DISASTER

☑ PREPAREDNESS
for the Tennessee Physician

TENNESSEE DEPARTMENT OF HEALTH

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Disaster Preparedness Guide for the Tennessee Physician

Produced by the Tennessee Medical Association Public Health Committee and the Tennessee Department of Health Emergency Preparedness Program

Be Informed. Plan Now. Get Involved.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

Dear Friends and Colleagues:

Because earthquakes, severe storms, tornadoes, floods, fires and outbreaks can affect almost every Tennessean with little or no notice, we physicians have an important responsibility during disasters to provide leadership for a continuum of medical services. When this may be most needed, prior planning and preparation will ensure your practice, patients and community are ready to address a variety of challenges.

This guide contains a number of credible resources for preparedness, response, mitigation and recovery. It can be used to develop a comprehensive strategic plan that builds upon your knowledge of health and medical issues to reduce the spread of disease, speed treatment to the injured, and prompt a faster return to normalcy in a disaster-affected community.

This guide was developed by Tennessee Department of Health subject matters experts in emergency preparedness, in cooperation with clinicians and staff of the Tennessee Medical Association. Thank you for taking time to review it, for your past and future efforts to be proactive with emergency preparedness, and for doing your critical part for community resilience.

Sincerely,

John J. Dreyzehner, MD, MPH
Commissioner

The All Hazards Perspective

Many preparedness experts adhere to the "All Hazards" planning philosophy. This paradigm encourages planning for specific identified types of hazards but further, to take measures that increase preparedness for, and response to any type of hazard. While it's important to understand your greatest threats and vulnerabilities, focus not just on specific disasters (e.g., floods, tornados), but on the consequences those disasters. What would be the consequences of a ruptured pipe, an extended regional power outage, or a disaster that overwhelms local hospital capacity? Think about how you will respond to those consequences. For example, whether the cause of a power outage is an ice storm, a tornado, or simply a downed power line, the challenge will be to obtain power from an alternate source, or to operate without electricity. Regardless of whether the flood in your office comes from a burst pipe or a terrorist attack, you must protect essential documents and equipment, know how to evacuate, and prepare to provide services at an alternate site if necessary. By identifying the most critical assets required to operate a practice, you will be able you to take meaningful steps toward preparing for disasters.

Flooding

- Loss of patient records
- Damage to equipment, supplies, paper records
- Loss of computer resources/ server
- Building rendered partially or totally inoperable

Office Fire

- Loss of patient records
- Damage to building, supplies, equipment
- Sprinkler system activated, or fire department uses water hoses
- Damage to electrical system
- Loss of refrigeration
- Spoilage of vaccines and other perishables
- Building rendered partially or totally inoperable

Extended Power Outage

- Loss of computer resources/ server
- Possible loss of access to patient records, billing system, and employee payroll system
- Loss of communication capacity (email, phone)
- Spoilage of vaccines and other perishables
- Building rendered partially or totally inoperable

Any of these events could result in loss of revenue for you, missed care for your patients, and potentially, loss of your business altogether. Your disaster plans should take into consideration the critical functions of your medical practice, so that you can take measures to protect those functions or operate without them.

Attention: Due to the probability that a disaster of any consequence will disrupt your power supply, internet connection, and other communication abilities, we recommend you print this document, as well as other available resources embedded throughout the document and in the "web resources" appendix. Many of the embedded resources are especially relevant to patients, and we encourage you to make these resources available to them for their own planning.

Top Disaster Preparedness Tips for Physicians

1. Assess potential risks and vulnerabilities

2. Educate your patients about disasters and their own (especially medical) vulnerabilities

3. Identify alternate care solutions for your patients if your practice becomes inoperable (and plan for communicating this information to patients)

4. Maintain a current roster of patients with accurate contact information, especially for medically fragile or chronically ill patients

5. Prepare your home and family for disasters

6. Create written disaster response plans

7. Prioritize and practice emergency communications

8. Acquire adequate insurance

9. Plan to protect medical records and record systems

10. Stay informed

SECTION 1

Preparing Your Business for a Disaster

FEDERAL AND STATE RESOURCES CAN TAKE AT LEAST 72 HOURS TO RESPOND TO A DISASTER!

The first 72 hours after a disaster are critical. Electricity, gas, water and telephones may not be working. In addition, public safety services such as police and fire departments may not be able to reach you immediately during a serious crisis. Each person should be prepared to be self-sufficient - able to live without running water, electricity or gas, and telephones - for at least three days following a disaster.

FEMA

Prepare a Strategy for Continuity of Business

Acquire Adequate Insurance

The U.S. Department of Labor estimates over 40% of businesses never reopen following a disaster. Maintaining sufficient insurance coverage could enhance your ability to recover from a disaster, or keep a small emergency from turning into a financial disaster.

Percentage of U.S. companies that experienced significant business interruptions due to:

| 72% Power Outage | 52% Computer Hardware Problems | 46% Telecommunications Failure | 43% Software Problems | 34% Human Error | 34% Lightning Storms | 17% Floods | 14% Fires and/or Explosions | 12% Hurricanes |

Figure 1. Business interruptions by cause, United States

Source: Zinkewicz, P. "Business interruption insurance–death protection for a business." Rough Notes (Jul 2005): 1-3.

Be aware that standard property damage insurance will not cover flood damage. Additionally, many policies will exclude coverage for other types of damages.

It is a good idea to examine your policy closely to identify gaps in policies. Discuss the need for riders covering specific hazards such as wind, mold, computer damage, civil disturbance, etc., with your insurance agent.

CATEGORIES OF INSURANCE YOU SHOULD CONSIDER IN ADDITION TO BASIC PROPERTY DAMAGE INSURANCE:

o   Earthquake
o   Flood
o   Business interruption
o   Protection for high-cost equipment or supplies (e.g., vaccines) that may be damaged or spoiled

Photograph, videotape, or, at a minimum, keep a formal inventory of office assets to expedite claim submissions following a disaster.

Flood insurance

The National Flood Insurance Program (NFIP) is a Federal program that provides personal and commercial flood insurance.
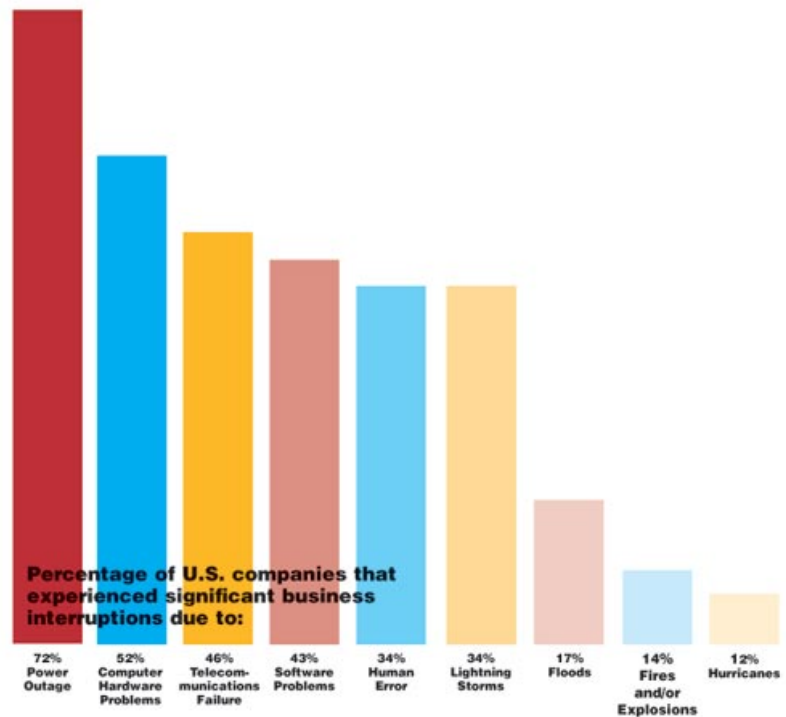
o   A NFIP policy can be obtained through most insurance companies; you cannot obtain a policy directly.

o   Rates are set and do not differ between companies and agents. Rates depend on date and type of construction, type of building, and your area's level of risk.

Business interruption insurance

Business interruption insurance (sometimes called business income insurance) can potentially help you to recover income lost during business closure due to a disaster or during the post-disaster recovery period. It is important to note property insurance will not cover this loss of income.

o   Business interruption insurance may not be available as a stand-alone policy, but can usually be added to your existing insurance policy package.

o   The Insurance Institute for Business and Home Safety provides an excellent resource for educating yourself about business interruption insurance and business continuity planning. Visit their website here.

Back-Up and Storage of Important Documents

Having backup systems in place for normal office functionality may prevent the loss of vital patient and business information in the event of a disaster

o   Store vital records in a separate location.

o   Devise a plan to protect all paper-only charts, medical records, and billing information; this may include making duplicates of patient records.

o   Make duplicates of your DEA license, controlled substance license, current CV, board certification, other credentialing documentation, employee information, and financial documents. Store the facsimiles at a separate location.

o   A medical license and photo ID may be necessary for establishing credentials and permitting unrestricted travel.

o   Electronic Medical Records (EMR) – if your practice has not already migrated to an electronic medical record system, plan to do so. Having back-up systems in place for normal office functionality may prevent the loss of vital patient and business information in the event of a disaster.

o   Back up data regularly to an off-site server; consider an automated back-up service.

o   Develop a plan for operations in the absence of Electronic Medical Records.

Prepare a storage space offsite

o   An offsite storage space can be used to store medical records for inactive patients, important business documents (lease, property deeds, licensure information, insurance documents, tax records, payroll information, etc.).

o   The offsite space will also be valuable for storing critical equipment or supplies in case the office is damaged by fire, water, or a sustained power outage that places assets at risk for spoilage (e.g., vaccines).

Prepare backup power sources

Purchase and install generators to power basic medical and communications equipment

o   Ensure the generator itself is not in a vulnerable position, such as a basement that could flood

o   Ensure you have adequate fuel for the generator, and that the fuel supply and fuel pumps are also secure against flooding

Purchase an Uninterruptible Power Supply (UPS) for your computers and electronics, which can supply battery backup power during power lapses (such as the time between power failure and generator activation), and can stabilize unsafe voltage levels during surges.

Store headlamps, lanterns, flashlights, and workspace floodlights with replacement batteries. Keep flashlights stored in several locations in the office.

Prepare for Emergency Communications

Even a small-scale event could cause disruption of telephone, cell phone, and web-based services. Communication among your staff, patients, pharmacies, hospitals, suppliers, and emergency responders, will be crucial in any type of disaster.

To prepare for communication during a disaster, the following steps are recommended:

o   Develop contact lists for staff and patients. The lists should include cell phone, home phone, e-mail addresses.

o   Have employees provide an out-of-area emergency contact in case local lines are overloaded or out of service.

o   Provide patients and staff with emergency contact information for your practice prior to an emergency.
  o Provide your staff with an out-of-area number to call to relay messages to you
  o Establish prerecorded messages instructing patients how to reach your practice if your office phone is unavailable
  o Establish a means to post emergency contact information at the practice site

o   Develop **and maintain** lists of contact information and addresses for entities critical to the operation of your practice including:
  o Tech support, suppliers
  o Emergency support services
  o Emergency equipment suppliers
  o Fire department
  o Police department

- o Hospitals
- o Insurance agents
- o Local health departments
- o Billing services
- o Utility companies
- o Consider obtaining a satellite phone.
- o Consider obtaining walkie-talkies.
- o Keep a NOAA weather radio with backup batteries for receiving not only weather alerts, but other public warnings. Hand-crank radios are also available.
- o During a disaster, the Tennessee Department of Health will communicate to providers through the Tennessee Health Alert Network (TNHAN), at https://tnhan.tn.gov. The TNHAN website will provide postings of clinical recommendations to health care providers in Tennessee. Information will also be available at www.TN.gov/health.
- o Secure essential contact information for governmental and emergency agencies.

Designate Alternate Care Location Options

Emergency Room

- o Establish an alternate site that allows for quick set-up and a return to operability; consider using/partnering with any alternate space available
  - o Another practice (sufficiently distant to improve the chance it is unaffected by the same disaster)
  - o Private offices (medical or otherwise)
  - o Churches
  - o Local health department
  - o Volunteer clinics
  - o RVs, campers or tents
  - o Parking lots of major shopping centers
- o Communicate the location of your alternate care site to patients and staff in advance of a disaster
- o Communicate with vendors regarding your alternate care site
- o Consider identifying alternate delivery points at or near the original site
- o Consider communicating alternate delivery locations to expected delivery staff

Alternate care solutions for your patients

If an alternate site for your practice is unavailable, your patients will still need care. Some care can be delayed, but any patients requiring life-supportive care on a routine basis will need immediate help obtaining that care. Develop a list of alternate care sites for patients who are dependent on dialysis, home care services, oxygen refills, pharmaceutical refills, nebulizers, psychiatric care, or any other type of critical service that is likely to be disrupted during a disaster. Directing patients to the nearest hospital may be the only reasonable option in some situations, but bear in mind that during a disaster, this will complicate surge efforts at local hospitals, and may overburden already busy emergency departments. Additionally, recognize that even large state-of-the-art hospitals may be forced to shut down and evacuate due to the magnitude of an event. Physicians in private practice should acquaint themselves with the disaster response protocol for hospitals they expect to use as a resource in the event of a disaster. Hospitals have developed, and periodically modify alternate care plans in anticipation of large disasters. Because many disasters will involve massive patient surge, hospital disaster plans may entail staff task shifting, alternative triage schemes, rationing of services, diversion of patients, or alternate operating sites.

Create a Written Disaster Response Plan

No disaster plan can account for all possible circumstances. But, a written all-hazards disaster response plan is a good first step to take to prepare your office. The aim of this section is to lead you toward the development of a disaster plan that accounts for as many hazards as possible, and makes sense given your particular circumstances.

Consider the questions below.

What are the critical services your medical practice provides?
- o Which services are essential, time-sensitive, or dependent upon specialized equipment? (e.g., cardiac care, obstetric services, dialysis)
- o Which patients are the most vulnerable, or need continuity in their care (children, elderly, patients with multiple chronic conditions, psychiatric patients, chemically dependent patients)

What may be missing from day-to-day operations during or after a disaster
- o Utilities
    - • Electricity, heat
    - • Water/sewer
- o Phone/fax
- o Internet
- o Refrigeration
- o Medical records, billing, payroll systems
- o Medical references (e.g., specialty journals and books)
- o Property damage
- o Storage space
- o Physical access to the premises
- o Personnel
    - • Administrative staff
    - • Clinical staff
    - • Your partners
    - • Support staff
    - • You

How will you address the following priorities?
- o Contacting employees and patients without phone or internet service
- o The length of time you can operate before replenishing stockpiles:
    - o Drugs
    - o Reagents
    - o Disposable equipment
    - o Sterilized instruments
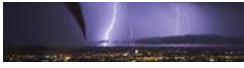
How long will you be able to pay for deliveries or services if your practice is not collecting revenue?

Disruption of revenue or delay in reimbursement from insurance claims

Vulnerable patients
o   Elderly
o   Pediatric
o   Chronic disease patients
o   Patients needing ongoing care (dialysis, psychiatric, chemically dependent, or medically fragile patients)

Medical records and record-keeping systems

Assisting patients with obtaining care that is beyond your means to provide

Practical steps for creating your disaster plan

Develop a procedure for:
o   Contacting utility companies
o   Contacting employees
o   Shutting off gas, power, and water supplies, etc.

Develop a decision tree for:
o   Deciding when to shelter in place
o   Deciding when to evacuate
o   Prioritizing patient evacuation
o   Diverting patients to alternate care sites
o   Task shifting if key personnel are missing

Develop roles and responsibilities for addressing all of the above activities.

SECTION 2
Preparing for Patient Emergencies in the Medical office

Preparing for individual patient emergencies

Medical emergencies can and do occur. Patients may present at your office with more critical needs than they recognize; they may actively attempt to avoid emergency rooms, or emergent conditions may arise suddenly during non-urgent office visits. Regardless of whether your office specializes in emergency care, patients, the public, and the courts expect that you will be able to offer basic life support services should an emergency occur.

Figure 1. Most-Commonly Encountered Office Emergencies

Primary Care	Child Care
Asthma exacerbation	Asthma exacerbation
Psychiatric	Severe respiratory distress (nonasthma)
Seizure	Meningitis/sepsis
Hypoglycemia Seizure	Seizure
Anaphylaxis	Apnea
Impaired consciousness	Anaphylaxis
Shock	Shock
Poisoning	Obstructed airway
Drug overdose	Probable epiglottitis
Cardiac arrest	Cardiac arrest

NOTE: Conditions listed in order of incidence. Downloaded from the American Family Physician website at www.aafp.org/afp.
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Planning a response

Recognizing the threat, planning for a response, and practicing your office's response to a patient emergency are critical steps for responding to patient emergencies and ensuring the most favorable possible outcome.

PATIENT POPULATION

Familiarity with your patient population can guide you in acquiring the most appropriate equipment and supplies based on the types of emergencies likely to affect that patient population. Different clinical specialties will require different types of preparation, but a number of emergent conditions can be anticipated in any practice. At a minimum, your office should be able to assist patients with respiratory distress, anaphylaxis, shock, seizure, and cardiac arrest. Table 1 above summarizes survey results of emergencies encountered at primary care and pediatric clinics. It can serve as a starting point for anticipating emergencies in your patient population.
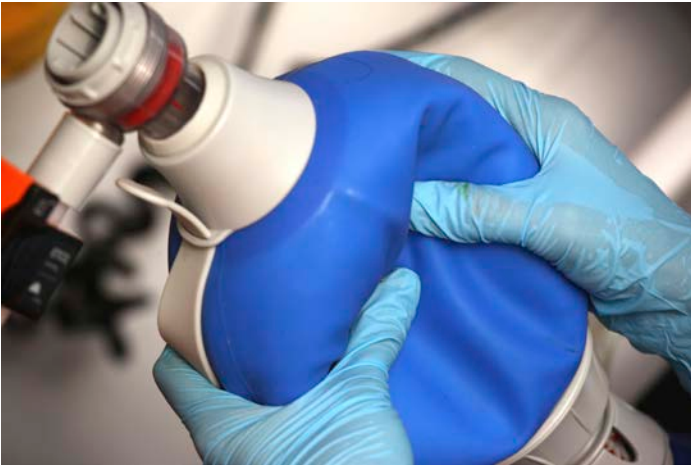
ASSIGNING STAFF ROLES

Ensuring that everyone in your office is aware of their role during patient emergencies will help you to respond effectively. In addition to clinical staff, front-office staff, medical assistants, and other support staff should have defined roles. All employees should know where emergency medical equipment is. Key staff members should be responsible for ensuring the accessibility, contents, and functionality of emergency equipment, including accessory parts and perishable products. As a best practice, all staff should be trained and regularly re-trained in basic life support. Medical staff should have additional training in basic or advanced life support.

Acquiring equipment and supplies

EMERGENCY SUPPLY KIT/CRASH CART

Your emergency supply kit should reflect not only the types of anticipated emergencies in your patient population, but also the skill level of clinical staff, likely EMS response times, and distance from the nearest hospital. Physical interventions such as endotracheal intubation may require specialized equipment. However, your office should only stock equipment that staff is adequately trained to use. Similarly, pharmaceutical supplies should not be stocked if staff are unable to manage common side effects of any drugs administered (e.g., seizures, paradoxical bronchospasm resulting from albuterol treatment). Table 2 can serve as a starting point for planning an emergency medication and equipment kit. For instance, your practice may consider purchasing, training with, and maintaining an automated external defibrillator (AED), especially if you treat populations at high risk for cardiac arrest.

Bear in mind that although your practice may already stock many of these items, during an emergency you do not want to lose valuable time gathering needed supplies from disparate locations in the office. Take the time to consolidate a portable cache of the supplies you are most likely to need in a variety of foreseeable patient emergencies.
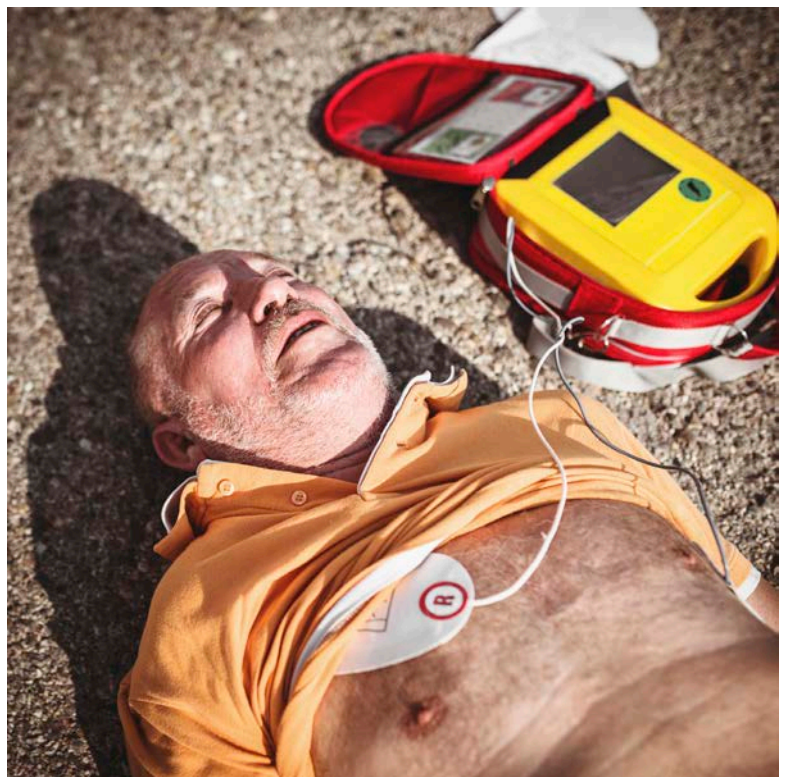
Suggested Emergency Supplies for Family Practice Offices

The supply kit below has been adapted from commercially available emergency medical kits.

Table 2. Emergency supplies for emergency "crash carts", for sheltering in place, or for use in a "go kit" for medical practices.

Equipment
Automated External Defibrillator (AED)
Bag mask ventilator (two sizes, three mask sizes)
Blood pressure cuff (all sizes)
Glucose meter
Intraosseous needle (18 and 16 gauge)
Intravenous catheter/butterfly needles (24 to 18 gauge)
Intravenous extension tubing and T-connectors
Nasal airways (one set)
Nasogastric tubes
Nebulizer or metered dose inhaler spacer and face masks
Non-rebreather (three sizes)
Oxygen mask (three sizes)
Oxygen tank and flow meter
Portable suction device and catheters, or bulb syringe
Pulse oximeter for child and adult usage
Resuscitation tape (color-coded)
Universal precautions (latex-free gloves, mask, eye protection)

Medications
Acetaminophen (rectal suppositories)
Albuterol (Proventil)
Aspirin
Ceftriaxone (Rocephin)
Corticosteroids, parenteral
Dextrose 25%
Diazepam, parenteral (Valium)
Diphenhydramine, oral and parenteral (Benadryl)
Epinephrine (1:1,000, 1:10,000)
Flumazenil (Romazicon)
Lorazepam, sublingual (Ativan)
Morphine (MS Contin)
Naloxone (Narcan)
Nitroglycerine spray
Saline, normal

Prepare to Shelter in Place in the Medical Office

Depending on the situation you may need to stay put where you are to avoid danger. This is known as sheltering in place. To do so, it is important to plan ahead to stockpile items necessary to maintain life and comfort. Examples include:

- Water (one gallon per person per day)
- Enough pharmaceuticals and medical supplies to last at least 3-7 days following a disaster. Keep a minimal emergency formulary (see text box)
- Food
- Hygiene supplies

Prepare to Evacuate the Medical Office

A variety of situations may require evacuation of the office. It is important to plan to clear the office of all occupants. Identify one person to be in charge of verifying that all have exited.
Plan at least two routes of evacuation. Identify assembly locations. Further, it is wise to have a plan for securing the facility and quickly backing up record-keeping systems.

Medical Services in the Event of a Disaster

Patients without a serious complaint should be advised not to go to emergency departments or urgent care centers.
Be ready to educate patients on where and how to obtain alternate care for their critical needs in the event that your office, or their usual service provider, is unavailable.

SECTION 3

Personal Preparedness
MAKING YOUR HOME AND FAMILY DISASTER-READY

There is nothing more important than preparing your home and your family for a disaster. Planning ahead and knowing they are taken care of will lessen the stress of the situation and allow you to be more productive. You and your practice will not function in an efficient and effective manner if you are not secure in the knowledge that your family is safe and secure. Preparing them is the first step in any disaster preparedness process. This section will guide you through the issues that will need to be addressed in order to improve your personal preparedness and thereby improve the resiliency of your community.

How Do I Make My Home Disaster-Ready?

Below are some of the most important steps you and your family can take to ensure you are prepared should a disaster affect your home:

1. **CREATE A FAMILY DISASTER AND EVACUATION PLAN**
    a. Map several escape routes
    b. Teach children:
        i. how to call for help
        ii. when to call each emergency number
        iii. to call the family contact if separated
        iv. to keep personal identification information in their possession at all times
    c. Have a plan in case you are separated. Each family member and any babysitter must know the address and phone number for:
        i. a place outside your neighborhood in case you cannot go home
        ii. someone out of town to be your family contact
    d. Fill out the local emergency phone numbers and child identification cards. Fill out an Emergency Information Form for each child with special health care needs. Emergency Information Forms are available for download at http://www.acep.org/content.aspx?id=26276
    e. Become familiar with the specifics of your child's childcare or school disaster plans, as you could be separated from them during a disaster
    f. Plan how to take care of your pets
    g. Meet with neighbors to plan how you can work together during a disaster:
    i. Talk about who has special skills (medical, technical)
        ii. Make plans for childcare in case parents can't get home
    h. Maintain an emergency supply kit (see educational resources for patients, below)

2. **EVACUATION: IF YOU ARE TOLD TO EVACUATE, TAKE THESE STEPS:**
   a. Leave right away if told to do so
   b. Listen to your battery-powered or hand-crank radio for instructions from local officials
   c. Wear protective clothing, shoes and facemasks as directed
   d. Shut off water, gas, and electricity if told to do so
   e. Leave a note on the front door that details when you left and where you are going
   f. Call your family contact to tell him or her where you are going
   g. Take your family emergency supplies
   h. Use routes suggested by officials

3. **COMPLETE THIS CHECKLIST:**
   a. Put emergency phone numbers by each phone
   b. Show everyone how and when to turn off utilities
      i. Find the main electric fuse box, water service main and natural gas main
      ii. Learn how and when to turn utilities off and teach family members
      iii. Keep a wrench and flashlight near gas and water shut-off valves
      iv. If you turn the gas off, you will need a professional to turn it back on
   c. Make sure you have enough insurance coverage (flood, fire, earthquake, and wind)
   d. Do a home hazard hunt for items that can move, fall, break, or ignite a fire
   e. Stock enough emergency supplies to last three (3) days; WATER is most important
   f. Take a Red Cross First Aid and CPR class
   g. Plan home escape routes, two from each room

4. **PRACTICE AND MAINTAIN YOUR PLAN:**
   a. Every month: test your smoke alarms
   b. Every six months: review the Family Disaster Plan, rehearse escape drills, quiz your children and replace stored food and water
   c. Every year: replace the batteries in smoke alarms, unless your alarms use long-life batteries

5. **STORE SUFFICIENT FOOD AND WATER FOR YOUR ENTIRE FAMILY FOR AT LEAST TWO WEEKS**

6. **MAKE TWO COPIES OF IMPORTANT DOCUMENTS, AND KEEP THE ORIGINALS IN A SAFE DEPOSIT BOX OR WATERPROOF CONTAINER. CONSIDER SCANNING DOCUMENTS AND STORING THEM ELECTRONICALLY IN A CLOUD-BASED (WEB-BASED) SYSTEM. IMPORTANT DOCUMENTS INCLUDE:**
   a. Wills, insurance policies, contracts, deeds and investments
   b. Passports, social security cards, immunization records and EIF
   c. Bank and credit card account numbers
   d. Inventories of valuable household goods
   e. Family records (e.g., birth and marriage certificates) and photos; and
   f. Materials to assist in identifying children who may be separated from their parents (e.g., adoption records and birth certificates)

7. **PREPARE YOUR DATA AND DEVICES. SEE THE LINK BELOW FOR APPS AND OTHER "TECH READY" TIPS:**
   http://www.redcross.org/prepare/location/home-family/tech-ready/data

EDUCATIONAL RESOURCES FOR PATIENTS

This section of the guide encourages physicians to share information on family and home disaster preparedness with their patients. Physicians should address and educate their patients regarding the use of medical services during an emergency and the need to keep up-to-date personal, systematic health information.

The links below provide resources for printing brochures and fact sheets to give to patients to educate them about disaster preparedness.

Numerous **free resources** are available at FEMA's ready.gov website (www.ready.gov/publications)

Family emergency preparedness checklists including advice for **individuals with functional needs** can be found here.

Fact sheets from the U.S. Food and Drug Administration on **drug safety information during disasters** can be found here. *Safe drug use after disaster.*

Fact sheets from the U.S. Food and Drug Administration on **drug safety information during disasters** can be found here. *Insulin storage and switching.*

Emergency preparedness resources for **patients on dialysis** from the U.S. Centers for Medicare and Medicaid Services can be found here.

Emergency preparedness planning resources for **patients with diabetes** including downloadable emergency plans in *English* and *Spanish* can be found here.

Emergency Evacuation Planning **Checklist for persons with disabilities** can be found here.

EDUCATIONAL RESOURCES FOR PATIENTS

It is vital that patients have current health records available in the event of a disaster, particularly if they have medical conditions to which a disruption of medical supplies or services may be life-threatening.

Patients should keep the following information available (consider maintaining a copy of each of these items on a secure internet site that can be accessed from any location):

o   Personal identification (birth certificate, driver's license, passport, social security card, etc.)

o   Personal medical history

o   Personal computerized medical records if available

o   Medications list (see The UML below)

o   **The Universal Medication List** (UML) is an excellent resource for your patients. It will help them and their families track prescription medications, herbals and vitamins. Here are some easy instructions to share with your patients about this form:

   o   Keep the UML with you at all times in case of a medical emergency.

   o   Take the UML with you to all doctor and other healthcare provider (e.g., nurse practitioner or dietitian) visits.

   o   Document all the medications you are taking, including over-the-counter medications such as vitamins, herbal remedies, and others.

   o   Document any allergies you or your family members have.

   o   Include the name of the doctor who prescribed the medication. You may also write a reason for taking the medicine (e.g., high blood pressure, high blood sugar, high cholesterol, etc.). If you are not sure why you are taking the medication, write, "don't know."

   o   When you are discharged from the hospital, someone will speak with you about what medicines to take and/or not take. Because patient medications often change during hospitalization, it's important that you complete a new UML after you leave the hospital.

   o   Remember to update your UML when your doctor changes, stops or revises your medication.

A link to the UML and other resources, including the UML in various languages can be found here.

EMERGENCY SUPPLY KIT

Encourage patients to maintain an emergency kit that could sustain themselves and their household in the event they have to abandon their home due to a disaster. The kit should include the following:

o   **Food and water**
   o   Water – one gallon per person, per day, for drinking and sanitation
   o   Food – nonperishable, ready-to-eat canned or packaged food

o   **Communications**

o   **Personal care**

o   **Medication/medical supplies**
   o   Antibiotic ointment
   o   Pain relievers/fever reducers (ibuprofen, Tylenol)
   o   First aid kit

o   **Personal information/financial**
   o   Copies important legal documents and identification:
- Birth certificates
- Social security cards
- Government benefit information (Temporary Assistance for Needy Families)
- Passports/green cards/naturalization documents
- Driver's licenses
- Vehicle registration/title/insurance policies
- Marriage license
- Will
- Powers of attorney (personal/property)
- Mortgage or real estate deeds of trust
- Health insurance information
- Critical medical records
- Renters/homeowners insurance policies

o **Supplies lasting at least three (3) days:**
  - o Baby and elderly supplies (bottles, formula, diapers, etc.)
  - o Pet supplies including water
  - o Sanitary and personal hygiene needs
  - o Garbage bags
o **Credit card and cash**
o **Family and emergency contact information including current pictures and identification**
o **First Aid kit**
o **Multipurpose tool with a can opener**
o **Flashlight with batteries**
o **Local map**
o **Cell phone batteries and/or phone charger**
o **Battery powered or hand-crank radio**
o **Extra set of car keys**
o **Extra pair of eyeglasses**
o **Matches in a waterproof container**
o **Writing materials**

EFFAK is a tool developed by FEMA in partnership with the U. S. Department of Homeland Security to assist all individuals in maintaining the stability of their financial records in the event of an emergency. http://www.operationhope.org/images/uploads/Files/effak2.pdf

Other items to consider:
o Completed Emergency Financial First Aid Kit (EFFAK)
o Blankets or sleeping bags
o Change of clothing
o Rain gear
o Sturdy shoes
o Signal flare and whistle
o Paper cups, plates and plastic utensils
o Books, games or other activities for children (and adults)
o Portable gasoline generator (and gasoline) if dependent upon electrically powered medical equipment (e.g., CPAP, BiPap, oxygen concentrator, nebulizers, etc.)
o Small refrigerator if dependent upon medications needing refrigeration such as insulin

Tennessee 2-1-1
2-1-1 is an easy-to-remember telephone number that connects people with important community services and volunteer opportunities. United Way of Tennessee and the Tennessee Alliance of Information and Referral systems worked together to expand 2-1-1, and it is now available in all Tennessee counties. (www.tnairs.org)
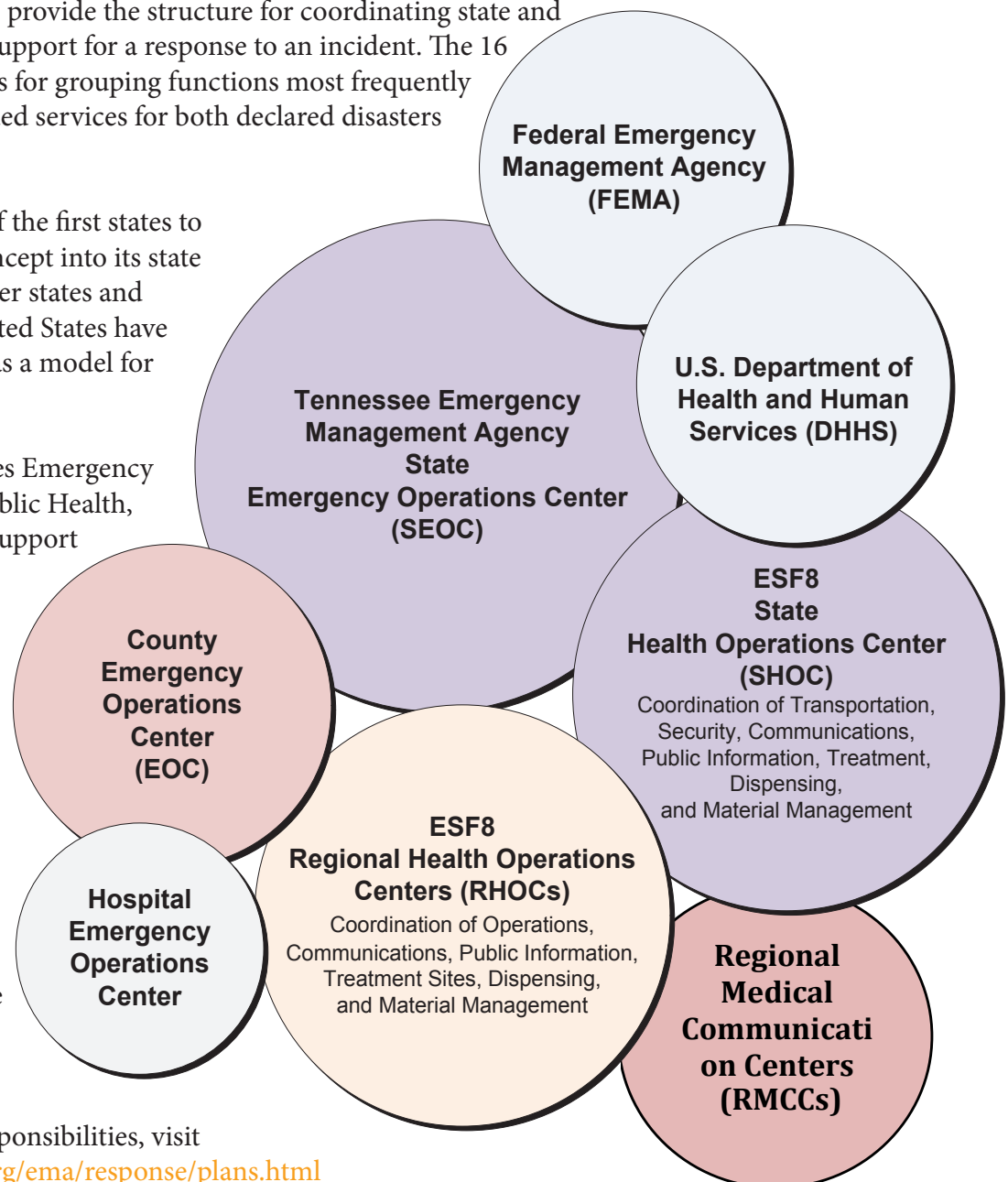
SECTION 4
Broader Healthcare Systems Issues

EMERGENCY SUPPORT FUNCTIONS

Tennessee uses the Emergency Support Functions (ESF) system as the means for responding to a disaster. ESF systems provide the structure for coordinating state and federal interagency support for a response to an incident. The 16 ESFs are mechanisms for grouping functions most frequently used to provide needed services for both declared disasters and emergencies.

Tennessee was one of the first states to integrate the ESF concept into its state plan, and several other states and territories of the United States have since used our plan as a model for their own.

ESF-8, which includes Emergency Medical Services, Public Health, Crisis Intervention Support and Pandemics, is the responsibility of the Tennessee Department of Health and Emergency Medical Services (EMS). It is under ESF-8 that all health care services shall be coordinated in the event of a disaster. ESF-8 is divided into multiple areas and assigned various tasks. For a full listing of ESFs and their responsibilities, visit http://www.tnema.org/ema/response/plans.html

Federal Emergency Management Agency (FEMA)

U.S. Department of Health and Human Services (DHHS)

Tennessee Emergency Management Agency State Emergency Operations Center (SEOC)

ESF8 State Health Operations Center (SHOC)
Coordination of Transportation, Security, Communications, Public Information, Treatment, Dispensing, and Material Management

County Emergency Operations Center (EOC)

ESF8 Regional Health Operations Centers (RHOCs)
Coordination of Operations, Communications, Public Information, Treatment Sites, Dispensing, and Material Management

Hospital Emergency Operations Center

Regional Medical Communication Centers (RMCCs)

SECTION 4

MEDICAL RESPONSE SYSTEM IN TENNESSEE

The response system for medical and public health emergencies in the state of Tennessee is integrated through local, regional, state and federal levels. A statewide system has been developed for ESF-8 (public health and medical services) to coordinate assistance to supplement regional and local resources during an emergency.

During state-declared emergencies of potential or actual significance, ESF-8 is coordinated by the Tennessee Department of Health (TDH) primarily through Emergency Services Coordinators (ESCs) who man the State Emergency Operation Center (SEOC). These ESCs maintain connection with their respective agencies' emergency operation centers.

In the event of medical or public health emergencies, the 13 regional health departments may be activated to assume responsibility for EFS-8 functions.

Seven health regions are direct extensions of the Tennessee Department of Health (TDH). Six metropolitan health departments are independent health departments within select metropolitan areas. Regional Health department emergency planning is lead by 13 health Emergency Response Coordinators (ERCs) who collaborate with partners that include state health staff, and regional Tennessee Emergency Management Agency (TEMA) staff.

Regional Hospital Coordinators (RHCs) at each of the regional health departments collaborate with hospitals, other health care agencies and stakeholders through regional healthcare coalitions.

RHCs at each of the regional health offices work with healthcare organizations to provide the practicing physician with the best contact between the public health system and the medical delivery system in the event of a medical or public health emergency. Contact information for each RHC is located on page 39 of this document.

As the lead agency for ESF-8, the TDH also coordinates the actions of the Medical Reserve Corps (MRC), the civilian volunteer medical force, to fulfill requirements identified by an affected region and/or local authorities. More about the MRC can be found in later sections of this guide.

MEDICAL RESERVE CORPS

Volunteer physicians are essential in responding to disasters. In order to be useful at the moment of crisis, it is necessary for doctors to be credentialed and trained beforehand. This applies not only to physicians who will volunteer at hospitals, but also to those who may respond to an event. Until registered and credentialed in the Tennessee Volunteer Mobilizer (TNVM), spontaneous volunteers will not be able to participate in a disaster response or be afforded the liability protections provided by the State of Tennessee.

The mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers. It is a partner program with Citizen Corps, a national network of volunteers dedicated to ensuring hometown security.

MRC units are community-based, and locally organize and utilize volunteers to prepare for and respond to emergencies.

MRC volunteers supplement existing emergency and public health resources and include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians and epidemiologists. Many community

members (e.g., interpreters, chaplains, office workers and legal advisors) can fill key support positions.

Tennessee is considered an MRC state with units located statewide and affiliated with the regional health department offices.

To learn more about the MRC, contact your regional MRC volunteer coordinator or visit http://medicalreservecorps.gov. Appendix IV also lists local MRC units.

TENNESSEE VOLUNTEER MOBILIZER

Medical professionals who want to volunteer during a public health emergency or disaster must register on the Tennessee Department of Health's secure web-based registry indicating their volunteer preferences. This registry is known as the Tennessee Volunteer Mobilizer (TNVM).

A part of the federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), TNVM gives state officials the ability to quickly identify and assist in the coordination of volunteers in an emergency.

In TNVM, physicians enter information about their skills, licenses and certifications. By entering and keeping their contact information current, they are ready for the TNVM to automatically notify them in case of disaster.

Once you have registered to become a Tennessee Medical Volunteer, your professional license will be verified electronically with licensing boards by the Tennessee Volunteer Mobilizer. This information will become a part of the secure TNVM Registry. Once registered and approved by the TNVM, you will have the opportunity to be assigned to an MRC Unit.

Registering before an event allows verification of your license and credentials, promotes training opportunities, and will help Volunteer Coordinators match your skills with the needs required in each emergency situation. Only volunteers credentialed in the TNVM program will be eligible for deployment in state-activated emergency responses.

During a disaster, state, regional or local (county) officials will determine what kinds of health professionals are needed. Regional MRC/Volunteer Coordinators will search the TNVM database for available volunteers, and send an alert to selected members via email, telephone, and pager.

If a volunteer receives an alert in the event of a disaster, he or she can accept or decline the volunteer request. If the volunteer accepts, specific instructions will be provided on where and when to report, and what is needed for the incident. Signing up does not obligate or commit you to participate during an activation.

Visit the Tennessee Volunteer Mobilizer site at: http://www.tnmrc.org

Important Questions about the TNVM

What benefits are available to physicians who sign up through TNVM?

Volunteers properly registered through Tennessee Volunteer Mobilizer will have their licenses recognized for the duration of emergency declarations allowing healthcare facilities and disaster relief organizations in Tennessee (working in cooperation with local emergency response agencies) to quickly deploy volunteer health professionals for disaster response.

The Tennessee Uniform Volunteer Emergency Health Practitioners Act (TUVEHPA) [TCA 58-2-811] provides that volunteer health practitioners authorized to provide health services are not liable for the payment of a judgment based on their acts or omissions in providing services, nor shall they be named as defendants in an action based on their acts or omissions, unless the conduct in question rises to the level of willful misconduct, or wanton, grossly negligent, reckless, or criminal conduct, represents an intentional tort; involves a breach of contract, is a claim by a host or deploying entity, or is an act or omission relating to the operation of a motor vehicle, vessel, aircraft, or other vehicle.

In addition, a volunteer health practitioner who is providing health services in this state, or who is traveling to or from this state to provide such services, and who is not covered by workers' compensation insurance, shall be considered an employee of this state for purposes of any medical workers' compensation benefits concerning any injury incurred in traveling or providing the services. Benefits for volunteer health practitioners are limited to those medical benefits provided to state employees under the laws of this state. [TCA 58-2-812]

Is training required to be registered with TNVM?

While there is no required training, many physicians find FEMA's National Incident Management System (NIMS) courses helpful. NIMS courses 100, 200, 700 and 800 are recommended so that doctors can understand how to integrate and work within this disaster management system. Each course offers physicians 3 hours of AMA Category 1 credits free of charge. The courses can be taken online from the comfort of your home or office. To take the courses visit, http://training.fema.gov/IS/NIMS.asp.

At the end of each course, a physician will be able to print off a certificate which can be submitted to the Medical Society of the State of New York (MMSNY). MMSNY will in turn forward the physician CME verification. Include a copy of your completion certificates for each module and request your AMA category 1 certificates. .

MSSNY
ATTN: CME Office/Disaster Preparedness,
99 Washington Avenue, Ste. 408.
Albany, NY 12210
 (518) 465-8085.
518-465-0976 (fax)

PATIENT TRIAGE DURING A MASS CASUALTY EVENT

During a disaster, the term "triage" describes something different from the routine practice of identifying patients that need to be transported to the hospital first or be provided immediate care in an emergency room setting.

The type of triage used in a mass casualty response depends upon the number of casualties, the location of the incident, and the availability of resources, transportation and receiving facilities.

Patients may need to be stabilized and then re-triaged in the field during a large-scale event.

In the case of a biological event, triage procedures based on severity of presentation have limited applications.

Please see the CDC document, "Guidelines for Field Triage of Injured Patients, Recommendations of the National Expert Panel on Field Triage, 2011"

START

Simple Triage and Rapid Transport (START) is a process that sorts patients into four groups. It provides for rapid, on-scene assessment based on a patient's respiratory rate, perfusion and mental status.
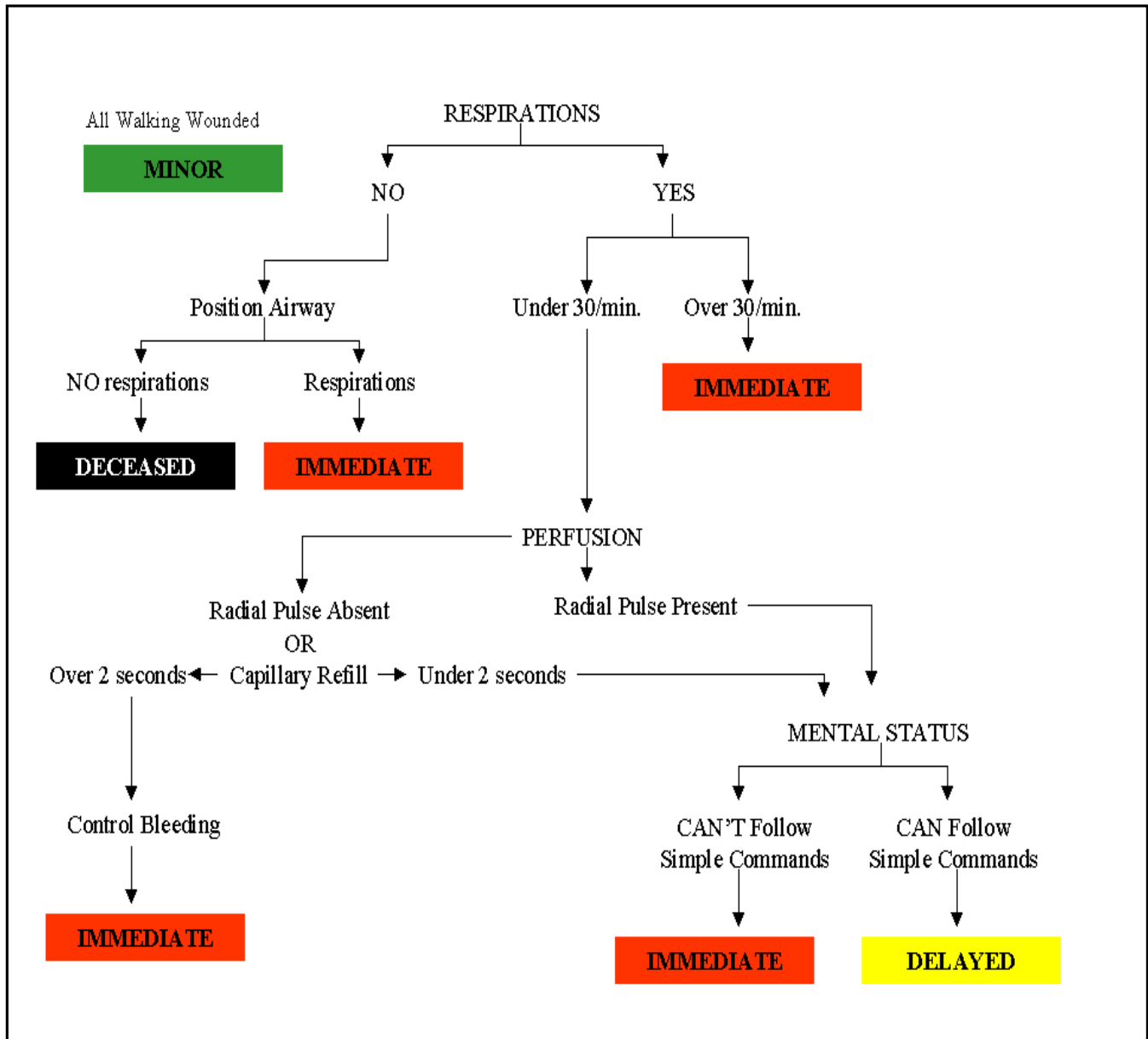
Patients are categorized into one of four categories:

- **Immediate** (**Red**): Those who have serious injuries or medical conditions (salvageable life-threatening problems that take into account the resources available).
- **Delayed** (**Yellow**): Those for whom treatment and transportation can be delayed while more seriously injured patients receive care.
- **Minor** (**Green**): Those patients, including the worried well, who can ambulate to an alternative location without assistance.
- **Dead/Dying** (**Black**): Those patients who do not resume spontaneous breathing after positioning of the head and insertion of an oro-pharyngeal airway (OPA) and have no spontaneous pulse.

Source: www.cert-la.com/triage/start.htm

START Flow Chart

http://citmt.org/Start/flowchart.htm

All Walking Wounded

MINOR

RESPIRATIONS

NO — YES

Position Airway

Under 30/min. — Over 30/min.

NO respirations — Respirations

IMMEDIATE

DECEASED — **IMMEDIATE**

PERFUSION

Radial Pulse Absent
OR
Over 2 seconds ← Capillary Refill → Under 2 seconds — Radial Pulse Present

MENTAL STATUS

Control Bleeding

CAN'T Follow
Simple Commands — CAN Follow
Simple Commands

IMMEDIATE

IMMEDIATE — **DELAYED**

Below is the SMART Triage Tags used by Emergency Medical Services in Tennessee.

Providing Surge Relief to Hospitals

Hospitals and other health care facilities will experience surge issues during of a disaster or pandemic. It is important that private and smaller community physicians' practices remain open to provide care for some of the non-emergent patients being triaged by hospitals to alternate sites.

Stress Management for Health Care Providers

The magnitude of death and destruction in disasters and the extent of the response demand special attention to the needs of health care providers. The physical safety and security of providers and patients must take priority.

The psychological challenges health care providers face after disasters are related to exposure to patients and families who are traumatized by loss. These psychological challenges combine with long hours of work, decreased sleep and fatigue. The stress on providers increases with seeing the effects of a disaster on others and hearing their stories. Self-care, self-monitoring and peer monitoring are as important as caring for patients. Resources for addressing mental health needs for responders (and for patients) affected by disasters is available at:
http://www.psychiatry.org/practice/professional-interests/disaster-psychiatry

Web Resources

American College of Emergency Physicians: http://www.acep.org/disaster/

American College of Physicians: www.acponline.org/clinical_information/resources/bioterrorism/ and www.acponline.org/clinical_information/resources/bioterrorism/links.htm

American Academy of Family Physicians: www.aafp.org/online/en/home.html

American Medical Association (AMA), Resources for physicians in the event of a public health disaster, including bombings, biological, radiological, and chemical agents, and preparedness links: http://www.ama-assn.org/ama/pub/physician-resources/public-health/center-public-health-preparedness-disaster-response.page

American Psychiatric Association, provides multiple links for psychological effects and treatment during disaster events: http://www.psychiatry.org/practice/professional-interests/disaster-psychiatry/disaster-psychiatry

American Red Cross: www.redcross.org/

Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) - 2013 Guide to infection prevention recommendations and resources for developing an emergency plan that includes operational expansion for surges in patients. http://apic.org/Resource_/TinyMceFileManager/Emergency_Prep/2013_Ambulatory_Care_during_Disasters_FINAL.pdf

Centers for Disease Control and Prevention (CDC): www.bt.cdc.gov

Centers for Disease Control and Prevention clinician response site that contains specific information and guidance on clinician response in disaster situations: http://www.bt.cdc.gov/coca/

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*CDC's Clinician Outreach and Communications Activity (COCA)

"Our goal is to help clinicians offer optimal care to patients by providing them with the most current and reliable information available on emerging health threats."

http://www.bt.cdc.gov/coca/

*COCA provides opportunities for CME and other educational credits

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Department of Homeland Security: www.dhs.gov

Federal Emergency Management Agency: www.fema.gov

    For a Disaster Plan toolkits and publications:
    http://www.ready.gov/publications.

Food and Drug Administration (FDA): www.fda.gov/

Medical Reserve Corps: www.medicalreservecorps.gov/

Official U.S. Government Website for all things related to influenza: www.flu.gov

Personal disaster preparedness provided by federal government: www.ready.gov

Tennessee Department of Health: http://tn.gov/health

Tennessee Department of Health Laboratory Services: http://health.state.tn.us/lab/index.htm

Tennessee Emergency Management Agency: www.tnema.org

Tennessee Medical Association: www.tnmed.org

U.S. Department of Health and Human Services National Disaster Medical System:
www.phe.gov/preparedness/pages/default.aspx

County Health Departments

Anderson County
710 North Main Street
Clinton, TN 37716
(865) 425-8800

Bedford County
140 Dover Street
Shelbyville, TN 37160
(931) 684-3426

Benton County
225 Hospital Drive
Camden, TN 38320
(731) 584-4944

Bledsoe County
PO Box 277
Pikeville, TN 37367
(423) 447-2149

Blount County
301 McGhee Street
Maryville, TN 37801-6811
(865) 983-4582

Bradley County
201 Dooley Street, S.E.
Cleveland, TN 37311
(423) 728-7020

Campbell County
PO Box 418
Jacksboro, TN 37757
(423) 562-8351

Cannon County
310 West Main Street,
Suite 200
Woodbury, TN 37190
(615) 563-4243

Carroll County
633 High Street
Huntingdon, TN 38344
(731) 986-1990

Carter County
403 East "G" Street
Elizabethton, TN 37643
(423) 543-2521

Cheatham County
162 County Services Drive,
Suite 200
Ashland City, TN 37015
(615) 792-4318

Chester County
301 Quinco Drive
Henderson, TN 38340
(731) 989-7108

Claiborne County
620 Davis Drive
Tazewell, TN 37879
(423) 626-4291

Clay County
115 Guffey Street
Celina, TN 38551
(931) 243-2651

Crockett County
209 North Bells Street
Alamo, TN. 38001
(731) 696-2505

Cocke County
430 College Street
Newport, TN 37821-3797
(423) 623-8733

Coffee County
800 Park Street
Manchester, TN 37355
(931) 723-5134

**Coffee Co. Health
Department**
Tullahoma Health Center
321 North Collins
Tullahoma, TN 37388
(931) 455-9369

Crockett County
228 East Church Street
Alamo, TN 38001
(731) 696-2505

Cumberland County
131 South Webb Avenue
Crossville, TN 38555
(931) 484-6196

Decatur County
155 North Pleasant Street
Decaturville, TN 38329
(731) 852-2461

DeKalb County
254 Tiger Drive
Smithville, TN 37166
(615) 597-7599

Dickson County
301 West End Avenue
Dickson, TN 37055
(615) 446-2839

**Dickson Co.
White Bluff Clinic**
200 School Road
White Bluff, TN 37187
(615) 797-5056

Dyer County
1755 Parr Avenue
Dyersburg, TN 38024
(731) 285-7311

Fayette County
90 Yum Yum Sommerville,
TN 38068
(901) 465-5243

Fentress County
240 Colonial Circle
Suite A
Jamestown, TN 38556
(931) 879-9936

County Health Departments

Franklin County
338 Joyce Lane
Winchester, TN 37398
(931) 967-3826

Gibson County
Trenton Clinic
1250 Manufacturer's Row
Trenton, TN 38382
(731) 855-7601

Gibson County
Milan Clinic
6501 Telecom Drive
Milan, TN 38358
(731) 686-9240

Gibson County
Humboldt Clinic
149 N. 12th Street
Humboldt, TN 38343
(731) 784-5491

Giles County
209 Cedar Lane
Pulaski, TN 38478
(931) 363-5506

Grainger County
185 Justice Center Drive
Rutledge, TN 37861
(865) 828-5247

Greene County
810 West Church Street
Greeneville, TN 37744
(423) 798-1749

Grundy County
1372 Main Street
Altamont, TN 37301
(931) 692-3641

Hamblen County
331 West Main
Morristown, TN 37815
(423) 586-6431

Hancock County
PO Box 267
Sneedville, TN 37869
(423) 733-2228

Hardeman County
10825 Old Hwy. 64
Bolivar, TN 38008
(731) 658-5291

Hardin County
1920 Pickwick Street
Savannah, TN 38372
(731) 925-2557

Hawkins County
201 Park Blvd.
Rogersville, TN 37857
(423) 272-7641

Hawkins County
Church Hill Office
247 Silver Lake Rd.
Church Hill, TN 37642
(423) 357-5341

Haywood County
950 East Main
Brownsville, TN 38012
(731) 772-0463

Henderson County
90 Rush Street
Lexington, TN 38351
(731) 968-8148

Henry County
803 Joy Street
Paris, TN 38242
(731) 642-4025

Hickman County
111Murphree Avenue
Centerville, TN 37033
(931) 729-3516

Houston County
60 East Court Square
Erin, TN 37061
(931) 289-3463

Humphreys County
725 Holly Lane
Waverly, TN 37185
(931) 296-2231

Jackson County
600 North Murray Street
Gainesboro, TN 38562
(931) 268-0218

Jefferson County
931 Industrial Park Road
Dandridge, TN 37725
(865) 397-3930

Johnson County
715 West Main Street
Mountain City, TN 37683
(423) 727-9731

Lake County
400 Highway 78 South
Tiptonville, TN 38079
(731) 253-9954

Lauderdale County
500 Highway 51 South
Ripley, TN 38063
(731) 635-9711

Lawrence County
2379 Buffalo Road
Lawrenceburg, TN 38464
(931) 762-9406

Lewis County
51 Smith Avenue
Hohenwald, TN 38462
(931) 796-2204

County Health Departments

Lincoln County
1000 Washington Street
West Suite A
Fayetteville, TN 37334
(931) 433-3231

Loudon County
600 Rayder Avenue
Loudon, TN 37774
(865) 458-2514

McMinn County
393 Showbarn Rd. 554
Athens, TN 37303
(423) 745-7431

McNairy County
725 East Poplar
Selmer, TN 38375
(731) 645-3474

Macon County
601 Hwy. 52 Bypass
Lafayette, TN 37083
(615) 666-2142

Madison County
East Jackson Clinic
804 N Parkway
Jackson, TN 38305-3058
(731) 427-3040

Marion County
24 East 7th Street
Jasper, TN 37347-3301
(423) 942-2238

Marshall County
206 Legion Street
Lewisburg, TN 37091
(931) 359-1551

Maury County
100 Blythewood Drive
Columbia, TN 38401
(931) 388-5757

Meigs County
389 River Road
Decatur, TN 37322
(423) 334-5185

Monroe County
3469 New Highway 68
Madisonville, TN 37354
(423) 442-3993

Montgomery County
330 Pageant Lane
Clarksville, TN 37040
(931) 648-5747

Moore County
Metro-Moore Health Facility
251 Majors Blvd.
Lynchburg, TN 37352
(931) 759-4251

Morgan County
1103 Knoxville Highway
Wartburg, TN 37887
(423) 346-6272

Obion County
1008 Mt. Zion Road
Union City, TN 38261
(731) 885-8722

Overton County
1080 Bradford-Hicks Drive
Livingston, TN 38570
(931) 823-6260

Perry County
31 Medical Drive
Linden, TN 37096
(931) 589-2138

Pickett County
1013 Woodlawn Drive
Byrdstown, TN 38549
(931) 864-3178

Polk County
Polk Copper Basin Center
840 Cherokee Trail
Copperhill, TN 37317
(423) 496-3275

Polk County
Polk Benton Center
2279 Parksville Road
Benton, TN 37307
(423) 338-4533

Putnam County
701 County Services Dr.
Cookeville, TN 38501
(931) 528-2531

Rhea County
344 Eagle Lane
Evensville, TN 37332
(423) 775-7819

Roane County
1362 North Gateway Avenue
Rockwood, TN 37854
(865) 354-1220

Robertson County
800 South Brown Street
Springfield, TN 37172
(615) 384-0208

Rutherford County
100 West Burton
Murfreesboro, TN 37130
(615) 898-7785

Rutherford County
 North Rutherford Clinic
108 David Collins Drive
Smyrna, TN 37167
(615) 355-6175

Scott County
344 Court Street
Huntsville, TN 37756
(423) 663-2445

County Health Departments

Sequatchie County
170 Church Street
Dunlap, TN 37327
(423) 949-3619

Sevier County
719 Middle Creek Road
Sevierville, TN 37864
(865) 453-1032

Smith County
303 High Street
Carthage, TN 37030
(615) 735-0242

Stewart County
1021 Spring Street
Dover, TN 37058
(931) 232-5329

Sullivan County
154 Blountville Bypass
Blountville, TN 37617
(423) 279-2777

Sullivan County
Kingsport Office
1324 Midland Street
Kingsport, TN 37664
(423) 224-1600

Sumner County
1005 Union School Road
Gallatin, TN 37066
(615) 206-1100

Sumner County
Hendersonville Clinic
351 New Shackle Island Road
Hendersonville, TN 37075
(615) 824-0552

Tipton County
4700 Mueller Brass Road
Covington, TN 38019
(901) 476-0235

Trousdale County
541 East Main Street
Hartsville, TN 37074
(615) 374-2112

Unicoi County
101 Okalona Drive
Erwin, TN 37650
(423) 743-9103

Union County
4335 Maynardville Hwy.
Maynardville, TN 37807
(865) 992-3867

Van Buren County
907 Old McMinnville St.
Spencer, TN 38585
(931) 946-2643

Warren County
1401 Sparta Street
McMinnville, TN 37110
(931) 473-8468

Washington County /
Johnson City Health Center
219 Princeton Road
Johnson City, TN 37601
(423) 975-2200

Wayne County
102 JV Mangubat Drive
Waynesboro, TN 38485
(931) 722-3292

Weakley County
9852 Highway 22
Dresden, TN 38225
(731) 364-2258

White County
135 Walker Street
Sparta, TN 38583
(931) 836-2201

Williamson County
1324 West Main
Franklin, TN 37064
(615) 794-1542

Williamson County
Fairview Clinic
2629 Fairview Blvd.
Fairview, TN 37062
(615) 799-2389

Wilson County
927 East Baddour Parkway
Lebanon, TN 37087
(615) 444-5325

Regional Health Departments

WEST TENNESSEE

Jackson/Madison County
Health Department
804 North Parkway
Jackson, TN 38305
(731) 423-3020

Shelby County Health
Department
814 Jefferson Avenue
Memphis, TN 38105
(901) 222-9000

West Tennessee Region
Health Office
295 Summar Drive
Jackson, TN 38301
(731) 423-6600

MIDDLE TENNESSEE

Chattanooga/Hamilton
County Health Department
921 East Third Street
Chattanooga, TN 37403
(423) 209-8000

Mid-Cumberland Region
Health Office
710 Hart Lane
Nashville, TN 37247
(615) 650-7000

Nashville/Davidson Co.
Health Department
311 23rd Avenue North
Nashville, TN 37203
(615) 340-5616

South Central Region
Health Office
1216 Trotwood Avenue
Columbia, TN 38401
(931) 380-2532

Upper Cumberland Region
Health Department
1100 England Drive
Cookeville, TN 38501
(931) 528-7531

EAST TENNESSEE

East Tennessee Region
Health Office
2101 Medical Center Parkway
Knoxville, TN 37920
(865) 546-9221

Knoxville/Knox County
Health Department
140 Dameron Avenue
Knoxville, TN 37917
(865) 215-5300

Northeast Tennessee Regional
Health Office
185 Treasure Lane
Johnson City, TN 37604-6519
(423) 979-3200

Southeast Tennessee Region
Health Office
State Office Building
540 McCallie Ave. Suite 450
Chattanooga, TN 37402
(423) 634-3124

Sullivan County Health
Department
154 Blountville Bypass
PO Box 630
Blountville, TN 37617
(423) 279-2777

Medical Reserve Corps Units

East Tennessee Regional MRC
2101 Medical Center Way
Knoxville, TN 37920
http://www.tnmrc.org

Madison County MRC
804 North Parkway
Jackson, TN 38305
http://www.tnmrc.org

Knox County MRC
Knox County Health
Department
140 Dameron Ave
Knoxville, TN 37917
http://www.tnmrc.org

Mid-Cumberland Regional
MRC
Mid-Cumberland Regional
Health Office
710 Hart Lane, 3rd Floor
Nashville, TN 37216, TN
37216
http://www.tnmrc.org

Middle Tennessee MRC
461 21st. Avenue South
Godchaux Hall
Nashville, TN 37240
www.mtmrc.org

Nashville/Davidson MRC
Lentz Health Center
311 23rd Avenue North
Nashville, TN 37203
http://www.tnmrc.org

Northeast Tennessee Regional
MRC
1233 Southwest Ave. Ext.
Johnson City, TN 37604
http://www.tnmrc.org

Shelby County Health
Department
Medical Reserve Corps
1075 Mullins Station Road
W-228
Memphis, TN 38134
www.shelbycountymrc.org

South Central Tennessee
Regional MRC
1216 Trotwood Ave.
Columbia, TN 38401
http://www.tnmrc.org

Southeast Tennessee Regional
MRC
540 McCallie Avenue
Suite 450
Chattanooga, TN 37403
http://www.tnmrc.org

Sullivan County Health
Department MRC
P.O. Box 630
Blountville, TN 37617
http://www.tnmrc.org

Upper Cumberland Tennessee
Regional MRC
1100 England Drive
Cookeville, TN 38501
http://www.tnmrc.org

Regional Hospital Coordinators

Chattanooga-Hamilton Co Regional Office
921 East Third Street
Chattanooga TN 37403-2102

Virginia (Jenny) Wolverton
423-209-8066 (Office)
423-209-8069 (Fax)
423-364-0066 (Mobile)
virginiaw@hamiltontn.gov

East TN Regional Office
 2101 Medical Center Way
Knoxville TN 37920-3257

Wanda Roberts
865-549-5294 (Office)
865-594-5738 (Fax)
865-202-9800 (Cell)
etrhc.health@tn.gov
wanda.roberts@tn.gov

Jackson/Madison Co Health Dept
804 North Parkway
Jackson TN 38305-3058

Trent Harris
Regional Hospital Coordinator
731-927-8532 (Office)
731-927-8600 (Fax)
731-616-5308 (Cell)
tharris@jmchd.com

Knoxville/Knox Co Health Dept
140 Dameron Avenue
Knoxville TN 37917-6413

Charity Menefee
865-215-5098 (Office)
865-582-4604 (Fax)
865-755-2214 (Cell)
charity.menefee@knoxcounty.org

Mid Cumberland Regional Office
710 Hart Lane
Nashville TN 37216

Donita Woodall
615-650-7045 (Office)
615-262-6139 (Fax)
615-210-2282 (Cell)
donita.woodall@tn.gov

Shelby Co Health Dept
1075 Mullins Station Road W-228
Memphis, TN 38134 - 7730

James Matt McDaniel
901-222-8205 (Office)
901-508-8337 (Cell)
james.mcdaniel@shelbycountytn.gov

Metro Nashville Davidson County
Health Department
Lentz Health Center
311 - 23rd Avenue, North
Nashville, TN 37203 - 1503

James Tabor
615-340-0405 (Office)
615-600-8509 (Mobile)
615-340-2101 (Fax)
james.tabor@nashville.gov

Northeast Regional Office
185 Treasure Lane
Johnson City TN 37604-6519

Brenda Greene, RN
Regional Hospital Coordinator
423-979-4633 (Office)
423-979-3268 (Fax)
423-741-4646 (Mobile)
brenda.greene@tn.gov

South Central Regional Office
1216 Trotwood Ave
Columbia TN 38401-6406

Christina Knowles
931-490-8349 (Office)
931-380-3364 (Fax)
christina.knowles@tn.gov

Southeast Regional Office
540 McCallie Avenue, suite 450
Chattanooga TN 37402-2033

Kenneth Tartar
423-634-1957 (Office)
423-634-3139 (Fax)
423-260-1110 (Mobile)
serhc.health@tn.gov

Sullivan Co Regional Health Dept
154 Blountville By-Pass
Blountville TN 37617-4575

Meranda Belcher
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423-323-5337 (Fax)
423-306-6051 (Mobile)
mbelcher@sullivanhealth.org

Upper Cumberland Regional Office
1100 England Drive
Cookeville TN 38501 - 6076

Kristi Langford
931-646-7547 (Office)
931-216-6477 (Mobile)
kristi.langford@tn.gov

West TN Regional Office
295 Summar Avenue
Jackson TN 38301 - 3905

Andrew (Drew) Cook
731-421-6795   (Office)
731-343-5383   (Mobile)
731-421-5148   (Fax)
drew.cook@tn.gov

Tennessee County Medical Examiner's Offices

The table below contains information about Medical Examiner's offices in all 95 counties, as well as the five forensic centers in Tennessee. More information is available at the home page for the Office of The Chief Medical Examiner: http://health.state.tn.us/OCME/index.html

FORENSIC CENTERS OF TENNESSEE

Memphis	Nashville	Chattanooga	Knoxville	Johnson City
Anderson	Decatur	Henderson	Marion	Sequatchie
Bedford	Dekalb	Henry	Marshall	Sevier
Benton	Dickson	Hickman	Maury	Shelby
Bledsoe	Dyer	Houston	Meigs	Smith
Blount	Fayette	Humphreys	Monroe	Stewart
Bradley	Fentress	Jackson	Montgomery	Sullivan
Campbell	Franklin	Jefferson	Moore	Sumner
Cannon	Gibson	Johnson	Morgan	Tipton
Carroll	Giles	Knox	Obion	Trousdale
Carter	Grainger	Lake	Overton	Unicoi
Cheatham	Greene	Lauderdale	Perry	Union
Chester	Grundy	Lawrence	Pickett	Van Buren
Claiborne	Hamblen	Lewis	Polk	Warren
Clay	Hamilton	Lincoln	Putnam	Washington
Cocke	Hancock	Loudon	Rhea	Wayne
Coffee	Hardeman	McMinn	Roane	Weakley
Crockett	Hardin	McNairy	Robertson	White
Cumberland	Hawkins	Macon	Rutherford	Williamson
Davidson	Haywood	Madison	Scott	Wilson

APPENDIX VII - LOCAL EMERGENCY MANAGEMENT OFFICES

The documents below contain contact information for local emergency management organizations throughout Tennessee:

East Regional EMA's

Middle Regional EMA's

West Regional EMA's

APPENDIX VIII - LOCAL EMERGENCY PLANNING COMMITTEES

The documents below contain contact information for local emergency planning committees (LEPCs) throughout Tennessee:

LEPC - East

LEPC - Middle

LEPC - West

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