



### Health/Medical Team

(This is not meant to be an exhaustive list rather, a synopsis of what may be expected)

In emergency management, a health outreach team plays a crucial role in promoting public health and safety by providing medical care, disseminating information, and supporting local health systems during emergencies and disasters. These teams, often composed of doctors, nurses, paramedics, and other health professionals, are deployed to provide immediate medical assistance, support local health systems, and ensure the health and safety of affected populations.

- **Activities:**

- **Direct Clinical Care:** Providing medical triage, emergency care, and other clinical services to those affected by emergencies.
- **Supporting Local Health Systems:** Augmenting hospital staff, staffing medical shelters or stations, and providing veterinary care when needed.
- **Information Dissemination:** Educating the public about health risks, promoting preventative measures, and providing information about local resources.
- **Community Outreach:** Participating in health fairs and community events to raise awareness and connect with the public.
- **Logistics Support:** Managing the movement of medical supplies and personnel to disaster areas.

- **Examples:**

- **Disaster Medical Assistance Teams (DMATs):** Highly trained teams that provide rapid-response medical care in the aftermath of disasters.
- **Emergency Medical Teams (EMTs):** Teams that provide direct clinical care and support to local health systems during emergencies.
- **Critical Care Outreach Teams (CCOT):** Teams that offer intensive care skills to patients with, or at risk of, critical illness receiving care in locations outside the intensive care unit.

- **Key Considerations:**

- **Collaboration:** Effective health outreach in emergencies requires strong collaboration between public health agencies, local government, law enforcement, schools, hospitals, and other healthcare organizations.
- **Preparedness:** Planning and coordination are essential to ensure that health outreach teams are ready to respond to emergencies effectively.
- **Adaptability:** Health outreach teams must be adaptable and able to work in a variety of challenging conditions.

If you are interested in joining this committee and/or would like more information, please reach out to the Chair, John Ezell at: [John.Ezell@uhkc.org](mailto:John.Ezell@uhkc.org).

The meetings are the last Thursday of every other month, 1-2 p.m., on Webex.

## KCRCOAD Medical Health Committee (MHC)

As of 1, April, 25

Greetings! If you are reading this then you are now a member of the KCRCOAD Medical & Health Committee (MHC). Welcome and thank you for volunteering to help save lives and reduce suffering in our communities! Your efforts and input are valued as we move forward with the KCRCOAD mission.

This committee is an opportunity to meet and work with other medical & health focused partners and our Emergency Management (EM) teammates.

On our MHC you could:

1. Identify regional health/medical capability gaps in RESPONSE and RECOVERY.
  - a. Address these gaps by assisting with updating plans.
  - b. Recruit teammates in the community to join the KCRCOAD and sync them with local EM partners to help close those gaps.
2. Attend regional medical and health related meetings to see if there are KCRCOAD related engagements opportunities in the RESPONSE and RECOVERY mission sets.
3. You can also mentor the next generation with our KCRCOAD Internship Program and build leaders within our committee.
4. During RESPONSE and RECOVERY, work to coordinate the following mission sets:
  - a. **Direct Clinical Care** - Providing medical triage, emergency care, and other clinical services to those affected by emergencies.
  - b. **Supporting Local Health Systems** - Augmenting hospital staff, staffing medical shelters or stations, and providing veterinary care when needed.
  - c. **Information Dissemination** - Educating the public about health risks, promoting preventative measures, and providing information about local resources while keeping an eye on potential infectious disease and other health threats.
  - d. **Logistics Support** - Managing the movement of medical supplies and personnel to disaster areas
5. Perform community outreach by participating in health fairs and community events to raise awareness and connect with the public.
6. Sync with other KCRCOAD committees on health & medical efforts.

7. Work with KCRCOAD MHC related community partners to provide support for mission sets requested by impacted Incident Commanders/Emergency Managers. Partners may include:
  - a. **KC Medical Reserve Corps** - Regional licensed medical and public health professionals for response.
  - b. **Disaster Medical Assistance Teams (DMAT)** - Highly trained teams that provide rapid-response medical care in the aftermath of disasters.
  - c. **Emergency Medical Teams (EMTs)** - Teams that provide direct clinical care and support to local health systems during emergencies.
  - d. **Critical Care Outreach Teams** - Teams that offer intensive care skills to patients with, or at risk of, critical illness receiving care in locations outside the intensive care unit.
8. Support the KCRCOAD Emergency Operations Center (EOC) in support of city/county Incident Commanders by acting on Requests For Assistance (RFA).
9. Participate in our annual prebuilt scenario AVENGERS ASSEMBLE Table Top Exercise that will focus on a different KCRCOAD capability each year.
  - a. Perform in KCRCOAD operations helping to provide support to medical systems and disseminate information at the scene to save lives and reduce suffering.
10. Coordinate with the KCRCOAD Membership Committee in helping our members create Mission Ready Packages (MRPs) to outline member's capabilities for RESPONSE and RECOVERY operations.

To begin with, there are 5 phases of Emergency Management: Prevention; Mitigation; Preparedness; Response; and Recovery. The KCRCOAD MHC's primary focus is on RESPONSE & RECOVERY.

The Emergency Support Function (ESFs) that MHC focuses on is *ESF 8: Medical, Behavioral and Public Health*. There are other Regional EM partners and KCRCOAD committees working with other ESFs and you will have many opportunities to meet with these teams. Our recovery experts will identify the primary ESFs and the operational structure in a future Emergency Incident Operations Guide (EIOG).

### **Emergency/Incident Operations**

The Emergency Incident Operations Guide (EIOG) serves as an internal guide for the KCRCOAD committees and membership organizations to organize efforts in support of Regional, County and Local Emergency Management RESPONSE and RECOVERY operations during man-made or natural disasters and can be referenced on the [KCRCOAD website](#). The MHC team's primary efforts is to

synchronize medical and health membership capabilities to support EM mission sets through the KCRCOAD Emergency Operations Center (KCRCOAD EOC).

### **Partial Activation**

When an Emergency or Incident occurs in the KCRCOAD region the MHC Chair (or designee) may be contacted by the KCRCOAD Executive Committee (EC) to:

1. Determine the availability of the MHC members to virtually convene.
2. Discuss any receipt of Request For Assistance (RFA) from impacted Incident Commanders (IC) or County Emergency Management Directors (CEMD).
3. Absent any receipt of an RFA, discuss the possibility of immediate and future RFAs that could require KCRCOAD membership support.
  - a. This discussion will drive any changes to the KCRCOAD EOC posture and when/if to meet again.

### **Full Activation**

If there is/are RFAs from IC/CEMDs then the KCRCOAD EOC will be fully activated and each of the KCRCOAD Committees (if needed) will activate their EMERGENCY/INCIDENT OPERATIONS section of their committee description. For example, the Membership Committee Chair, once activated, will be the KCRCOAD EOC Operations Section Chief, and the PTEOC Chair (or their designee) will be activated as the initial KCRCOAD EOC Director to lead our KCRCOAD EOC efforts.

In **FULL ACTIVATION** the MHC Chair (or designee) will:

1. Respond to full activation, if available.
2. Attend initial or detailed mission analysis meetings for impacted areas if invited by EC.
  - a. **DO NOT** share information learned from these meetings with the general public.
3. Await assignment from EC to EOC/ICS position.
  - a. Brief the MHC team about the incident in a virtual meeting or correspondence and notify them of their roles, if available.
4. Coordinate with EC about response needs.
5. Aid KCRCOAD EOC Director in Identify MHC partners who may be equipped to respond based on Mission Ready Packets MRPs and size and scope of the incident.
6. Inform MHC team of the transition from RESPONSE phase to RECOVERY phase.
7. Contribute any documents or input to After Action Report (AAR).

**Medical & Health Committee (MHC)**

**ORGANIZATIONAL CHART**

**As of April 2025**