threats to Alaska and the JTTF and DHS&EM for dissemination. 	provide it to DHSS/DPH, DMVA/DHS&EM, DMVA/AKNG, JTTF, CDC, USPHS, USPS
	<ul style="list-style-type: none"> ·Conduct surveillance activities to detect indications of possible attacks. 	DHSS/DPH, DEC, CDC, USPHS, USPS
	<ul style="list-style-type: none"> ·Designate an SECC co-manager. 	DHSS/DPH
	<ul style="list-style-type: none"> ·Designate a representative to the MAC Group. 	DMVA, DPS, DLAW, DEC, DEED, FBI, DHS/FEMA, US Attorney, CDC, USPS, EPA, TSA, ALCOM, ASHNA, ARC, Affected Jurisdictions, Affected Companies/Industries, Native Corporations, Hospitals
	ARC -American Red Cross CDC -Centers for Disease Control DEED -Alaska Dept. of Education and Early Development DMVA/CST -103 rd Civil Support Team DNR/DOF -Alaska Division of Forestry FNSB -Fairbanks North Star Borough MOA -Municipality of Anchorage USPHS - US Public Health Service	

Appendix 2

**BIOTERRORISM
(CONT.)**

	RESPONSIBILITY/TASK	TASK ORG
Disaster Emergency	·Open a departmental EOC.	DHSS/DPH,
	·Develop agent specific response plans to be implemented by the SECC, to include plans for mass inoculations, if necessary.	DHSS/DPH, DMVA/DHS&EM
	·Make recommendations to the MAC Group with regard to isolation quarantines, evacuations, and airport closures.	DHSS/DPH, DLAW, DMVA/DHS&EM, FAA, Affected Jurisdictions
	·If necessary, coordinate casualty distribution among Alaska’s hospitals and between Alaska and other EMAC states.	DHSS/DPH, DMVA/DHS&EM
	·Make a recommendation to the MAC Group regarding deployment of the Strategic National Stockpile (SNS).	DHSS/DPH
	·Be prepared to provide support to local jurisdictions statewide.	DMVA/CST, DMVA/AKNG, DNR/DOF, DHSS/DPH, USPHS, CDC, MOA, FSNB
	·Provide representatives for local Unified Commands and to local MAC Groups, as required.	DHSS/DPH
	·Prepare to provide site security.	DMVA, DPS, Affected Jurisdictions
	·Develop a plan for handling contaminated human remains.	DHSS/DPH, DEC, DMVA/DHS&EM

Appendix #3

MASS CASUALTY

PRIMARY FUNCTIONAL RESPONSIBILITY: DEPARTMENT OF HEALTH AND SOCIAL SERVICES

PURPOSE: To reduce the loss of life and injury severity in mass casualty incidents.

	RESPONSIBILITY/TASK	TASK ORG
Pre-Disaster	·Encourage and foster mutual aid agreements within the medical community.	DHSS/DPH, DMVA/DHS&EM
	·Maintain resource lists of basic medical assets available within Alaska.	DHSS/DPH
	·Coordinate activation of the MAC Group, if warranted.	DMVA/DHS&EM
Disaster Emergency	·Implement appropriate elements of the State of Alaska Mass Casualty Plan or local mass casualty plans.	Local Jurisdictions, SECC, DHSS/DPH Affected Jurisdictions
	·Inform local medical agencies, AST and SECC of event severity and resource needs.	DHSS/DPH
	·Activate DHSS/DPH EOC.	DHSS/DPH
	·Provide DHSS/DPH liaison to SECC.	Affected Jurisdictions
	·Set up triage at incident.	Hospitals, Affected Jurisdictions
	·Implement internal/external hospital disaster plans.	DHSS/DPH
	·Coordinate transport of injured (both within Alaska and to the lower 48).	

Appendix 3 Cont.**MASS CASUALTY
(Cont.)**

RESPONSIBILITY/TASK	TASK ORG
<p>Make a recommendation to the MAC Group regarding the Strategic National Stockpile, Disaster Medical Assistance Teams and Disaster Mortuary Teams.</p> <p>·Order lower 48 medical resources, if required.</p> <p>·Provide a patient/casualty tracking service.</p> <p>·Activate State Mental Health Plan, provide/coordinate critical stress incident management and other emergency mental health services.</p> <p>·Provide notification of next of kin for injured and deceased.</p>	<p>DHSS/DPH</p> <p>SECC</p> <p>Affected Jurisdictions, Hospitals, Transport Agencies, DHSS/DPH</p> <p>DHSS/DBH</p> <p>DPS/PIO</p>

COORDINATION FOLLOWING MASS CASUALTY INCIDENTS

- Hospitals, impacted by the mass casualty incident, should keep Local Emergency Coordination Centers (LECCs) apprised of their status periodically, at least every two hours.
- When hospitals and other medical facilities anticipate or reach saturation with injured or ill victims, the LECC should notify the State Emergency Coordination Center.
- After notification that one or more hospitals are reaching saturation, the SECC then should contact hospitals with surgical capabilities in minimally or unimpacted communities to determine the number of severely injured victims they can accept.
- The SECC then should contact air medical resources through the state Rescue Coordination Center (RCC), including air ambulance services, National Guard, Coast Guard, or military services, as needed, to arrange transportation of injured victims.
- The nearest major airport to the multiple or mass casualty incident should be contacted to arrange a staging area for injured victims and for arrival and departure of air medical resources. A large hangar should be designated for the staging area, preferably heated in cold weather.
- The SECC then should notify LECCs to advise prehospital emergency medical responders to begin transporting injured victims to designated airport staging areas rather than to saturated local hospitals.
- When it appears that all major medical facilities in Alaska will exceed capacity, the State ECC should contact the National Disaster Medical System at (800) USA-NDMS, to begin making arrangements to transport patients to hospitals outside Alaska. This may involve use of National Guard and military aircraft.
- In consultation with LECCs and hospitals, the SECC should make a determination regarding requests for Disaster Medical Assistance Teams (DMATs) through NDMS, and should advise NDMS on the types of medical personnel or equipment needed.
- As aircraft begin transporting patients to out-of-state facilities, they may be requested by the SECC to pick up needed medical personnel and/or supplies for their return trips to Alaska.

Depending upon the promptness and effectiveness of the response from NDMS, the SECC may choose to coordinate with Harborview Trauma Center in Seattle through Airlift Northwest Air Ambulance Service, at (206) 223-8377, to coordinate with receiving hospitals and medical transport services in the Seattle area

Appendix #4

HUMAN SERVICES

PRIMARY FUNCTIONAL RESPONSIBILITY: DEPARTMENT OF HEALTH AND SOCIAL SERVICES

PURPOSE: To protect a variety of human services during disaster emergencies.

	RESPONSIBILITY/TASK	TASK ORG
Disaster Emergency	25	
	·Activate the DHSS EOC.	DHSS/DPH
	·Provide DHSS Liaison to SECC.	DHSS/DPH
	·Coordinate the use of emergency medical, health care, public health and mental health resources.	DHSS/DPH
	·Provide technical assistance to control disease and identify public health hazards.	DHSS/DPH, DEC
	DOR -Alaska Department of Revenue DHSS/DBH -State Division of Behavioral Health	

**HUMAN SERVICES
(CONT.)**

RESPONSIBILITY/TASK	TASK ORG
·In coordination with affected communities, provide notification to the public about air quality and contamination of drinking water, food resources, and agricultural products.	DEC, DNR, DEED, DHSS/DPH,
·Provide healthcare information and clinic support to health care providers through the Health Alert Network (HAH).	DHSS/DPH
·Assist those providing assistance to victims requiring special care.	DHSS/DPH
·Arrange for disaster related education or specialized vocational training.	DEED
·Assist in disaster relief matters involving occupational health and safety.	DOL, DHSS/DPH
·Use employment services to identify a potential disaster relief work force and operate the unemployment insurance program.	DOL
·Assist communities in assessing the socio-economic impacts and develop remedial plans to continue government services.	DCED, DOR
·Provide State grants to communities as required.	DCED, DEC
·Provide assistance in obtaining rebuilding funds and technical support.	DOR

**AGENCY FUNCTION CHART
(State of Alaska Emergency Response Plan)**

P = Primary Responsibility S = Support Responsibility AGENCIES	FUNCTIONS	Coordination & Control	Communications	Warning	Public Safety	Human Services	Public Works	Natural Resources	Damage Assessment	Finance & Administration	Radiological Protection
Governor		S									
EOC (SECC) State Area Commander		S								S	
EOC (SECC) Operations		S			S	S	S		S		
EOC (SECC) Plans		S	S								
EOC (SECC) Logistic		S	S								
EOC (SECC) Finance										S	
AK Dept of Military & Veteran Affairs		P	P	P	S	S	S	S	P	P	P
AK Dept of Administration			S						S	S	
AK Dept of Commerce & Economic Development			S				S		S		
AK Dept of Community & Regional Affairs						S	S		S		
AK Dept of Corrections					S						
AK of Education						S					
AK Dept of Environmental Conservation			S	S	S	S	S	S	S		S
AK Dept of Fish & Game					S			S	S		
AK Dept of Health & Social Services						P			S		S
AK Dept of Labor						S					S
AK Dept of Law										S	
AK Dept of Natural Resource				S		S		P	S		
AK Dept of Public Safety					P						
AK Dept of Revenue						S					
AK Dept of Transportation & Public Facilities					S		P		S		
Office of Management & Budget										S	
National Warning Center				S							
AK Earthquake Information Center				S							
National Weather Service				S							
AK Tsunami Warning Center				S							
AK Volcano Observatory				S							
American Red Cross						S			S		
Civil Air Patrol					S				S		S
NAWAS State Area Warning Points				S							
Corps of Engineers									S		

**RESPONDING TO THE STATE EMERGENCY
COORDINATION CENTER**

In a state or federally declared disaster, the Department of Health and Social Services may be asked to provide staff or designees to represent the department at the State Emergency Coordination Center (SECC). The center is located at the Alaska National Guard Armory on Fort Richardson in Anchorage, and is designed to support federal and state disaster representatives. The center facilitates interaction between local, state and federal disaster response officials under the incident command system.

Some Anchorage based DHSS personnel may be designated to respond to the SECC to temporarily represent the department while other department disaster response/recovery personnel travel from Juneau to the SECC.

Work Related Equipment and Supplies to Bring to the SECC

- Portable Computer with fax/modem
- Cellular Telephone
- Reference Materials:
 - State and Federal Emergency Response Plans
 - Department (DHSS) Emergency Disaster Response and Recovery Guide
 - Department (DHSS) Telephone Directory
 - State of Alaska Telephone Directory
 - Alaska Emergency Medical Services Directory
 - Other resources dictated by nature of event

Equipment and Supplies Likely to be Present at the SECC

- One desktop computer connected to the First Class electronic mail/file system used for disaster management.
- Two voice telephone lines
- One voice grade telephone line for fax and data
- Work space for two to four department representatives

APPENDIX #7

***FEDERAL EMERGENCY SUPPORT FUNCTIONS
(ESFS)***

- **ESF #1** – Transportation
- **ESF #2** – Communications
- **ESF #3** – Public Works and Engineering
- **ESF #4** – Firefighting
- **ESF #5** – Information and Planning
- **ESF #6** – Mass Care
- **ESF #7** – Resource Support
- **ESF #8** – Health and Medical Services
- **ESF #9** – Urban Search and Rescue
- **ESF #10** – Hazardous Materials
- **ESF #11** – Food
- **ESF #12** – Energy

Department of Health and Social Services

Standard Operating Procedure

Disaster Response Mobilization

H&SS Disaster Response Personnel:

Name	Title	Phone Number	Normal Work Location

Response to Emergency Duty Stations:

In the event of a disaster which is likely to result in the activation of the State Emergency Coordination Center (SECC) at Fort Richardson, Anchorage based H&SS disaster response personnel may be requested to report for duty at the SECC.

Juneau based H&SS disaster response personnel may be requested to make arrangements to travel as quickly as possible to the Fort Richardson SECC and will, if travel will be delayed, report to their offices to provide assistance by telephone, e-mail and fax until the time of travel.

Identification:

Department representatives will request and be issued disaster identification cards through the Alaska Division of Homeland Security and Emergency Services, Department of Military and Veterans Affairs.

Communications:

Representatives of the Department of Health and Social Services will be equipped with a cellular telephone and will use communications capabilities existing within the SECC to communicate with key department representatives outside the SECC. The department may identify a location to be used as an Emergency Coordination Center for the department.

APPENDIX # 9

PERSONNEL CONTACT LIST

<u>Department of Health and Social Services:</u>	Office	Home	Cell
Commissioner: Joel Gilbertson	465-3030	790-1006	321-2839
Deputy Commissioner: Karleen Jackson	465-3030	364-2480	727-5201
Deputy Commissioner: Tony Lombardo	465-3030	563-3316	321-5257
Special Assistant: Sherry Hill	465-3030	523-1016	321-2838
<u>Finance & Management Services:</u>			
Assistant Commissioner: Janet Clarke	465-3082	790-1875	321-1632
Facilities: Larry Streuber	465-1870	789-7606	321-6100
<u>Division of Public Health:</u>			
Director: Richard Mandsager, MA	465-3090	345-3721	321-0638
Health Program Manager IV: Deborah Erickson	465-3090 or 465-8615		
Health Social Services Planner II: James Mackin	269-2040	345-3342	748-3978
<u>Section of Community Health and Emergency Medical Services:</u>			
Acting Chief: Deborah Hull-Jilly	269-8078		351-9121
EMS Unit Manager: Kathy McLeron	465-3027 or 465-2262		351-0222
Public Health Specialist: Doreen Risley	465-3027 or 465-8633		
<u>Section of Nursing:</u>			
Chief: Nancy Davis	465-3150		
Deputy Chief: Rhonda Ritchmeier			
<u>Section of Epidemiology:</u>			
Chief: John Middaugh, MD	269-8000		
Public Health Medical Specialist: Beth Funk, MD	269-8000		
<u>Medical Examiner:</u>			
Chief: Franc Fallico, MD	269-5690 (24 hour)		
Deputy:	269-5690		
<u>Laboratories:</u>			
Chief: Bernd Jilly, DrPH	269-7941		
Director of Radiology: Clyde Pearce	269-7911		
Director of Bacteriology:	274-1602		
Director of Virology:	474-6060		

Vital Statistics:

Chief: Al Zangri 465-8606

Office of Children's Services:

Deputy Commissioner Marcia Kennai 465-3011 790-9694 321-0658

Administrative Manager: Debi Wahl 465-2203 790-2702 321-2098

Division of Health Care Services:

Director: Dwayne Peoples 465-3355 586-3383 321-5483

Division of Behavioral Health:

Director: Bill Hogan 465-3370 746-2555 321-8761

Division of Public Assistance:

Director: Kitty Farnham 269-7930 632-0615

Administrative Manager: Ellie Fitzjarrald 465-5847 321-5258

Senior & Disabilities Services

Director: Steve Ashman Juneau 465-3165 586-1506 441-4952

Anchorage 269-3655 694-9376

Longevity Program

Director: Virginia Smiley 465-4422 586-2231 321-4579