

BAXTER COUNTY, ARKANSAS

HEALTH AND MEDICAL

ANNEX H

I. PURPOSE

The purpose of this Annex is to ensure an orderly approach to the coordination of various medical care and health protection services and support units during any disaster or major emergency situation that may occur in Baxter County.

II. DEFINITIONS

- A. County Health Officer means the local physician appointed by the County Judge to act as Public Health Officer for the County (pursuant to Arkansas Code of 1987, annotated, 14-262-104). This individual provides medical support to the Baxter County Health Unit and medical supervision of the various clinics and other health protection activities conducted by the Health Unit.
- B. Health & Medical Coordinator means the individual appointed by the County Judge to coordinate health and medical activities during disaster situations. This person is a member of the County Emergency Management Organization (EOC Staff). Responsibilities are shown in Part VI of this Annex.

III. SITUATION

A. Medical Care

1. HOSPITALS

Baxter County has one (1) hospital located in Mountain Home.

2. EMS/AMBULANCE SERVICES

Baxter County has one (1) ambulance service, located at Baxter Regional Medical Center in Mountain Home that provides 24-hour-per-day coverage and provides advanced life support.

- a. During a general power outage, ambulances and rescue vehicles can obtain fuel from the Baxter County Road and Bridge Office.
- b. Baxter County does have an air ambulance service, in Mountain Home, Arkansas. Air Evac Life Team is stationed at 4305 Highway 62 West, Mountain Home.

3. OTHER FACILITIES

The nursing homes and medical clinics/physician offices located in the county are potential facilities for establishing triage, clearing stations, or treatment centers during major emergencies. Depending upon the area in the county in which the emergency occurs, one or more of these facilities may be utilized as emergency medical centers for essential workers in the event of evacuation of the general population. A current listing of these facilities is contained in Attachment 2 to this Annex.

4. RESOURCES

- a. Attachment 2 contains a current resource listing for Health & Medical Services in Baxter County.
- b. An inventory of essential items such as pharmaceuticals, equipment, and supplies for use during an emergency situation is not available.

B. Health Protection

Most emergency situations can lead to public health problems. Depending upon the nature of the incident, complications might include communicable diseases, sanitation problems, contamination of food and water, and community mental health problems.

The Baxter County Health Unit, located in Mountain Home, is the agency of the Arkansas Department of Health, which provides public health services for citizens of the County. During disaster or major emergency situations, day-to-day operations will be suspended and the Unit will be modified to concentrate resources on critical health protection activities such as communicable disease control, environmental surveillance and control, and providing support for mass casualty care.

C. Disposition of Deceased Victims

Baxter County does not have a morgue. Mortuary facilities will be listed in Attachment 2.

IV. ASSUMPTIONS

- A. During and after a natural or man-caused disaster or major emergency situation, the medical care facilities and personnel will be capable of providing initial medical care for victims.

- B. Although many health-related problems such as communicable disease control and environmental contamination are associated with major emergency or disaster situations, the County Health Unit has the capability to adequately meet the demands of most situations. When necessary, support will be available from the Health Area Office located in Batesville, Arkansas, the State Department of Health and federal agencies.
- C. Medical care and health protection operations will be supported by the County's Emergency Services, Communications & Warning, Law Enforcement, Fire & Rescue, Engineering Services, Shelter & Evacuation, Radiological Protection, Resource & Supply personnel, plus Red Cross and volunteer medically trained personnel.
- D. In the event of a major-to-great earthquake in the southern portion of the New Madrid earthquake fault, Baxter County could effectively be isolated from the rest of the state - and the communities within Baxter County may very well be isolated from one another. Assumptions which may be made for the 72-hour period immediately following such an earthquake include:
 - 1. Adjacent counties will be attempting to meet their own emergency health and medical needs and will be unable to provide assistance, even if transportation routes are available.
 - 2. With the potential for large geographical areas within Arkansas to be severely affected, state, and/or federal assistance will not be available.
 - 3. During this period, health and medical personnel will be concentrating initially in the following areas:
 - a. Lifesaving activities.
 - b. Actions toward salvaging surviving essential health and medical equipment and supplies and removing it from the danger of further destruction.

V. CONCEPT OF OPERATIONS

A. General

Emergency operations for health and medical services in the county will be an extension of the normal medical care and health protection activities of provider agencies – until such time as resources are nearing exhaustion and aid must be requested from other jurisdictions.

1. MEDICAL CARE

- a. An adequate system is in place to handle limited-scope emergency situations.
- b. This system would need to be augmented with support from other jurisdictions to handle large-scale emergencies or disaster situations. If such augmentation of personnel and equipment becomes necessary, the Arkansas Department of Health's Emergency Communications Center (Resource Coordination Center) and the State EOC at Conway will be immediately notified by the County EOC.
- c. In the event of evacuation of the general population:
 - (1) Patients who are judged by qualified health care professionals to be capable of functioning without specific medical supervision may be discharged from health care facilities and evacuated with the general population. Other patients will be moved to designated health care centers outside the target area. Any patient who cannot be evacuated will be sheltered and care will be continued.
 - (2) Medical personnel, equipment, and supplies will accompany the evacuees to the designated host areas.
 - (3) If it becomes necessary, a center will be established within the evacuated area to provide emergency medical care to essential workers.

2. HEALTH PROTECTION (PUBLIC HEALTH SERVICES)

- a. Specific public health activities that will be stressed during emergency situations include, but are not limited to:
 - (1) **DISEASE CONTROL.** This involves the detection and control of disease-causing agents, purification of water supplies, and if necessary, the inoculation of individuals.
 - (2) **SANITATION.** Of primary consideration is the continuation of uncontaminated water and waste disposal systems. Medical facilities and food establishments need continuous sanitation inspections. When activated, emergency shelters and reception/care centers require continuous monitoring.

- b. Public health and hygiene education is very important before, during, and after an emergency. Personal food and water supplies must be kept free of contamination.

3. DISPOSITION OF THE DEAD

- a. An adequate system is in place to handle limited-scope emergencies.
- b. In the event of a major emergency or disaster situation requiring augmentation of mortuary services, a temporary morgue will be established and operated according to procedures established by the County Coroner.

B. Mitigation and Preparedness

Activities outlined in Attachment 1 "Recommendations for Comprehensive Emergency Management of Health & Medical Services" will be implemented as resources become available.

C. Response Activities

1. WARNING PHASE

When a severe weather warning or warning of an impending nuclear attack or other disaster or emergency affecting Baxter County has been issued, the County Communications & Warning Officer will notify (See Annex B):

- a. The Emergency Health & Medical Coordinator or his designee, and
- b. The County Health Unit, if during normal business day duty hours.

2. IMPACT PHASE

- a. The HEALTH & MEDICAL COORDINATOR or his designee, as liaison with the medical community, will (based on the type of event):
 - (1) Notify the County Public Health Officer (the physician with the responsibility for coordinating the health protection activities of the County Health Unit).
 - (2) Notify the County Coroner (the person with the ultimate responsibility for the collection,

identification, storage, and dispatch of deceased victims).

- (3) Ensure adequate staffing of EMS and medical care facilities.
- (4) Coordinate medical care emergency operations.
- (5) Ensure that adequate health/medical support is provided to shelters and reception/care centers as necessary
- (6) Ensure that emergency medical care is available for essential workers in any hazardous area following evacuation of the general public.

b. The BAXTER COUNTY HEALTH UNIT will, in coordination with the physician appointed as County Health Officer, provide health protection services as needed. If necessary, this will include continuous environmental surveillance of shelters and reception/care centers to ensure detection and control of disease-causing agents and the availability of uncontaminated water supplies and waste disposal systems.

D. Recovery Activities

1. Medical Care response and treatment will be continued as needed.
2. Health Protection will be continued with emphasis on the following:
 - a. Necessary actions such as immunization of individuals to prevent outbreak of disease.
 - b. Inspection of food and water supplies and resulting regulatory activities under the normal procedures used by the Health Department. (Frequency of inspections may be increased during this phase.)
3. Re-supplying of health and medical services response agencies will begin.
4. Required reports will be compiled for:
 - a. Submission to State and federal agencies;

- b. Identification of areas of deficiency.

VI. ORGANIZATION AND RESPONSIBILITIES

A. Organization

- 1. Under the BAXTER COUNTY EMERGENCY OPERATIONS PLAN,

the Health & Medical Coordinator is:

- a. A member of the County Emergency Management Organization.
- b. The official emergency operations liaison with:
 - (1) The County (Public) Health Officer and the County Health Unit of the Arkansas Department of Health;
 - (2) The medical community; and
 - (3) The County Coroner.

- 2. Assistants may be designated to be responsible for certain specific functional areas.

B. Responsibilities

- 1. The Health & Medical Coordinator will:
 - a. Pre-select a Health and Medical Emergency Management Team that will function during the mitigation, preparedness, response and recovery phases of emergency management.
 - (1) The County [Public] Health Officer.
 - (2) The Administrator of the Baxter County Health Unit.
 - (3) The E.R. Administrator of the Baxter Regional Medical Center.
 - (4) The County Coroner
 - b. Advise and make recommendations to the County Judge.
- 2. The Health & Medical Emergency Management Team will:

- a. Develop emergency operations procedures in the functional areas of EMS/medical care; health protection; and disposition of the dead. These procedures will include a system for tracking patients injured during the emergency situation.
- b. Establish procedures to provide health care and medical services for shelter occupants (in coordination with the County Shelter & Evacuation Officer). This includes a system for the distribution of antidotes, drugs, vaccines and other such items. Consideration will be given to the special needs of: (a) the elderly, and (b) the mentally or physically handicapped.
- c. Establish procedures for requesting and utilizing health and medical aid from out-of-county areas.
- d. Establish procedures for utilization of health manpower from out-of-county areas.
- e. Institute and maintain mutual aid agreements as necessary.
- f. Coordinate the issuance of health instructions to the general public.

VII. ADMINISTRATION AND LOGISTICS

Administrative and logistic requirements for Health & Medical Services will be coordinated with the County Clerk and the County Resource & Supply Officer.

VIII. ANNEX DEVELOPMENT AND MAINTENANCE

- A. The Health & Medical Coordinator is responsible for initial development and distribution, periodic review, and updating of the Health & Medical Annex (Annex H) to the BAXTER COUNTY EMERGENCY OPERATIONS PLAN, and for overseeing the developing of operating procedures and SOP's.
- B. The Health & Medical Coordinator and designated staff will participate in drills and exercises conducted by the County Emergency Services Organization. Additional drills and exercises may be conducted by various sections of the Health & Medical Services organization for the purpose of developing and testing emergency and/or disaster operating procedures.

ATTACHMENTS:

1. Recommendations for Comprehensive Emergency Management of Health & Medical Services
2. Current Resource Listings for Health & Medical Services
3. Guidelines for Establishing and Operating Morgue/Mortuary Facilities During Mass Casualty Incidents
4. Guidelines for Casualty Collection Point (CCP) Operations
5. Pandemic Annex
6. Mass Fatality Annex
7. Mass Dispensing Plan

ATTACHMENT 1
COMPREHENSIVE EMERGENCY MANAGEMENT
OF HEALTH & MEDICAL SERVICES

A. **GENERAL**

Requirements for efficient management of health and medical services during any disaster or major emergency situation are grouped around the four phases of comprehensive emergency management - mitigation, preparedness, response and recovery. Since the resources and knowledge of a variety of health and medical services professionals are necessary for development of effective procedures for each phase of emergency management, it should be a team effort.

Under the overall direction of the **Emergency Health & Medical Coordinator**, the team should include, but not be limited to, the following individuals or their designated representatives: the County Health Officer; the Administrator of the County Health Unit; the Hospital Administrator and the County Coroner.

B. **CHECKLIST OF ACTIVITIES**

Factors to be considered by the Health & Medical Emergency Management Team include, but are not limited to, those listed below.

1. MITIGATION

a. General

_____ Assessment of the hazard/vulnerability analysis to identify likely health & medical disaster or major emergency scenarios.

_____ Assessment of health & medical needs specific to the crisis relocation scenario.

_____ Assessment of health & medical needs specific to earthquake preparedness and response activities.

b. EMS/Medical Care

_____ specialized training in disaster operations for EMS personnel, first responders, hospital personnel and others as necessary. (Training should include procedures for decontamination, treatment and care of individuals who have been exposed to, or contaminated by, nuclear or non- nuclear hazardous materials.)

_____ First aid and CPR training for members of the public.

_____ Participation in Red Cross or other blood programs.

c. Health Protection (Public) Health Services

_____ (Continuation of) child immunization programs.

_____ (Institution of) adult immunization programs.

_____ Continuous program of health inspections of food establishments, public water supplies, etc.

_____ Specialized training in emergency response activities for Health Unit personnel.

_____ Epidemic intelligence, evaluation, prevention, and detection of communicable diseases.

_____ Normal public health awareness programs.

2. **PREPAREDNESS**

a. Development of:

_____ A procedure for mutual aid response of EMS agencies outside the jurisdiction.

_____ Contingency plans for replacing or compensating for loss of personnel and/or emergency equipment and supplies

_____ A system for obtaining fuel and other needs for ambulance and rescue vehicles in the event of a power outage or other unusual situation.

_____ A procedure for hospital and pre-hospital treatment and transfer of patients, to include a system for tracking of patients injured during the emergency.

_____ A procedure for non-ambulance transport of patients with non-critical injuries from the disaster scene to facilities outside the local areas.

_____ Procedures for reducing the patient population in hospitals, nursing homes and other health care facilities if evacuation is necessary – and for

continuing medical care for those that cannot be evacuated.

_____ Procedures for establishment of field triage and other alternate medical facilities in the event of a major disaster in which hospital facilities are incapacitated.

_____ Procedures for providing health care for occupants of shelters and/or reception/care centers.

_____ A procedure for obtaining mental health assistance and/or counseling for victims, emergency responders/workers involved in long-term response activities and shelter occupants. (This may require mutual aid agreements with mental health facilities located in the jurisdiction and with the local Ministerial Association.)

_____ A procedure for providing medical care for essential workers in any hazardous area following the evacuation of the general population.

_____ An emergency procedure for temporary morgues for the deceased, which includes a mechanism for identifying the location in which each body (or partial body), was discovered.

_____ A procedure for "victim tracking" during and after transport.

_____ A procedure for mass disposition of the dead in the event of a major disaster.

_____ A listing of vendors of essential items such as pharmaceuticals, equipment and supplies - and a distribution plan for these items.

_____ A centralized system for compiling information from various sources, handling inquiries and issuing press releases pertaining to disaster victims.

_____ A procedure for reporting casualty information to the EOC.

b. Designation of:

_____ Personnel to be responsible for the tasks listed above.

ATTACHMENT 2
CURRENT RESOURCE LISTING
FOR
HEALTH AND MEDICAL SERVICES

I. HOSPITALS

Baxter Regional Medical Center (870) 508-1000

II. AMBULANCE/RESCUE

Baxter Regional Medical Center (870) 508-1120

III. MEDICAL CLINICS/PHYSICIANS OFFICES

Abraham Medical Center (870) 425-6991
Cardiovascular Associates of North Central AR (870) 425-8288
Chock Medical Clinic (870) 424-1120 (to pg)
Mountain Home Medical Group (870) 425-3125
Mountain Home Urology Clinic (870) 425-9373
North Arkansas Medical Associates (870) 425-3131
Gary Wells (870) 424-2200

IV. FUNERAL HOMES

Roller Funeral Home (870) 425-2161
Kirby-Boaz Funeral Home (870) 425-6978

V. PHARMACIES

Bryant Pharmacy (870) 425-6231
Fred's Dollar Store/Pharmacy (870) 425-5494
Magee Pharmacy (870) 425-2221
Medicap Pharmacy (870) 425-1538
Medicine Shoppe Pharmacy, The (870) 424-4010
Ponder's Pharmacy (870) 425-5145
Ponder's Pharmacy – Gassville (870) 435-5757
Wal-Mart Super-center/Pharmacy (870) 492-7733

VI. LONG TERM CARE FACILITIES/NURSING HOMES

Auburn Hills Health and Rehabilitation (870) 425-6931
Baxter Manor Nursing Home (870) 425-6203
Care Manor of Baxter County (870) 424-5030
Gassville Nursing Center (870) 435-2588
Good Samaritan Nursing Home (870) 425-2494
Pine Lane Healthcare (870) 425-6316

ATTACHMENT 3

GUIDELINES FOR ESTABLISHING AND OPERATING MORGUE/MORTUARY FACILITIES DURING MASS CASUALTY INCIDENTS

The following guidelines have been extracted from recommendations made by various individuals and groups with experience in responding to multiple or mass casualty incidents and/or in the day-to-day operations of morgue facilities.

A. FACILITY CONSIDERATIONS

1. Site Location

The chief site location requisite should be adequacy of accommodations. If a large enough permanent mortuary is available, it should be used. If not, a centrally located building should be adapted for use. The dominating consideration should be to reduce confusion and facilitate quick, accurate identification. (Fire stations, automobile dealerships, gymnasiums, armories, or other buildings of this type are suitable for adaptation.)

2. Entry and Egress

The facility should have front and rear entries and one or two additional exits should be available. The site should be chosen with regard to traffic problems, accessibility, and convenience.

3. Operational Area

The accommodation of 50 bodies (and all necessary personnel) would require approximately 4,500 square feet of floor space; with an allowance of 1,200 feet for each additional 25 bodies.

- a. For efficiency of operation, the location of the receiving entrance should be protected from public view and should permit free flow of traffic.
- b. The "admitting area" should be large enough to contain a desk and an adequate number of workers.
- c. Body storage space should be divided into separate areas to accommodate the following: 1) male adults, 2) female adults, 3) male children, 4) female children, 5) those whose sex cannot be determined.
- d. Bodies should be placed in numeral sequence in orderly rows with sufficient space to permit professional and technical examination (i.e., 6 x 2 foot area for each body; 2 feet between each body in the row; 5 feet aisles between rows).

- e. X-ray equipment may require AC current of 220 volts. Running water will be required for the dark room/developing equipment.
 - f. Telephones and personnel will be necessary to handle incoming and outgoing calls.
 - g. Medical examining rooms will require tables of convenient height, running water, ventilation, and good lighting.
 - h. Dental examination, fingerprinting and photographing may be carried on in the main storage area - if lighting is adequate.
 - i. Preparation of the remains may either be done in the main storage area or in a separate area.
4. Convenience to the Public

Facilities which should be available for the convenience of those members of the public having legitimate reasons for visiting include:

- a. A plainly marked information area that is easily accessible but does not interfere with free passage.
- b. Waiting room(s) and restrooms.
- c. Separate areas for conducting interviews with individuals seeking missing persons and for use as "viewing rooms" for identification.
- d. Provisions for the clergy.
- e. Provisions for the press.

B. PERSONNEL CONSIDERATIONS

Depending upon the overall size of the facility and the number of casualties to be handled, the following personnel may be required to ensure efficient operation of the temporary morgue.

- 1. Uniformed guards should be stationed at entrances, exits and other sensitive areas.
- 2. Admissions personnel should include:
 - a. Trained medical records technicians and clerks who begin the documentation process by establishing a "tracking record" of each body, assigning a unique number, and designating the storage area. (This individual tracking record becomes the foundation of the "Remains Case File/Personal Effects File.")

- b. Assistants who can transport bodies to the storage area and keep the admissions area clear.
3. A property custodian should be designated to be responsible for all valuables and other property/effects (until such time as these items are identified and released as designated by the courts or other authorities.)
4. A supervisor should be designated for each storage area to oversee placement of bodies, distribution of chart forms, and assembly of information.
5. Technical personnel should include medical examiners, x-ray technicians, finger printer's, a photographer who understands the importance of preserving evidence and recognizing significant features, and a clerk who can correctly transcribe legal terminology and is adept at describing clothing, jewelry, etc.
6. Other personnel needs (which may be filled by Red Cross or other trained volunteers):
 - a. Telephone communicators to handle incoming and outgoing calls.
 - b. Interviewers and waiting room attendants who are trained to deal with distressed, grief-stricken persons.
 - c. General information clerks and aides to run errands, escort people, and handle other miscellaneous duties.

C. GENERAL CONSIDERATIONS

1. The number assigned to each recovered body should appear on all information pertaining to that particular set of remains.
2. A "Remains Case File" and a "Personal Effects File" must be established for each body.
3. Bodies should be photographed prior to removal of clothing and personal effects such as jewelry.

ATTACHMENT 4
GUIDELINES FOR DISASTER MEDICAL OPERATIONS

This attachment includes guidelines for Disaster Triage, for Casualty Collection Point (CCP) Operations, and for Disaster Support Area (DSA) Operations. These guidelines are permutations of documents previously published elsewhere which have been reviewed and updated by various Arkansas health and medical professionals.

As with most other emergency services functions, responsibility for initial disaster medical operations within a county rests with that county's government. Because it is critical that inter-jurisdictional consistency in the various phases of disaster operations occur, it is the policy of the Arkansas Department of Health to provide these guidelines to each county for incorporation in the Health & Medical Annex of the County Emergency Operations Plan.

The following assumptions (which appear elsewhere in the Health & Medical Annex) are reiterated:

- In the event of a catastrophic emergency such as an earthquake in the southern portion of the New Madrid fault, the county may be effectively isolated from the rest of the State for as long as 72 hours -- and the communities within the county may very well be isolated from one another.
- Adjacent counties will be attempting to meet their own emergency health and medical needs and will be unable to provide assistance, even if transportation routes are available.
- With the potential for large geographical areas within Arkansas to be severely affected, state, and/or federal assistance will not be readily available.
- During this period, the priority will be given to: (1) lifesaving activities; and (2) actions toward salvaging essential medical equipment and supplies and removing them from the danger of further destruction.

In order to ensure that chaos does not occur, the county's on-going planning process must include:

- Development of a county disaster medical operations command hierarchy which: (1) incorporates all levels of medical responders; (2) identifies who is authorized to give orders at the various levels within the hierarchical chain and who answers to whom at each level; and (3) establishes how the incident commanders are to be identified. Levels to be considered include: transport, triage, CCPs, communications, and the medical operations DSAs.
- Establishment of personnel notification procedures, which are, in turn, integrated with the county's overall communications procedures.

ATTACHMENT 4B

GUIDELINES FOR CASUALTY COLLECTION POINT (CCP) OPERATIONS

1. Purpose

The purpose of this section is to provide guidance to local authorities for the designation, activation, and operation of Casualty Collection Points (CCPs). Since CCPs will be the principal state/local operational response to a catastrophe, interjurisdictional consistency in CCP operations is important. It is also extremely important that all planning for CCPs be accomplished within the structure of, and in conjunction with, the County Emergency Operations Organization as outlined in the County Emergency Operations Plan (EOP).

2. General

- a. CCP's are sites – pre-designated by county officials -- for congregation, triage, austere medical treatment, and stabilization of casualties who will be evacuated as the result of a major disaster. CCP's will be utilized to provide only the most austere medical treatment -- directed primarily to the moderately/severely injured or ill who will require later definitive care and who have a substantial probability of surviving until they are evacuated to other medical facilities. CCP's should not be viewed as first aid stations for minimally injured, although provisions may be made to refer them to a nearby site for first aid.
- b. Because evacuation of casualties from the CCP may be delayed due to limited availability of transportation, CCP's should not be viewed as only short-term staging areas. Given the uncertainty of the flow of casualties, the availability of supplies and personnel, and the timeliness and rate of casualty evacuation, managers of CCP's must be cautious in the allocation of resources (especially during the first 24 hours of operation).
- c. A critical consideration for a well-functioning CCP is the designation of a CCP Manager who will coordinate activities within the CCP itself and also coordinate with other agencies and officials outside the CCP. Listings of persons qualified to act as CCP Managers should be maintained by the County Emergency Operations Organization. The managers of "Category A" CCP's (see 3.a. below) should be designated in advance.
- d. Another critical consideration when planning for CCP's is the necessity for a potable water source.

3. Designation of CCP's

County governments are responsible for the designation, establishment, organization, and operation of CCP's. Regional and state resources will generally be unavailable for establishment and activation of a CCP during the initial response phase, however should be available to resupply and augment CCP operations.

- a. Counties should designate two categories of CCP-s:
 - "Category A" CCP-s are those the county is reasonably certain it will activate in case of major disaster involving mass casualties. The locations of "Category A" CCP-s should be publicized before a disaster occurs.
 - "Category B" CCP-s are those which may or may not be activated -
- depending upon the number and location of casualties, the resources available, and their accessibility. The location of "Category B" CCP-s should be publicized (by the most expeditious means possible) only after they have been activated.
- b. If a large number of casualties occurs in an area distant from any CCP, another CCP should be set up near the pocket of casualties. Local and State responders and the public should be notified of its location by the most expeditious means possible.
- c. In selecting CCP locations, consideration should be given to:
 - Proximity to areas that are most likely to have large numbers of casualties.
 - Distribution of locations in potential high-risk areas throughout the affected area.
 - Ease of access for staff, supplies, and casualties.
 - Ease of evacuation by air or land.
 - The ability to secure the area.

4. Medical Care

- a. Medical resources at CCP's should be oriented towards stabilization for transport and relief of suffering. Supplies, personnel, and conditions will not usually allow definitive care of even minor or moderate injuries.
- b. Care should ordinarily be limited to:
 - Arrest of significant bleeding.
 - Splinting of fractures.
 - Maintenance or improvement of hemo-dynamic conditions by intravenous solution
 - Treatment of severe respiratory conditions.
 - Pain relief.

5. CCP Operations

"A critical consideration for a well-functioning CCP is the designation of a CCP Manager who will coordinate activities within the CCP itself and also coordinate with other agencies and officials outside the CCP."

- a. The flow of casualties into a CCP is unpredictable -- depending upon its distance from casualties, the success of public information efforts, its accessibility, and the pace of search and rescue operations. Points to be considered include:
 - If delay is lengthy, reconsideration of triage of the seriously injured and a higher level of pre-hospital care at CCP's may be needed.
 - Supplies from outside the disaster area to the CCP's may be delayed.
 - Water, power, and other resources may be scarce, limiting the type of medical treatment feasible at a CCP.
 - Inclement weather and other atmospheric conditions may hinder helicopter delivery of personnel and supplies and evacuation of casualties.
- b. County officials should notify EMS, fire and police agencies and the public of the location of functioning CCP's.
- c. Status reports should be made by each CCP to the County Health & Medical Coordinator, to the County/State Health Department, and (where applicable) to the Operational Area Disaster Medical Coordinator. These reports should be sent by the most expeditious means available and should describe:
 - Numbers and triage category of casualties.
 - Medical supply needs.
 - Personnel status and needs.
 - Accessibility by helicopter and ground transportation.

6. Patient Tracking

Patient tracking should begin at CCP's, using a Patient Tracking Tag which will be attached to the patient during triage operations. The tag should remain with the patient until the final medical treatment facility is reached.

ATTACHMENT 4C

GUIDELINES FOR DISASTER SUPPORT AREA (DSA) MEDICAL OPERATION

1. General

The DSA should serve as a medical staging area through which casualties requiring hospitalization for substantial care are transported for dispersal to medical facilities in uninvolved areas. A "Leap Frog" concept should be used in evacuating casualties and providing mutual aid resources. Under this concept, casualties will be evacuated from CCP's in the affected areas to the DSA, then to a more distant medical facility for definitive care. The decision for establishment and operation of a DSA, or for upgrading a designated CCP to DSA status, will be determined by the cognizant on-scene medical authority in conjunction with the County and/or State Emergency Operations Organization.

- a. Minimal medical stabilization services aimed at preserving life will be performed at the DSA.
- b. Human and material resources will be coordinated with all appropriate levels of government, and medical response and emergency medical agencies in the affected area, by the Arkansas Department of Health (ADH) through the ADH Emergency Services Liaison Officer or ADH Health Area Manager.
- c. The DSA should also serve as the site for the receipt, storage, and disbursement of medical resources into unaffected areas.
- d. Satellite medical operations (medical DSA's) may be created at other locations depending on the location of large pockets of casualties and the amount of responding resources available. Whenever this occurs, communications should be established and maintained with other established DSA's.
- e. A critical item that should be considered when planning for DSA's is the necessity for a potable water source.

2. DSA Medical Function Responsibilities

- a. Planning the organization and layout of the medical section of the DSA -- to include establishment of a "Chain of command" that provides for all levels of medical personnel, and the procedures under which the "chain..." will function.
- b. Establishing procedures for patient flow.
- c. Directing the establishment of the medical site and implementation of patient care procedures.

- d. Providing orientation for personnel staffing the DSA medical function.
5. Organization and Support of Personnel
 - a. Physicians and other licensed medical personnel arriving at the DSA should sign a log sheet listing names, specialties, and license numbers. (Medical personnel must have some proof of licensure with them.) This information will be used to organize medical assistance teams with appropriate skills. Each team should triage and provide austere treatment to an average of 200 casualties per eight hour shift at CCP's (if needed) or at the DSA.
 - b. It is recommended that whenever possible each team consist of:
 - Two physicians with specialties in emergency medicine, surgery, orthopedics, family practice, internal medicine, or gynecology.
 - Four registered nurses (or paramedical/EMT personnel equivalents).
 - Two physician's assistants or nurse practitioners (or paramedical/EMT personnel equivalents).
 - One medical assistance person (dentist, veterinarian, etc.).
 - Two clerks
 - c. As soon as medical personnel arrive at the DSA, they should be provided with orientation material, i.e., disaster tags, triage and austere medical care guidelines, other available material as necessary.
6. Movement of Resources
 - a. Transportation for personnel and equipment from other areas of the State to the DSA will be coordinated by the State/Area/County Emergency Operations Centers (EOC's).
 - b. Most medical supplies and support equipment supplies by the federal government will probably originate from Department of Defense Logistic Supply Depots and the Veterans Administration. Initial transport of supplies will be accomplished by the military; later transport may be supplemented by the private sector.
 - c. Wherever possible, open market purchased resources should be delivered by the supplier. If the supplier is unable to transport, transportation will be requested through the DSA.

- d. If land routes are open between CCP's and the DSA (or other sites of definitive or intermediate care), trucks and buses may be used to transport large number of casualties requiring evacuation. Ambulances from unaffected areas will be primarily needed for the transport of casualties from the receiving site in reception areas to definitive care facilities.
- e. Transportation resource options include:
 - Commercial aircraft (fixed-wing and rotary), trucks, and buses.
 - Military aircraft (fixed-wing and rotary) and trucks.
 - Private and public ambulance companies.

Attachment 5

PANDEMIC

I. PURPOSE

This attachment has been prepared to assist Medical, Public Health leaders, County Government and Emergency Planners to better respond to a future threat of a Pandemic catastrophe. It outlines the separate but complementary roles and responsibilities for the Pandemic Planning Committee.

The provisions of this attachment constitute general guidance for activities intended to mitigate the harmful effects of a Pandemic Disaster, which will result in widespread illness and death.

This attachment is intended to complement the Baxter County Emergency Operations Plan and its other annexes.

Provisions of this attachment are not intended to supersede or abrogate the provisions of any other annex or appendix to this Plan.

II. SITUATION

Residents of Baxter County are vulnerable to a Pandemic Disaster, which could result in a need for augmentation of health protection and surveillance activities, as well as medical services support.

The responsibility for management of the risk from pandemic influenza, should it actually occur, rest primarily with national authorities with cooperation from state and local County Government.

In recognition of the individuality of each county, as well as the unpredictability of influenza, this attachment emphasizes the processes and issues appropriate for the Pandemic Planning Committee, but does not provide a “model plan.” Furthermore, it is anticipated that the Pandemic Planning Committee will confront new issues, which will call for additional county dialogue. For example, more consideration is needed about how scarce supplies of vaccines can be shared, and what might be the benefit of canceling public gatherings to slow the spread of a pandemic virus among unvaccinated populations.

In a Pandemic Situation, the World Health organization will be the key to the surveillance and dissemination of all that takes place before, during, and after a Pandemic on a World Wide scale. Baxter County Government, Health Organizations, Law Enforcement, Fire/Rescue Personnel, and local volunteer services will be utilized to their fullest extent.

Since a Pandemic is not an isolated catastrophe and will involve the support of numerous agencies, the predominant agency is WHO. Included in this attachment is a brief outline of what WHO's mission is and how it will involve our county if and when a Pandemic occurs.

III. ASSUMPTIONS

- A. During and after a Pandemic disaster, the medical care facilities and personnel will be capable of providing initial medical care for victims of the influenza.
- B. Medical care and health protection operations will be supported by the County's Emergency Management Director, Communications, Law Enforcement, Fire and Rescue, Triage, Resource and Supply Personnel, plus Red Cross and volunteer medically trained personnel.
- C. Complete records will be kept of all vaccines and vaccines received. A maintained record of all humans that have the influenza strain will be kept and reported to all necessary agencies with pandemic virus updates:
 - a. World Health Organization (WHO)
 - b. Baxter County Judge
 - c. Baxter County PIO
 - d. Baxter County Office of Emergency Management
 - e. Baxter County Regional Medical Center

IV. CONCEPT OF OPERATIONS

A. GENERAL

It is impossible to anticipate when a pandemic might occur. Should a true Influenza pandemic virus again appear that behaved as in 1918, even taking into account the advances in medicine since then, unparalleled tolls of illness and death would be expected. Air travel could hasten the spread of a new virus, and decrease the time available for preparing interventions. Health care systems could be rapidly overburdened, economies strained, and social order disrupted. Although it is not considered feasible to halt the spread of a pandemic virus, it should be possible to minimize the consequences by having prepared for the challenge in advance.

An adequate system is in place to handle a limited scope Pandemic situation.

Emergency operation for all services in the county will be an extension of the normal care and health protection activities, until such time resources are nearing exhaustion and aid must be requested from outside sources.

Local Emergency Situations based on past experience have resulted in cooperation and utilization of supplies, personnel, and equipment as needed. However, a Pandemic cannot be placed in the same category as a natural localized disaster. The difference being that this is a human devastating disaster that will affect us as a nation, not a geologically confined structural disaster. We must take into account that there will be an overwhelming demand of requests for assistance from State and Federal levels during the phases of the catastrophe.

B. PHASES

1. Phase 0: Inter-Pandemic Activities

During this phase, no indications of any new virus type have been reported. As mentioned “the Inter-Pandemic Period”. When new sub-types of influenza viruses with pandemic potential may emerge, is considered to be Pandemic Phase

Based on reports received about such new viruses that are submitted to the World Health Organization (WHO) and reviewed by a Pandemic Task Force and other experts, WHO will report on the subsequent phases of the pandemic as each occurs. During this inter-pandemic period, WHO co-ordinates a program of international surveillance for influenza in man.

2. Phase 0: Preparedness level 1 (new influenza strain in a human case)

This preparedness level will exist following the first report(s) of isolation of a novel virus sub-type from a single human case, without clear evidence of spread of such a virus or of outbreak activity associated with the new virus.

WHO will announce with the help of its task force and after international consultation this PREPAREDNESS LEVEL 1.

- a. WHO will co-ordinate international efforts to assist national and local authorities reporting the potential pandemic virus in confirming the infection of a human by a novel strain by:
 1. Seeking additional data concerning sources of exposure, infection of contacts, and existence of antibody responses in persons exposed to the novel virus, including members of the household, school, or workplace of the index case(s), health care workers, and laboratory workers.
- b. WHO will heighten activities of the laboratory surveillance network by: advising national influenza laboratories to immediately review their results and report the presence of viruses that appear difficult to type. Expediting shipment of samples of such possible new virus isolates to and among Collaborating Centers, including facilitating customs clearance if necessary. Promoting development and planning for distribution of reagents to all national influenza laboratories for identification of the novel virus strain.

3. Phase 0: Preparedness level 2, Human Infection Confirmed

This preparedness level will exist when it has been confirmed that two or more human infections have occurred with a new virus sub-type, but the ability of the virus to readily spread from person-to-person and cause multiple outbreaks of disease leading to epidemics remains questionable.

- a. WHO will announce with the help of its task force and after international consultation this PREPAREDNESS LEVEL 2.
- b. WHO will encourage and assist the country, where initial cases were detected, to enhance surveillance and diagnosis, and organize special investigations designed to increase understanding of the possible transmission and impact of the new virus.
- c. WHO will develop a case definition to be used in surveillance for a new virus sub-type, particularly during early stages of virus spread.
- d. WHO will recommend that national health authorities take contingency steps that will facilitate activation of their national pandemic preparedness plans, if this becomes necessary.

- e. WHO will promote development and evaluation of candidates for production of vaccines against the novel influenza strain, using approaches such as the following, as appropriate:
 - 1. If feasible, high growth and cold-adapted attenuated reassortant viruses will be prepared, with precautions to ensure their handling does not pose threats to humans or susceptible animals when grown in current types of vaccine production facilities that use chicken eggs.
 - 2. Pre-existing laboratory-adapted strains anti-genically and biologically suitable for vaccine production against the novel virus may be identified (e.g., similar isolates from animal host).
 - 3. Laboratory-adapted variants may be prepared with the new virus; such as by multiple passage in different hosts or at different temperatures, to select variants that could be safely and successfully used for vaccine production.

4. Phase 0: Preparedness level 3, Human Transmission Confirmed

This Preparedness level will exist when human transmission of the new virus sub-type has been confirmed through clear evidence of person-to-person spread in the general population. Such as secondary cases resulting from contact with an index case, with at least one outbreak lasting over a minimum two-week period in one country. Identification of the new virus sub-type in several countries, with no explanation other than contact among infected people, may also be used as evidence for significant human transmission.

- a. WHO with the help of its task force and after international consultation announces this PREPAREDNESS LEVEL 3
- b. WHO will disseminate the case definition to be used in surveillance for the new virus sub-type.
- c. WHO will facilitate the distribution to all interested manufactures of candidate vaccine viruses developed as part of the Preparedness Level 2 activities.
- d. WHO will convene its experts for influenza vaccine composition to develop, disseminate, and encourage co-ordinated clinical trials of vaccines against the new strain.
- e. WHO will convene its experts for vaccine composition to develop ways most likely to make vaccines widely available

throughout the world, with recommendations for their use appropriate to the populations, health care delivery systems, and environments in different regions.

- f. WHO will further enhance its information dissemination to provide timely reports of the status of investigations of the new virus, its spread, and the development of responses to it.
- g. WHO will contact vaccine manufacturers and national governments about capacity and plans for production and international distribution of a vaccine to the new virus.
- h. WHO will encourage international co-ordination for purchase and distribution of vaccine among different countries.
- i. WHO will provide general guidelines to national health authorities based on the best available information to assist individual countries that are determining their course of action. Guidance is expected to be helpful, particularly with regard to the following aspects:
 - 1. Types of surveillance most likely to reliably document spread and impact of the new virus, Risk groups for contracting infection or suffering severe morbidity, Situation with regard to plans for manufacturing vaccine against the new virus, and other approaches to control and case management.

5. Phase 1: Confirmation of Onset of Pandemic

The Pandemic will be declared when the new virus sub-type has been shown to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that serious morbidity and mortality is likely in at least one segment of the population. Onset shall be defined at that point in time when WHO has confirmed that a virus with a new haemagglutinin sub-type compared to recent epidemic strains is beginning to spread from one or more initial foci. Depending on the amount of early warning, this phase may or may not have been preceded by the above-described series of increasing levels of preparedness.

- a. WHO with the help of its task force and after international consultation announces the onset of a new influenza pandemic: Phase 1.

- b. WHO will make recommendations for composition and use of vaccines (doses and schedules), and organize consultations that are intended to facilitate vaccine production and distribution in the most equitable manner possible. WHO would also consider the situation where a new virus sub-type had not replaced previously circulating strains.
- c. WHO will issue guidance on the best use of available anti-viral drugs against the new virus.
- d. National response measures should be initiated as rapidly as possible according to pre-determined national pandemic plans, updated to take account of specific characteristics of the new sub-type and knowledge of vaccine availability.
- e. WHO will further enhance its monitoring and reporting of the global spread and impact of the virus.
- f. WHO will seek support in mobilization of resources for countries with limited capacities through partnership with organizations such as UNICEF, the International Federation of Red Cross and Red Crescent Societies, the World Bank, and International relief agencies.
- g. WHO will work with regional offices as appropriate to encourage common activities among nations facing similar challenges from the pandemic.

6. Phase 2: Regional and Multi-Regional Epidemics

Outbreaks and epidemics are occurring in multiple countries and spreading region by region across the world.

- a. WHO with the help of its task force and after international consultation announces the onset of the influenza pandemic, Phase 2.
- b. WHO will continue to work with regional offices as appropriate to encourage common activities among nations.
- c. WHO will continue monitoring and reporting of the global spread and impact of the virus.
- d. WHO will continue to organize the distribution of vaccines in the most equitable manner possible.

- e. WHO will update guidance on the best use of available anti-viral drugs against the new virus.
- f. WHO will seek further support in mobilization of resources for countries with limited capacities.
- g.

7. Phase 3: End of the First Pandemic Wave

The increase in outbreak activity in the initially affected countries or regions has stopped or reversed, but outbreaks and epidemics of the new virus are still occurring elsewhere.

- a. WHO with the help of its task force and after international consultation announces the onset of the influenza pandemic Phase 3.
- b. WHO will continue to work with regional offices as appropriate to encourage common activities among nations.
- c. WHO will continue monitoring and reporting of the global spread and impact of the virus.
- d. WHO will continue to organize the distribution of vaccines in the most equitable manner possible.
- e. WHO will update guidance on the best use of available anti-viral drugs against the new virus.
- f. WHO will seek further support in mobilization of resources for countries with limited capacities.
- g.

Phase 4: Second or Later Waves of the Pandemic

Based on past experiences, at least a second severe wave of outbreaks caused by the new virus would be expected to occur within 3-9 months of the initial epidemic in many countries.

- a. WHO with the help of its task force and after international consultation announces the onset of the influenza pandemic, Phase 4.
- b. WHO will continue monitoring and reporting of the global spread and impact of the virus.
- c. WHO will estimate the remaining needs for vaccines.

- d. WHO will estimate the availability of anti-viral drugs.
- e. WHO will seek further support in mobilization of resources for countries with limited capacities.

9. Phase 5: End of the Pandemic

- a. WHO will report when the Pandemic Period has ended, which is likely to be after 2-3 years. The indications for this will be that indices of influenza activity have returned to essentially normal inter-pandemic levels, and that immunity to the new virus sub-type is widespread in the general population. Major epidemics would not be expected again until antigenic variants begin to emerge from the prototype pandemic strain.
- b. WHO with the help of its task force and after international consultation will declare the end of the influenza pandemic, and the onset of a new inter-pandemic phase: Phase 0
- c. The methods used by WHO for collecting information about the occurrence of influenza, reporting on the spread of the virus, and promoting implementation of special control measures will generally return to pre-pandemic levels. Where it appears advantageous, on the basis of experience obtained during the pandemic activities, related to influenza control may remain augmented.
- d. WHO Actions in the Post-Pandemic Phase
 - 1. After the pandemic period has been declared by WHO to be over, WHO will organize consultations and meetings to undertake the following:
 - a. Assessment of the overall impact of the pandemic.
 - b. Evaluation of lessons learned from the pandemic that will assist in responding to future pandemics

V. ORGANIZATION AND RESPONSIBILITIES

- A. The official Emergency Operations liaison for Baxter County in a Pandemic Situation is the Baxter County Health Officer and the County Health Unit of the Arkansas Department of Health.
 - 1. The Baxter County Health Unit provides public health services for citizens of the county. During a Pandemic situation, day-to-day operations will be suspended and the Unit will be modified to

concentrate resources on critical health protection activities such as Pandemic Surveillance and Control, and providing support for mass care and vaccination.

2. Responsibility of medical direction and location of distribution of any available vaccines will foremost be with the Baxter County Health Unit. Location designation for vaccine distribution will be the Baxter County Training Center located in Midway, AR.
3. Designation of Vaccine: Key Government Officials and Key Community Personnel. This list will not include Personnel from Baxter Regional Medical Center or Baxter County Health unit. They have created their own in-house plan that contains designated Key Personnel. This list is not limited to and may be revised.

- a. Designation of Vaccine for Key Government Officials:

- Baxter County Judge
- Baxter County OEM Director
- Baxter County Law Enforcement
- Baxter County Coroner
- Volunteer 1st Responders (all)
- Baxter County PIO
- Baxter County Telecommunicators

- b. Designation of Vaccine for Key Community Personnel:

- NAEC- Supervisor and Assistant+1
- Entergy- Supervisor and Assistant+1
- Arkansas Western Gas- Supervisor and Assistant +1
- Water and Sewer Dept- Supervisor and Assistant+1
- Waste Disposal- RLH-Supervisor and Assistant+1

- c. Funeral Homes:

- Rollers- Director and Assistant+1
- Kirby/Boaz- Director and Assistant+1
- Baxter County Funeral Home- Director and Assistant+1

- d. Pharmaceutical Suppliers:

- Ponder Economy Drug- lead Pharmacist
- The Medicine Shoppe- lead Pharmacist
- Magee/Thomas Pharmacy- lead Pharmacist
- Baxter Health Care Corp- lead Pharmacist
- Bryant Pharmacy- lead Pharmacist

Price Rite Pharmacy- lead Pharmacist

- e. Pastor's and Clergy-
 - First Baptist Church- Chief Clergy
 - Catholic Church- Chief Clergy
 - Mtn. Home Church of Christ- Chief Clergy
 - Redeemer Lutheran Church- Chief Clergy
 - First United Methodist Church- Chief Clergy
 - Church of Jesus Christ of Latter-Day Saints-
Bishopric
 - (And any other religious affiliation with
Congregation)

- f. Food Suppliers-
 - Harps Grocery- Manager
 - Town and Country- Manager
 - Wal-Mart- Manager

4. The Baxter County Public Health Officer will be responsible for coordinating the health protection activities of the County Health Unit. The Baxter County Health Unit will, in coordination with the physician appointed as County (Public) Health Officer provide health protection services as needed. If necessary, this will include continuous influenza surveillance of the citizens of Baxter County.

B. Baxter County Regional Medical Center will provide care for the ill and assist in vaccine distribution.

- 1. Baxter County Regional Medical Center are the ambulance providers for the county.
- 2. The hospital maintains an up-to-date Pandemic Plan within their Disaster Plan. The following criterion is an enhancement to annex H on responsibilities.
- 3. Records keeping of all humans that receive care for the influenza strain. Reporting to all necessary agencies with pandemic virus updates:
 - a. Baxter County Judge
 - b. Baxter County Office of Emergency Management
 - c. Baxter County PIO
 - d. Baxter County Health Unit

4. Triage will be designated at the Baxter County Fair Grounds.

- C. The Baxter County Judge
 - 1. Upon declaration of a disaster, command decisions will be made, such as school and public closures and possible County quarantine will be considered.
 - 2. The County Judge will work hand-in-hand with the County PIO and Emergency Management Director assessing the Pandemic situation, offering direction and control.
- D. Baxter County Office of Emergency Management
 - 1. Assist in coordinating efforts and utilization of resources.
 - 2. Receive Reports from Baxter Regional Medical Center and the Baxter County Unit Health Department, these reports will be disseminated by OEM and given to the Baxter County PIO for any media or other release of information.
 - 3. Assessing and mitigation will take place during and after the Pandemic.
 - 4. Monitor our plan and its effects on our community and further more redesign if necessary and integrate a more effective preparedness plan.
- E. County PIO Officer
 - 1. During a Pandemic situation, the general public will demand information about the influenza and instructions on proper survival/response actions. The County PIO Officer by direction of the County Judge and Office of Emergency Management Director will coordinate information and properly disseminate to the public via radio, newspaper, television or any other source that the public is familiar with.
- F. Baxter County Chapter of the Salvation Army
 - 1. Provide necessary assistance with provisions of food, transportation and other necessities.
- G. Baxter County Funeral Homes
 - 1. In the event of a major Pandemic situation requiring augmentation of mortuary services, a temporary morgue will be established and operated according to procedures established by the County Coroner.
 - 2. Kirby/Boaz Funeral Home, Rollers Funeral Home and Baxter County Funeral Home will provide embalming and storage for the deceased.

3. Transportation for the deceased will also be provided.

H. Baxter County Law Enforcement

1. Provide security for critical facilities and resources as identified by the Chief Executive.
2. Maintain law and order in a possible chaotic atmosphere.
3. Transportation of necessary items to local residents and provisions will be made for Health Care Worker Safety and Public Safety.
4. Provide movement and traffic control, re-establish law and order, and support other functional areas in the recovery operations.
5. Follow established procedures for reporting appropriate information to the OEM during the Pandemic Situation.

SEE ANNEX “H” IN THE COUNTY EMERGENCY OPERATIONS PLAN FOR FURTHER PROVISIONS ON HEALTH AND MEDICAL. ANNEX H SHOULD BE ADHERED TO IN ANY HEALTH OR MEDICAL CRISIS, THIS ADDITION IS ONLY TO ENHANCE AND COMPLIMENT THE EXISTING ANNEX.

The WHO was added to this attachment for your knowledge base and realization that a Pandemic affects and involves more than monitoring and disseminating at a county level.

Attachment 6

MASS FATALITIES PLAN OF OPERATION

Purpose

This annex has been prepared to assist Medical Examiners, Coroners, Public Health leaders, County Government, Law Enforcement Officials, and Emergency Planners to better respond to a possible Mass Fatality Incident. It outlines the separate but complementary roles and responsibilities for the personnel that will need to respond to a Mass Fatality Incident.

Scope

The provisions of this Annex constitute general guidance for activities intended to mitigate a Mass Fatality Incident, which will result in many professional resources being utilized.

This annex is intended to compliment the Baxter County Emergency Operations Plan and it's other annexes.

Provisions of this Annex are not intended to supersede or abrogate the provisions of any other annex or appendix to this Plan.

Situation and Assessment

A. Situation

Residents of Baxter County are vulnerable to a Mass Fatality Incident, which could result in a need for augmentation of the Chief Medical Examiner, Office of Emergency Management Director, Chief Law Enforcement Investigator, and an Evaluation Team. Also a need for implementing teams of search and rescue crews that could be established through local Fire Department Organizations and Law Enforcement Personnel.

The responsibility for management of the Mass Fatality Incident, should it actually occur, rest primarily with cooperation from state and local County Government.

B. Assessment

A mass fatality incident is defined as an occurrence of multiple deaths that overwhelms the usual routine capability of the counties responding agencies.

In recognition of the unpredictability of a Mass Fatality Incident, this annex emphasizes the processes and issues that are appropriate and actions to be taken. Considerations need to be made on supplies of body bags, personnel protective equipment, and refrigerated trucks etc.

Concept of Operations

It is impossible to anticipate if and when a Mass Fatality Incident will occur, should an incident such as this take place, preparations should be made to minimize the overall catastrophe by preparing for the challenge in advance.

Medical Examiners and Coroners that service Baxter County will be an extension of the normal services they provide, until such time that the realization that the incident is of an overwhelming capacity that outside sources need to be utilized.

Plan of Operation

Note: If this incident is of such magnitude that it is anticipated that personnel and equipment from the outside of the Medical Examiner's Office may be needed, the following should be considered:

Disaster Mortuary Team

The Disaster Mortuary Unit provided through FEMA will send an evaluation team to the location to help evaluate the personnel and equipment that may be necessary to take care of the mass fatalities incident. They can activate the evaluation team and have experienced reliable individuals on site within 8 to 12 hours.

The National Foundation for Mortuary Care has a mobile morgue at Sky Harbor Airport, Phoenix, Arizona, and will be getting a 2nd mobile morgue in the near future. These morgues are fully equipped with everything needed including x-ray machines.

Three Major Operations

Scene: Body Recovery.

Examination Center: Body identification and processing.

Family Assistance Center: Ante mortem information, and take care of families.

Someone must be assigned to be in charge of each operation. All three need to be set up and coordinated at the same time.

Plan of Operation (Things to have in place)

1. Communications: Telephones, hard line and cellular
2. Body Bags
3. Refrigerated Trucks: Trucks at the scene and the morgue
4. Transportation: Transportation for personnel, i.e., cars and vans
5. Security: Security for scene, examination center, and the Family Assistance Center
6. Identification: I.D. Badges for all personnel with clearance for the scene or other operations of the incident.
7. Select an Examination site such as the Baxter County Fair Grounds, Baxter Regional Medical Center, National Guard Armory or any other site that is in close proximity of the disaster location and capable of handling a high amount of fatalities.
8. Select a location for the Family Assistance Center, such as a church or Community Center.

Plan of Operations (The Scene)

Have all personnel informed of the situation, all equipment and personnel should be well organized before the removal of the bodies.

1. Equipment and Supplies, tracking cost and receipts and keeping a complete record of all equipment used and ordering supplies.
2. Protective clothing will be issued to personnel, such as gloves, boots, coats, hard hats, rain suits etc.
3. It will be necessary to have quality body bags with 6 handles, envelope or c-zippers work best also litter and litter stands will be necessary.
4. Refrigerated trucks with metal walls and floors will be needed near the scene, preferably with the company logo covered up.
5. Transportation, Plan your route around the scene and off limit areas for vehicles, make sure all personnel are aware of the entry to scene and exit of the scene.

6. Transportation for bodies, arrangements will need to be made with the funeral homes and possibly a contract service to transport the bodies from the scene.
7. Tents and trucks can be used for storage of supplies and equipment
8. White paint will be needed for numbering the body bags; the number used on the body bag will also be the identification number for the body.
9. Flags or stakes will be needed for marking the locations of bodies and body parts. The number on the flag or stake should correspond with the number on the body bag identifying which body was at which location on the scene.
10. Plastic toe tags will be used with Sharpie permanent pens to number them, using the same identification number used on the body bag and flags in this numbering process system.
11. Biohazard bags and boxes will be necessary for safe disposal of biohazard debris.
12. Documentation of the body locations, body parts, and personal effects will be done using the grid method or laser surveying equipment.
13. Written and photographed documentation will be taken of the body locations, body parts, personal effects and all other necessary sites of the incident.
14. Provisions will be made to supply food to the Medical Examiner's Office and all other personnel unable to leave the scene for nourishment.
15. Numbering- all numbers will be assigned at the scene. Use simple numbers, i.e., 1,2,3... Body numbers will be 1,2,3... Body part numbers will be P1, P2, P3... Personal effect numbers will be E1, E2, E3... Note: Make the number on the body bag 12 inches high with white paint. Place plastic toe tag on the bag and the body.

A Safety Officer will be appointed to the scene to ensure the safety of all workers; the Safety Officer will have the authority to shut down any portion of the recovery due to any safety violations.

Scene Body Recovery Teams

1. Body Recovery Teams- Comprised of one of each of the following:
 - A. Medical Examiner Investigator
 - B. Medical Examiner Assistant
 - C. Scribe-Documentation
 - D. Photographer
2. Body Moving Teams – Comprised of 4 people to move bodies out of scene to the Body staging area.

Examination Center

It is highly imperative that the personnel and equipment are in place.

1. Security – I.D. Badges
2. Refrigerated Trucks – Ramps into trucks
3. Protective Clothing – Gloves, scrubs, shoe covers, masks, coveralls, hats, etc.
4. Communications – Telephones, cell phones, fax machines, P.A. System
5. Computers – Computer Software and programs
6. Records – Postmortem and ante mortem

7. Office Equipment – Copiers, typewriters, fax machine, etc.
8. Receiving – Bodies at examination center:

Family Assistance Center

A representative of the Medical Examiner's Office needs to be in charge during the initial setting up of the Family Assistance Center. Personnel may be recruited from the Arkansas Funeral Directors Association. The Family Assistance Center is a multi-agency organization and cannot be handled by the Medical Examiner alone

1. Site Selection – It is extremely important that the site selected for the Family Assistance Center be functional for the incident that you are taking care of, i.e., if the families are coming from out-of-town the site may be a hotel or motel. If it is a local incident and the families are local, then housing would not be a consideration. Churches, business offices and such should be considered. The location should not be close to the actual scene and it should be easily accessible to the families. Parking should be a consideration depending on the number of families expected. Security for the parking lot and the outside, as well as the inside, of the Family Assistance Center is the number one priority.
2. Medical Examiner/General Administration – Ante mortem records, family information and death notification.
3. American Red Cross/Salvation Army and other Volunteer Organizations – Family Support, transportation, housing, supplies, equipment, volunteer coordination.
4. Security – Parking lot, outside check points, inside checkpoints, family escorts.
5. Food service – For the families and staff.
6. Communications –Telephones and cell phones for families and Family Assistance Center Workers.
7. Mental Health – Family Support, staff support, assisting with death notification.
8. Medical – Family care, staff care, assisting with death notification.
9. Religious support – Family support, staff support, assisting with death notification.
10. Site Support – Custodial, site maintenance.

General

Local Emergency Situations based on past experience have resulted in cooperation and utilization of supplies, personnel and equipment as needed. However, a Mass Fatality Incident cannot be placed in the same category as a natural disaster. The difference being the demand of a wide variety of resources and supplies such as: Coroners, Medical Examiners, Forensic Dentist, Security Teams, Search and Recovery Teams, Photographers, Records Management Team, Administration Team, Logistics Team including a Supply Clerk, Forensic Pathology Team, Fingerprint Team and considerations must be made for a Family Assistance Center to assist family members and friends and provide morale support. As you can see depending upon the Mass Fatality Incident, the overwhelming demand for cooperation between all emergency entities and the medical community is crucial. The decision for calling in outside aid and additional resources will primarily rest with the Director of Emergency Management. This decision should be made promptly after a survey of the Incident. This request will then have to be forwarded to the Baxter County Judge in which a Declaration of a

Disaster will have to be made. Also notification to the Arkansas Department of Emergency Management should be made, when forwarding the Declaration to the State, the State will in turn notify the State Department of Human Health, which will notify and activate the additional resources.

Baxter County Response to a Mass Fatality Incident

Organization and Responsibilities

The official Emergency Operations liaison for Baxter County in a Mass Fatality Incident is the Chief Medical Examiner, the Director over the Office of Emergency Management and the Public Information Officer (PIO).

The Chief Medical Examiner will maintain overall responsibility and provide command and supervision for the entire operation. Meetings will be conducted with key personnel during the operation to discuss problems encountered and to brief on the overall status of the operation as well as consultations with key personnel, when needed. Responsibility for approving all final identifications made of the fatalities will rest exclusively with the Chief Medical Examiner.

The Director of Operations, (OEM Director), will implement mass fatalities plan and coordinate and direct the entire operation. He/she will provide support and direction to all personnel to ensure a smooth operation and the Director will keep the Chief Medical Examiner informed about the status of the operation.

The PIO will be responsible for the release of information to the public and news media concerning the operation and will also coordinate with the Director concerning all press releases.

Evaluation Team

An evaluation team consisting of three or four individuals from the Office of the Chief Medical Examiner, i.e., the Chief Medical Examiner, Director of Operations (OEM Director) and a Chief Law Enforcement Investigator will go to the site of the mass fatality incident to evaluate the following:

- A. Number of fatalities involved
- B. Condition of the bodies, i.e., burned, dismembered etc...
- C. Difficulty anticipated in the recovery of the bodies and the types of personnel and equipment needed, i.e., search and rescue, heavy equipment etc...

- D. Location of the incident as far as accessibility and the difficulty that may be encountered in transporting bodies from the scene.
- E. From the information gathered at the scene, try and begin formulating a plan as far as documentation, body recovery, and transportation.
- F. Also the types and numbers of personnel possibly needed to staff the morgue for identification, body examination, evidence collection, etc.
- G. Try to anticipate what type of a facility would be the most useful for the families of the victims. A Family Assistance Center, i.e., are most of the victims local whereby the families would also be local and housing would not be of a critical issue. If the incident is one where the bodies are mostly from out of the Baxter County area then the families would be in need of temporary housing.

A Search and Recovery Team will consist of Law Enforcement Personnel from Baxter County Sheriff's Office, other Local Law Enforcement, Mountain Home Police Department, Mountain Home Fire Department and local Volunteer Fire Fighters. They will be responsible for the search operation at the disaster site, which includes searching for, locating, numbering, and recovering human remains and personal effects.

A Team Leader will be chosen to head the Search and Recovery and will be responsible for the following: The overall operation of the Search and Recovery Team. Establishing a search plan, that provides for a thorough, deliberate and overlapping search of the disaster area.

Coordinate with other authorities to ensure that a cordon is established around the disaster area, that access is controlled, and that remains and personal effects are not moved or disturbed in any way until approved by the Search and Recovery Team Leader. Ensure that a sufficient quantity of pre-numbered stakes and pre-numbered body bags are available for use at the disaster site.

Ensure that a log is maintained to record numbers assigned to found remains/body fragments and that each number is used only once.

Ensure that the exact location of a body or fragment is marked by placing a pre-numbered stake in the ground adjacent to the body/fragment, while at the same time, placing a pre-numbered tag with the same number on the remains.

Ensure that a meter-square grid chart is prepared to accurately chart the location of each body or fragment in relation to other remains, natural landmarks, and significant debris or other evidence. Supervise the removal of remains from the disaster site. And ensure that personal effects found on a body are removed from the disaster site and transported with that body to the mortuary.

The Search and Recovery Team members will search for, number and process human remains, fragments, and personal effects as directed by the Search and Recovery Team Leader.

A Dental Consultant will advise Search and Recovery Team members on the procedures for identifying and collecting dental fragments and will assist in the Search Operation. He/She will also ensure that, as necessary, the jaws of the human remains are wrapped with ace bandages, or the like, to prevent loss of dentition during movement and transportation of bodies.

A Photographer, appointed by the Team Leader of Search and Recovery will be responsible for taking photographs of the disaster site as directed by the Team Leader

A Forensic Dentistry Team will consist of local dentists that have Forensic expertise and will utilize forensic methods in conducting dental examinations of each set of

remains in an attempt to effect identification or to assist in the identification process. Note: Refer to the Resource Guide of this annex for assistance in personnel and supplies.

A Team Leader will be chosen to head the Forensic Dentistry Team and will be responsible for the following: The overall operation of the Forensic Dentistry Team. Briefing all team personnel involved in charting records on the charting methods to be utilized to ensure consistency. Review all identifications made by the team. Ensure that information pertaining to each positive identification is provided to the Fingerprint Team to assist them with their fingerprint card search and fingerprint identification process. Monitor personnel working in the Dental Radiology Section for excessive exposure.

The Postmortem Dental Examination Section will accomplish a thorough postmortem dental examination on each set of remains, to include a thorough cleaning of dental structures and charting of all dental evidence on a Postmortem Dental Record Form. Compare completed postmortem dental records and radiographs with assembled ante mortem records and radiographs in an attempt to effect an identification or exclusion. Complete a Dental Identification Summary Sheet for each dental identification made.

A Photographer will be appointed by the Forensic Dentistry Team Leader and will take photographs as directed by the Team Leader.

A Security Team will consist of Law Enforcement Personnel from Baxter County Sheriff's Office and the Mountain Home Police Department. Also the Arkansas State Police will be advised of the incident and be present at the scene for security purposes.

A Team Leader will be chosen to head the Security Team and will be responsible for the following: The overall security of the operation and establish an access control system to prevent unauthorized entry into the controlled areas. Brief personnel concerning security requirements, including physical security, information security and communications security. Ensure that only authorized photographers are allowed to take photographs or videotape in and around the controlled area. **Security Officers** will control check points, check ID badges and ensure that authorized personnel only are allowed in to the controlled area. The Team Leader may assign other duties.

A Records Management Team will consist of personnel from Rollers Funeral Home, Kirby/Boaz Funeral Home and Baxter County Funeral Home. They will be responsible for the acquisition, maintenance, and security of all records pertaining to the fatalities, i.e. medical, dental, completed morgue files, etc.

A Team Leader will be chosen to head the Records Management Team and be responsible for the overall operation of the Records Management Team. Collecting a list of all possible victims of the mass disaster so that acquisition of ante mortem records can begin at the earliest possible time. Oversee the collection of pre-death information and the control of these files. **A Registrar** will be responsible for all morgue files, maintain a control log for the records pertaining to each fatality, identifying which records are on-hand, when they were received from whom they were received and where the records are or in whose possession they are at the time. Also ensure that completed identification files are strictly controlled.

File Clerks will perform duties assigned by the registrar.

A Communication Section will consist of Baxter County and Mountain Home City Dispatchers, they will conduct telephone communications or other forms of communication, as directed, to support the operation. They will communicate with those persons necessary to acquire records pertaining to the fatalities, which may assist in the

identification process. The Communications Section will not communicate directly with next of kin and they will upon the request from the Records Management Team Leader coordinate with the Family Assistance Center Team Leader.

An Administration Team will consist of the County Clerk and his/her assistants. They will be responsible for all administrative matters with the exception of those related functions specifically performed by another component of the morgue, e.g. the Records Management Team. **A Team Leader will be chosen and will be responsible** for the overall operation of the Administration Team and will personally monitor all high-priority administrative matter. **An Administrative Officer will be responsible** for the operation of the administrative section and supervise the administrative clerk(s) and word processing clerk(s)/clerk typist(s) in the performance of their duties. Coordinate with the Records Management Team to establish procedures for the transfer and filing of paperwork after final typing. Acquire housing for morgue personnel and maintain records of all personnel tasked to support the operation.

Administrative Clerks will perform duties assigned by the Administrative Officer to include, but not be limited to, processing and hand-carrying paperwork, reviewing paperwork before submission to typists, reviewing paperwork after typing but before return to originator, reviewing final product before filing, etc.

A Logistics Team will consist of Baxter County and Mountain Home City Road and Street Personnel. They will be responsible for the operation of the logistics section, including the acquisition, storage, issue, and accountability of all supplies and equipment necessary to support the operation.

A Team Leader will be chosen to head the Logistics Team and will monitor the status of all procurement actions, hand-carry as necessary all high priority supply actions and maintain expense data, accountability documents, procurement documents and other information pertaining to the logistics operation. The Team Leader will also ensure that the logistics section is staffed at all times during operating hours. **A Supply Clerk** will perform duties assigned by the Team Leader to include, but not be limited to, staffing the logistics section of the morgue, making supply runs, preparing supply documents, issuing supplies and equipment, etc.

A Photography Team will consist of Law Enforcement Officers from the Criminal Investigative Units of Baxter County Sheriff's Office and Mountain Home Police Department. They will be responsible for all photographic support. **A Team Leader will be chosen to head the Photography Team and will be responsible** for the overall operation of the photography team. Identify which sections require ongoing photographic support and will assign photographers to work in those sections, e.g., in processing, autopsy area, search and recovery, etc. The Team Leader will review other requests for photographic support and dispatch photographers as applicable and ensure that all photographs taken of remains are identified by the number assigned to that set of remains. The Team Leader will also be responsible for the control and accountability of all film exposed of the operation. **Photographers** will perform duties assigned by the Photography Team Leader. **(Full body pictures should be taken of each body with the case number in each picture taken).**

A Reception Team will fall under the direction of the Chief Medical Examiner. Once this team is formed by the Chief Medical Examiner they will be responsible for the

initial receipt and processing of the remains at the morgue, integration into the morgue processing system, proper storage and accountability of all remains. **A Team Leader will be chosen to head the Reception Team and will be responsible for** the overall operation of the Reception Team and ensure that a Morgue File is initiated on each set of remains and that a log is maintained showing which remains have been processed and where they are at all times. The Team Leader will also be responsible for ensuring that an escort is assigned to each set of remains. **A Photographer** will take photographs as directed by the Reception Team Leader.

A Fingerprint Team will consist of Local Law Enforcement from Baxter County Sheriff's Office and the Mountain Home Police Department; the personnel assigned to this team should be experienced in the fingerprint field. The Fingerprint Team will examine all remains in an attempt to identify by fingerprints and or footprints. Other agencies to consider assisting with the Fingerprint Team may include The FBI Identification Squad, Washington, D.C. or specialized members of a DMORT Team.

A Team Leader will be chosen to head the Fingerprint Team and will be responsible for the overall operation of the Fingerprint Team. The Team Leader will review all identification made by the fingerprint specialist. The **Fingerprint Specialist** will utilize state-of-the art methods in an attempt to identify remains based on fingerprints and or footprints and will annotate the control sheet in the morgue file indication whether fingerprints or footprints could be obtained and whether the remains were identified.

A Radiology Team will fall under the direction of the Chief Medical Examiner. Once this team is formed by the Chief Medical Examiner and a Team Leader is assigned, the **Team Leader will be responsible for the overall operation of the Radiology Team** and ensure that full-body radiographs are taken of all remains. The Team Leader will review all radiographs to ensure they are adequate for use by the forensic Pathology team. The Team Leader will also monitor personnel working in the radiology area for excessive exposure. **Technicians** assigned to the Radiology Team will perform duties assigned by the Radiology Team Leader.

A Duty Team will consist of Baxter County and Mountain Home City Maintenance Workers, and will perform as a ready work force. The Duty Team will be responsible for various duty functions within the operation to include, but not be limited to, moving supplies and equipment, keeping work areas orderly and clean, and other duties. **A Team Leader will be chosen and will be responsible for** the overall operation of the Duty Team and will prioritize the missions assigned to the Duty Team and, when unsure of priority, will speak to the appropriate Team Leader. **Team Members** (possibly volunteers could be used) will perform duties assigned by the duty Team Leader.

Family Assistance Center will consist of the American Red Cross, the Salvation Army and other volunteer organizations. They will be responsible for taking care of the families, which includes: gathering ante mortem information, sharing information with the families, developing a notification procedure, and to help provide information and services to family members the duration of the incident. **A Team Leader will be chosen and will be responsible for** the overall operation of the Medical Examiner portion of the Family Assistance Center, the Team Leader will establish a plan and assign personnel to receive ante mortem information as quickly as possible following the incident and coordinate with the Records Supervisor at the Medical Examiner's Office to ensure the

transmission of the collected ante mortem data is delivered to the Medical Examiner's Office. The Team Leader will conduct daily briefings with all family members to keep them updated on the progress of the incident. Coordinate and implement a death notification procedure so that the family members are properly notified. Ensure that the families are protected from the media and curiosity seekers, coordinate and cooperate with all of the other agencies involved at the Family Assistance Center. Ensure that all of the data received from the families and the information received back concerning the identifications is kept confidential so that no information is released prior to the families being notified. **Family Assistance Members** will meet with families and obtain ante mortem information, provide the families with any information that they may need and serve on the notification teams. They will perform other duties as assigned by the Family Assistance Team Leader.

(Please note that a Next-of- Kin Interview Form has been attached to this Annex)

MASS FATALITY RESOURCE LIST

Arkansas Department of Emergency Management (ADEM)

Wayne Ruthvann- Office – 1-501-730-9750

Arkansas Federal Bureau of Investigation

1-501-221-9100

Arkansas State Hwy Department

1-870-743-2100

Attorney General

Mark Pryor – 1-501-682-2007 or 1-800-482-8982

Batteries

Wal-Mart – Store Number – 492-9296

After Hour Numbers:

Paula Burns – 492-5098

Pam Carlson – 424-9896

Hubert Pickett – 424-2851

Shane Rite – 424-5119

Baxter County Clerks Office

Rhonda Porter, County Clerk, Office- 425-3475, Home-492-5767

Baxter County Coroner

Dr. Snow- Office 425-3125 (answered 24/7)

Deputy Coroners- Rollers Funeral Home-425-2161

Kirby/Boaz Funeral Home – 425-6978

Baxter County Judge

Joe Bodenhamer -Office-425-2755, Cell-321-2113

Baxter County Office of Emergency Management

Jim Sierzchula, Director, Office- 424-6119, Cell-421-7567, Home-431-8682

Baxter County Public Information Officer

Jim Sierzchula- Office- 481-6252, Cell-421-7567, Home-431-8682

Baxter County Road and Bridge

Bob Nault, Foreman, Office-425-3695, Cell- 321-2115, Home-492-5502

Baxter County Safety Officer

Tina Cole- Office-481-6252, Cell- 321-2114, Home-424-4784

Biohazard Disposal and Supply

Local Health Unit – Office – 425-3072

Arkansas Department of Health:
Don Greene – 1-800-482-5400 ext 2136
Dave Baldwin – 1-800-482-5400 ext 2136

Body Bags

Royal Bond/Pierce – 1-800-527-6419
B & W (out of Virginia) – 1-800-331-8368

Body Handlers

Local Law Enforcement
Local Fire Departments
See Nat'l Guard

Boots, Steel Toe

Dryer Shoe Store – 425-3517
Tops Shoe Inc. – 425-2966
Wal-Mart – Store Number – 492-9299
 After Hours: Paula Burns– 492-5098
 Pam Carlson – 424-9896
 Hubert Pickett – 424-2851
 Shane Rite – 424-5119

Chairs

Schwegamn Office Supply – 425-5757
Jackson Rental's and Supplies – 425-4646

Chief Medical Examiner

1-501-227-5936

Cleaning Supplies and Systems

Wal-Mart – Office Number – 492-9299
After Hours:
 Paula Burns – 492-5098
 Pam Carlson – 424-9896
 Hubert Pickett – 424-2851
 Shane Rite – 424-5119
Jackson Rental's and Supplies – 425-4646

Clergy

First Baptist Church – 425-6961 Pastor's Office – 425-8148
Catholic Church – 425-2832 Parish – 425-4363
Mountain Home Church of Christ – 425-4330
Redeemer Lutheran Church – 425-6071
First United Methodist Church – 425-6036
Salvation Army – 424-5708
Church of Jesus Christ of Latter-Day Saints – 425-1091

Coats

Wal-Mart – 492-9299
After Hours:
Paula Burns – 492-5098
Pam Carlson – 424-9896
Hubert Pickett – 424-2851
Shane Rite – 424-5119

Communications

Mountain Communications – 424-2500

Computers and Software Programs

Baxter County Computer services – 492-7030
Info dash – 425-4474

Copier

Schwegman Office Supply – 425-5757
Razorback Office Supply – 425-5818
Clark Office Products – 425-6323

Dental Personnel

Dr. Mike Risk – Office-425-4777, Home-425-9589
Dr. Bob Mathis – Office-425-6911, Home-425-5563

Disaster Mortuary Team (D-MORT)

Arkansas Department of Emergency Management –
1-501-730-9750

Or 1-800-USA-NDMS

Fax Machines

Schwegman Office Supply – 425-5757
Razorback Office Supply – 425-5818
Clark Office Products – 425-6323

Finger Print Technicians

FBI – 1-501-221-9100
Local Law Enforcement

Fire Marshall

Eddie White – 425-2611 (answered 24/7)

Flags and Stakes

Baxter County Road and Bridge Department – 425-3995
Baxter County Judge Joe Bodenhamer - Office-425-2755, Home- 425-1118,
Cell phone-321-2113
Mountain Home City Streets Department – 425-4708 or 425-7765

Flashlights

Wal-Mart – 492-9299
After Hours:
Paula Burns- 492-5098
Pam Carlson – 424-9896
Hubert Pickett – 424-2851
Shane Rite – 424-5119

Food and Beverage

Coca-Cola Bottling Company – 1-800-353-2652
Subway Sandwich Shop – 435-6185 or 425-3723
Kentucky Fried Chicken – 425-2200
Mountain Valley Water – 425-9565

Funeral Homes

Rollers Funeral Home – 425-2161, (answered 24/7)
Kirby/Boaz Funeral Home- 425-6978, (answered 24/7)
Baxter County Funeral Home- 425-2454, (answered 24/7)

Gloves, Leather

Wal-Mart – 425-9299
Powell True Value Hardware – 425-9775

Governor's Office

Mike Huckabee – 1-501-682-2345
Lt. Governor – 1-501-682-2144

Gridding and Laser Surveying Equipment

State Hwy Department – 1-870-743-2100
Connis Ingram – 424-9072
Baxter County Surveyor – Charles Slater – 435-6005

Hard Hats

Baxter County Road and Bridge – 425-3695
Avron Steele – Home-481-5402, cell-421-2119
State Hwy Department – 1-870-743-2100
Connis Ingram-Home-424-9072

Health Department

Local Office – 425-3072
Arkansas Department of Health
Don Greene – 1-800-482-5400 ext 2136
Dave Baldwin – 1-800-482-5400 ext 2136

Hotels and Accommodations

Comfort Inn – 424-9000
Days Inn – 425-1010
Holiday Inn Express-870-425-6200

Ramada Inn – 425-9191
Super 8 Motel – 424-5600

ID Badges – Plastic

Razorback Office Supply – 425-5818

Laundry Service

Pete’s Cleaners – 425-2939
Jiffy Laundry – 425-5373
Plaza Cleaners – 425-7704

Maintenance Supplies

Wal-Mart – 492-9299

Media

Country 105 – 425-6022
KTLO – 425-3101
KPFM – 492-5100 or 492-6022
Baxter Bulletin – 425-3133

Medical Services

Mountain Home Medical Group – 425-3125 (answered 24/7)

Mental Health

Ozark Counseling Services – 425-6901
Emergency Contact – 1-800-946-1111

Mobile Morgue – Phoenix

1-800-USA-NDMS

Morgue Supplies

Baxter County Funeral Home – 425-2454 (answered 24/7)
Kirby/Boaz Funeral Home – 425-6978 (answered 24/7)
Roller Funeral Home – 425-2161 (answered 24/7)
Mngr – John Barnes- Hm-425-8993, Cell-421-3151
Pager-424-0751

Mountain Home City Mayor

David Osmon- Office-425-5116

National Guard

The Nat’l Guard can be activated through the Baxter County Judge or the Mountain Home City Mayor upon notification to the Arkansas Department of Emergency Management. .
Main Office Number to the National Guard – 425-3255
Tommy Wallace – Hm-1-870-453-1306

National Weather Service

1-800-482-8471

Office Supplies

Wal-Mart – 492-9299

After hours:

Cameron Davis- 492-5098

Pam Carlson – 424-9896

Hubert Pickett – 424-2851

Shane Rite – 424-5119

B and R Office Supply – 425-5757

North Arkansas Funeral Directors Association

Mary Boaz, President, can be contacted at 425-6978 24 hours a day.

Photographers

Local Law Enforcement

Protective Clothing

Aprons, caps, coveralls, gloves, masks, morgue sheets

Respirators and filters, scrubs, shoe covers and sleeves.

Baxter Regional Medical Center – 508-1000

Baxter Medical Supply – 425-5848 or 1-800-252-4650

Public Safety

Local Law Enforcement

911 Communication center – 425-2400

Radiation Health Environmental Quality

Phil Frame – Office- 424-3322, 424-3333, 424-3334

Home-425-2893, cell-421-6337

Rain Gear

Wal-Mart – 492-9299

Refrigerated Trucks

Twin Lakes Packing, Larry Burk- 435-6651, answered 24/7

K & B Ice, Jim Byler or Mike Byler – 425-7696, answer 24/7

Salvation Army

Main Office – 424-5708

Commanding Officer – Major Jeff Daniels- 424-4882

Security

Local Law Enforcement

Arkansas State Police- 1-870-741-3455

See National Guard

Spray Paint

Wal-Mart – 492-9299

Tables

Baxter County Maintenance
pager/424-0530, cell/421-0411,

Jackson Rental – 425-4646

Tents

See National Guard
Jackson Rental – 425-4646

Toe Tags

Razorback Office Supply – 425-5818
B and R Office Supply- 425-5757

Trailers for Storage

U-Haul of Arkansas – 499-5440
U-Haul Company – 435-6616
U-Haul-Independent Dealers
425-4461
424-3393
425-0929

Transportation of Bodies

See Funeral Homes

Transportation for Personnel

Sextons Auto's- 425-4455 or 425-9119

Travel and Housing for Workers

Thompson Travel Gallery – 425-4006
Professional Travel Services – 425-7666

Typewriters

Wal-Mart – 425-9299

X-Ray Personnel

Baxter Regional Medical Center – 508-1000

X-Ray Supplies and Equipment

Baxter Regional Medical Center – 508-1000

NEXT-OF-KIN INTERVIEW SHEET

Please keep pages together

Deceased Name: _____ **Interviewer's Initials:** _____

Date: _____ Time: _____

Was the interview done: person to person or by telephone (circle one) _____

Name of Interviewer: _____

Title and Agency: _____

Location of Interview: _____

Vital Information

Victim Name: _____

Male _____ Female(circle one) _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Age at time of death: _____

Date of Birth: _____ Place of Birth: _____

Mother's full name (with maiden name): _____

Father's full name: _____

Victim's Social Security #: _____

Was Victim ever in the military? Yes/No (circle one) _____

Branch of Service: _____ Dates: _____

Do you have any military records? Yes/No (circle one) _____

Military Service #: _____

Location of Records: _____

Did the Victim have a Passport? Yes/No (circle one) _____

Date of Passport Issue: _____

Was Victim ever arrested? Yes/No (circle one) Where: _____

Did the Victim have a Driver's License? Yes/No (circle one) _____

State of Driver's License Issue: _____

Was the Victim ever fingerprinted for any other reason? Yes/No _____

Explain: _____

Marital Status: Married Divorced Single Widowed

If married, maiden name of spouse: _____

Spouse, Living or Deceased (circle one) _____

Date of Marriage: _____ Place of Marriage: _____

Address of Spouse (living): _____

City: _____ State: _____ Telephone: _____

If spouse is deceased, date of death: _____

Victims Occupation: _____

Victim employed by (Name of Company): _____

Work Address: _____

Telephone #: _____

Race: American Indian African American Caucasian Asian

Hispanic Other (Specify) _____ (circle one)

Ethnic background: (Example: Italian, Irish, German) _____

Religious background: (Specify) _____

Member of any religious organizations? Yes/No Explain _____

Member of any fraternal organizations? Yes/No Explain _____

Medical Information

Victim's Approximate Height: _____ Approximate Weight: _____

Build: Small Medium Large (circle one) _____

Did the victim have: Own hair: _____ Wig _____ Toupee _____ (circle one)

Was the victim: Completely Bald _____ Slightly Bald _____ (circle one)

Hair Color: _____ Hair Length: Long/Short _____ Style: _____

Facial Hair: Beard: Yes/No _____ Color: Long/Short/Goatee _____

Mustache: Yes/No _____ Color: _____ Style: _____

Eyebrows: Long/Short _____ Color: _____

Color of Eyes: _____

Fingernails: Long/Short/Nail biter _____ (circle one)

Finger Nail Polish: Yes/No _____ Color: _____

Toe Nail Polish: Yes/No _____ Color: _____

Did the Victim ever have any type of Fractured Bones? Yes/No _____

Amputation: Yes/No _____ If yes, explain the Amputation: _____

Was the Victim ever X-Rayed for medical purposes? _____ Yes/No _____

Location of X-Ray: _____

X-Rayed by whom: _____

Was the Victim ever hospitalized? _____ Yes/No _____

Approximate Date of Hospitalization: _____

Name of Hospital: _____

Address: _____

City: _____ State: _____ Telephone: _____

Name of family Doctor: _____

Address: _____

City: _____ State: _____ Telephone: _____

Did the Victim have any type of prosthesis? Yes/No _____ (e.g.

Implants, Pins, Metal Plates, Artificial leg, or arm)

Describe: _____

Did the Victim have any Birth Marks: _____ Yes/No _____ Location: _____

Description: _____

Tattoos? Yes/No _____ Description and Location: _____

Scars? Yes/No _____ Medical: Yes/No (e.g. Appendix, Open Heart, _____ Surgery, Cancer)

Describe location of scar: _____

Ankle Bracelet: Yes/No Describe: _____

Eyeglasses/Contact Lens: Yes/No Style: Bi-Focal/Tri-Focal/
Sun (circle one) Frames: Plastic/Wire (circle one) Color: _____
Describe: _____

Pins or broaches: Yes/No Describe: _____

Other jewelry: _____

Was Victim wearing jewelry that belonged to someone else? Yes/No

Did Victim conceal valuables in the lining of clothing or other location on person?
Yes/No Describe: _____

Was Victim taking any medications? Yes/No Type: _____

Male Clothing

Jacket or Suit coat? Yes/No Single/Double Breasted
Color: Solid/Plaid/Stripe (circle one) Label: _____
Describe: _____

Sweater? Yes/No Color: Describe: _____

Shirt Style: Dress Shirt/T-Shirt (circle one) Describe: _____

Tie Style? Color: Style: Describe: _____

Shoes? Color: Type (e.g. Boot, Loafer) Describe: _____

Socks? Dress/Casual/Work (circle one) Describe: _____

Hat? Yes/No Describe: _____

Overcoat? Yes/No Describe: _____

Female Clothing

Was the Victim wearing? Dress/Suit/Blouse/Skirt/Shawl/Other _____

Describe:

Style: Anterior View (Front) Neckline: High/Low/Ruffles/Tailored (circle one)

Describe:

Color: Solid/Plaid/Other (circle one) Describe:

Fabric material: Wool/Cotton/Silk/Polyester/Other (circle one)

Describe:

Stockings? Yes/No Shoes: Style and Color:

Hat? Yes/No Describe:

Underclothing? Describe:

Was clothing ever professionally laundered? Yes/No

Name of Laundry:

Address:

City: State:

Other important information that may be of assistance:

Should additional contact be made with the informant regarding
the possibility of additional vital information: Yes/No

Is there a photograph of the Victim available?: Yes/No

Who has it?

Name:

Address:

City: Telephone:

Hometown Funeral Home to be contacted:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Name of person who will arrange funeral service? _____

When will next of kin contact the Funeral Home? _____

Type of service to be arranged: Burial/Cremation/Other(circle one)

Information at Completion of Interview

Name of interviewer: _____

Printed: _____

Signature: _____

Date: _____

Name of Person providing information: _____

Printed: _____

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Relationship of informant to the Victim: _____

Witnessed By: _____

Printed Name: _____

Signature: _____