STATE OF UTAH

EMERGENCY OPERATIONS PLAN

ESF #8
HEALTH AND MEDICAL SERVICES

PRIMARY AGENCY: Utah Department of Health and Human Services

SUPPORT AGENCIES:
Department of Agriculture and Food
Department of Environmental Quality
Department of Public Safety
- Bureau of EMS
Utah National Guard
Utah Department of Transportation

OTHER ORGANIZATIONS:
Local Health Departments
Utah Hospital Association (UHA)
Regional Healthcare Coalitions
Tribal Governments and Organizations
Western Region Burn Disaster Consortium (WRBDC)

VOLUNTARY ORGANIZATIONS:
American Red Cross
Utah Voluntary Organizations Active in Disaster (Utah VOAD)

FEDERAL AGENCIES:
U.S. Department of Health and Human Services
Administration for Strategic Preparedness and Response
Centers for Disease Control and Prevention

I. INTRODUCTION

PURPOSE

The purpose of ESF #8 - Health and Medical Services is to support public health and medical systems in sustaining critical operations and effectively responding to and recovering from an incident. This is accomplished by coordinating local, tribal, state, regional, and/or federal assistance in response to health and medical care needs during and following an incident.

Resources will be furnished when local resources are overwhelmed and public health and/or medical assistance are requested. Additionally, ESF #8 will assure the continuance of medical care services, management of fatalities, and the availability of medical resources to the impacted area(s).

ESF #8 coordinates and supports the mitigation of public health threats that result from a disaster by assessment of public health and medical needs, surveillance to detect trends, mitigation of public health hazards, and consultation and technical assistance.

ESF #8 supports the healthcare system to effectively surge and balance patient load through capacity assessment, resource coordination, and contingency and crisis guidance.

SCOPE

ESF #8 involves supplemental assistance to local jurisdictions in identifying and meeting the community's public health and medical needs. This support is categorized as follows:

1. Assessment of public health and medical needs
2. Disease control and epidemiology
3. Chemical and biological laboratory services
4. Emergency medical services
5. Intra- and inter-state patient movement
6. Continuation of patient care, including access to critical chronic care services
7. Health and medical resources, including personnel, equipment, and supplies.
8. Food and drug safety
9. Emergency responder health and safety
10. Chemical, biological, radiological, nuclear, and explosive co-response and investigation
11. Behavioral health care
12. Public health and medical information
13. Vector control and monitoring
14. Assessing potable water, wastewater, solid waste disposal, and other environmental health issues
15. Mass fatality and disaster mortuary operation

II. SITUATION AND ASSUMPTIONS

SITUATION

1. Public health and medical services are essential elements of an incident response. State and local governments and private healthcare organizations must maintain the capabilities to initiate coordinated emergency health and medical care.
2. Supporting local jurisdictions includes municipalities and counties and coordinating with regional healthcare coalitions and medical facilities.
3. ESF #8 supports, coordinates, and communicates with local public health departments, local mental health services, healthcare organizations, first responders, emergency management partners, and other relevant partners.
4. During a major incident, DHHS coordinates matters pertaining to the state's public health and medical emergency response. This may include issuing orders that:
    a. Recommend medical examinations for exposed persons.
    b. Ration medicine and vaccines.
    c. Request the coordination and transport of medical support personnel to assist ill and exposed persons.
    d. Provide for procurement of medicines and vaccines.
    e. Recommend treatment or vaccination of persons.
    f. Isolate and quarantine persons.
    g. Support medical care and medical facility operations.

ASSUMPTIONS

GENERAL

1. The state may augment local governments and request federal emergency medical assistance during an incident.
2. Health and medical issues that may need to be addressed include:
    a. multiple deaths and injuries
    b. behavioral health crisis counseling
    c. environmental contamination
    d. transportation of medical casualties out of the disaster area
    e. infectious disease control
    f. public information and education
    g. assistance and guidance to healthcare organizations, healthcare providers, and first responders
    h. supply chain shortages or interruptions of medical supplies and pharmaceuticals
    i. provision of emergency medical services
    j. unaccompanied minors in hospitals
3. Hospitals, nursing homes, pharmacies, laboratories, public health departments, behavioral health clinics, and other health and medical facilities may be severely damaged or destroyed. Those facilities, which survive with little or no structural damage, may be rendered unusable or only partially usable because of a lack of utilities (power, water, and sewer) and/or the inability of staff to report for duty.
4. Populations with access or functional needs or who experience health disparities are more vulnerable during a disaster and may encounter barriers to accessing public health or healthcare services. Disaster plans and response objectives must consider these populations. ESF #8 will engage with community leaders and service providers to ensure appropriate considerations.
5. Day-to-day patient care, such as obstetrics, neonate care, dialysis, cancer treatment, and diabetes management may be severely impacted.
6. Disruption in local communications, including internet service and transportation systems, could prevent the timely replacement of supplies, operational status updates, access to medication prescription refills and medical devices, and delays in coordinating assistance for the most vulnerable populations.
7. A major incident could displace large portions of the population, necessitating the set up of shelters or temporary housing, requiring an evaluation of various environmental health concerns related to food, water, and solid/liquid/human waste in addition to controls to prevent the spread of disease.
8. Hospitals may have a high patient volume with limited or no available beds. In addition, they could have low numbers of medical staff reporting to work.

PATIENT TRANSPORTATION

1. Building damage, environmental hazards, or long-term utility interruptions may require patients to be evacuated from healthcare facilities.

2. Transportation could be by ground or air to the nearest area where patient needs are matched with the necessary definitive medical care. The transportation and coordination with receiving hospitals may require significant coordination, including federal government resources.
3. Medical facilities remaining in operation may be overwhelmed with transported survivors or those who self-present in the incident's immediate aftermath.

MASS CASUALTIES AND FATALITIES

1. The number of casualties and fatalities resulting from an incident might overwhelm medical and mortuary services.
2. The Utah Public Health Laboratory and the Office of the Medical Examiner (OME) may be overburdened and may need to request assistance from out-of-state resources.
3. Fatalities and casualties may be contaminated by an incident and pose a health hazard to responders.
4. Incident fatalities may be in a condition that requires advanced techniques for identification.

HAZARDOUS MATERIALS

1. A major incident due to the release of hazardous materials could produce a large concentration of specialized injuries and environmental hazards that could overwhelm the local, tribal, and/or state public health and medical care system(s). ESF #8 will provide supplemental assistance to local health departments to identify the agent, stabilize and mitigate the circumstances, coordinate the treatment of patients, and provide technical assistance until state/federal resources are in place to support ongoing incident management activities.
2. In the event of a suspected or confirmed chemical, biological, radiological, nuclear, or explosive (CBRNE) incident, ESF #8 will coordinate with the Federal Bureau of Investigations (FBI) to identify the agent, whether it was an initial or accidental act, stabilize and mitigate public health impacts, coordinate patient treatment, and provide technical assistance.
3. Damage to chemical and industrial plants, sewer lines, water systems, and secondary hazards such as fires could cause environmental and public health hazards to the impacted community and response personnel, including exposure to hazardous materials and contaminated water supplies, crops, livestock, and food products.

ADDITIONAL RESOURCES

1. Resources within the affected disaster area may be inadequate to treat and transport casualties from the scene in the local medical care system(s). Additional mobilized state and federal capabilities may be needed to supplement and assist local jurisdictions in triaging and treating casualties in the disaster area and transporting them to the closest appropriate hospital or other healthcare facility.
2. A mass casualty event may require the activation of regional healthcare response plans and potential support from ASPR Region VIII and from multi-state coordination organizations such as the Western Region Burn Disaster Consortium or the Mountain Plains Regional Disaster Health Response System.

3. The HHS Region 8 ESF # 8 representative will coordinate with the State ESF #8 Coordinator and appropriate state public health officials and organizations to support medical and public health assistance requests.

III. CONCEPT OF OPERATIONS

GENERAL

1. Primary and support agencies will use locally available health and medical resources to the extent possible to meet the needs identified by jurisdictional authorities. Additional requirements will be met primarily from prearranged sources throughout the state and region.
2. ESF #8 will evaluate and analyze medical and public health capabilities, needs, and responses throughout the response period and develop and maintain medical and public health status assessments.
3. The initial priority is life-saving operations followed by life-sustaining operations.
4. Because of the potential complexity of health and medical response and limited resources, conditions may require special advisory groups of subject matter experts to review circumstances and advise on contingency or allocation strategies to manage and respond to a specific situation most appropriately.
5. If state ESF #8 determines that local and state resources are inadequate to meet the requirements for medical transportation, a request for federal medical transportation assistance may be made at the federal level.
6. DHHS Department Operations Center (DOC) may be activated to support the SEOC. DHHS will provide resources as available to local agencies and organizations when requested.

HEALTH SYSTEM SURGE

1. Coordinate and support assessment and stabilization of the state's public health, behavioral health, and medical systems.
2. Monitor and assess health systems' ability to provide medical, public health, and behavioral health care.
3. Convene regular coordination meetings with public health and healthcare systems across the state.
4. Provide patient care.
5. Support patient movement to other facilities and possibly out of state.
6. Facilitate patient tracking, reunification, and management of unaccompanied minors.
7. Participate in decision-making strategies to maintain patient care standards.

BIOSURVEILLANCE

1. Support monitoring, investigating, and mitigating potential or known threats and impacts to human health through disease trend monitoring, laboratory testing, and other nonpharmaceutical interventions.

2. Perform epidemiology operations.
3. Perform public health laboratory operations.
4. Coordinate statewide policy decisions on non-pharmaceutical interventions.

MEDICAL COUNTERMEASURES AND RESOURCE DISTRIBUTION

1. Request and distribute federal Strategic National Stockpile (SNS) and medical countermeasure (MCM) resources.
2. Manage and distribute medical material.
3. Maintain warehouse operations (for distribution).

INFORMATION MANAGEMENT

1. Develop, disseminate, and coordinate accurate and timely information to responders and the public.
2. Warn and inform the public in coordination with ESF #15 - Public Information or the Joint Information Center/Joint Information System (JIC/JIS).
3. Information sharing with response partners during an incident. This may include:
    a. tracking of patients
    b. transfer of medical records
    c. victim identification
    d. family reunification
    e. identifying and supporting individuals with access and functional needs

ENVIRONMENTAL HEALTH

1. Assess food, water, air, and sanitation safety in collaboration with the Department of Environmental Quality (DEQ).
2. Support health needs of chemical, biological, radiological, nuclear, and high-yield explosives threats.

MASS FATALITIES

1. The DHHS medical examiner defines criteria for deaths to be counted as a result of the incident or emergency. These death investigations may be handled locally. Fatality management services will be coordinated through the Office of the Medical Examiner.
2. ESF #8 will coordinate with ASPR Region VIII for federal Disaster Mortuary Operations Response Team (DMORT) assistance and federal mass fatality subject matter expertise at the request of the DHHS Office of the Medical Examiner (OME).

NATIONAL DISASTER MEDICAL SYSTEM

1. Upon Presidential Declaration of a large-scale and catastrophic incident, DHHS may access the National Disaster Medical System (NDMS) through FEMA's National Response Coordination Center (NRCC) to meet state health and medical needs. The NDMS is a federally coordinated program that augments local medical organizations' emergency medical evacuation response (see Appendix 1 to this ESF).
2. When National Disaster Medical System (NDMS) assets are requested, ESF #8, through the State Emergency Operations Center, will coordinate directly with NDMS

representatives to deploy those assets in conjunction with the Federal Emergency Management Agency (FEMA).

3. For more information, see ESF #8 Appendix #1 Federal Emergency Support Function #8 Public Health and Medical.

IV. AGENCIES AND CAPABILITIES

PRIMARY AGENCY	CAPABILITIES
UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	See below for DHHS capabilities by division.
DIVISION OF POPULATION HEALTH	• Coordinate and support the provision of health and medical services and resources as outlined in ESF #8 appendices: Appendix #1 - Federal Emergency Support Function #8 Public Health and Medical and Appendix #2 - Medical Countermeasure Management. Provide technical, medical, and resource assistance as a support agency as outlined in other annexes and appendices of this plan. • Provide leadership in directing, coordinating, and integrating the overall state efforts to support medical and public health assistance to the affected area. • Coordinate volunteer, private, regional, state, and federal health and medical personnel resources, supplies, and equipment. • Access and distribute identified emPOWER data from HHS for Centers for Medicare and Medicaid Services clients that rely on electricity-dependent medical devices to support local disaster response, sheltering, and evacuation efforts. • Facilitate requests for local health activation and the Medical Reserve Corps (MRC) deployment. • Coordinate the evacuation of patients from the disaster area. • Establish active and passive surveillance systems for the protection of public health. • Provide technical advice and assistance regarding infectious disease prevention and mitigation. • Coordinate and implement health threat surveillance, epidemiological investigations, and mitigation (e.g., quarantine, isolation, social distancing, school closures) with local health departments. • Provide technical advice and assistance regarding human health risks associated with environmental exposures. • Coordination of mass vaccination campaigns. • Assist in monitoring injury and disease patterns and potential disease outbreaks. • Provide technical assistance and consultations on disease and injury prevention and precautions. • Maintain a current list of available emergency response resources and provide the list to the state EOC. • Coordinate and distribute federal medical countermeasures and strategic national stockpile material.

PRIMARY AGENCY	CAPABILITIES
	• Provide coordination of patient transport, tracking, and family reunification.
DIVISION OF CLINICAL SERVICES - OFFICE OF THE MEDICAL EXAMINER	• Provide staff, equipment, and morgue capacity to address surge. • Implement operations for the recovery of remains. • Provide consultation and technical assistance for hospitals and funeral homes. • Support family assistance efforts, including reunification, victim identification, and personal effects. • Provide guidance on how to mitigate health hazards from contaminated remains. • Support the DHHS Office of Vital Records for a surge in death certificates.
DIVISION OF PUBLIC AFFAIRS AND EDUCATION	• Gather and verify accurate information. • Disseminate incident information and/or media updates. • Coordinate with LHD PIOs to ensure accurate and consistent information throughout the state.
UTAH PUBLIC HEALTH LABORATORY	• Provide public health laboratory services for the identification of biological and chemical agents. • Respond to bioterrorism, emerging infectious diseases, chemical terrorism, and other public health emergencies by providing rapid laboratory testing, timely notification, and secure messaging of lab results.
DIVISION OF INTEGRATED HEALTHCARE - OFFICE OF SUBSTANCE USE AND MENTAL HEALTH	• Coordinate and provide mental health services and deploy the crisis counseling team.
AMERICAN INDIAN ALASKAN NATIVE HEALTH AND FAMILY SERVICES	• Coordinate communication between DHHS and tribal governments prior to, during, and after response. • Assist tribal governments in accessing state resources • Support DHHS and Tribal government collaboration in response efforts

SUPPORT AGENCY	CAPABILITIES
DEPARTMENT OF AGRICULTURE AND FOOD	• Provide technical advice and assistance regarding the handling and disposal of contaminated and non-contaminated animal remains. • Monitor and laboratory test affected areas for food supply, livestock, and pet animal contamination that may harm public health. • Maintain public welfare and health by issuing incident-related public information notices on food security, food contamination/disposal issues, and caring for pets, livestock, crops/gardens, etc., within the disaster area.

SUPPORT AGENCY	CAPABILITIES
DEPARTMENT OF ENVIRONMENTAL QUALITY	• Support local issuance of boil orders and notices of unsafe drinking water. • Provide technical assistance and advisories in collecting, treating, storing, or disposing of human, solid, and hazardous waste. • Assist in the restoration of wastewater collection and treatment systems for affected facilities. • Assist DHHS and responding federal agencies in the management of chemical agents. Monitor radiological issues and provide response guidance. • Identify ecologically sensitive areas.
DEPARTMENT OF PUBLIC SAFETY - UTAH HIGHWAY PATROL	• Provide and coordinate security for emergency transportation of medical supplies. • Assist in establishing transportation routes for transporting injured patients.
DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	• In coordination with DHHS, request activation of state-to-state (e.g., Emergency Management Assistance Compact) and federal resources such as the NDMS (including DMORT and Disaster Medical Assistance Team) and/or the Strategic National Stockpile (SNS)/medical countermeasures (MCM) as requested and required. • After receiving a major disaster declaration, coordinate federal assistance with the disaster-designated Federal Coordinating Officer (FCO). • Coordinate the activation and implementation of all state resources. • Perform activities identified in Appendix 2 - Medical Countermeasure Management to ESF #8 upon requisition and deployment of the SNS. • Coordinate with the DHHS on the distribution of information through the JIC. • Perform activities identified in Appendix #2 - SNS/MCM upon requisition and deployment of the SNS/MCM resources.
DEPARTMENT OF PUBLIC SAFETY - BUREAU OF EMS	• Coordinate National Ambulance contracts to expand the number of ambulances available to respond to the event. • Coordinate patient movement of impacted individuals to designated locations. • Oversee ground and air ambulances available to respond to emergencies and transport patients. • Coordinate with statewide EMS agencies. • Coordinate EMS staffing needs with agencies. • Monitor and maintain EMS licenses. • Assist with health surveillance using EMS encounter data. • Support evacuating seriously ill or injured patients through the National Disaster Medical System (NDMS). This is an interagency partnership between the Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), the

SUPPORT AGENCY	CAPABILITIES
	Department of Defense (DOD), and the Department of Veterans Affairs (VA). • Coordinate the state response in support of emergency triage and pre-hospital treatment, patient tracking, distribution, and patient return. This effort is coordinated with federal, local, and tribal emergency medical services officials. • Provide patient tracking from point of entry to final disposition.
UTAH NATIONAL GUARD	• Provide transportation and security for the distribution of medical supplies and personnel. • Provide air or ground distribution of Disaster Medical Stockpile, immunizations, medical supplies, and health care providers, including movement and distribution security. • Specialized requests may need to be vetted by the UTNG to confirm feasibility. • Provide site security elements to quarantine areas, medical facilities, hospitals, and local distribution centers. • Coordinate medical logistics and ambulatory support for casualties and medical personnel.

LOCAL AGENCY	CAPABILITIES
LOCAL HEALTH DEPARTMENTS	• Provide public health services and resources to their local population. • Staff the ESF#8 position in local EOCs, request resources through county EOCs, and coordinate with DHHS and other agencies. • Coordinate and conduct mass vaccination campaigns and/ or the distribution of medical countermeasures. • Conduct epidemiological surveillance of disease patterns and potential outbreaks. • Provide technical assistance and consultations on disease prevention and management. • Provide coordination through regional health care coalitions for medical response needs. • Coordinate the activation and deployment of the MRC. • Disseminate public health and medical information. • Provide environmental health services, including monitoring vector-borne diseases, managing environmental health risks, ensuring food and water safety, and conducting sanitation inspections in emergency shelters. • Maintain vital records. • Issue public health orders, including isolation and quarantine, as needed.
LOCAL LAW ENFORCEMENT	• Support the enforcement of social distancing, isolation, and quarantine orders.

VOLUNTARY ORGANIZATION	CAPABILITIES
AMERICAN RED CROSS	• Assist with prescription replacements and emergency aid in shelters and aid stations. • Coordinate blood and blood products in their responsible areas. • Provide a representative liaison to the SEOC upon activation and in support of ESF #8.
UTAH VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (UTAH VOAD)	• Coordinate voluntary agencies that can provide resources to the affected areas.
UTAH HOSPITAL ASSOCIATION	• Support execution of crisis standards of care with hospitals. • Support Crisis Triage Officers and Crisis Triage Officer Teams within hospital systems. • Coordinate patient load balancing. • Collaborate with DHHS and manage the mutual aid agreement for resource sharing between hospitals. • Facilitate policy development between DHHS and healthcare organizations for scarce medical resources.
REGIONAL HEALTHCARE COALITION	• Information sharing and resource coordination and deployment for healthcare organizations. • Facilitate between local healthcare/emergency management and state ESF #8.
WESTERN REGION BURN DISASTER CONSORTIUM	• Conduct bed polling initially and as needed within the American Burn Association (ABA) region and request assistance from adjacent regions as required in collaboration with DHHS and the ABA. • Assist in determining appropriate patient destinations and transportation. • Assist with tracking of patient movement, including arrival to destination centers. • Facilitate requests, as needed, for specialized burn supplies in collaboration with DHHS and the ABA. • Assist the affected local burn center and/or burn surge facility by providing just-in-time resources, expert advice, or telemedicine as requested. • Provide situational awareness to all appropriate agencies.

FEDERAL AGENCY	CAPABILITIES
Note: Certain federal resources may be requested and provided prior to a presidential declaration. Upon receipt of a Presidential Declaration and in accordance with U.S. Department of Homeland Security (DHS) directives, FEMA will assume the Lead Federal Agency role in ensuring resources are made available to support state, tribal, and local response efforts. *Following a presidential declaration, assistance through federal organizations is as follows:*	

FEDERAL AGENCY	CAPABILITIES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CENTERS FOR DISEASE CONTROL AND PREVENTION	• Provide public health resources to augment local, tribal, and state medical systems. • Provide technical assistance and consultation for field medical systems and operations. • Provide guidance to establish surveillance systems to monitor the general population and high-risk population segments. • Carry out field studies and investigations. • Monitor injury and disease patterns and potential disease outbreaks. • Provide technical assistance and consultations on disease and injury prevention and precautions. • Provide technical and testing assistance to the Utah Public Health Laboratory. • Agency for Toxic Substances and Disease Registry (ATSDR) can respond via the APPLETREE Program to environmental health emergencies, investigate emerging environmental health threats, conduct research on the health impacts of hazardous waste sites, and build the capabilities of and provide actionable guidance to state and local health partners.
FOOD AND DRUG ADMINISTRATION	• Ensure the safety, efficacy, and security of human and veterinary drugs, food supply, biological products, medical devices, and products following a major disaster or emergency. • Arrange for seizure, removal, and/or destruction of contaminated or unsafe products. • Provides science-based health information to the public.
ENVIRONMENTAL PROTECTION AGENCY	• Assist in establishing public drinking water surveillance systems and identifying alternate public water sources as requested. • Support and consult on extreme adverse air quality events or large-scale chemical exposures.
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE (ASPR)	• Supports state and local partners when requested, prepares the nation's healthcare system, and connects people to real-time public health and medical emergency information. • Facilitate access to teams, commodities, and functions. • Provide mortuary support team personnel and resources in the event of a mass fatality incident. • Coordinate the need for veterinary care and resources.
FEDERAL BUREAU OF INVESTIGATION (FBI)	• Investigate possible chemical, biological, or radiological acts of terrorism. • For incidents that are acts of terrorism and/or intentional, assume command and control for the response.