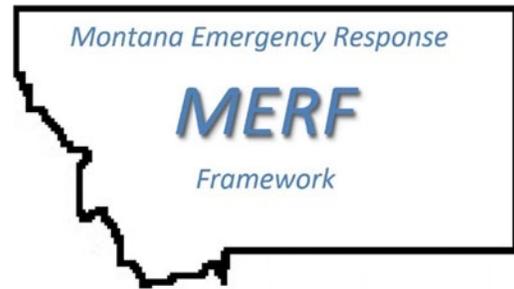


Emergency Support Function



2022

Annex # 8

Public Health & Medical Services



Authorization & Concurrence:

This Annex is considered operational and serves as a guide for rendering assistance whenever the **Montana Emergency Response Framework (MERF)** is activated. It supersedes all previous editions.

Approved: _____

Date: _____

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Section I: Agencies

Coordinating Agency:

Montana Disaster & Emergency Services

Primary Agency:

Montana Department of Public Health and Human Services

Support Agencies:

Montana Department of Military Affairs

Montana Department of Justice

Montana Department of Commerce

Montana Department of Administration

Montana Department of Labor

Montana Department of Transportation

Montana Department of Livestock

Montana Department of Agriculture

Section II: Purpose & Scope

Purpose:

Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for State assistance to supplement local and tribal area resources in response to a disaster, emergency, or incident that may lead to a public health, medical, behavioral, or human service emergency, including those that have international implications.

Scope:

ESF #8 provides planning and coordination of state and local public health, healthcare delivery, and emergency response systems to minimize and/or prevent health emergencies from occurring; detect and characterize health incidents; provide medical care and human services to those affected; reduce the public health and human service effects on the community; and enhance community resiliency to respond to a disaster.

Public health and medical services (e.g., patient movement, patient care, and behavioral healthcare) and support to human services (e.g., addressing individuals with disabilities and others with access and functional needs) are delivered through surge capabilities that augment public health, medical, behavioral, and veterinary functions with health professionals and pharmaceuticals. These services include distribution and delivery of medical countermeasures, equipment and supplies, and technical assistance. These services are provided to mitigate the effects of acute and longer-term threats to the health of the population and maintain the health and safety of responders. ESF #8 disseminates public health information on protective actions related to exposure to health threats or environmental threats (e.g., to potable water and food safety). The activities within the scope of ESF #8 (Public Health and Medical Services) include the following:

- Assessment of public health/medical needs
- Health surveillance
- Medical surge
- Health/medical/veterinary equipment and supplies
- Patient movement
- Patient care

- Safety and security of drugs, biologics, and medical devices
- Blood and tissues
- Food safety and defense
- Agriculture safety and security
- All-hazards public health and medical consultation, technical assistance, and support
- Behavioral healthcare
- Public health and medical information
- Vector control
- Guidance on potable water/wastewater and solid waste disposal
- Mass fatality management, victim identification, and mitigating health hazards from contaminated remains
- Veterinary medical support

Section III: Assumptions & Relationships

Assumptions

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

- Emergencies and disasters may occur without warning at any time of day or night and may cause mass casualties.
- Use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.
- Emergency health and medical services should be an extension of normal duties. Health/medical care will be adjusted to the size and type of disaster.
- Public and private medical, health, and mortuary services resources will be available for use during emergency situations; however, local resources may be adversely impacted by the emergency.
- Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and access and functional needs populations may be damaged or destroyed in major emergency situations.
- If hospitals and nursing homes are damaged, it may be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.
- Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because staff are unable to report for duty as a result of personal injuries or damage to communications and transportation systems.
- Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the “walking wounded” and seriously injured victims transported to facilities in the aftermath of a disaster.
- Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment such as dialysis, may have difficulty obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.

- In a major catastrophic event (including, but not limited to, epidemics, pandemics, and bioterrorism attacks), medical resources may be insufficient to meet demand, specialized equipment and/or treatment materials may be unavailable, and transportation assets may also be restricted due to contamination. No emergency plan can ensure the provision of adequate resources in such circumstances.
- Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.
- Damage to chemical plants, sewer lines and water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.
- The public may require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
- Some types of emergency situations, such as earthquakes, hurricanes, and floods, may affect a large geographic area, making it difficult to obtain mutual aid from the usual sources.
- The damage and destruction caused by a natural or technological event may produce urgent needs for mental health crisis counseling for victims and emergency responders.
- Emergency responders, victims, and others affected by emergency situations may experience stress, anxiety, and other physical and psychological symptoms that may adversely affect their daily lives. In some cases, disaster mental health services may be needed during response operations.

Relationships

This document does not relieve tasked agencies with the responsibility for emergency planning. The following section outlines the relationships between state agencies and local, tribal, private, and non-governmental organization partners in supporting ESF #8 (Public Health and Medical Services) response and recovery activities:

Local & Tribal Governments

Local and tribal public health officials retain primary responsibility for meeting public health and medical needs. In a major public health or medical emergency, demand for public health and medical resources may exceed local and tribal area capability.

Local and tribal mutual aid and assistance networks facilitate the sharing of resources to support response activities. Local and tribal authorities are responsible for obtaining required waivers and clearances related to ESF #8 support and are responsible for requesting state support through the jurisdiction's public health and emergency management agencies when incident exceeds local capabilities.

Responsibility for situation assessment and determination of resource needs are ascertained primarily through the local and tribal incident management system. Shortages resources are adjudicated at the lowest jurisdictional level. Local and tribal law enforcement offices coordinate with the local or on-site Incident Commander within the disaster area to determine evacuation areas, roadblocks, and access control points.

Private Sector/Non-Governmental 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 and tribal authorities.

ESF #8 organizations work 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 state 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 American 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.

State Government

State departments and agencies are responsible, within their statutory authorities, for providing assistance to local jurisdictions when local capabilities are overwhelmed by a disaster. The State Emergency Coordination Center (SECC) serves as the principal point for coordinating state, local, tribal, and federal resources as in the delivery of emergency assistance to affected jurisdiction(s).

The SECC will coordinate with the primary agency and support agencies in the use of state resources to support ESF #8 response activities. State resources will supplement, not supplant, local resources. When activated to respond to an incident, the primary agency and support agencies will develop work priorities in cooperation with local and tribal governments and in coordination with the SECC.

If the Governor has declared an emergency, resources may be requested through the Emergency Management Assistance Compact (EMAC), the nation's state-to-state mutual aid system that is processed through the SECC.

Section IV: Core Capabilities

The following table lists the core capabilities and their key activities that the coordinating, primary, and supporting agencies collectively support. Though not listed in the table, all ESFs, including ESF #8 (Public Health and Medical Services), support the core capabilities of Planning, Operational Coordination, and Public Information and Warning.

<u>CORE CAPABILITIES</u>	Key Activities – The SECC coordinates with the primary agency and supporting agencies to coordinate resources in support and response for the following key activities during actual or potential incidents:
Public Information and Warning	Public Health and Medical Information <ul style="list-style-type: none">• Coordinates the State public health and medical messaging with jurisdictional officials.

	<ul style="list-style-type: none"> 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. 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 multiple and accessible formats and languages in a culturally and linguistically appropriate manner that is understandable to all appropriate populations, such as individuals with access and functional needs; those with limited English proficiency; pediatric populations; populations with disabilities and others with access and functional needs; the aging; and those with temporary or chronic medical conditions. Supports a Joint Information Center (JIC) in the release of general medical and public health response information to the public.
<p align="center">Critical Transportation</p>	<ul style="list-style-type: none"> Transports seriously ill or injured patients and medical needs populations from point of injury or 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 and tribal emergency medical services officials. Provides resources to assist in the movement of at-risk/medically fragile populations to shelter areas and with the sheltering of the special medical needs population that exceeds local and tribal capacity. Provides private vendor ambulance support to assist in the movement of patients through contracting services. Provides resources to assist local and tribal medical officials in patient tracking from point of entry to final disposition. Provides capability to identify bed capacity for the purposes of bed allocation among healthcare treatment networks.
<p align="center">Environmental Response / Health and Safety</p>	<ul style="list-style-type: none"> Supports the Worker Safety and Health Support Annex; provides technical assistance; and conducts exposure assessments and risk management to control hazards for response workers and the public.
<p align="center">Fatality Management Services</p>	<ul style="list-style-type: none"> Assists jurisdictional medico-legal authorities and law enforcement agencies in the tracking and documenting of human remains and associated personal effects. Reduce hazards presented by chemically, biologically, or radiologically contaminated human remains (when indicated and possible). Establishes temporary morgue facilities. Determines the cause and manner of death. Collects ante-mortem data in a compassionate and culturally competent fashion from authorized individuals. Performs postmortem data collection and documentation.

	<ul style="list-style-type: none"> • Identifies 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 affair services. • May provide behavioral health support to families of victims during the victim identification mortuary process. • May provide for temporary interment when permanent disposition options are not readily available.
<p>Mass Care Services</p>	<ul style="list-style-type: none"> • Provides technical expertise and guidance on the public health issues of the medical needs population. • Assists with applications for Federal benefits sponsored by Federal Human Health and Services and ensures continuity of assistance services in affected local and tribal jurisdictions and in local and tribal jurisdictions 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.
<p>Logistics and Supply Chain Management</p>	<p>Health, Medical, and Veterinary Equipment and Supplies</p> <ul style="list-style-type: none"> • Arranges for the procurement and transportation of equipment and supplies; diagnostic supplies; radiation detection devices; and medical countermeasures including assets from the Strategic National Stockpile (SNS); in support of immediate public health, medical and veterinary response operations. <p>Blood and Tissues</p> <ul style="list-style-type: none"> • Provides resources to assist local and tribal medical officials in monitoring and ensures the safety, availability, and logistical requirements of blood, blood products and tissue. This includes the ability of the existing supply chain resources to meet the manufacturing, testing, storage, and distribution of these products.
<p>Public Health, Healthcare, and Emergency Medical Services</p>	<p>Health Surveillance</p> <ul style="list-style-type: none"> • Uses existing 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. • Monitor injury and disease patterns and potential disease outbreaks, behavioral health concerns, blood, blood products, and tissue supply levels; and provides technical assistance and consultations on disease and injury prevention and precautions. • Provides support to laboratory diagnostics and through the Laboratory Response Network (LRN) provides a mechanism for laboratories to access additional resources when the capabilities or capacity have been exceeded. <p>Medical Surge</p>

	<ul style="list-style-type: none"> • Provides support to local and tribal jurisdictions for triage, patient treatment, and patient movement. • Provides clinical public health and medical care specialists to fill local and tribal jurisdictions health professional needs. • Coordinates with local and tribal governments to integrate State assets with civilian volunteers deployed from local, state, and other medical authorities. <p>Patient Care</p> <ul style="list-style-type: none"> • 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 with acute injury/illnesses or those who suffer from chronic illnesses/conditions. • Assists with isolation and quarantine measures as well as with medical countermeasure and vaccine point of distribution operations (e.g., mass prophylaxis). • Ensures appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act privacy and security standards, where applicable. <p>Assessment of Public Health/Medical Needs</p> <ul style="list-style-type: none"> • Supports regional, local, and tribal teams to assess public health and medical needs. This function includes the assessment of the healthcare system / facility infrastructure. <p>Food Safety, Security, and Defense</p> <ul style="list-style-type: none"> • If needed, coordinate with and/or request assistance from other partner organizations to ensure the safety, security, and defense of regulated foods. <p>Agriculture Safety and Security</p> <ul style="list-style-type: none"> • Ensure the health, safety, and security of livestock and food-producing animals and animal feed, as well as the safety of the manufacture and distribution of foods, drugs, and therapeutics given to animals used for human food production. <p>Public Health and Medical Consultation, Technical Assistance, and Support</p> <ul style="list-style-type: none"> • Assesses exposures on the general population, on children, and on those with disabilities and others with access and functional needs • Conducts field investigations, including collection and analysis of relevant Samples. • Advises protective actions related to direct human and animal exposures and on indirect exposure through contaminated food, drugs, water supply, and other media. • Provides technical assistance and consultation on medical treatment, screening, and decontamination of injured or contaminated individuals. • Provides for disaster-related health and behavioral health needs through direct services and/or referrals as necessary.
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	<p>Vector Control</p> <ul style="list-style-type: none"> • 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. • Provides technical assistance on aerial spraying for vector control. • Provides technical assistance and consultation on medical treatment of victims of vector-borne diseases. <p>Public Health Aspects of Potable Water/Wastewater and Solid Waste Disposal</p> <ul style="list-style-type: none"> • Assists in assessing potable water, wastewater, solid waste disposal, and other environmental health issues related to public health in establishments holding, preparing, and/or serving food, drugs, or medical devices at retail and medical facilities. • Examines and responds to public health effects from contaminated water; conducting field investigations, including collection and laboratory analysis of relevant samples; providing equipment and supplies as needed; and providing technical assistance and consultation. <p>Veterinary Medical Support</p> <ul style="list-style-type: none"> • Coordinates veterinary medical support to treat ill or injured animals. • Conducts animal response to zoonotic diseases in order to protect human health. • Support the United States Department of Agriculture (USDA) and its authority to manage a foreign animal disease response with the resources listed above for livestock or poultry diseases exotic to the United States that are either not or only mildly zoonotic.
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Section V: Operational Functions

The following table lists the operational functions that both the primary agency and supporting agencies most directly support for ESF # 8 (Public Health and Medical Services):

<u>PRIMARY AGENCY</u>	<p>Operational Functions – Department of Public Health and Human Services serves as the primary agency. The operational functions for the primary agency include:</p>
Montana Department of Public Health and Human Services	<ul style="list-style-type: none"> • Possesses statutory authority to take specific actions to prepare for, respond to, and recover from public health and medical emergencies. • Provides technical assistance and subject matter expertise in the State’s effort to provide public health and medical assistance to local and tribal governments in an incident requiring a coordinated State response.

	<ul style="list-style-type: none"> • Maintains primary responsibility for the development of status, updates, and assessments for public health, medical, and behavioral health assistance. • Assigns personnel to address local and tribal public health, medical, and behavioral health needs. • In cooperation with local and tribal public health officials, conducts health surveillance to assess morbidity, mortality, and community needs related to the emergency. • Coordinates with Blood Banks in monitoring blood, blood products, and tissue supplies, shortages and reserves. • Request activation and deployment of the federal Strategic National Stockpile (SNS). • Coordinates public health and medical support and patient movement requirements with supporting departments, agencies, and governments throughout the incident. • In cooperation with local and tribal sanitarian officials, assesses whether food manufacturing, food processing, food distribution, food service, and food retail establishments in the affected area are able to provide safe food. • Conducts trace backs and/or recalls of adulterated food products. • Provides guidance regarding the proper disposal of contaminated food products and the decontamination of affected food facilities in order to protect public health. • Provides public health risk communication messages and advisories that communicate relevant information on health hazards or other situations that could potentially threaten the public. • Disseminates public health information on protective actions related to exposure to health threats. • Assist local and tribal public health with management for mass fatality events. Note: Management for mass fatality events is a responsibility of local and tribal health. • Provide crisis-counseling services to individuals and groups impacted by the disaster situation. 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. • Provides technical assistance related to food safety issues. • Monitor and/or assist in the administration of the United States Department of Agriculture’s (USDA) Food and Nutrition Service (FNS) Disaster Supplemental Nutrition Assistance Program for major disasters. • Coordinates with hospitals to ensure adequate resources and monitors bed availability. • Coordinate medical and non-medical volunteers to train and deploy as needed.
<u>SUPPORTING AGENCIES</u>	Operational Functions – The operational functions for the supporting agencies may include:

<p style="text-align: center;">Montana Department of Military Affairs</p>	<p>National Guard - 83rd Civil Support Team (CST) <i>Upon approval by the Governor:</i></p> <ul style="list-style-type: none"> • Upon approval of the Governor, support civil authorities at domestic CBRN incident sites by identifying CBRN agents/substances, assessing current and projected consequences, advising on response measures, and assisting with requests for additional support. <p>Army and Air National Guard <i>Upon approval by the Governor:</i></p> <ul style="list-style-type: none"> • Provide logistical support to SECC and transportation capacity to move essential resources, injured and sick people when requested. • Provides available military medical personnel to assist in the protection of public health. • Provides available refrigerated trailers for human fatality management services. <p>Disaster and Emergency Services Division</p> <ul style="list-style-type: none"> • Coordinates contracting, acquisitions, and deployments of health professional and veterinary personnel, pharmaceuticals, equipment, and supplies in response to requests for State assistance, as appropriate. • Coordinates National Guard assistance, when requested and upon approval by the Governor. • Coordinates and/or deploys personnel to fill positions in operations centers and on emergency response teams and other entities, as necessary. • Coordinate emergency-related response and recovery functions related to public health and medical services. • Coordinates international and domestic offers of public health and medical services-related assistance and support. • Provides assistance in the allocation and prioritization of public health and medical services resources. • Coordinates the prevention, protection, mitigation, response, and recovery actions among public health and medical services stakeholders at state and local levels. • Provides equipment and personnel as needed for immediate lifesaving response operations. • Assist in coordinating the provision of temporary emergency power to critical facilities (e.g., hospitals, water treatment plants, shelters, fire stations, police stations). • Coordinates EMAC, Federal, and International offers of public health and medical services support. • Coordinates and/or provides situational awareness regarding public health and medical services.
	<p style="text-align: center;">Montana Department of Justice</p>

	<ul style="list-style-type: none"> • Provides relevant information of any credible intentional human-caused threat or other situation that could potentially threaten public health. • Provides security for the Strategic National Stockpile and secure movement of inbound medical equipment, supplies, blood, and tissues. • Supports local and tribal law-enforcement with crowd control. • Supports local death scene investigations and evidence recovery. • Responds to acts of criminal mass victimization (i.e., mass violence or domestic or international terrorism) and coordinates with local, tribal, and federal law enforcement agencies. • Provides guidance, promulgates regulations, conducts investigations and compliance reviews, and enforces civil rights laws, including their general application to emergency management and specific application to mass care services, such as the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Civil Rights Act of 1964. • Control Ingress and Egress of Public Transportation Systems in support of mass care, emergency assistance, temporary housing, and human services. <p>Forensic Science Division: Medical Examiner System</p> <ul style="list-style-type: none"> • Determine cause and manner of death, identify bodies, document injuries, and detect the presence of disease. • Provides technical assistance concerning identification of the deceased consistent with cultural sensitivity practices. <p>Office of Victim Services</p> <ul style="list-style-type: none"> • Provide tools and information to help victims from an intentional human-caused incident recover from their experience and provide them with a range of services as they go through the justice system. <p>Missing Persons Clearinghouse</p> <ul style="list-style-type: none"> • Assists law enforcement agencies in entering the necessary information into state and national databases, and in identifying missing and unidentified persons. <p>Montana Analysis & Technical Information (MATIC)</p> <ul style="list-style-type: none"> • Designated by the Governor as the fusion center in Montana. • A focal point for the collection, analysis, and dissemination of public safety and threat related information for the purposes of decision making for local, state, federal, and tribal partners while ensuring the rights and privacy of citizens. • Provides relevant information on criminal activity and credible threats that could potentially threaten public safety and critical infrastructure security to appropriate partners.
<p>Montana Department of Commerce</p>	<ul style="list-style-type: none"> • Administers emergency funding for businesses impacted from public health emergencies.

<p>Montana Department of Administration</p>	<p>Architecture and Engineering</p> <ul style="list-style-type: none"> • Provides technical assistance and construction management resources in support of ESF #6 missions. <p>General Services Division/Real Property</p> <ul style="list-style-type: none"> • Provides technical assistance, contract management, procurement, project management, and real estate services in support of ESF #6 missions.
<p>Montana Department of Labor and Industry</p>	<p>Employment Relations</p> <ul style="list-style-type: none"> • Provides technical assistance related to worker safety and health issues. <p>Division of Insurance</p> <ul style="list-style-type: none"> • Provide representative as needed to give advice and assistance to disaster victims. • Provide consumer protection services and investigate complaints against insurance companies doing business in the State of Montana. <p>Business Standards Division</p> <ul style="list-style-type: none"> • Provides regulatory professional licensing waivers and exemptions during emergencies.
<p>Montana Department of Transportation</p>	<ul style="list-style-type: none"> • Provides technical assistance to local and tribal entities in determining the most viable transportation networks to, from, and within the incident area, as well as availability of accessible transportation in support of public health and medical services. • Control Ingress and Egress of Public Transportation Systems in support of public health and medical services.
<p>Montana Department of Livestock</p>	<ul style="list-style-type: none"> • Provides technical assistance and subject matter expertise regarding livestock response issues.
<p>Department of Agriculture</p>	<ul style="list-style-type: none"> • Provides technical assistance and subject matter expertise regarding agricultural health and disease management issues. • Supports Food Safety Modernization Act (FSMA) and Produce Safety Rule (PSR) compliant training, education, outreach, technical assistance, and enforcement as it relates to Montana’s produce industry.