

ANNEX I (Medical) to the Trumbull County Emergency Operations Plan

MEDICAL ANNEX

I. PURPOSE

This annex includes provisions for accomplishing those necessary actions related to lifesaving, transport, evacuation, treatment of the injured, disposition of the dead, and crisis mental health services during response operations, as a result of a natural or man made disaster.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. The potential exists for multiple casualties resulting from any natural or man-made disaster, which would stress emergency medical services within the county.
2. There are seventeen fire departments which provide EMS services within Trumbull County. (Those that don't have EMS: Greene, Girard, Hubbard, Mesopotamia, Niles, Warren City, and Weathersfield.)
3. The Trumbull County Coroner's Office is located at 2931 Suite B, Youngstown Rd., S.E. Warren Ohio 44484. 330-675-2516
4. Mutual-aid agreements with medical facilities in other counties are shown in Section VII (C). The activation of these agreements is at the discretion of the health care coordinator.
5. The majority of private companies and fire department EMS units who are capable of performing field triage and providing transportation of injured to area hospitals.
6. The Trumbull County Coroner's Office is located at 2831 Youngstown Rd., S.E. Warren Ohio 44484.

B. Assumptions

1. A large-scale emergency will result in increased demands on hospitals, EMS, and health and medical personnel.
2. Additional assistance for health and medical personnel will be available from neighboring counties, hospitals and the Red Cross.
3. Any hospital or nursing home or other medical facilities evacuating patients or residents to other facilities within Trumbull County or a neighboring county, will provide the medical records of patients, professional staff, and as many supplies and resources as practical.

III. CONCEPT OF OPERATIONS

A. General

1. Emergency operations services will be divided into four sections: Field Emergency Medical Services, Hospitals, Mortuary Services, and Mental Health Services.
2. Each area of concern will have a coordinator responsible for implementing that portion of this annex.
3. Close coordination is needed between these groups as the health and well-being of the community will be a mutual undertaking.
4. Emergency operations will be an extension of normal duties.
5. All medical facilities have emergency plans and updated resource lists of personnel and equipment. They also have on a rotating basis an individual on call 24-hours a day.
6. All emergency services organizations will report appropriate information concerning casualties, damage observations, chemical/radiation exposure, and related information to the EOC.
7. For information concerning public health activities, see Annex H.

B. Field Emergency Medical Services

1. General

- a. Emergency Medical Services (EMS) Units are a part of local fire departments and privately owned services.
- b. All EMS units shall utilize the Incident Command System (ICS).
- c. Under the ICS, an Incident Commander is designated, which may or may not be the Fire Chief or senior officer on scene. This individual is responsible for everything occurring on site.
- d. Additional positions may be assigned, such as, EMS Officer, EMS Site Triage Officer, Field Hospital Officer, and EMS Transport Officer. The severity of the incident and number of injured will affect the organization and assignment of positions. Each position will have a vest on with their designated position.

- (1) Chief EMS Officer is in charge of all EMS related activities. Responsible to the incident commander
- (2) Site Triage Officer is in charge of all triage, tagging, and movement into patient collection area. Responsible to Chief EMS Officer
- (3) Field Hospital Officer is in charge of all treatment and triage within the patient collection area. Responsible to Chief EMS Officer
- (4) Transportation Officer is responsible for patient movement from the patient collection area to receiving hospitals. He/she also designates a Hospital Communications Officer. Responsible to Chief EMS Officer

2. Mobilizing Emergency Medical Services

- a. EMS units have two common hospital radio frequencies and can communicate with each other.
- b. The first squad arriving at the scene will determine the need for an ICS.
- c. Should ICS be set up, the first officer arriving on the scene will be the Scene Commander until relieved by a Senior Officer or Fire Chief. The Scene Commander shall designate the individual to fill positions.
- d. Trumbull County does have a Mass Casualty Plan each EMS unit will organize their ICS according to the Trumbull County EMS Management Plan for a Multiple Casualty Incident. Trumbull County has two mass casualty trailers.

3. Transport and treatment of the injured.

- a. Victims will be transported to area hospitals according to the severity of their injuries.

C. Hospitals and Medical Care Facilities

1. Mobilizing hospital personnel

- a. If additional medical personnel are needed, call-up lists will be utilized. Notification will be by telephone or pager system.

2. Evacuation of In-patient Medical Facilities

- a. The Administrator, or designated representative, will coordinate the evacuation.
- b. Receiving facilities will be selected according to the ability to receive additional patients.
- c. Ambulatory patients may be released from the hospital, depending on their condition.
- d. Coronary, Intensive Care Unit (ICU) and other patients termed critical will be a top priority in evacuation.
- e. Transportation will be provided by ambulance, school bus, and air ambulance services. Should additional transportation be required, support would be requested through the Governor's Office for assistance from the Ohio National Guard.

3. Receiving Additional Patients

- a. Should any local hospital have to evacuate, that hospital should first contact the other hospitals in Trumbull County concerning their ability to accept additional patients. (Unless prearrangements have been made with "sister" hospitals
- b. Patients will be received according to established plans and procedures.
- c. Utilization of medical staff from another hospital will be decided in accordance with each hospital's by law provisions.

D. Mortuary and Coroner

1. In a mass casualty situation, the coroner shall determine when the dead are removed from the scene. (See Tab 1, Mortuary Services)
2. The Trumbull County Emergency Management Agency will determine the location of a temporary morgue in mass-casualty emergencies.
3. Bodies will be identified, and arrangements for interment may be made from this location.
4. Coordination with all area funeral homes will be required.
5. If conditions warrant, refrigerated trucks will be requested to hold bodies pending transfer to funeral homes.

6. Contact with the EOC, if activated, will be maintained throughout the emergency. Information concerning casualties will be reported through the Red Cross.

E. Mental Health Services

1. The Trumbull County Mental Health and Recovery Board is the local governmental planning, monitoring, evaluation and contracting authority for community mental health and drug abuse services for the residents of Trumbull County.
2. The Board insures that needed services are available to county residents through contracts with public or private provider organizations for direct service provision. See Annex O for a listing of agencies within Trumbull County.
3. Mental Health Services will be provided to all victims of a disaster, as needed, by agencies from written and contracted agencies in other counties. The agencies, within Trumbull County, will be asked to assist when additional resources are required.

F. Phases of Emergency Management

1. Mitigation
 - a. Community assessment of hazard vulnerability and development of disaster scenarios.
 - b. Specialized training in disaster operations for EMS personnel, first responders, and local hospital staffs.
 - c. First Aid and CPR training for the public.
 - d. Review and update mutual-aid agreements with hospitals, EMS, voluntary and private organizations.
 - e. Review procedures for obtaining medical support from state and federal-level organizations.
2. Preparedness
 - a. Storage of medical supplies and equipment.
 - b. Maintenance of medications and other supplies.
 - c. Prepare or upgrade emergency plans and operating procedures, including mutual-aid agreements for EMS and their medical agencies.

- d. Prepare or update emergency plans for mortuary services.

3. Response

- a. Implement public information programs for release of citizen protective actions information.
- b. Initiate triage, treatment, and transportation.
- c. Implement Emergency Operations Plan.
- d. Establish staging areas for receipt of additional supplies.
- e. Activate mass casualty procedures, if required.
- f. Selection and activation of temporary morgue.
- g. Area EMT squads, Red Cross personnel, Health Department personnel and hospital support staff working in cooperation at temporary emergency treatment stations near disaster site (if needed).

4. Recovery

- a. Continue response and treatment activities, such as fully supporting the clean-up and recovery operations as well as similar functions.
- b. Compile required reports.
- c. Inventory and resupply of health and medical supplies.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

- 1. Public Health Operations are addressed in a separate annex (Annex H-Public Health), but close coordination is required to fulfill the overall responsibility of safeguarding and minimizing the adverse health factors which may affect persons during and/or after an emergency or disaster.
- 2. Forum Health Hospital, Humility of Mary, all EMS units, funeral homes, nursing homes, the coroner, and mental health facilities comprise the medical components within Trumbull County.

B. Assignment of Responsibilities

It is each agency's responsibility during a hazardous materials incident to consult with the Incident Commander or the Hazardous Materials Team Chief in addition to their following duties.

1. Hospital Administrator or designee
 - a. Implement hospital's disaster plan.
 - b. Coordinate transportation of casualties and medical resources to the hospital and other areas as required.
 - c. Coordinate with area hospitals which may be involved in caring for the injured.
 - d. Maintain liaison with the coordinators of other emergency services; fire, police, public health, etc.
 - e. Distribute drugs and vaccines to shelters.
2. Hospital Staff's
 - a. Provide medical guidance to EMS units, and field triage teams concerning the treatment and handling of the injured.
 - b. Establish and maintain field and inter-hospital medical communications.
 - c. Make available upon request qualified medical personnel, supplies, and equipment.
 - d. Maintain communications with Health Care Coordinator within the EOC and provide updated information as possible.
 - e. Implement mass casualty plans.
 - f. Provide emergency treatment and hospital care for disaster victims.
 - g. Support County Coroner at temporary morgue.
 - h. The establishment of ARES (Ham Radio operators) will be utilized to maintain communications between hospital facilities and the Emergency Operations Center.
3. Emergency Medical Services (EMS)
 - a. Provide personnel to administer emergency medical assistance at the disaster scene.
 - b. Provide first aid/medical supplies for disaster use.
 - c. Establish and maintain field communications and coordination with other emergency services; police, fire, health, hospitals, etc.

- d. Provide field triage.
 - e. Provide emergency medical care for essential workers following an evacuation by establishing a field hospital outside of the hazardous area.
 - f. EMS is also responsible for transportation of patients.
4. County Coroner
- a. Coordinate local resources utilized for the collection, identification, and disposition of deceased persons and human tissue.
 - b. Select sites to establish temporary morgues, and the personnel to staff them.
 - c. Coordinate with search and rescue teams.
 - d. Determine cause of death.
 - e. Identify mass-burial sites.
 - f. Protect the property and personal effects of the deceased.
 - g. Provide emergency information to the news media on the number of deaths, morgue operations, etc., as appropriate.
 - h. Coordinate services of funeral directors, ambulances, EMS, and other pathologists; the Red Cross for location and notification of relatives; dentists and x-ray technicians for purposes of identification; and police for security, property protection, and evidence collection.
5. Mental Health Agencies
- a. Ensure professional mental health support is available for victims and emergency response personnel during all phases of the disaster.
6. Red Cross
- a. Provide blood and blood substitutes and/or implement reciprocal agreements for replacement of blood items.
 - b. Provide nursing support at temporary treatment centers, as requested, and within capability. Support will also be provided at shelter and reception/care center.

- c. Provide assistance in the location and notification of next of kin.
 - d. Provide assistance for the special needs of the handicapped, elderly, and those children separated from their parents.
 - e. Maintain a medical evacuee tracking system.
 - f. Train assigned response staff and volunteer augmenters to perform emergency functions.
7. Nursing Homes
- a. Care for injured residents.
 - b. Provide space as available for temporary hospital/medical treatment facility for disaster victims. (See **Tab 1**)
 - c. Reduce the patient population to the extent possible if evacuation is necessary, and continue medical care for those that cannot be evacuated.
8. Law Enforcement
- a. Provide traffic control, crowd control, security and law enforcement at disaster site and medical facilities.
 - b. Assist in search and rescue.
 - c. Assist in body identification and transportation.
 - d. Provide physicians emergency transport, and medical supplies as requested.
9. School Systems
- a. Provide buses and drivers for medical evacuations.
 - b. Provide school facilities for shelters and temporary medical treatment facilities.
10. Volunteer Groups
- a. Provide food, clothing, sheltering to disaster victims, their families and emergency response workers.
 - b. Provide other support services as available.

V. DIRECTION AND CONTROL

- A. The Medical Care Coordinator will report to the EOC upon its activation. From this location, coordination of medical activities in the hospital will take place.

An EMS liaison will report to the EOC to coordinate field triage activities.

- B. The Coroner and Mental Health Personnel need not respond to the EOC when activated. They need only maintain communication, and provide information to the EOC for coordination purposes.
- C. Internal resources of all operating departments will be managed by individual departmental procedures and policies.

VI. CONTINUITY OF GOVERNMENT

- A. The line of succession for the Medical Care Coordinator shall be as follows:
 - 1. Medical Care Coordinator
 - 2. Alternate Medical Care Coordinator
- B. Lines of succession for the Coroner, EMS, and Mental Health Agencies are as determined by law and in existing internal operating procedures.
- C. Refer to **Tab 6**, Procedures for the Relocation and Safeguarding of Vital Records in the Basic Plan, and **Tab 3**, Procedures for the Protection of Government Resources, Facilities, and Personnel in Annex N, Resource Management.

VII. ASSIGNMENT OF RESPONSIBILITIES

- A. Emergency Medical Services
 - 1. Resources
 - a. Each EMS unit carries basic or advanced medical supplies, such as, bandages, splints, triage tags, etc. The content of the case varies with each department protocol.
 - 2. Communications
 - a. Frequencies

All EMS Units (Public & Private have the two listed hospital frequencies. Private frequencies may be found in Annex B "Communications."

- (1) Cellular phones

- (2) Many units also use 155.25 MHz or 33.78 MHz, which are the high and low band Fire Bands in Trumbull County.

B. Mental Health Facilities

1. The Mental Health facilities within Trumbull County have the following counselors:
 - a. Mental Health Agencies
 - i. Catholic Charities
330-393-4254
 - ii. Churchill Counseling
330-759-3040
 - iii. Coleman Behavioral Health
330-394-8831
 - iv. Community Solutions
330-394-9090
 - v. Compass Family and Community Services
330-743-9275
 - vi. PsyCare Inc.
330-856-6663
 - vii. Valley Counseling
330-394-6244
2. The Trumbull County Mental Health and Recovery Board will request all additional Mental Health services, if necessary.

C. Mutual Aid

1. A written mutual-aid agreement does not exist between all EMS units within the county.
2. Assistance from the Ohio Department of Health and/or the Federal Public Health Service may be requested through the Trumbull County Health Commissioner.

D. Training

1. Hospital Staff
 - a. Annual drills and training in dealing with contaminated victims. Specialized training is received by designated staff members.
 - b. Hospital must exercise their disaster plans yearly.

- c. Appropriate staff members are trained in radiological monitoring, decontamination and treatment of contaminated injured.

2. EMS Units

- a. EMS personnel (EMTs) receive mandatory training every three years.

- E. Protective Clothing and Equipment

1. Hospital staff has the appropriate clothing and equipment, and antidotes to perform assigned tasks in a hazardous chemical or radiological environment.
2. Monitoring equipment is maintained in accordance with internal operating procedures.
3. Medical facilities which have the capability to decontaminate injured persons are:
 - a. Forum Health Hospital
 - b. Humility of Mary Hospital

- F. Decontamination

1. Radiation levels and the need for decontamination will be determined prior to admittance of victims or patients to medical treatment facilities.
2. Techniques for chemical/radiological decontamination and treatment will be determined after proper identification of the contaminate
3. All local hospitals have the capability of designating a decontamination area within the facility.

- G Protection of Records

1. All medical facilities and groups will protect records deemed essential, such as patient records.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

- A. The Medical Care Coordinator, representative of Emergency Services, and the Coroner are responsible for reviewing this annex and submitting changes to the EMA Coordinator based upon deficiencies identified through exercises, emergencies and/or changes in government structure.

- B. The County EMA Director will publish and distribute all changes to this annex and forward revisions to all responsible organizations listed in this annex.
- C. All agencies and organizations with responsibilities in health and medical operations during emergencies are responsible for developing and maintaining departmental SOPs, mutual-aid agreements, personnel rosters including 24-hour emergency telephone notification numbers and equipment inventories.

IX. AUTHORITIES AND REFERENCES

A. Authorities

Not used, see Section IX. of the Basic Plan

B. References

Job Aid Manual, Federal EMA, SM-61.1/August, 1983.

Guide For The Development Of State And Local Emergency Operations Plans, CPG 1-8/October, 1985, Interim Guidance, Federal EMA.

Guide For The Review Of State And Local Emergency Operations Plans, CPG 1-8A/October, 188. Interim Guidance, Federal EMA.

X. ADDENDUMS

Tab 1 - Mortuary Services Multiple-Death Disaster Situation

Tab 2 - Mental Health Disaster Plan

Tab 3 - Behavioral Health Service System Disaster Plan

MORTUARY SERVICES

MULTIPLE-DEATH DISASTER SITUATION

I. MORTUARY RESPONSE TEAM FOCUS

Establish the means and methods for the sensitive and respectful care and handling of deceased human remains in multi-death disaster situations. The Mortuary Response Team is assigned to be available to aid in the necessary acts of recovery, evacuation, identification (sanitation and preservation such as preparation or embalm as authorized), notification of the next of kin, counseling and facilitation the release of identified remains to the next of kin or their representative under the direction of authorized persons.

II. ASSUMPTIONS

A major earthquake in the Central U.S., as an example, could affect an area as vast as 21 Midwestern states, or up to 40% of all states. Any major earthquake or other disaster may result in extensive property damage and possibly a large number of deaths which may require extraordinary procedures. More often, transportation accidents occur which provides a challenge to local resources due to the number of fatalities that are concentrated in one locale.

III. CONCEPT OF OPERATIONS

When multiple deaths occur, and when requested by the Medical Examiner/Coroner, the Mortuary Response Team will aid in estimating the number of dead. When required, temporary morgue site(s) will be selected for identification, preparation, and final disposition arrangements.

Remains will be recovered and evacuated to the temporary morgues for identification purposes and safeguarding of personal effects found on the dead. When authorized by officials and the Coroner/Medical Examiner, necessary information about each victim will be compiled and processed.

As an assistance to local officials, the Ohio Funeral Directors Association will maintain a resource manual of needed supplies, equipment, vehicles, and personnel. Each region in the State of Ohio will have a Regional Certified Disaster Coordinator to assist local officials in implementing the Response Team.

IV. DIRECTION AND CONTROL

By law, county coroners/Medical Examiners are responsible for the dead. The trained Mortuary Response Team and other local funeral service personnel when activated will be available to assist under the direction of the County Coroner/Medical Examiner. The Ohio Funeral Directors (OFDA) District Coordinators may ask the committee chairman to obtain OFDA President's appointment of additional local coordinators.

When a disaster occurs, the Coroner/Medical Examiner should immediately contact the OFDA through its offices or through staff members whose phone numbers are listed in this document. They, in turn, will notify the co-chairman, and each appropriate member of the Committee. Representatives from OFDA will act as dispatchers to activate the Committee in responding to requests of authorities in charge of the disaster situation.

V. LOCAL CONTACT

The local certified disaster coordinator is Mr. Donald Bloom. He is affiliated with the Lane Funeral Home in Mineral Ridge.

VI. ADDENDUMS

Attachment 1 - Site Operations

Attachment 2 - Evacuation of Remains

Attachment 3 - Morgue Site Setup/Operations

Attachment 1 to Tab 1(Mortuary Services) to Annex I (Medical and Mental Health)

I. SITE OPERATIONS

- A. None of the remains shall be moved or touched by workers until directed to do so by the Medical Examiner or his authorized designate.
- B. Operations will be coordinated by the Medical Examiner and at his discretion designate the Mortuary Response Team's Coordinator.
- C. A survey and assessment of the situation will be made to include the following information. They will note the approximate number of dead, condition of the remains, environmental conditions, type of terrain, and identify equipment, personnel, and supplies needed to implement an effective plan of action.
- D. Once workers have reported to the staging area, a briefing will be held, assignments will be given, and if appropriate, workers will be divided into teams.
- E. Photos or sketches will be made of the site, and, if applicable, the scene will be divided into sections, with recovery teams assigned to a particular section.
- F. Suitable stakes or markings will be placed at the location of each body, and a number will be assigned to each.
- G. Remains, or remain parts, will be tagged and records kept as to the location and/or surroundings in which the remains were found.
- H. Unattached personal effects found on or near the body will be placed in a container and tagged with corresponding numbers and data reflecting the location and/or surroundings.
- I. When practical, remains and/or remain parts will be containerized, most probably in a body pouch, and tagged with a corresponding number on each pouch.

- J. Valuables, such as wallets or jewelry, which are attached to the body, shall not be removed. Such valuables found on or near the body should be placed in a container and charted as to the exact location where they were recovered.

- K. Remains may then be removed, as authorized, from their initial discovery site to a staging area for transporting to a temporary morgue site. This initial movement may require litters, stretchers, or similar equipment.

- L. The Mortuary Response Team shall provide all necessary services and equipment necessary and shall call on local funeral service personnel for these items.

Attachment 2 to Tab 1 (Mortuary Services) to Annex I (Medical & Mental Health)

I. EVACUATION OF REMAINS

- A. Evacuation operation from the disaster site will be coordinated by the Medical Examiner or at his request, the Response Team Coordinator.
- B. A Survey and assessment of the situation will be made by the Medical Examiner and at his request, the Response Team Coordinator.
- C. Before operations begin, a briefing may be held and assignments and directions given.
- D. The transfer of remains to the temporary morgue shall be handled discreetly, with due regard and respect for the sensitive care of the body, and wherever possible "closed" vehicles should be used.
- E. All names on vehicles used for transport will be covered whenever possible.
- F. Vehicles should travel the same route from the handling site to the morgue area. Vehicles are to travel at moderate speed, in convoy style, maintaining order and dignity.
- G. Records will be kept at the staging area as to the identification of the vehicle, driver, as well as the tag number of the deceased.
- H. Dispatchers and evacuation drivers will take care to optimize the temporary morgue receiving unit's capacity for processing remains.
- I. The Mortuary Response Team shall provide or acquire the key services requested by the Medical Examiner and shall call upon a support group of local funeral service personnel to assist where needed.

Attachment 3 to Tab 1 (Mortuary Services) to Annex I (Medical & Mental Health)

I. MORGUE SITE SETUP/OPERATIONS

A. PREFACE:

1. A morgue site is to be selected, organized, and put into operation if the number of dead exceeds the resources of the Coroner's office. If the need arises to implement a field morgue, the following should be considered.

B. LOGISTICAL NEEDS:

1. The morgue should be located as near as possible to the area of heavy death toll. It should contain:

- | | |
|------------------|-------------------------------|
| -Showers | -Hot and Cold Water |
| -Heat & Electric | -Drainage |
| -Ventilation | -Restrooms |
| -Rest Areas | -Communications Possibilities |
| -Parking Areas | -Security |

2. In addition it should have the ability to be subject to partitioning for separate functions such as X-rays, autopsy, record maintenance, and interviewing.

C. SITE SELECTION:

1. Potential sites include:
 - a) Existing Mortuaries--Schools
 - b) Cemeteries--National Guard Armories

D. OPERATIONS:

1. Once a morgue site has been selected, the Medical Examiner or Mortuary Response Team Coordinator will organize its operations and assign personnel to some or all of the following jobs:

- | | |
|-------------------|---------------------|
| -Uniformed Guards | -Information Clerks |
| -Counselors | -Interviewers |

- | | |
|-----------------------------|-------------------|
| -Telephone Communicators | -Admissions Clerk |
| -General Supervisor | -Orderlies |
| -Identification Personnel | -Embalmers |
| -Personal Effects Custodian | -Inventory Clerks |
| -Embalming Supervisor | -Secretaries |
| -Distribution Clerks | -Others |

2. The morgue site may be used for the temporary housing, identification, sanitation, preservation, as well as the distribution point for the release of the dead to their next of kin or agent.
3. Refrigeration units will be secured; all markings covered, and are used as necessary.
4. Deceased human remains received at the morgue will be identified and all helpful information shall be recorded for each remains.
5. Personal effects will be received, photographed, recorded, and placed in a secured area.
6. Should embalming be necessary, desired, or directed by the Medical Examiner or approved by a family representative, the Medical Examiner may rely on the Disaster Response Team to organize the operations, equipment, supplies, and personnel needed.

II. GENERAL:

- A. Once the remains have been positively identified the next of kin will be contacted. At this point the Medical Examiner may designate the Mortuary Response Team to coordinate the release of the remains and personal effects to the next of kin or their representative.
- B. In situations where there are unidentified remains, the Medical Examiner shall make the decision and provide direction regarding their disposition.

III. EQUIPMENT NEEDS:

A. The following equipment will be necessary at the morgue site. This list only represents the needs of the mortuary personnel and not any specialized equipment used in the investigation of the incident.

B. EQUIPMENT

Removal Vehicles	Fresh Water Containers
Linen Supplies	Water
Phone Equipment	Refrigerator Trucks
Zip Lock Bags	Containers for Capturing Drainage
Stretchers	Embalming Machines
Electric Aspirators	Litters
Disaster Pouches	Medical Waste Containers
Generators	Hydro Aspirators
Facsimile Machine	Embalming Table

IV. PERSONNEL

Trained Mortuary Responder	Recovery Personnel
Evacuation Personnel	Funeral Directors
Embalmers	Telephone Operators
Counselors	Interviewers
Orderlies	Secretaries

Trumbull County Coroner

**Mental Health Disaster Plan of the
Trumbull County Mental Health and Recovery Board**

FOREWORD

In 1985, Trumbull County was slammed by two tornadoes. Due to the tornados there were two paths of destruction through the county totaling a distance of 25 miles and caused numerous deaths, injury, and damaged property. The daily lives of thousands of people were disrupted by these storms that came virtually without warning. The resulting effects will probably never be forgotten by the people involved, their families, friends, and concerned neighbors.

Early assessment of the community's problems, immediate intervention, and an on-going professional task force created to deal with the people's emotional concerns that surfaced or persisted are cited as examples of Trumbull County's leadership in the provision of disaster-related mental health care.

In this tradition, the Trumbull County Mental Health and Recovery Board is committed to being even more fully prepared in the event another disaster would strike. This proactive stance is designed to allow the mental health practitioners to concentrate on timely service to the population, since inter-agency coordination among the safety, relief, and mental health teams is already in place.

Bi-Annually the behavioral health disaster response plan is updated and adopted by participating agencies.

**TRUMBULL COUNTY
BEHAVIORAL HEALTH SERVICES SYSTEM
DISASTER PLAN**
Revised June 2014

I. Purpose

- A. The purpose of this plan is to outline emergency behavioral health response and actions by Trumbull County Mental Health and Recovery Board and cooperating private organizations to reduce the vulnerability of Trumbull County residents to any disasters, and to provide assistance for recovery in the aftermath of any emergency involving debilitating influence on the normal pattern of life within the community.
- B. The Trumbull County Mental Health and Recovery Board System is one of several responders during a time of crisis. As such, it is necessary for the Board to coordinate its efforts with the local Emergency Management Agency (EMA) and the American Red Cross (ARC), as well as the other responders.

II. Authority

- A. The Trumbull County Emergency Management Agency, as the official coordinating agency of Trumbull County and the State and Federal Emergency Management Agencies (OEMA and FEMA) in times of county, state, and national emergencies/disasters, assists and supports the county in reducing loss of life and property from all hazards.
- B. Trumbull County Mental Health and Recovery Board' authority and purpose are authorized and enumerated under Sections 122.23, 124.11, 140.03, 140.05, 1739.01 04 05 06, 5705.19, 5705.221 and Chapter 340 of the Ohio Revised Code as passed by the General Assembly of the State of Ohio on October 4, 1989. Duties of the Board are specified in Section 340.03 of the Ohio Revised Code and other applicable sections of the Code.
- C. Trumbull County Mental Health and Recovery Board will work in collaboration and coordination with the Trumbull County EMA and the Mahoning Valley American Red Cross to address the behavioral health needs of Trumbull County residents in times of disaster events. Trumbull County Mental Health and Recovery Board will designate a Behavioral Health All Hazards Coordinator to act as liaison between the Trumbull County EMA and the behavioral health system.
- D. Trumbull County Mental Health and Recovery Board will identify trained individuals in the behavioral health system to act as behavioral health volunteers to disasters; these individuals will comprise the Trumbull County Crisis Response Team for Behavioral Health Services and will perform duties as assigned by the Behavioral Health All Hazards Coordinator.

III. Concepts of Operation

- A. Local, state and federal laws regulate the Trumbull County Mental Health and Recovery Board.

- B. The Executive Director of Trumbull County Mental Health and Recovery Board or designee and the Behavioral Health All Hazards Coordinator for Trumbull County are responsible for assessing the hazard relating to any existing or anticipated behavioral health threats, as well as the psychological and emotional impact of an incident.

- C. Trumbull County could be exposed to many hazards, all of which have the potential to disrupt the community, cause damage, and lead to casualties. Potential hazards include natural disasters (flooding, tornadoes, winter storms, fires and drought), other disaster situations (house or building fires, power outages, hazardous materials accidents, major transportation accidents or civil disorder), and war-related incidents and terrorist activities. Critical incident stress debriefing and grief support for smaller scale incidents of death and human tragedy may also receive behavioral health supportive services on an as-needed basis.

- D. Trumbull County Mental Health and Recovery Board works closely with multiple agencies and organizations, including but not limited to:
 - 1. Local
 - a. Crisis Response Team for Behavioral Health Services
 - b. All Trumbull County behavioral health provider agencies
 - c. All County Departments and Agencies
 - d. Trumbull County Educational Services Center
 - e. Trumbull County United Way
 - f. Mahoning Valley American Red Cross
 - g. Trumbull County Sheriff's Department
 - h. Other local law enforcement agencies
 - i. Valley Care and Humility of Mary Hospital Systems
 - 2. State
 - a. Ohio Department of Mental Health
 - b. Ohio Department of Alcohol and Drug Addiction Services
 - c. Other state departments
 - d. Ohio EPA
 - 3. Federal
 - a. Federal Health Agencies
 - b. Federal Emergency Management Agency
 - c. Federal Bureau of Investigation

E. Trumbull County Mental Health and Recovery Board, in collaboration with the Trumbull County Emergency Management Agency and the Trumbull County Chapter of the American Red Cross, will determine what level of coordination with the above entities is necessary in responding to a particular county disaster.

F. Levels of response may include:

1. Crisis Response Team for Behavioral Health Services (Appendix B).
2. Activation of Community Crisis Intervention Team in collaboration with the Trumbull County Chapter of the American Red Cross.
3. Activation of the Crisis Response Team for Behavioral Health Services, under the authority of the Trumbull County Mental Health and Recovery Board and in coordination with the Trumbull County Emergency Management Agency.

G. The Trumbull County Behavioral Health Services System Disaster Plan applies primarily to large-scale disasters that would have a significant impact on the citizens of Trumbull County. Such a disaster would require the activation of the Behavioral Health All Hazards Team. Smaller incidents of critical incident stress debriefing and grief support for smaller scale incidents of death and human tragedy will also receive behavioral health supportive services on an as-needed, as available, basis.

IV. Activation

A. Should a disaster occur, which requires the activation of the Crisis Response Team for Behavioral Health Services; the following steps will occur (Appendix B):

1. The Trumbull County Emergency Management Agency and/or the Trumbull County American Red Cross will work in conjunction with the Executive Director of the Trumbull County Mental Health and Recovery Board/designee and/or the Trumbull County Behavioral Health All Hazards Coordinator (via telephone, cell phone, pager and/or email) to determine the need for behavioral health intervention;
2. The Coordinator will report to the Trumbull County Emergency Operations Center to coordinate response efforts for behavioral health-related activities, to advise decision makers, and to maintain contact with other emergency response agencies;
3. The Coordinator will activate the Crisis Response Team for Behavioral Health Services (Appendix E), via phone tree (telephone, cell phone, pager and/or email), to assemble at a designated location to be determined by the Coordinator/designee;
4. The designated Behavioral Health Site Supervisor will immediately begin to assess resources and needs and will develop strategies while awaiting formal word for a plan of action;
5. The Emergency Management Agency will provide three two-way radios for use by mental health responders.

6. The Crisis Response Team for Behavioral Health Services will be dispersed to appropriate locations (i.e. local hospitals, shelters, etc.) as instructed by the Coordinator/designee.

V. Roles and Responsibilities

A. The role of the Board, the Coordinator/designee and the Crisis Response Team for Behavioral Health Services in response to the disaster may include the following components:

B. Consultation

1. Consultation, collaboration, and planning among all behavioral health resources whose skills and services would be needed in the event of a disaster (local, state, federal, government, private, and nonprofit) will occur to ensure adequate and appropriate mental health response.
2. Consultation with disaster response planners about the nature and number of emotional & psychological casualties to be expected.
3. Advice to planners, managers, administrators, incident commanders, and others in positions of power and decision-making regarding emotional & psychological impacts of disaster events and response activities (e.g., the need for debriefing, anticipated emotional & psychological reactions, etc.). The reactions will vary depending on the response activities that are required as a result of the disaster (e.g., evacuation, emergency shelter, body recovery, identification, death notification, quarantine, decontamination, etc.).
4. Consultation and collaboration with public health and medical authorities on issues of physical, emotional & psychological symptoms, and appropriate interventions and treatment.
5. Consultation and collaboration with faith-based professionals to ensure that emotional, psychological and spiritual needs of citizens and responders are addressed.
6. Situation evaluation and consultation with decision-makers, managers, supervisors, and line workers regarding traumatic stress and stress management for responders in the course of incident response and recovery.
7. Consultation with leaders and the media regarding public information and risk communication in order to prevent widespread anxiety and fear.

C. Outreach/Crisis Counseling

1. Consultation, collaboration, and planning among all behavioral health resources whose skills and services would be needed in the event of a disaster (local, state, federal, government, private, and nonprofit) will occur to ensure adequate and appropriate mental health response.

2. Consultation with disaster response planners about the nature and number of emotional & psychological casualties to be expected.
3. Advice to planners, managers, administrators, incident commanders, and others in positions of power and decision-making regarding emotional & psychological impacts of disaster events and response activities (e.g., the need for debriefing, anticipated emotional & psychological reactions, etc.). The reactions will vary depending on the response activities that are required as a result of the disaster (e.g., evacuation, emergency shelter, body recovery, identification, death notification, quarantine, decontamination, etc.).
4. Consultation and collaboration with public health and medical authorities on issues of physical, emotional & psychological symptoms, and appropriate interventions and treatment.
5. Consultation and collaboration with faith-based professionals to ensure that emotional, psychological and spiritual needs of citizens and responders are addressed.
6. Situation evaluation and consultation with decision-makers, managers, supervisors, and line workers regarding traumatic stress and stress management for responders in the course of incident response and recovery.
7. Consultation with leaders and the media regarding public information and risk communication in order to prevent widespread anxiety and fear.

D. Debriefing and Defusing

1. Provide a comprehensive array of debriefing and defusing techniques to assist citizens and responders to cope with traumatic stress and the emotional & psychological impact of the event, aimed at reducing long-term, severe post-traumatic stress reactions and unhealthy coping mechanisms such as alcohol or substance abuse.

E. Education

1. Provide training to responders and to community agencies, organizations, institutions, and caregivers on the emotional & psychological aspects of the event, and behavioral health resources available.
2. Develop public information and education strategies and materials (using the print and electronic media, public speaking, etc.) on emotional & psychological aspects of recovery, coping with traumatic stress and available behavioral health resources.
3. The Trumbull County Mental Health and Recovery Board' Media Representative (the Executive Director) will coordinate all public information, education and materials to be utilized by the Board in response to a disaster.

F. At Risk Populations

1. The Behavioral Health All Hazards Coordinator/designee shall have knowledge of facilities supported and/or funded by the Trumbull County Mental Health and Recovery Board network where at risk populations reside. This information will be utilized in cooperation with other disaster workers to help meet the needs of these special populations.
2. The Behavioral Health All Hazards Coordinator and Crisis Response Team for Behavioral Health Services, in cooperation and with direction from the Trumbull County EMA and Red Cross, shall assist in the evacuation, monitoring or provision of needed services for this population

VI. Administration

- A. During an emergency the Trumbull County Mental Health and Recovery Board will utilize all local resources. If additional assistance is required, the Ohio Department of Mental Health or neighboring county team will be contacted.
- B. Trumbull County Mental Health and Recovery Board will maintain a resource directory (Appendix E) listing of all local behavioral health resources.
- C. Trumbull County Mental Health and Recovery Board will protect all behavioral health records and will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- D. Assigned response personnel will receive training annually regarding emergency responsibilities.
- E. The Executive Director of the Trumbull County Mental Health and Recovery Board or designee and the Trumbull County Behavioral Health All Hazards Coordinator are responsible for reviewing the disaster policy and ensuring that necessary changes to it are prepared and coordinated with the Trumbull County Emergency Management Agency. The Trumbull County Mental Health and Recovery Board will publish and forward all revisions to all applicable organizations.
- F. Emergency response agencies are:
 1. Federal Emergency Management Agency (FEMA)
 2. Ohio EMA
 3. Trumbull County EMA
 4. American Red Cross, Trumbull Chapter
- G. Other Professional entities are:
 1. National Institute of Mental Health
 2. Ohio Department of Mental Health and Addiction Services
 3. Various hospitals and residential facilities providing psychiatric care.
- H. Each of the care-giving agencies above have a statement of clients' rights on file to ensure that those persons they serve professionally are treated in accordance with current professional and legal standards.

1. This Behavioral Health Disaster Assistance Plan is referenced through cooperative actions with other entities in:
 - a. The County EOP
 - b. The County LEPC Chemical Emergency Response Plan
 - c. The Trumbull County Chapter of the American Red Cross Disaster Assistance Plan
2. Strategies will be employed as needed to deal with various needs:
 - a. Psychological effects of a disaster will be assessed by the Assessment Team members as described in the plan.
 - b. Ongoing treatment to current clients will be provided by each agency as referenced in section VIII.
 - c. Mental health needs of the disaster response staffs are addressed
 - d. Periodic training drills and critique of the results will be held in cooperation with the EMA.

I. Staff issues.

1. A two-tiered agency call list is maintained as in Appendix A. It includes alternate and back-up capabilities. Additionally, a third tier of individual staff persons is kept within each agency.
2. The Trumbull County Mental Health and Safety Forces Conference will be held as needed, at least annually. This will serve as a coordinating/training session among the mental health community and the safety forces that respond to disasters. A full description of this function can be found in Appendix F.
3. The Mental health professionals can be identified by their clip-on photo-identification cards, which will be provided by the EMA at no charge to the worker. These cards can be obtained at the EMA office. These cards are required by the disaster services authorities.
4. Each mental health/substance addition service agency will be responsible for on-going training of their disaster response personnel within their own agency. They may pool resources if they so choose. Mandatory topics include:
 - a. Treatment ethics
 - b. Disaster strategies and agency functioning.
 - c. Neighborhood disaster preparedness.
 - d. Worker "burn-out" and stress awareness.

5. It is contemplated that due to the technical nature of mental health care-giving, only professional mental health personnel, administrators, and support persons will be engaged on behalf of the public mental health care system in Trumbull County in event of a disaster. There are currently no role provisions for non-professional volunteers in the offering of mental health care.
- J. Outreach Plans. Numerous disaster-specific flyers, handouts, and brochures are in the Disaster Library of the Trumbull County Mental Health and Recovery Board. These are targeted at specific populations (children, elderly, etc.) in specific disaster circumstances (tornado, flood, etc.). In addition, suggested generic media releases are also located in this library, along with a reference to CONTACT 211/ Help Hotline for multiple service linkages.

VII. Personnel assignments

- A. In a disaster are prearranged by the particular position that the person holds, instead of by individual names
- B. The Executive Director of the Trumbull County Mental Health and Recovery Board (or his/her designate) will be notified (see Appendix A) by the "Lead Agency". Also the Executive Director
 1. Will be a participating member in the EMA's Joint Public Information Center (JPIC) and will serve as the official spokesman of the mental health sector of the disaster response effort.
 2. Will have access to the American Red Cross' Job Headquarters in order to facilitate orderly exchange of information among the various agencies.
 3. Will be a participating member of the Social Services Board.
 4. Will convene meetings of the mental health and substance abuse agencies as he/she deems necessary.
 5. Will coordinate efforts to secure funding as needed to provide crisis intervention and follow-up care.
 6. Will have oversight for community mental health needs assessment.
- C. The Help Hotline Crisis Center/211 Executive Director - (or his/her designate):
 1. Will be responsible for initialization of the response network among the County's public mental health care agencies (see Appendix A).
 2. He/she will be the chief operations person with respect to mental health care and will be a participant in the Job Headquarters established by the Red Cross in order to direct the mental health operational aspects of crisis assessment and intervention. This includes utilization of existing appropriate facilities and staffs from the mental health sector as well as working in cooperation with the Red Cross and Emergency Management officials to provide

appropriate mental health care at disaster service centers and disaster assistance centers for targeted populations. He/she will appoint the mental health site coordinators outlines in part E below.

3. Will attend update meetings as called by the Executive Director of the Trumbull County Mental Health and Recovery Board.
 4. Will coordinate mental health care agencies in the provision of service to the populations affected including initialization of the procedure to identify those individuals previously assessed as at "high-risk" in the aftermath of a disaster (see Appendix C).
 5. Will work to ensure that current client caseloads are still serviced
- D. Agency heads (or their qualified designates) of other contract and non-contract behavioral health service agencies:
1. Will notify their personnel of when and where to report (see Appendix A). This will be on the instruction of the Executive Director of "Lead Agency", as in Sec. B above
 2. Will ensure that their clients at "High Risk" are identified and provided for (See Appendix C).
 3. Will participate in meetings of the Social Services Board.
 4. Will attend update meetings as called by the Executive Director of the Trumbull County Mental Health and Recovery Board.
 5. Will ensure that current client caseloads are still services.
- E. Mental health site coordinators:
1. Will be appointed by the Executive Director of the "Lead Agency".
 2. Will be responsible for coordination, Management, and assessment of mental health care at his/her site within the framework of the mental health care response system described in this plan.
 3. Will be included in the update meetings called by the Executive Director of the Trumbull County .Mental Health and Recovery Board
- F. Mental Health and substance abuse counselors
1. Will report to the specific site the director of their agency instructs them.
 2. Will not enter disaster scenes unless they are instructed to by their supervisor or agency head and only after an assessment by the Executive Director of the "Lead Agency" has determined (in consultation with the other disaster response authorities) that it is prudent and necessary to do so.
 3. Will perform professional services as directed by their supervisors

VIII. Ongoing services and activities

- A. Following a disaster will be impossible to pre-plan in this document in detail due to the multiple variables involved. It is assumed that the administrators and professionals responding will call upon their formal educational and practical professional experiences to devise strategies that adequately address the unique situation that each disaster entails.
- B. Funding for these ongoing programs along with funding for the immediate response programs will need to be provided. The Executive Director of the Trumbull County Mental Health and Recovery Board will work with the Executive Director of the "Lead Agency" and the other plan participants to attempt to arrange appropriate state, federal, and local funding.
- C. Appropriate support services should be offered as needed to the populations affected. The Executive Director of the Trumbull County Mental Health and Recovery Board will work with the "Lead Agency" to devise a comprehensive program of these support services. This may include
 - 1. Individual and family counseling services
 - 2. Group counseling
 - 3. Outreach presentations to schools, senior citizen and special needs organizations, etc.
 - 4. Information presentations via print, radio, and television announcements
 - 5. Special debriefing sessions with the Trumbull County Mental Health Conference for Safety Forces Additional services may be indicated as a result
 - 6. Other services as the need arise

IX. Plan Revisions

- A. Provisions for ongoing revision of this plan are to be determined by the Executive Director of the Trumbull County Mental Health and Recovery Board (or His/her designee).
- B. It is contemplated that reviews and updates will be undertaken at least annually, in conference with the various affected agencies.
- C. It is further contemplated that this plan will be reviewed and amended just prior to the County EOP so that all new modifications can also be incorporated into the latter plan.
- D. Additionally, this plan should be critiqued and amended after a disaster occurs, when it becomes evident that changes are in the best interest of the populations that need to be served.

X. Evaluation and Modification

- A. Trumbull County Mental Health and Recovery Board and the Trumbull County Behavioral Health All Hazards Coordinator/designee will conduct a formal audit of the entire plan at least once a year. Some issues to be considered include:
 - 1. Are any problem areas and resource shortfalls identified being sufficiently addressed?
 - 2. Do members of the response team understand their responsibilities? Are new members properly trained?
 - 3. Are the names, titles and telephone numbers in the plan current?
 - 4. Have community agencies been briefed on the plan? Are they involved in the evaluation of the plan?
- A. In addition to the yearly audit, Trumbull County Mental Health and Recovery Board and the Coordinator will evaluate and modify the plan at the following times:
 - 1. After each training drill or exercise
 - 2. After each emergency
 - 3. When personnel or their responsibilities change
 - 4. When policies or procedures change

XI. Evacuation and Quarantine Plans

- A. The Trumbull County Mental Health and Recovery Board will follow the county evacuation plan.
- B. The Trumbull County Mental Health and Recovery Board will follow the quarantine plan of the local health department that is in charge.

XII. Plan Development and Maintenance

- A. The Trumbull County Mental Health and Recovery Board will maintain and update this memorandum of understanding. This memorandum will be reviewed on a regular basis, in conjunction with the county EMA and all involved agencies.

APPENDIX A
GUIDELINES FOR:
NOTIFICATIONS TO RESPOND AND TABLE OF ORGANIZATION

I. Mission

- A. The Crisis Response Team for Behavioral Health Services, a consortium of Trumbull County Behavioral Health agencies, is committed to helping the residents of Trumbull County at the time of critical events that affect organizations or groups of people by providing coordination, consultation, education, support and referral.

II. Objectives

- A. To disseminate the phone number for the Trumbull County Mental Health and Recovery Board's Crisis Response Team for Behavioral Health Services throughout the community, especially organizations working with groups.
- B. To connect with organizations for crisis management protocols to assure prompt and effective responses to critical events.
- C. To complement existing internal crisis management protocols to assure prompt and effective response to critical events.
- D. To connect an individual with services at the time of the event to ensure linkages are confirmed.
- E. To encourage early identification of problems, intervention at an early stage and thereby prevent further crises from occurring
- F. To promote consistency of services among professionals through common language and training
- G. To coordinate needed services in an atmosphere that promotes collaboration and cooperation in order to provide support to those in crisis and their caregivers.

III. Goals

- B. The goal of the notification for response plan and table of organization is to effectively inform the behavioral health agencies and their personnel that their services are needed and how they should respond.
- C. The method selected to accomplish this goal is the following communication tree which outlines the notification procedure and responsibilities. It includes only those agencies that are participating in this plan.
- D. After Help Hotline Crisis Center/211 has been notified that a disaster is imminent, in process, or has occurred, they can proceed to notify the agencies for which they are responsible.

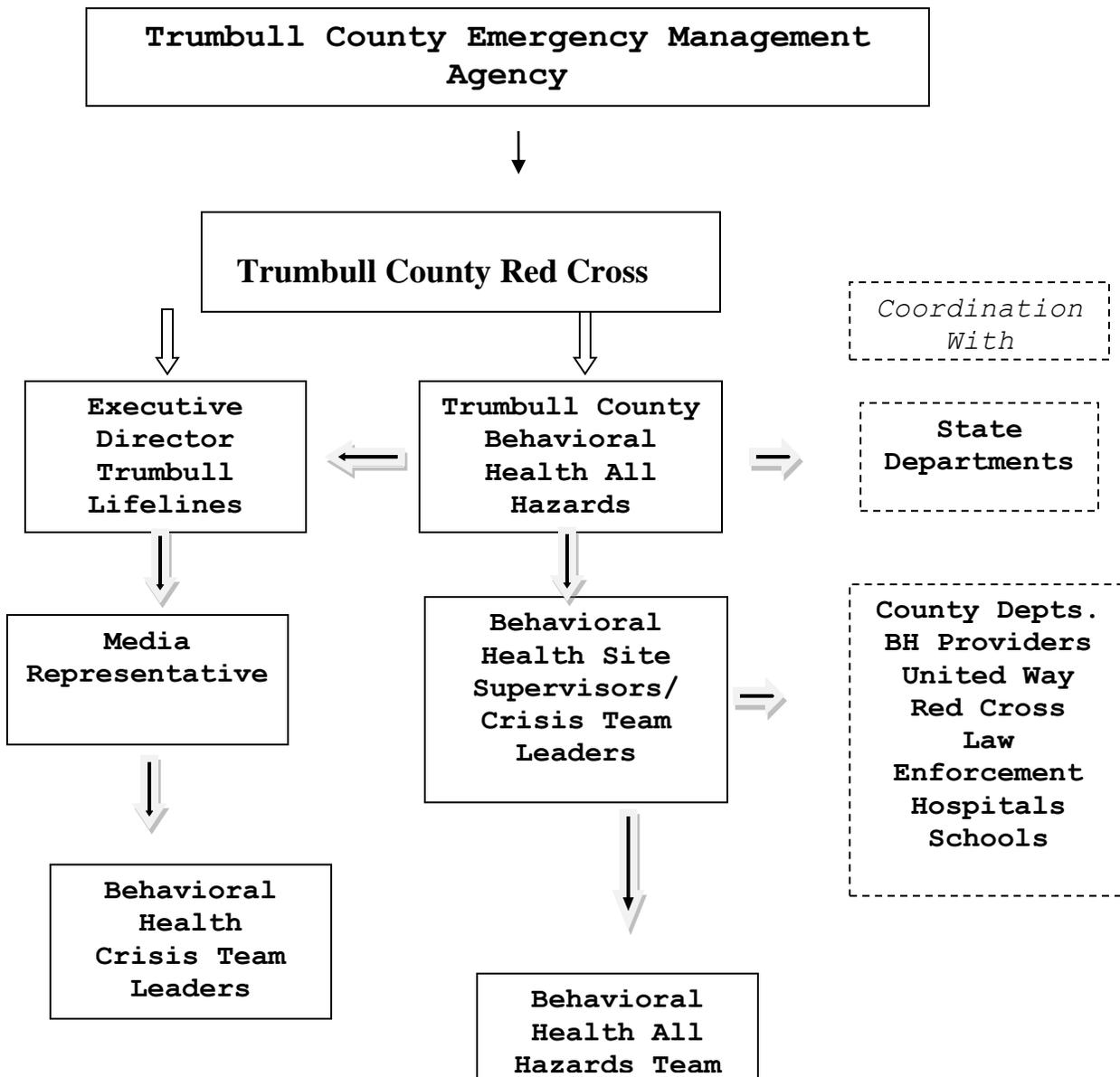
- E. Since this plan will be widely distributed, confidentiality of personnel's home telephone and addresses must be respected. This will be accomplished through a two-tiered agency notification system and a third tier within each of the agencies.

- F. The first tier will be given to the Red Cross and the EMA. The second tier of each agency will be kept so that it can be accessed over 24 hours by the Lead Agency to notify the other service providers. Agencies will only have the information for their own counseling personnel, and not for those of other agencies. Copies will be at:
 1. The appropriate agency office
 2. The Trumbull County Mental Health and Recovery Board

- G. The contact tree on the next page reflects only responsibility and authority to report the situation to the other relevant parties. It does not address other operational or authority relationships.

<p>EXAMPLE: First Contact Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Office Telephone: _____</p> <p>After Hours Telephone: _____</p> <p>Second Contact Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Office Telephone: _____</p> <p>After Hours Telephone: _____</p>

**APPENDIX B
TRUMBULL COUNTY
BEHAVIORAL HEALTH SERVICES SYSTEM
DISASTER PLAN
NOTIFICATION TREE**



**APPENDIX C
GUIDELINE FOR:
ONGOING CARE TO MENTAL HEALTH CLIENTS AND
IDENTIFICATION OF HIGH RISK PERSONS IN A DISASTER SITUATION**

I. The goals of this appendix are to:

- A. Assure that in the event of a major disaster in Trumbull County, current clients continue to receive on-going mental health care, even as new clients are added to the rolls.
- B. Have a mechanism in place so that in the event of a major disaster, clients who are geographically positioned to be at risk for needing further assistance can be immediately identified.
- C. Have pre-arranged procedures to provide care to clients in the event that a current facility is damaged in a major disaster.

XIII. The methods of accomplishing this are:

- A. Each participating agency currently serving Trumbull County clients will have a plan in place to assure that their clients can be served from another location if the current facility becomes damaged and unusable. This may be by:
 - 1. Using a branch facility of the agency
 - 2. Having a pre-existing arrangement to use the facilities of another organization.
 - 3. Moving temporary facilities onto the present site.
 - 4. Other configurations as appropriate.
- B. In the event that a participating agency serves clients at a new or altered location, in the aftermath of a major disaster, due attention will be given to maintaining clients' rights, as listed in the agency's statement on file.
- C. Outside resources can be called upon as appropriate. A list of other agencies with qualified counselors who are not a part of this plan will be maintained along with after-hours contact procedures in order to ensure that the added caseloads will not result in diminished quality of care for current clients.
- D. Each participating agency will have a plan in place so that in the event of a major disaster, a rapid assessment (either manual or computer generated) will be made of the current caseloads to determine which clients may be in the geographical area of the disaster. These persons can then be the subject of immediate needs assessment.
- E. After the clients in part E above are identified, the agency will have a plan in place so that the case managers or other responsible staff person that is familiar with the clients can initiate the process of assessment.

APPENDIX D
GUIDELINES FOR
TRUMBULL COUNTY SAFETY FORCES AND MENTAL HEALTH CONFERENCE

I. The goals of the Trumbull County Safety Forces and Mental Health Awareness Conference are:

- A. To acquaint the local relief and safety forces to the array of mental health services available to them and their families.
- B. To increase awareness of relief and safety forces to the warning signs of possible need for mental health care.
- C. To provide a predictable point of contact for improved relations among the mental health community and a representative of each organization providing emergency and relief services, including:
 - 1. Fire Departments
 - 2. Police Departments
 - 3. Ambulance and rescue squads
 - 4. Red Cross disaster relief workers
 - 5. Others as appropriate
- D. To make confidential mental health care more accessible to emergency workers without the stigma attached to such treatments.
- E. To determine the safety forces perspective of the information that mental health workers need to deal with major disaster situations and their aftermaths.

XIV. Methods of accomplishing these objectives are:

- A. The Trumbull County Mental Health and Recovery Board will take the lead in organizing these annual events.
- B. Participating organizations will be asked to appoint a representative to the conferences and an alternate. Both persons will be encouraged to attend

the conferences at the same time. If space permits, other members of the safety and relief forces may be invited, also.

- C. It will be recommended that representatives to this conference not be the chief executives, but rather those they be line supervisors or training officers who have ample contact with their personnel so they will be able to:
 - 1. Communicate and disseminate the results of the conference effectively.
 - 2. Be in a position to identify stress on the job and encourage appropriate relief for the safety or relief worker.

- D. Evaluation of the effectiveness of this conference should be conducted.