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ESF 8 – Public Health and Medical Services

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ESF 8. Public Health and Medical Services

ESF 8 Tasked Agencies	
Primary Agencies	Public Health Department Registered Nurse
Supporting Agencies	Social Services Department, County Medical Examiner, Emergency Management, Emergency Medical Services
Adjunct Agencies	Area Medical Facilities (William Bee Ririe Hospital and Rural Health Clinic), Ambulance Service

1 Purpose and Scope

Emergency Support Function (ESF) 8 ensures that the following services are provided to disaster victims and emergency response workers to supplement disrupted or overburdened local medical personnel and facilities:

- Public health and sanitation
- Emergency medical, dental, and hospital services
- Crisis counseling and mental health services
- Animal and vector control
- Mortuary services

ESF 8 also refers to services, equipment, and personnel needed to protect the health of the public from communicable disease, contamination, and epidemics, including health and symptomatic monitoring, food and water inspections, immunization and mass prophylaxis delivery, laboratory testing, and animal health/disease management (as it pertains to potential or actual impacts on public health). Other essential tasks associated with this support function include providing professional personnel, services, and facilities to relieve victims and their families, first responders, and/or access and functional needs populations of trauma and mental health conditions caused or aggravated by an emergency/disaster or its aftermath. Depending on the nature and severity of an incident, services and resources may be needed for prolonged periods of time.

See ESF Annex 11 – Agriculture and Natural Resources for information regarding incidents/disasters potentially or actually impacting the health of livestock, wildlife, and other animals.

2 Policies and Agreements

2.1 Policies

The following policies are currently in place:

- None at this time.

2.2 Agreements

The following agreements are currently in place:

- None at this time.

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3 Situation and Assumptions

3.1 Situation

- Local hazards could result in mass casualties or fatalities, disruption of food and/or water distribution and utility services; loss of water supply, wastewater, and solid waste disposal services; and other situations that could create potential health hazards or serious health risks.
- One of the primary concerns of public health officials is disease control. This involves the prevention, detection, and control of disease-causing agents; maintaining safe water and food sources; and continuation of wastewater disposal under disaster conditions.
- Disaster and mass-casualty incidents take many forms. Proper emergency medical response must be structured to provide optimum resource application without total abandonment of day-to-day responsibilities.
- The County does not have large-scale morgue storage capabilities.

3.2 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 service resources located in the County will be available for use during emergency situations; however, these 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.

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- Uninjured persons requiring 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 proportion of the County, 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.

4 Roles and Responsibilities**4.1 ESF 4 Actions by Phase of Emergency Management**

The following checklist identifies key roles and responsibilities for ESF 8 – Health and Medical. It is broken out by phase of emergency management to inform tasked agencies of what activities they might be expected to perform before, during, and after an emergency to support the health and medical function. All tasked agencies should maintain agency-specific plans and procedures that allow for them to effectively accomplish these tasks.

ESF 8. Public Health and Medical Services**4.1.1 Preparedness**

Preparedness activities take place **before** an emergency occurs and include plans or preparations to save lives and help response and recovery operations. Preparedness roles and responsibilities for ESF 8 are detailed below.

4.1.1.1 All Tasked Agencies

- Develop operational plans for ESF 8 activities.
- Participate in ESF 8-related trainings and exercises as appropriate.
- Work with local, regional, and state agencies to align planning efforts (e.g., identifying duplicate vendor agreements, Mutual Aid Agreements, common point of dispensation planning, etc.).

4.1.1.2 Public Health Department

- Coordinate regular review and update of the ESF 8 annex with supporting agencies.
- Facilitate collaborative planning to ensure the County's capability to support ESF 8 activities.
- Maintain local/regional public health capacity before, during, and after a disaster.
- Develop and maintain emergency public health plans and other tools for the County that includes procedures for addressing:
 - Epidemiological surveillance
 - Medical countermeasures
 - Medical materials and asset management
 - Laboratory testing
 - Environmental health

4.1.1.3 Emergency Medical Services

- Develop and maintain emergency plans and other tools that contain procedures for addressing pre-hospital emergency medical services activities, including:
 - Mass casualty incident response
 - Patient decontamination

4.1.1.4 Emergency Management

- Maintain operational capacity of the County Emergency Operations Center (EOC) to support public health and medical activities.

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- Ensure that staff are identified and adequately trained to fulfill their various County EOC positions.

4.1.1.5 County Medical Examiner

- Develop and maintain emergency plans and other tools that includes procedures for:
 - Mass fatality incident response

4.1.1.6 Area Hospitals and Clinics

- Develop and maintain emergency plans and other tools that includes procedures for addressing:
 - Facility bed tracking
 - Healthcare system surge capacity
 - Healthcare facility evacuation
 - Alternate care facilities
 - Crisis standards of care
 - Medical special needs sheltering

4.1.2 Response

Response activities take place **during** an emergency and include actions taken to save lives and prevent further property damage in an emergency situation. Response roles and responsibilities for ESF 8 are detailed below:

4.1.2.1 All Tasked Agencies

- Provide situational updates to the County EOC as required to maintain situational awareness and establish a common operating picture.
- Provide a representative to the County EOC, when requested, to support ESF 8 activities.

4.1.2.2 Public Health Department

- Conduct local assessment and identification of public health and medical needs in impacted jurisdictions and implement plans to address those needs.
- Conduct epidemiological surveillance activities and implement a robust public health response to biological hazards as needed.
- Coordinate medical surge operations to support the need for a rapidly expanding healthcare infrastructure.

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- Coordinate the implementation of altered standards of care within the jurisdiction, including, but not limited to, the activation of alternate care sites.
- Activate medical special needs shelters as required/requested.
- Request vaccine from the Oregon Immunization Program who, in turn, requests emergency vaccine from the Centers for Disease Control and Prevention.
- Coordinate use of volunteer and paid temporary staff during an emergency.

4.1.2.3 Emergency Medical Services

- Coordinate pre-hospital emergency medical services surge activities, including mass triage protocols and patient decontamination response procedures as needed.
- Coordinate assignment of mass casualties to area medical facilities.
- Coordinate inter-state mutual aid partners (i.e., the National Ambulance Service contract) through the State Emergency Operations Center ESF 8 – Public Health and Medical desk.

4.1.2.4 Emergency Management

- Coordinate with the EOC Planning Section to identify unmet needs.
- Establish a Health and Medical Branch in the County EOC if needed.
- Track the use of public health and medical resources through the EOC Finance Section.
- Work with the Public Information Officer and/or other ESF 14 representatives to craft public messaging.

4.1.2.5 County Medical Examiner

- Coordinate mass fatality incident response.

4.1.2.6 Area Hospitals and Clinics

- Implement internal emergency preparedness, measures including medical surge and disaster patient management protocols.
- Provide bed status updates frequently in HAvBED.

4.1.3 Recovery

Recovery activities take place **after** an emergency occurs and include actions taken to return to a normal or even safer situation following an emergency. Recovery roles and responsibilities for ESF 8 are detailed below:

ESF 8. Public Health and Medical Services**4.1.3.1 All Tasked Agencies**

- Demobilize response activities.
- Maintain incident documentation to support public and individual assistance processes.

4.1.3.2 Office of Emergency Management

- Compile and keep all documentation collected relating to the management of activities related to the emergency provision of public health and medical services

4.1.4 Mitigation

Mitigation activities take place **before and after** an emergency occurs and include activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies. Mitigation roles and responsibilities for ESF 8 are detailed below.

4.1.4.1 All Tasked Agencies

- Participate in the hazard/vulnerability identification and analysis process.
- Take steps to correct deficiencies identified during the hazard/vulnerability identification and analysis process as appropriate.

5 Concept of Operations**5.1 General**

- In accordance with the White Pine County Basic Plan and this ESF Annex, the Public Health Department is the primary agency responsible for coordinating public health and medical services activities. Plans and procedures developed by the primary and supporting agencies provide the framework for carrying out those activities.
- Requests for assistance with public health and medical services resources will be generated one of two ways: they will be forwarded to the County EOC, or they will be issued in accordance with established mutual aid agreements.
- The County EOC will provide guidance for the coordination of public health and medical services resources.
- Public health and medical services support requirements that cannot be met at the local level should be forwarded to the state for assistance. If needed, federal assistance may be requested by the Governor.

5.2 Notifications

- The Emergency Manager, Deputy Emergency Manager, and/or EOC Manager will notify the Public Health Department and supporting agencies of EOC activations and

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request that representatives report to the EOC to coordinate public health and medical services.

- As additional EOC staffing needs become apparent, other support and partnering agency personnel may be asked to report to the EOC to assist with public health and medical services.

5.3 Access and Functional Needs Populations

Provision of public health and medical services in the County will take into account populations with access and functional needs.

6 ESF Annex Development and Maintenance

The Public Health Department will be responsible for coordinating regular review and maintenance of this ESF Annex. Each primary and supporting agency will be responsible for developing plans and procedures that address assigned tasks.

7 Supporting Plans and Procedures

The following plans and procedures are currently in place:

- Nevada State Comprehensive Emergency Management Plan
 - ESF 8 – Public Health and Medical Services
 - Nevada Statewide Medical Surge Plan
- National Response Framework
 - ESF 8 – Public Health and Medical Services

8 Appendices

- None at this time.