

ANNEX 5: PUBLIC HEALTH, MEDICAL, AND MORTUARY

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PUBLIC HEALTH, MEDICAL, AND MORTUARY

PURPOSE, SITUATION, AND ASSUMPTIONS

Public health and medical officials at all levels of government along with private providers must be prepared to address sudden and unexpected demands for services that may exceed readily available resources. Public and private health and medical resources in the affected jurisdictions will generally be available, but most will be adversely impacted. Emergency measures to protect life and health during the first 12 to 24 hours of an emergency situation will primarily depend upon local and regional resources. Mass casualty incidents that result from natural or manmade disasters, would be beyond the response capability of local government. In addition to large numbers of sick, injured, and/or potentially exposed, an incident may result in a large number of “worried well.” The situation may also result in a large number of fatalities, posing additional problems to the processes of recovery, examination, identification, and disposition of remains. The state would be called upon to supplement the capabilities of local jurisdictions and provide rapid quality care to the ill, injured, or exposed/contaminated.

It may be necessary to relocate hospital facilities or increase hospital bed capacity with contingency field facilities, including other sites capable of providing patients and medical personnel adequate protection from the effects of the hazard(s). The New Mexico Modular Emergency Medical System (NM-MEMS) will be implemented to provide surge capacity using Alternate Outpatient Care Areas or Alternate Inpatient Care Areas. Medically trained volunteers will come forward and be assigned to help perform essential tasks; their efforts must be anticipated and coordinated. These volunteers shall be credentialed by the New Mexico Department of Health (NMDOH) or other professional medical entities.

The Public Health, Medical, and Mortuary Annex will be implemented when circumstances exist that create an actual or potential public health or medical emergency and when the New Mexico Emergency Operations Center (NMEOC) is activated to coordinate the efforts of state agencies, departments and resources under the New Mexico Emergency Operations Plan. The Medical Branch within the NMEOC Operations Section will undertake the following activities:

- Coordination of personnel, facilities, supplies, and equipment
- Collecting, evaluating, and disseminating public health surveillance information
- Maintaining public health through disease prevention and control
- Coordination of public information regarding health risks/education/services
- Management of mass fatalities
- Coordination with local, state, federal, and tribal response entities
- Coordination with non-governmental and private sector providers/entities

CONCEPT OF OPERATIONS

The public health, medical, and mortuary services and support provided by the State of New Mexico involve a complex array of activities, agencies and circumstances. Provision of these services and support under the New Mexico Emergency Operations Plan is conducted using a phased approach. This ensures that resources and staffing are in place to accomplish the operational objectives.

The Department of Health (DOH) maintains public health and medical situational awareness through a twenty-four (24) hour on-call program by the Epidemiology and Response Division. The DOH on-call program coordinates information exchange and resources with DOH Regional Public Health Offices and their Local Public Health Offices, health care providers, and local and federal officials. The Epidemiology and Response Division, Infectious Disease Epidemiology (IDE) Bureau is responsible for detection of:

- Reportable diseases;
- Major disease outbreaks;
- Biological terrorism; and,
- Disease threats caused by animal vectors.

These systems become the backbone for public health and medical response and are integrated seamlessly into the Emergency Operations System.

Department of Health on-call personnel report information and requests for assistance to the Department of Homeland Security and Emergency Management (DHSEM) Watch Officer or NMEOC personnel as the situation warrants. Depending on the results of this interactive process, a decision is made regarding the activation of this Annex, including the development of applicable operational objectives and appropriate operational framework. These functional capabilities continue within the activated EOC.

Response Framework

The focal point for coordination of services and support under Annex 5 is the NMEOC Operations Section. The EOC Operations Section Chief works with the New Mexico Department of Health (NMDOH), EOC Agency Representative (EOCR) to establish the operational objectives and determine the response framework. The response framework includes all involved critical facilities, the response structure and describes the integration of local, state, federal, private and non-government entities.

Pursuant to the Public Health Emergency Response Act (PHERA), the Governor may issue an enhanced Public Health Advisory by Executive Order if a public health emergency may occur and the conditions for a health emergency exist. Prior to this issuance, the Governor will consult with the state's Secretary of Health, Secretary of Public Safety and Governor's Director of Homeland Security and Emergency Management. A civil emergency will be declared in conjunction with a public health emergency.

When a Public Health Emergency is declared, the State of New Mexico has the following legal options available:

- Isolation or quarantine of individuals;
- Utilizing, securing or evacuating health facilities for public use; and,
- Inspection, regulation or rationing of health care supplies.

Coordination of Personnel, Facilities, Supplies, and Equipment

Emergency Medical Systems (EMS): Account for inter-local mutual aid and arrange for deployment of additional emergency medical services when local government has exhausted its ambulance and Emergency Medical Technician (EMT) resources – including those available through local mutual aid agreements and contracts. Local EMS personnel will assess and coordinate initial mutual aid response efforts. When local government has exhausted its emergency medical system resources (e.g., personnel, ambulances), including those available regionally and through contracts, assist local officials with deployment of additional resources.

Hospitals, Urgent Care Centers, Clinics and Nursing Homes: Coordinate and assist local governments and hospitals in locating additional staffed bed space when hospitals, nursing homes, urgent care centers, clinics, etc. are nearing the point of exhausting staffed bed space or when they are forced to evacuate. The EMS system is the primary tool for assessing needs and identifying alternatives and assessing resources including bed space availability and identification of alternatives.

Behavioral Health Services: Assess the psychosocial needs of individuals who may require emotional support and/or behavioral health care services and coordinate the provision of services to disaster survivors. Coordinate and respond to requests for psychosocial services initiated by entities within the response framework. Deployment of behavioral health emergency work force is performed via the NMServes Registry, comprised of individual health professionals who have indicated their willingness to provide services in a public health emergency and those working via affiliation with other agencies.

New Mexico Crisis Response Team: The New Mexico Crisis Response Team provides Critical Incident Stress Management services to public safety and emergency medical services personnel.

Pharmaceutical Supplies: Coordinate with the NMDOH Pharmacy, the NM Poison and Drug Information Center, and State Board of Pharmacy, and Indian Health System pharmacy to locate existing in-state pharmaceutical supplies that are available to support response efforts. Implement the State of New Mexico Strategic National Stockpile (SNS) Plan which may include the SNS "Push Pack," Vendor Managed Inventory (VMI) or Chempacks. The SNS Task Force will be activated. Responsibilities include requesting, receiving, storing, distributing, dispensing, and recovering the contents.

New Mexico Modular Emergency Medical System (NM-MEMS): NM-MEMS is a system for delivery of care during overwhelming patient surge conditions or when a catastrophic emergency or disaster significantly overwhelms medical resources. It addresses the following primary functions:

- Alternate Outpatient Care Area(s)
- Alternate Inpatient Care Area(s)
- Casualty Transport System(s)
- Community Outreach Effort(s)
- Psychosocial Network(s)

NM-MEMS provides protocols for integrating related emergency functions, including incident management, risk communication and emergency public information, point of dispensing sites, communications interoperability, patient transportation system, community outreach network, psychosocial network, and fatality management. Existing health sector systems and the New Mexico MEMS model provide guidelines for patient tracking, patient flow, isolation and quarantine.

Collecting, Evaluating, and Disseminating Public Health Surveillance Information

NMDOH Infectious Disease Epidemiology (IDE) Bureau is the primary state entity for surveillance to detect and respond to infectious disease outbreaks (humans/animals), reportable infectious diseases and bioterrorism events that affect the public's health.

IDE Bureau conducts investigations of infectious diseases and other conditions of public health significance to determine the extent of the problem, identify risk factors, identify potential means to control and prevent spread of the disease, determine when the emergency is over and assist in recovery efforts.

NMDOH's Scientific Laboratory Division (SLD), in collaboration with other state and local agencies, conducts and coordinates analysis of air, tissue, food, and water to identify chemical or biological agents to assist with the prevention, control, and treatment of disease.

The Health Alert Network (HAN)/Citywatch will be used to disseminate health-related and deployment alerts and advisories to health professionals, appropriate stakeholders and other emergency responders throughout New Mexico.

Maintaining Public Health Through Disease Prevention and Control

In accordance with recommendations from Infectious Disease Epidemiology (IDE) Bureau, Public Health Division Regional Health Offices will administer mass prophylaxis and immunizations to responders and the public at Points of Dispensing (POD) during biological incidents. POD sites will be staffed by NMDOH Regional Public Health employees with augmentation from the public and private agencies.

Coordinated Public Information Regarding Health Risks

Develop and disseminate public information and risk communication materials and messages because informed dialogue and consideration of community concerns facilitates effective policy and decision

making. Health risk communication is a two-way exchange between the state and the public. While risk communication supports a consensus building process, it is not designed to eliminate dissent. Risk communication is considered successful only to the extent that it improves and increases the base of accurate information that decision makers use and it promotes the goal of a fully informed public based on available knowledge.

These principles are reflected in Annex 1 Warning and Emergency Public Information (WEPI) and the NMDOH Emergency Operations Plan. NMDOH provides risk communication and public information in various languages and conducts outreach to populations with special communication needs. Utilizing information provided through the WEPI system, the New Mexico Poison and Drug Information Center will provide public information when responding to requests from public and private health care providers.

Management of Mass Fatalities

In the event of a health emergency with fatalities, immediate notification will be made to the Office of the Medical Investigator's (OMI) local representative or Field Deputy Medical Investigator (FDMI). As initial responders to a disaster scene, local agencies will have the primary responsibility of integrating the OMI response in the field, securing the scene and removing survivors. OMI personnel initiate the response protocol, make an initial assessment, and coordinate with the NMEOC for complex and extended operations.

It should be understood that a health emergency with fatalities is considered a crime scene, including natural disasters, as the potential for foul play exists. By state statute, this requires a response and investigation by the appropriate law enforcement agency and the NM OMI (24-11-5 NMSA 1978).

If it is necessary to establish one or more disaster morgues or activate the Disaster Mortuary Operational Response Teams (DMORT), OMI will directly coordinate the requirements with DHS/FEMA, funeral services, and local and state operations. OMI may request the Scientific Lab Division (SLD) to assist in providing chemical or biological analysis during autopsies.

Recovery of Remains and Personal Effects: Once the site of the emergency is declared safe, OMI will use all available resources to ensure the development, coordination, and implementation of a plan to document and recover evidence, human remains, and personal effects.

Examination of Remains: OMI is responsible for the safety and security of all recovered human remains and personal effects. OMI will identify personnel and resources to collect, examine, document, store, and transport all recovered human remains and personal effects.

Identification and Release of Remains: OMI will continue to hold remains/personal effects until identifications have been made. OMI will initiate death certificates and release remains and personal effects as required by law.

Working with Victims' Families: OMI will ensure communication with deceased members' families is established so information can be collected and disseminated among appropriate agencies. OMI has limited grief counseling services available for families; however, other resources will be assigned to assist in this area.

Coordination with Federal Support

In the National Response Plan (NRP) Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for federal assistance to supplement state, local, and tribal resources in response to public health and medical care needs (to include veterinary and/or animal health issues when appropriate).

In a catastrophic incident, as defined by the NRP, it is expected that the federal government or other national entities will provide expedited assistance with decontamination; public health and medical support; medical equipment and supplies; and, casualty and fatality management and transportation. See Appendix B Catastrophic Incident Appendix for further information.

As the primary agency for ESF #8, the Department of Health and Human Services (DHHS) coordinates the provision of federal public health and medical assistance to fulfill the requirements identified by the affected state, local, and tribal authorities. ESF #8 uses resources primarily available from DHHS, including the Operating Divisions and Regional Offices; the Department of Homeland Security (DHS); and other ESF #8 support agencies and organizations.

ESF #8 provides assistance in identifying and meeting public health and medical needs in the following functional areas:

- Assessment of public health/medical needs – including behavioral health and public health care system/facility infrastructure
- Public health surveillance – enhancing existing surveillance systems to monitor the health of the general population and special high-risk populations, carrying out field studies and investigations, monitoring injury and disease patterns and potential disease outbreaks, and providing technical assistance and consultations on disease and injury prevention and precautions
- Medical care personnel – providing immediate medical response capabilities with assets internal to HHS and from ESF #8 supporting organizations
- Medical equipment and supplies – while deploying assets from the Strategic National Stockpile (SNS), HHS may request the provision of medical equipment and supplies, including medical, diagnostic, and radiation-emitting devices, pharmaceuticals, and biologic products to support immediate medical response operations and restock health care facilities in the affected area. When it appears there may be a need for the Strategic National Stockpile (SNS) the New Mexico SNS Plan will be implemented beginning with the Request Function.
- Patient Evacuation
- Patient Care – HHS may task its components, the Medical Reserve Corps, and others to provide available personnel to support inpatient hospital care and outpatient services regardless of location (which may include mass care shelters)
- Safety and Security of Human Drugs, Biologics, Medical Devices, and Veterinary Drugs, etc.
- Blood and Blood Products
- Food Safety and Security – HHS, in cooperation with ESF #11, may task its components to ensure the safety and security of federally regulated foods
- Agriculture Safety and Security –HHS, in coordination with ESF #11, may task its components to ensure the safety and security of food-producing animals, animal feed, and therapeutics

- Worker Health/Safety
- Public Health and Medical Consultation, Technical Assistance, and Support
- Behavioral Health Care – HHS may task its components to assist in assessing mental health and substance abuse needs; provide disaster mental health training materials for workers; provide liaison with assessment, training, and program development activities undertaken by federal, state, local, and tribal mental health and substance abuse officials; and, provide additional consultation as needed.
- Public Health and Medical Information – HHS may task its components to provide public health, disease, and injury prevention information that can be transmitted to members of the general public who are located in or near areas affected
- Vector Control – HHS may task its components and request assistance from other ESF #8 organizations, to assist in assessing the threat of vector-borne diseases; conducting field investigations; providing vector control equipment and supplies; providing technical assistance and consultation on protective actions; and, providing technical assistance and consultation on medical treatment
- Potable Water/Wastewater and Solid Waste Disposal
- Victim Identification/Mortuary Services – HHS may request DHS and DOD to assist in providing victim identification and mortuary services; establishing temporary morgue facilities; performing victim identification by fingerprint, forensic dental, and/or forensic pathology/anthropology methods; and, processing, preparation, and disposition of remains
- Protection of Animal Health – protects the health of livestock and companion animals by ensuring the safety of the manufacture and distribution of foods and drugs given to animals used for human food production, as well as companion animals.

ORGANIZATION AND RESPONSIBILITIES

Primary Agencies

New Mexico Department of Homeland Security and Emergency Management (NM DHSEM):

- Activates the State EOC and provides Direction and Control for state response under this annex
- Coordinates functions in support of public, medical, and mortuary operations through the NMEOC
- Provides centralized coordination of information related to public, medical, and mortuary operations
- Tasks state agencies or other emergency management partners, as needed, to support public, medical, and mortuary operations.

New Mexico Department of Health (NMDOH):

NMDOH is the primary state agency point of contact for all public health and medical related needs during an emergency/disaster and for coordinating health service requirements for populations with special health requirements in accordance with the National Incident Management System (NIMS). The Secretary of Health has designated the NMDOH EOC Representative (EOCR) as the single point of contact within NMDOH for emergency response coordination resulting from natural, human-made or bioterrorism emergencies or disasters.

The NMDOH Department Operations Center (DOC) may be activated to coordinate health and medical response activities. The five regional NMDOH Regional Public Health Offices may activate Command Posts using principles of ICS to coordinate public health response activities within their respective regions.

NMDOH Long Term Care Facilities may also establish Incident Command Posts to manage internal emergencies and will use ICS.

Epidemiology and Response Division (ERD) – Has overall responsibility for public health emergency awareness, preparedness, protection, prevention, response, and recovery training of NMDOH personnel. ERD is responsible for overall coordination of NMDOH health emergency response activities in accordance with National Incident Management System (NIMS).

Bureau of Health Emergency Management (BHEM) – The primary office for health and safety emergency management and response within NMDOH. BHEM is responsible for coordinating health and medical response issues within NMDOH and with other state, federal, and local governments as necessary.

Infectious Disease and Epidemiology (IDE) Bureau – The primary entity with responsibility for infectious disease outbreaks. It is responsible for coordinating infectious disease-related matters within NMDOH and with other state, federal, or local governments during emergencies/disasters.

Long-Term Services Division (LTSD) – Responds to emergencies/disasters that directly affect residents served by NMDOH contractors and those served by NMDOH managed long term care facilities for special populations including Ft. Bayard Medical Center and the NM State Veterans Home. Residents of these facilities are normally frail, elderly, or disabled and require special care during or following a disaster. Assists in coordination of evacuation, transportation and placement of the residents of long term care facilities in the event that an evacuation is required.

Public Health Division (PHD) – Through Regional Public Health Offices provides public education, prophylaxis and immunizations for the prevention of communicable diseases. Coordinates with other public health agencies to ensure adequate support is available during emergency or disaster operations. Local Health Office personnel respond to local government EOCs when requested to assist in the coordination of health and medical response to public health emergencies.

Scientific Laboratory Division (SLD) – Provide testing of biological, chemical, and environmental samples in accordance with current CDC protocols. Provide just-in-time training to laboratories around the state on protocols for handling and transporting laboratory specimens.

Office of the Medical Investigator (OMI) – Designated as lead agency which provides for the management of mass fatality disasters.

- Coordinates with the State Police and authorizes the removal of human remains. Assists the Incident Commander (IC) as a primary responder for removal and disposition of human remains after living casualties are removed from the area and further life threats are contained.
- Establishes temporary morgues at the disaster scene and coordinates with other state agencies

for transportation of the deceased to these morgues. OMI manages disaster scene morgue activities.

- Coordinates with appropriate state and national organizations for support in the identification, recovery, and preservation of remains.
- Initiates the processing of death certificates. The NMDOH Vital Records and Statistics Bureau issues death certificates.
- Coordinates with the American Red Cross and other state and national organizations to assist in the notification of next of kin, and to provide support to relatives of the deceased.
- Compiles lists of missing persons.

Human Services Department – Point of contact for psychosocial health related needs during an emergency/disaster.

Behavioral Health Services Division (BHSD) – Coordinates State-provided behavioral health services, including psychosocial support services in response to emergencies and disasters. (See NTSB Federal Family Assistance Plan for Aviation Disasters.) Manages State long term care and residential facilities including the Las Vegas Medical Center, NM Rehabilitation Center, Sequoyah Adolescent Center, and Turquoise Lodge.

Support Agencies and Organizations

New Mexico Environment Department (NMED) – Coordinates and provides support on public and environmental health issues through bureau structure. May assist in surveillance and sampling efforts and provide technical information on human health and the environment. Issues include:

Air Quality	Hazardous Waste
Drinking Water	Radiation Control
Groundwater	Occupational Health & Safety
Surface Water	Liquid Waste
Solid Waste	Petroleum Storage Tanks

American Red Cross (ARC) – Coordinates on public health and medical resources in mass care and sheltering operations. Provides capability to conduct behavioral health/stress interventions. Assists in the location of family members through the Disaster Welfare Inquiry System. The primary agency for mental health response to aviation disasters under the National Transportation Safety Board (NTSB) Federal Family Assistance Plan for Aviation Disasters.

Public Regulation Commission - Responsible for the maintenance and revision of the Regulations for Ambulance and Medical-Rescue Services for patient transport services and during emergency/disaster situations has the waiver authority for required ambulance/medical rescue vehicle equipping staffing and certification.

New Mexico National Guard – May provide Aeromedical and ground medical transportation. The 64th Civil Support Team (CST) provides field response and assistance in testing, identification, and transport of WMD chemical and biological agents. Provides suggested treatment guidelines for victims of WMD exposure/contamination. Provides forces and equipment in support SNS operations.

New Mexico State Police – Coordinates and provides security services for critical public health facilities and locations as well as private health care facilities. Supports critical SNS security operations.

New Mexico Department of Agriculture – Provides hazard analysis and vector control for crops and farm animals in a disaster. Assists in the coordination of care for livestock during emergencies/disasters.

Veterinary Diagnostic Services – Provides diagnostic services to prevent the spread of disease from contaminated animals.

New Mexico Livestock Board & State Veterinarian's Office – Monitors safety of meat and meat products for human consumption.

Hospitals – Forty-one hospitals (including federal facilities) provide local workforce and medical services during and after a disaster. Hospitals are critical infrastructure and incident facilities within the overall response framework. Hospitals are expected to coordinate at the local level and through the NM-MEMS to meet surge capacity needs regionally and statewide.

Regulation and Licensing Department

New Mexico Board of Medical Examiners – Provides a database for physicians who may provide additional staffing and expertise in case of an emergency/disaster situation. The database includes specialty and individual contact information. Coordinates for verification of credentialing and/or certification of physicians. Provides physician information for inclusion in the Health Alert Network (HAN)/Citywatch database for the purpose of emergency notification in the event of a Health and Safety emergency or disaster.

Board of Nursing – Provides a database for nursing resources that may be willing to assist in emergency medical services during a disaster. The database includes specialty and contact information. Coordinates for verification of credentialing and/or certification of nurses. Provide nurse information to BHEM for inclusion in the Health Alert Network (HAN)/Citywatch database for the purpose of emergency notification in the event of a health and safety emergency or disaster.

Board of Pharmacy – Maintains a database that contains information and statewide listings of pharmacies and pharmacists. Rapidly determine current levels of pharmaceuticals on a statewide or regional level. Coordinates for verification of credentialing and/or certification of pharmacists. Provide pharmacists information to the Bureau of Health Emergency Management (BHEM) for inclusion in the Health Alert Network (HAN)/Citywatch database for the purpose of emergency notification in the event of a Health and Safety emergency or disaster.

University of New Mexico

School of Medicine/Center for Disaster Medicine – Provides emergency medically trained personnel, medical supplies, and equipment by activating their Disaster Medical Assistance Team(s) (DMAT).

Health Sciences Center - Operates University Hospital, the only Level One Trauma Center in New Mexico. Provides helicopter and fixed-wing patient air transportation.

New Mexico Poison and Drug Information Center –

- Assists in disseminating public information and risk communication.
- Assists in the development of a population risk assessment and response for potential mass poisoning exposure.
- Provides a computerized database for clinical effects of potential HAZMAT emergencies/disasters.
- Assists in tracking the clinical course of patients exposed to HAZMAT materials and assists physicians with evaluating treatment options.
- Provides an emergency medical hotline for health and medical providers and the general public to inform them of the correct actions to take if it is suspected that they have been exposed to or contaminated by a chemical or radiological agent.
- Maintains a statewide inventory of in-state pharmaceutical supplies for use during major disease outbreaks and HAZMAT and/or WMD incidents.

ATTACHMENTS, APPENDICES, and REFERENCES

References

Department of Health Act, Sections 9-7-1, et seq., NMSA 1978

Public Health Emergency Response Act (PHERA), Sections 12-1 0A- 1, et seq., NMSA

All Hazard Emergency Management Act, Sections 12-10-11 through 13, NMSA 1978, re: shared responsibility with DPS to approve in-state & out-of-state volunteers

Public Health Act, Sections 24-1-1, et seq., NMSA 1978

Emergency Medical Services Fund Act, Sections 24-10A-2, et seq., NMSA 1978

Emergency Medical Services Act, Sections 24-10B-1, et seq., NMSA 1978

Medical Investigations, Sections 24-11-1 to 24-11-10, NMSA 1978

Disposition of Dead Bodies, Sections 24-12-1 to 24-12A-3, NMSA 1978

Burial of Indigents, Sections 24-13 -1, et seq., NMSA 1978

New Mexico Modular Emergency Medical System Standard Operating Guide

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