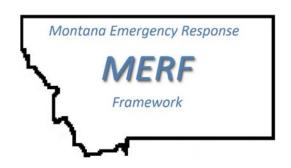
Emergency Support Function

2016

Annex # 8 Public Health & Medical Services





Authorization & Concurrence:

This Annex is considered operational and serve whenever the Montana Emergency Response 1	O O
supersedes all previous editions.	
Approved:	Date:

Record of Changes

All changes to this plan annex are to be dated on the master copy kept by the Montana Department of Public Health & Human Services.

Date Posted	Change	Recommending
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Record of Concurrence

When assistance is requested by the Montana Department of Public Health & Human Services (DPHHS), the following agencies have concurred to provide the role of supporting DPHHS in rendering assistance to state, local, and tribal jurisdictions within the State of Montana during an emergency, disaster, or incident whenever ESF #8 is activated:

Support Agencies	Authorized Representative	Date of Concurrence

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Section I: Agencies

Coordinating Agency:

Support Agencies:

Montana Disaster & Emergency Services

Primary Agency:

Montana Department of Public Health & Human Services

Section II: Purpose & Scope

Purpose:

This Montana Department of Public Health and Human Services (*DPHHS*) Emergency Support Function #8 *Public Health & Medical Services* (ESF#8) Plan is written as a provisional planning document for the DPHHS Emergency Operations Plan (EOP) to meet the emergency response requirements assigned by the State through the *Montana Emergency Response Framework (MERF)*, maintained by the Montana Disaster Emergency Services (DES). The emphasis of this plan is to provide a framework for addressing temporary and short-term support for public health and medical services in the event of a disaster or emergency overwhelming local or tribal capabilities. This plan is supported by other EOP annexes, standard operating procedures (SOP), guides, and other planning elements.

Scope:

This annex provides guidance and information to coordinate support for local, tribal, state, and volunteer organizations to address the delivery of public health and medical services and programs to assist Montanans threatened by potential or actual disasters. Although DPHHS is the assigned primary agency for ESF#8, its activities might depend on the resources and services offered by other ESF assignees and other emergency response partners.

ESF#8 responses include addressing medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of individuals classified as having functional or special needs. Support operations for emergencies and disasters involving public health or medical issues to provide coordinated assistance to supplement local and tribal resources in response to public health and medical care needs following a disaster event.

DPHHS coordinates the provision of those prescribed needs of an emergency or disaster. This plan does not define or supplant any emergency operating procedures or responsibilities for any other agency or organization, including the support agencies defined in the MERF and here-in.

The development of this plan is governed by the principle of all-hazards planning, pertains only to DPHHS, and is not limited by the nature of any particular emergency or disaster event. This approach allows the flexibility for DPHHS to respond with equal effectiveness to all events, hazards, emergencies, and disasters or other events that affect public health and the recovery of essential human services in Montana.

The ultimate responsibility for provision of ESF#8 services rests with the local government. This plan can be used to support ESF #6 Public Health and Medical Services operations. Other agencies with State assigned ESF duties might also need ESF#8 assistance as managed by the DES State Emergency Coordination Center (SECC).

Section III: Assumptions & Relationships

Assumptions

For the purpose of designing responses in an all hazard environment, this annex outlines the following assumptions.

- A significant public health event can happen at any time, will have the potential to spread statewide, and potentially impact to several health jurisdictions at once
- A public health or medical event that exceeds the response capacities of a local or tribal government might require state or federal assistance
- Environmental and public health hazards could overwhelm healthcare facilities
- Local or tribal public health departments have current emergency operation plans which were shared with local emergency managers
- The state might be required to provide leadership and coordination in carrying out emergency response and recovery efforts in the areas of public health and medical issues
- City, county, and tribal emergency operation managers will have documents and resource lists that describe the relevant medical resources in their jurisdictions (e.g. local nursing homes, hospitals, quick response units, ambulance services, morgue locations, and mutual aid agreements for EMS and public health needs)
- Disruption in communications and transportation might adversely affect availability of pharmaceutical and medical equipment supplies

Relationships

This section describes how ESF #8 relates to other elements of the whole community. Basic concepts that apply to all members of the whole community include:

Local, Tribal, & State Government

Montana is vulnerable to several hazards that could result in the need for state government agencies to provide assistance to local and tribal government responders. These hazards include, but are not limited to, wildfires, earthquakes, floods, HazMat incidents, communicable disease outbreak or other public health events, and severe

weather. The MERF outlines the breadth of vulnerability to hazards endemic to Montana.

Victims of disasters or emergencies might encounter medical emergencies, face the spread of disease, or required mental and behavioral support to survive. Transient individuals, such as tourists, travelers, students, and the pre-disaster homeless, could be involved. Food and relief items could become scarce or compromised. A disaster could also adversely affect persons considered at-risk or having functional needs, including those with pre-existing disabilities, creating a need for medical care and public health support.

Tribal and local emergency managers provide initial responses to the needs of emergency and disaster victims. When local resources and disaster coordination needs are exhausted, emergency managers will request assistance from the State. Local authorities retain responsibility for all response and recovery operations. DPHHS will conduct ESF#8 coordination operations according to the current policies, rules, and laws of Montana. It can do so proactively in response to incidents that could require coordination or resource assistance to tribal, local, or other State agencies. Also, the SECC can request ESF#8 activation as it coordinates broad responses to disasters and emergencies. DPHHS maintains situational awareness and can elevate its level of response when necessary.

DPHHS will work closely in its ESF #8 responsibilities with other public and private agencies to coordinate timely and appropriate support to individuals with functional or special needs resulting from a disaster. Functional need populations are defined, for the purpose of ESF #8 response activities, as vulnerable or at-risk people having functional health needs beyond their capability to maintain during an emergency.

Private Sector/Nongovernmental Organizations

The vast majority of public health and medical activities and services are provided by the private healthcare sector. ESF #8 augments the support provided by the private healthcare sector when requested by local, state, and tribal governments.

ESF #8 organizations works closely with the private sector (e.g., regulated industries, academic institutions, trade organizations, and advocacy groups), volunteer organizations (e.g., faith-based and neighborhood partnerships), and local and tribal agencies to coordinate ESF #8 response resources. ESF #8 organizations recognize that leveraging resources from these organizations and individuals with shared interests allows ESF #8 to accomplish its mission in ways that are the least burdensome and most beneficial to the public and that enhance the resilience of healthcare systems to deliver coordinated and effective care during public health emergencies and mass casualty events.

Nongovernmental organizations, including community-based organizations, are an important partner in recruiting and supporting health professional volunteers and providing medical and counseling services to victims and their families.

Section IV: Core Capabilities

The following table lists the Response core capabilities that ESF #8 most directly supports along with the related ESF #8 actions. Though not listed in the table, all ESFs, including ESF #8, support the core capabilities of Planning and Operational Coordination.

Core Capability	ESF #8 – Public Health & Medical Services
•	Coordinates the Federal public health and medical messaging with jurisdictional officials.
	Continuously acquires and assesses information on the incident. Sources of information may include state incident response authorities; officials of the responsible jurisdiction in charge of the disaster scene; and ESF #8 support departments, agencies, and organizations.
Public Information & Warning	Provides public health, behavioral health, disease, and injury prevention information that can be transmitted to members of the general public and responders who are located in or near affected areas in languages and formats that are understandable to individuals with limited English proficiency and individuals with disabilities and others with access and functional needs.
	Supports a Joint Information Center (JIC) in the release of general medical and public health response information to the public
Critical Transportation	Patient Movement: Transports seriously ill or injured patients and medical needs populations from casualty collection points in the impacted area to designated reception facilities.
•	Coordinates the State response in support of emergency triage and pre- hospital treatment, patient tracking, distribution, and patient return. This effort is coordinated with local, state, and tribal area emergency medical services officials.
Environmental Response/Health & Safety	Supports the Worker Safety and Health, provides technical assistance, and conducts exposure assessments and risk management to control hazards for response workers and the public.

Core Capability	ESF #8 – Public Health & Medical Services
1	Assists jurisdictional medico-legal authorities 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 ante mortem data
	in a compassionate and culturally competent fashion from authorized
Fatality	individuals; performing postmortem data collection and documentation;
•	identifying human remains using scientific means (e.g., dental,
Management	pathology, anthropology, fingerprints, and, as indicated, DNA samples);
Services	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.
	May provide support to families of victims during the victim identification
	mortuary process.
	Provides technical expertise and guidance on the public health issues of the
	medical needs population.
	Assists with applications for Federal benefits sponsored by DPHHS and
	ensures continuity of assistance services in affected states and in states
Mass Care Services	hosting relocated populations.
	Provides support for the provision of case management and advocacy
	services.
	Provides support for human and/or veterinary mass care sheltering as
	resources are available.
	Blood and Tissues
	Monitors and ensures the safety, availability, and logistical requirements of
	blood and tissues. This includes the ability of the existing supply chain
T 1.11 0.0	resources to meet the manufacturing, testing, storage, and distribution of
Logistics & Supply	these products.
Chain Management	Food Colety Consists and Defence
	Food Safety, Security, and Defense
	In coordination with ESF #11, may task HHS components and request
	assistance from other ESF #8 partner organizations to ensure the safety, security, and defense of federally regulated foods.
	security, and deterior of federally regulated foods.

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Core Capability	ESF #8 – Public Health & Medical Services
Logistics & Supply Chain Management (continued)	Agriculture Safety and Security In coordination with ESF #11, may task ESF #8 components to ensure the health, safety, and security of food-producing animals, animal feed, and therapeutics. ESF #8 may also 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.
Public Health, Healthcare, & Emergency Medical Services	Health, Medical, and Veterinary Equipment and Supplies Arranges for the procurement and transportation of equipment, supplies, diagnostic supplies, radiation detecting devices, and countermeasures, including assets from the Strategic National Stockpile (SNS), in support of immediate public health, medical and veterinary response operations. Health Surveillance Use existing all-hazards surveillance systems to monitor the health of the general and medical needs population, as well as that of response workers, and identify emerging trends related to the disaster; carries out field studies and investigations; monitors injury and disease patterns and potential disease outbreaks, behavioral health concerns, and blood and tissue supply levels; and provides technical assistance and consultations on disease and injury prevention and precautions. Provides support to laboratory diagnostics. Medical Surge Provides support for triage, patient treatment, and patient movement and clinical public health and medical care specialists to fill local, state, and tribal area health professional needs. Engages civilian volunteers, through the Emergency System for Advance Registration of Volunteer Health Professionals, volunteer Federal employees and the Medical Reserve Corps to fill local, state, tribal, territorial, and insular area health professional needs. Patient Care Provides resources to support pre-hospital triage and treatment, inpatient hospital care, outpatient services, behavioral healthcare, medical-needs sheltering, pharmacy services, and dental care to victims or those who suffer from chronic illnesses. Assists with isolation and quarantine measures and with point of distribution operations (mass prophylaxis and vaccination). Ensures appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act privacy and security standards, where applicable.

Core Capability	ESF #8 – Public Health & Medical Services
Public Health, Healthcare, & Emergency Medical Services (continued)	Assessment of Public Health & Medical Needs Supports national or regional teams to assess public health and medical needs. This function includes the assessment of the healthcare system/facility infrastructure. Safety and Security of Drugs, Biologics, and Medical Devices During response, provides advice to private industry regarding the safety and efficacy of drugs, biologics (including blood, tissues and vaccines), medical devices (including radiation emitting and screening devices), and other products that may have been compromised during an incident and are HHS regulated products. All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support Assesses public health, medical, and veterinary medical effects resulting from all hazards. Such tasks may include assessing exposures on the general population and on children and those with disabilities and others with access and functional needs; 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. Provides for disaster related health and behavior health needs through direct services and/or referrals as necessary. Vector Control Assesses the threat of vector-borne diseases. Conducts field investigations, including the collection and laboratory analysis of relevant samples; provides vector control equipment and supplies. Provides technical assistance and consultation on protective actions regarding vector-borne diseases.

Core Capability	ESF #8 – Public Health & Medical Services
	Public Health Aspects of Potable Water/Wastewater and Solid Waste
D 11' II 141	Assists in assessing potable water, wastewater, solid waste disposal, and
Public Health,	other environmental health issues related to public health in establishments
Healthcare, &	holding, preparing, and/or serving food, drugs, or medical devices at retail
Emergency Medical	and medical facilities, as well as examining and responding to public health
Services	effects from contaminated water; conducting field investigations, including
(continued)	collection and laboratory analysis of relevant samples; providing
(continued)	equipment and supplies as needed; and providing technical assistance and
	consultation.

Section V: Operational Functions

The operational functions of ESF#8 are Public Health and Medical Services. DPHHS coordinates or assists ESF#8 partners to fulfill these response operations areas (see Section III: Roles & Responsibilities) and provides technical support to local and tribal governments for behavioral health, public health and medical infrastructure.

Primary Agency	Operational Functions:
Montana Department of Public Health & Human Services	 Public Health Public health involves the coordination of public health activities and resources beyond the capabilities of a local or tribal health department as well as providing technical assistance and advisement. The components of these responses include: Public health and medical needs assessments Disease surveillance and outbreak control measures Request activation and deployment of the federal Strategic National Stockpile (SNS) Food and Agriculture integrity evaluations and food safety guidelines Potable water, wastewater, and solid waste management guidelines Public health and medical information Mass fatality management, victim identification, and decontamination of remains Note: ESF#8 responsibilities for mass fatality events are dictated by the Administrative Rules of Montana (ARM) Title 37.116. Management for mass fatality events is a responsibility of local and tribal health with coordinated assistance from DPHHS and its response partners.

Primary Agency	Operational Functions:
Montana Department of Public Health & Human Services (continued)	 Medical Services Medical Services involve the coordination of medical related emergency responses beyond the capabilities of a local or tribal health department. The components of these responses include: Provision of health, medical, and veterinary personnel, equipment, and supplies Patient evacuation and care Blood and blood products Safety and security of hospital resources and medical supply, including pharmaceuticals, biologics, and medical devices Mental health services and behavioral health counseling to victims and responders Note: ESF # 8 provides crisis-counseling services to individuals and groups impacted by the disaster situation. Mental health professionals and
	impacted by the disaster situation. Mental health professionals and substance abuse counselors provide a source of education and outreach regarding unhealthy coping mechanisms that could include alcohol or drug use as a response to stress. Crisis counseling is a time-limited program designed to assist victims and survivors of a disaster as they return to their pre-disaster level of function.

Supporting Agencies	Operational Functions:
Supporting Agencies	Operational Functions: