STATE OF UTAH

EMERGENCY OPERATIONS PLAN

ESF #8, APPENDIX #1

FEDERAL EMERGENCY SUPPORT FUNCTION #8 PUBLIC HEALTH AND MEDICAL

STATE AGENCIES: Utah Department of Health and Human Services

FEDERAL AGENCIES: Department of Health and Human Services
Federal Emergency Management Agency
Administration for Strategic Preparedness and Response

I. INTRODUCTION

PURPOSE

Provide direction in requesting the activation and support of Federal Emergency Support Function (ESF)#8: Public Health and Medical. Federal support under a Stafford Act Declaration. The ESF#8 Coordinator is the US Department of Health and Human Services (DHHS). The Administration of Strategic Preparedness and Response (ASPR) serves as principal advisor for HHS emergency response. ASPR Region VIII and its Regional Emergency Coordinators (RECs) serve as ASPR's primary representatives and contacts throughout the region and at the state level. The Regional office and RECs help facilitate coordinated preparedness and response activities for public health and medical emergencies. Functions include but are not limited to the following: Public health; Medical surge support, including patient movement; Behavioral health services; Mass fatality management; and Veterinary, medical, and public health services.

SCOPE

The ASPR Regional Office and Regional Emergency Coordinators (RECs) provide and lead the federal public health and medical services support for FSLTT (Federal, State, Local, Tribal and Territorial) entities for most regional incidents and events; the majority of which are smaller in terms of size, scope, duration and complexity. The Regional Office maintains communication with ASPR leadership and components, directly and through the Secretary's Operations Center (SOC), to share situational awareness and provide regional context.

In the early stages of actual or evolving incidents, the ASPR Regional Administrator or designated REC is responsible for maintaining situational awareness, assessing impacts and potential consequences, and providing immediate assistance to FSLTT partners.

In the context of larger-scale emergencies, ASPR Regional staff are responsible for maintaining situational awareness, coordination with FSLTT, private and NGO entities, and

implementation of appropriate regional actions for the initial federal response until a Federal Health Coordinating Official (FHCO)/Incident Manager (IM) is designated and transition occurs. ASPR regional staff continues to provide significant context and insight to the FHCO/IM once a transition of incident management responsibilities occurs, given their regional relationships and knowledge. Regional staff also are typically appointed to key Incident Management Team (IMT) response positions (FHCO/IM, Deputy FHCOs, Chief of Staff, Agency Representatives) in key coordination locations.

A key player includes the Federal ESF#8 Coordinator: US Department of Health and Human Services, Administration for Strategic Preparedness and Response

Federal ESF# 8 Supporting Agencies

1. Department of Agriculture
2. Department of Commerce
3. Department of Defense
4. Department of Energy
5. Department of Homeland Security
6. Department of the Interior
7. Department of Justice
8. Department of Labor
9. Department of State
10. Department of Transportation
11. Department of Veterans Affairs
12. Environmental Protection Agency
13. General Services Administration
14. U.S. Agency for International Development
15. U.S. Postal Service
16. American Red Cross

II. SITUATION AND ASSUMPTIONS

1. It is conceivable that a major incident and terrorist related event could produce a large concentration of specialized injuries and problems that could overwhelm the local, tribal, and state public health and medical care systems.
2. It is assumed Utah DHHS will respond according to normal policy and procedures to all events. If state is still in need of further support they may make an official request to Federal ESF#8. Utah DHHS, ASPR and other federal partners will also maintain close coordination prior to formal requests to facilitate situational awareness and common operating picture.
3. Stafford Act Declaration is in effect or likely to be declared
4. Federal agencies can respond to disasters under their own authority or through mission assignments from the Federal Emergency Management Agency.

III. CONCEPT OF OPERATIONS

ACTIVATION

In a major incident requiring federal health and medical assistance, the DEM Director or designee in coordination with the DHHS Executive Director or designee, and after obtaining concurrence from the Governor, may request activation of the Federal ESF#8. ASPR Regional Emergency Coordinators will be in consultation with Utah DHHS Preparedness staff prior to any official requests.

ACTIVATION REQUEST PROCEDURES

All official requests for Federal ESF#8 activation will be made by the state DEM Director or designee of state Emergency Management to FEMA in conjunction with the governor's office.

In parallel, ASPR regional staff will coordinate with state DHHS leadership and elevate requests through internal Federal ESF#8/ASPR channels.

INFORMATION REQUIREMENT FOR SYSTEM ACTIVATION

Before an official request for assistance and activation of the Federal ESF#8, local government will provide DEM, in coordination with the DHHS and ASPR staff, the following information:

a. The location of the incident where assistance is being requested
b. A description of the incident and the impact to public health and medical systems
c. A description of the assistance and or capability required (e.g. medical assistance teams, medical supplies/equipment, aero-medical evacuation, acute hospital care, etc.)
d. Approximate duration of needed support.

ACTIONS TAKEN FOLLOWING INITIAL REQUEST

Upon receipt of a State request to FEMA, and in conjunction with early coordination with State and federal partners, an official Resource Request Form is submitted to Federal ESF#8 for support, followed by a Mission Assignment. The Federal ESF#8 coordinating agency will then allocate resources and needed capabilities.

POTENTIAL FEDERAL ESF#8 RESOURCES AND SUPPORT

ESF#8 Supporting Agencies often are activated under their own authorities or may be activated at the request of Federal ESF#8 lead.

ASSESSMENT OF PUBLIC HEALTH/MEDICAL NEEDS

HHS, in collaboration with the Department of Homeland Security (DHS), mobilizes and deploys ESF #8 personnel to support national or regional teams to assess public health and medical needs, including the needs of at-risk population groups, such as language assistance services for limited English-proficient individuals and accommodations and services for individuals with disabilities. This function includes the assessment of the health care system/facility infrastructure.

HEALTH SURVEILLANCE

HHS, in coordination with supporting departments and agencies, enhances existing surveillance systems to monitor the health of the general and medical needs population; carries out field studies and investigations; monitors injury and disease patterns and potential disease outbreaks, blood and blood product biovigilance, and blood supply levels; and provides technical assistance and consultations on disease and injury prevention and precautions.

MEDICAL CARE PERSONNEL

Immediate medical response capabilities are provided by assets internal to HHS (e.g., U.S. Public Health Service Commissioned Corps, NDMS, and Federal Civil Service employees) and from ESF #8 supporting organizations.

ESF #8 may request Department of Defense (DOD) support for casualty clearing and staging, patient treatment, and support services such as surveillance and laboratory diagnostics.

ESF #8 may seek individual clinical public health and medical care specialists from the Department of Veterans Affairs (VA) to assist State, tribal, and local public health and medical personnel.

ESF #8 may engage civilian volunteers and NGOs, such as Medical Reserve Corps, to assist State, tribal, and local public health and medical personnel.

HEALTH/MEDICAL/VETERINARY

Equipment and Supplies In addition to deploying assets from the Strategic National Stockpile (SNS), ESF #8 may request DOD or the VA to provide medical equipment, durable medical equipment, and supplies, including medical, diagnostic, and radiation-detecting devices, pharmaceuticals, and biologic products in support of immediate medical response operations and for restocking health care facilities in an area affected by a major disaster or emergency. When a veterinary response is required, assets may be requested from the National Veterinary Stockpile, which is managed by USDA Animal and Plant Health Inspection Service (APHIS).

PATIENT EVACUATION

ESF #8 is responsible for transporting seriously ill (seriously ill describes persons whose illness or injury is of such severity that there is cause for immediate concern, but there is not imminent danger to life) or injured patients, and medical needs populations from casualty collection points in the impacted area to designated reception facilities.

ESF #8 coordinates the Federal response in support of emergency triage and prehospital treatment, patient tracking, and distribution. This effort is coordinated with Federal, State, tribal, territorial, and local emergency medical services officials.

ESF #8 may request DOD, VA, and DHS/Federal Emergency Management Agency (FEMA), via the national ambulance contract, to provide support for evacuating seriously ill or injured patients. Support may include providing transportation assets, operating and staffing NDMS Federal Coordination Centers, and processing and tracking patient movements from collection points to their final destination reception facilities. DOD is the only recognized Federal partner responsible for regulating and tracking patients transported on DOD assets to appropriate treatment facilities (i.e., NDMS hospitals).

PATIENT CARE

ESF #8 may task HHS components to engage civil service personnel, the Officers from the U.S. Public Health Service Commissioned Corps, the regional offices, and States to engage civilian volunteers and request the VA and DOD to provide available personnel to support prehospital triage and treatment, inpatient hospital care, outpatient services, pharmacy services, and dental care to victims who are seriously ill, injured, or suffer from chronic illnesses who need evacuation assistance, regardless of location.

ESF #8 may assist with isolation and quarantine measures and with point of distribution operations (mass prophylaxis and vaccination). Health care providers and support staff will ensure appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act privacy and security standards, where applicable.

SAFETY AND SECURITY OF DRUGS, BIOLOGICS, AND MEDICAL DEVICES

ESF #8 may task HHS components to ensure the safety and efficacy of and advise industry on security measures for regulating human and veterinary drugs, biologics (including blood and vaccines), medical devices (including radiation emitting and screening devices), and other HHSregulated products.

BLOOD, ORGANS, AND BLOOD TISSUES

ESF #8 may task HHS components and request assistance from other ESF #8 partner organizations to monitor and ensure the safety, availability, and logistical requirements of

blood, organs, and tissues. This includes the ability of the existing supply chain resources to meet the manufacturing, testing, storage, and distribution of these products.

FOOD SAFETY AND SECURITY

ESF #8, in cooperation with ESF #11, may task HHS components and request assistance from other ESF #8 partner organizations to ensure the safety and security of federally regulated foods. (Note: HHS, through the Food and Drug Administration (FDA), has statutory authority for all domestic and imported food except meat, poultry, and egg products, which are under the authority of the USDA Food Safety and Inspection Service. The Environmental Protection Agency establishes tolerance levels for pesticide residues.)

AGRICULTURE SAFETY AND SECURITY

ESF #8, in coordination with ESF #11, may task HHS components to ensure the health, safety, and security of food-producing animals, animal feed, and therapeutics. (Note: HHS, through the FDA, has statutory authority for animal feed and for the approval of animal drugs intended for both therapeutic and nontherapeutic use in food animals as well as companion animals.)

WORKER SAFETY AND HEALTH

Under agreement with the U.S. Department of Labor (DOL), DOL is the lead Federal agency for worker safety and health. ESF #8/HHS is a supporting agency.

ALL-HAZARD PUBLIC HEALTH AND MEDICAL CONSULTATION, TECHNICAL ASSISTANCE, AND SUPPORT

ESF #8 may task HHS components and regional offices and request assistance from other ESF #8 partner organizations in assessing public health, medical, and veterinary medical effects resulting from all hazards. Such tasks may include assessing exposures on the general population and on high-risk population groups; conducting field investigations, including collection and analysis of relevant samples; providing advice on protective actions related to direct human and animal exposures, and on indirect exposure through contaminated food, drugs, water supply, and other media; and providing technical assistance and consultation on medical treatment, screening, and decontamination of injured or contaminated individuals. State, tribal, and local officials retain primary responsibility for victim screening and decontamination operations.

BEHAVIORAL HEALTH CARE

ESF #8 may task HHS components and request assistance from other ESF #8 partner organizations in assessing mental health and substance abuse needs, including emotional, psychological, psychological first aid, behavioral, or cognitive limitations requiring assistance or supervision; providing disaster mental health training materials for workers; providing liaison with assessment, training, and program development activities undertaken by Federal, State, tribal, or local mental health and substance abuse officials; and providing additional consultation as needed.

MASS FATALITY MANAGEMENT

ESF #8, when requested by State, tribal, or local officials, in coordination with its partner organizations, will assist the jurisdictional medico-legal authority and law enforcement agencies in the tracking and documenting of human remains and associated personal effects; reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains (when indicated and possible); establishing temporary morgue facilities; determining the cause and manner of death; collecting antemortem data in a compassionate and culturally competent fashion from authorized individuals; performing postmortem data

collection and documentation; identifying human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples); and preparing, processing, and returning human remains and personal effects to the authorized person(s) when possible; and providing technical assistance and consultation on fatality management and mortuary affairs.

In the event that caskets are displaced, ESF #8 assists in identifying the human remains, recasketing, and reburial in public cemeteries. ESF #8 may task HHS components and request assistance from other ESF #8 partner organizations, as appropriate, to provide support to families of victims during the victim identification mortuary process.

PUBLIC HEALTH AND MEDICAL INFORMATION

ESF #8 provides public health, disease, and injury prevention information that can be transmitted to members of the general public who are located in or near areas affected in languages and formats that are understandable to individuals with limited English proficiency and individuals with disabilities.

VETERINARY MEDICAL SUPPORT

ESF #8 will provide veterinary assistance to ESF #11. Support will include the amelioration of zoonotic disease and caring for research animals where ESF #11 does not have the requisite expertise to render appropriate assistance. ESF #8 will assist ESF #11 as required to protect the health of livestock and companion and service animals by ensuring the safety of the manufacture and distribution of foods and drugs given to animals used for human food production

ESF #8 supports DHS/FEMA together with ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services, ESF #9 – Search and Rescue, and ESF #11 to ensure an integrated response to provide for the safety and wellbeing of household pets and service and companion animals.

ESF #8 SUPPORT TO ESF #6

ESF #8 supports ESF #6 by providing expertise and guidance on the public health issues of the medical needs populations.

SUMMARY OF THE NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

NDMS TEAMS

NDMS teams are organized and trained groups of professionals who help devastated communities by providing emergency medical care; staffing medical shelters or medical stations; augmenting hospital staff; providing veterinary care; conducting disaster mortuary operations; managing logistics; synthesizing data; and more.

DISASTER MEDICAL ASSISTANCE TEAMS (DMATS)

DMATs perform patient-care functions in a variety of mission scenarios based on the identified standards of care, including but not limited to:

1. Triage/Pre-Hospital Care: Evaluating patients based on the seriousness of their illness or injuries to determine the most effective and efficient plan of care.
2. General Emergency Medical Care: Providing care at least equal to the services of a basic hospital emergency department.

3. General Medical Care: Providing primary care services where access to usual care is limited or unavailable.
4. Hospital Decompression: Providing medical care within an existing hospital that has limited staff or is otherwise unable to provide adequate care to the number of people needing medical attention.
5. Support of Patient Movement: Assessing, stabilizing, and preparing patients for transportation.

DISASTER MORTUARY OPERATIONS RESPONSE TEAMS (DMORTS)

DMORTs provide technical assistance and consultation on fatality management and mortuary affairs. DMORTs may be called on to provide a wide range of services, including but not limited to:

1. Tracking and documenting human remains and personal effects
2. Establishing temporary morgue facilities
3. Assisting in the determination of cause and manner of death
4. Collecting ante-mortem data
5. Collection of medical records, dental records, or DNA of victims from next of kin to assist in victim identification
6. Performing postmortem data collection
7. Documentation during field retrieval and morgue operations
8. Performing forensic dental pathology and forensic anthropology methods
9. Preparing, processing, and returning human remains and/or personal effects to appropriate recipients

TRAUMA AND CRITICAL CARE TEAMS (TCCTS)

TCCT teams deploy as 9, 10, 28, or 48-person units, each with the capacity to conduct specific trauma-related actions, including but not limited to:

1. Providing critical care
2. Providing operative care
3. Providing emergency care
4. Providing advanced trauma life support
5. Supporting patient transport
6. Augmenting a Disaster Medical Assistance Team (DMAT)
7. Augmenting existing medical facilities
8. Establishing stand-alone field hospitals
9. Providing support and augmentation to the Department of Defense (DoD) Disaster Air Staging Facility (DASF) located at an Aerial Port of Embarkation (APOE)

NDMS PATIENT MOVEMENT SYSTEM

Federal patient movement is a coordinated partnership between HHS, Department of Homeland Security (DHS), the Department of Veterans Affairs (VA), and the Department of Defense (DoD).

NDMS provides support for patient movement and evacuation from areas impacted by the disaster to designated reception facilities within the NDMS health care facility network. Patient movement is coordinated by 64 Federal Coordinating Centers (FCCs) across the country that are managed by DoD and VA. NDMS responders from Disaster Medical

Assistance Teams (DMAT) and Trauma Critical Care Teams (TCCT) provide pre-hospital care and support patient transport in disaster zones during patient evacuation.

NDMS DEFINITIVE CARE SYSTEM

NDMS provides definitive care, which means it cares for eligible patients with essential medical care until their illness or injury has been resolved. Under the definitive care program, NDMS provides care for American citizens who require additional or complex care that is unavailable because of a disaster or emergency.

The definitive care program consists of a nationwide network of civilian partner facilities, who have entered into agreements with the federal government to accept federal NDMS patients during a national level disaster and/or public health emergency.

NDMS works with its partners in DHS, VA, and DoD, who support transport and control of patient flow through pre-identified FCCs across the country. Definitive care is a three pronged approach which serves as an umbrella for the national disaster claims processing system, national disaster case management program, and the NDMS health care partner facilities program.