

Emergency Medical Services Functional Annex

Updated: September 10, 2024

I. PURPOSE

These operating procedures assist the general public by administering medical services during a natural, man-made, or technological emergency.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. Most emergencies can lead to physical harm or bring about other internal medical problems.
2. A well-planned medical support network is essential during emergencies.
3. Depending on the nature of the incident, complications may include traumatic injury or even death.
4. Alexander County does not have any hospital facilities. The four surrounding counties are the locations of our closest hospital facilities. (1) Catawba County (South): Catawba Valley Medical Center and Frye Regional Medical Center; (2) Wilkes County (North): Wilkes Regional Medical Center; (3) Caldwell County (West): Caldwell Memorial Hospital; and (4) Iredell County (East): Iredell Memorial Hospital. Residents requiring care in the hospital setting are referred or transported to these facilities.
5. Alexander County has one Health Department (ACHD), one urgent care center (Urgent Care of Mountain View), and multiple primary care facilities.
6. Alexander County EMS services are provided by the County and include three Emergency Medical Service stations in Taylorsville, Bethlehem, and Sugar Loaf, providing advanced life support (ALS) services; one Rescue Squad with EMS Basic Life Saving (BLS) capability; and eight volunteer fire departments with numerous volunteer firefighters that are trained as EMTs and Medical First Responders.
7. Carolinas Medical Center (Charlotte) and NC Baptist Hospital (Winston) are the nearest Level I Trauma Centers.
8. Medical Flight service in Alexander County is provided by; MEDCENTER AIR with Atrium Health Carolinas Medical Center with bases in Hickory NC, Concord NC, and Rock Hill SC, AIRCARE with Wake Forest Baptist Medical Center with the nearest base in Elkin, NC, and by MEDFLIGHT with Novant Health with nearest base in Salisbury, NC. These resources can be utilized for critical care patient transportation.
9. The nearest trauma center is Wake Forest Baptist Medical Center in Winston-Salem. The travel time to this facility is approximately 1 hour by road and 20 minutes by helicopter. Carolinas Medical Center in Charlotte is the second closest trauma center, and travel time is about 1 ¼ hours by road and about 21 minutes by helicopter.
10. The County (Contract) Medical Examiner is responsible for the disposition of the deceased. AC EMS also provides disposition assistance when appropriate through local medical providers.
11. A Special Needs Registry is maintained by Alexander County Emergency Management and Alexander County Health Department.

12. A listing of licensed long-term care facilities is maintained by the Alexander County Emergency Management
13. Mass casualty events could occur at various locations within the County, including but not limited to the following:
 - a. Major highways (US 64, NC 16 and NC 127)
 - b. Chemical/manufacturing plants
 - c. Alexander County Schools and CVCC Alexander Complex
 - d. Festivals, parades, concerts, and retail centers
14. Alexander EMS is dispatched by the Alexander County 9-1-1 Communications Center.
15. During storm conditions, operations of EMS and Rescue may be suspended or curtailed to protect the responders from high winds and flying debris. According to the Alexander County Policy for Response of Emergency Vehicles during Severe Weather, EMS operations are suspended at sustained winds of 39 mph.
16. The Alexander County PIO will serve as the official spokesperson for mass casualty events.
17. Disaster events involving EMS and mass care will be coordinated from the on-scene command post with resource management coordinated through the Alexander County EOC.

B. Assumptions

1. A large-scale emergency may increase demands on hospital, medical, and emergency medical transport services personnel.
2. Many minor and relatively severe injuries will be self-treated by the public.
3. People other than medical personnel will transport many injured to medical facilities.
4. EMS is most critical within the first 30 minutes of the emergency. Mutual aid assistance usually arrives after this critical period.
5. Resources available through mutual aid agreements with area and regional medical services will be provided.
6. When local resources can no longer meet the demand of the situation, State agencies will be contacted to provide additional resources and/or assume control of the response.
7. Standard operating procedures will be developed and updated to guide emergency medical responders in the treatment of patients and personnel involved with radiological and hazardous materials incidents.
8. Disruption of the County's communication systems will severely impede the delivery of EMS/rescue services, thus making it more likely that many injured persons will be transported to medical facilities by family or friends who are not trained in rescue procedures.
9. Debris and increased traffic on the limited road network may delay response.
10. A catastrophic disaster may affect large areas of the surrounding counties, making nearby medical resources unavailable. Medical resources may have to be secured from other areas of the State.
11. Following a disaster in which EMS/Rescue facilities are damaged, new bases of operation may have to be established, thus increasing the response time of the EMS and Rescue Squad units.
12. In the event of a mass casualty occurrence, the County (Contracted) medical examiner will provide for care and disposition of remains.

13. Refrigerated trucks may have to be utilized to house the bodies of mass casualty victims until identification and release to next of kin can be made.
14. In a mass casualty event, County officials will need the assistance of personnel from the Office of the State Medical Examiner and the NC Office of Emergency Medical Services.
15. Inquiries from family members of victims would overtask the ability of the Medical Examiner's office to make timely notification of next of kin. Alexander County Emergency Management would plan for a Family Reunification Center, if needed, utilizing available public health or other county staff.

III. CONCEPT OF OPERATIONS

A. General

1. Emergency operations for EMS services will be an extension of normal agency operations.
2. Coordination between EMS/Rescue providers is necessary to ensure emergency operational readiness.
3. EMS will provide field medical care as needed during emergencies and coordinate necessary medical transportation.
4. Volunteer first-aid and rescue squads serving the respective response areas will expand EMS capabilities.
5. During mass casualty incidents, EMS will establish patient triage, holding, treatment, and transportation areas.
6. When necessary, an EMS official will be located at an established command post to coordinate responding medical units and establish communication links with hospitals and the Communications Center.
7. Transfer of authority on the scene will be per established procedures.
8. Patient triage, holding, treatment, and transportation areas will be established by the EMS operations when needed.
9. When necessary, an EMS officer will be located at the EOC or command post to coordinate the incoming rescue units and establish communications links with hospitals and the County Communications Center.
10. The County Communications Center will coordinate air ambulance operations as needed.
11. Additional rescue resources may be secured through the County Emergency Operations Center or Emergency Management Coordinator if EOC is not activated.
12. Operations for mass casualty events will be coordinated by the Emergency Management Coordinator in coordination with the highest-ranking EMS officer on site and law enforcement if criminal intent is expected.
13. Alexander County EMS has two Post Overdose Response Team (PORT)/Community Paramedics that can assist. This assistance would supplement EMS crews by working a spare ambulance, serving as a QRV, providing post-overdose response and prevention, and/or providing care and services to homebound patients.
14. Temporary morgue(s) will be organized and administered by the County (Contract) Medical Examiner and/or AC Health Director, supported by funeral home staff available in the County. Functions carried out in each morgue will be dictated by the circumstances.

15. State Medical Assistance Teams (SMAT) and State Mortuary Operations Response Teams (SMORT) are available from the State Office of Emergency Medical Services via North Carolina Emergency Management.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. EMS Director

1. Establish liaison with medical facilities and coordinate with receiving hospitals. Maintain field communications with other response groups.
2. Develop EMS procedures and mutual aid agreements.
3. Maintain liaison with the American Red Cross (ARC) and other volunteer service agencies to support first aid and supplement medical resources in shelters and other disaster situations.
4. Provide for the dispatch of ambulances and the transport of victims to medical facilities.
5. Coordinate response capabilities utilizing rescue and mutual aid ambulance units.
6. Maintain a casualty tracking system.
7. Implement the Incident Command System (ICS) as needed.
8. Coordinate patient care through existing resources and disaster medical aid stations, alternate care facilities, or mobile field hospitals.
9. Coordinate fatality management in cooperation with the Health Director, County (Contract) Medical Examiner, and local/state/federal law enforcement.
10. Alexander EMS will provide staff to the EOC 24/7, as requested.

B. Medical Examiner (Contracted)

1. Respond to notifications of fatalities, if required.
2. Supervise the location and transportation of the remains of the deceased.
3. Certify the cause of death and issue death certificates.
4. Notify the next-of-kin in coordination with other authorities, and release remains and personal effects.
5. Coordinate with PIO on the issue of media advisories.
6. Assist the NC Medical Examiner's Office with multiple fatality identification.

V. DIRECTION AND CONTROL

- A. The EMS director and/or designee will direct and control EMS operations. For on-scene incidents, the senior officer will assume direction and control.
- B. The EMS director and/or designee will maintain communications with their field forces and will keep the EOC informed of activities performed along with personnel and equipment needed to maintain adequate response and recovery efforts.
- C. The EMS director and/or designee will coordinate efforts between the County EMS and the Rescue Squad to provide emergency medical care in the event of an emergency.

VI. CONTINUITY OF GOVERNMENT

- A. The line of succession is:
 1. EMS Director
 2. EMS On-Duty Shift Supervisor
 3. EMS On-Duty Assistant Supervisor

