

EMERGENCY SUPPORT FUNCTION (ESF) #8 ANNEX PUBLIC HEALTH AND MEDICAL SERVICES

State of Indiana

Emergency Operation Plan (EOP) ESF Annex

March 2022



TABLE OF CONTENTS

PLANNING AGENCIES..... 3

PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS 4

 PURPOSE4

 SCOPE4

 SITUATION.....4

 PLANNING ASSUMPTIONS.....13

CONCEPT OF OPERATIONS..... 15

 GENERAL CONCEPT15

 STATE OPERATIONAL PRIORITIES DURING RESPONSE AND RECOVERY15

 SEOC ACTIVATION16

 DEMOBILIZATION OF THE SEOC18

 RESOURCE SUPPORT18

 INCLUSION, ACCESS, AND FUNCTIONAL NEEDS20

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES..... 21

 PRIMARY AGENCY RESPONSIBILITIES.....21

 SUPPORTING AGENCY RESPONSIBILITIES.....21

 SEOC ESF #8 RESPONSIBILITIES.....22

EMERGENCY SUPPORT FUNCTION GENERAL TASKS 24

 TABLE 4. ESF 8 PREVENTION TASKS.....24

 TABLE 5. ESF 8 PROTECTION TASKS.....25

 TABLE 6. ESF 8 MITIGATION TASKS26

 TABLE 7. ESF 8 RESPONSE TASKS27

 TABLE 8. ESF 8 RECOVERY TASKS.....29

LIFELINE AND ESF OBJECTIVES AND TASKS TIMELINE 30

 TABLE 9. ESF 8 TASKS FOR FOOD, WATER, SHELTERING.....30

 TABLE 11. ESF 8 TASKS FOR HAZARDOUS MATERIAL38

 TABLE 12. ESF 8 GENERAL TASKS.....38

DIRECTION, CONTROL, AND COORDINATION..... 40

APPENDIX A - COMMUNITY LIFELINES..... 41

APPENDIX B - AUTHORITIES 48

APPENDIX C – REFERENCE LIST 49

APPENDIX D – ACRONYMS 50

APPENDIX E - DEFINITIONS 53

PLANNING AGENCIES

Within each Emergency Support Function (ESF) annex, the designation of primary, supporting, or non-governmental agencies are identified as the whole community planning committee. These determinations are based on their authorities, resources, and capabilities to the ESF. The primary agency point of contact (POC) identifies the appropriate support agencies that fall under this plan. The primary agency POC collaborates with each entity to determine whether they have the necessary resources, information, and capabilities to perform the required tasks and activities within each phase of emergency management. This includes activations in the State Emergency Operations Center (SEOC), and impacted areas. Though an agency may be listed as a primary agency, they do not control or manage those agencies identified as supporting agencies. The agencies listed below are members of the Whole Community Planning Committee for this annex.

PRIMARY AGENCY

Indiana Department of Health (IDOH)

SUPPORTING AGENCIES

Indiana Department of Homeland Security	Indiana Treasure of the State
Family and Social Services Administration	Indiana Utility Regulatory Commission
Indiana Department of Administration	Management Performance Hub
Emergency Medical Services	Indiana National Guard
Indiana Department of Insurance	American Red Cross of Indiana
Indiana Department of Labor	Indiana State Medical Association
Indiana Department of Transportation	Indiana Minority Health Coalition
Indiana Economic Development Corporation	Indiana Hospital Association
Indiana State Board of Animal Health	Indiana Health Care Association
Indiana State Budget Agency	Indiana Immunization Coalition
Indiana State Personnel Department	Local Health Departments
Indiana State Police	Healthcare Coalitions
Hospitals and Healthcare Providers	Long-Term Care Facilities

PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS

PURPOSE

The purpose of the Public Health and Medical Services Emergency Support Function (ESF #8) is to provide resources and personnel support to local jurisdictions with ensuring the health and welfare of their residents, before, during and after emergency or disaster events. ESF #8 provides assistance on public health and medical issues necessary to protect the community and its citizens including mass casualty and fatality management, mental health services, medical supplies management and distribution, immunizations, epidemiological surveillance, laboratory services, environmental health, food safety, and long-term care.

SCOPE

ESF #8 provides state planning and coordination of 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. These actions are informed through integrated bio-surveillance capability, assessment of health and human service needs, and maintenance of the safety and security of medical products, as well as the safety and defense of food and agricultural products under the Food and Drug Administration's (FDA) regulatory authority.

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).

SITUATION

In the event IDHS determines the need for ESF #8 relating to any of the four phases of emergency management, the Indiana Department of Health (IDOH) will act as the primary agency.

IDOH will be responsible for implementing internal SOPs and/or SOGs to ensure adequate staffing and administrative support for both field operations and coordination efforts in the State EOC. For public health incidents involving multiple IDOH agency divisions, coordinated

operations will occur out of the activated IDOH Department Operations Center (DOC) while also providing an embedded ESF-8 Liaison in the SEOC to coordinate efforts.

To better support the ESF #8 Annex to the EOP, IDOH has developed an IDOH Emergency Operations Framework (EOF) as an extension to the ESF #8 Annex to provide detailed response capabilities for individual IDOH division and program areas, as well as response information for other public health and medical partners.

ESF #8 personnel will coordinate the activation of medical and health service assets to fulfill specific mission assignments that support essential activities in prevention, protection, mitigation, response, and recovery efforts.

Effective response, as well as ongoing support efforts, will be contingent upon the availability of resources and the extent/impact of the incident upon the State.

HAZARD AND THREAT ASSESSMENTS

There are several plans and preparedness assessments the state uses to identify and evaluate local and statewide threats, hazards, risks, capabilities, and gaps. The National Preparedness Goal (NPG) has identified 32 core capabilities tied to the 5 Mission Areas of Protection, Prevention, Mitigation, Response and Recovery. Table 1 provides a detailed list of each of the capabilities based on five mission areas. The highlighted capabilities are associated with this annex.

TABLE 1. MISSION AREAS AND CORE CAPABILITIES

PREVENTION		PROTECTION		MITIGATION		RESPONSE		RECOVERY	
Planning									
Public Information and Warning									
Operational Coordination									
Intelligence and Information Sharing				Community Resilience		Infrastructure Systems			
Interdiction and Disruption				Long-Term Vulnerability Reduction		Critical Transportation		Economic Recovery	
Screening, Search and Detection				Risk & Disaster Resilience Assessment		Environmental Response/Health and Safety		Health and Social Services	
Forensics and Attribution		Access Control and Identify Verification		Threats and Hazards Identification		Fatality Management Services		Housing	
		Cybersecurity				Fire Management and Suppression		Natural and Cultural Resources	
		Risk Management for Protection Programs and Activities				Logistics and Supply Chain Management			
		Supply Chain Integrity & Security				Mass Care Services			
		Physical Protective				Mass Search and Rescue Operations			
						On-Scene Security, Protection, & Law Enforcement			
						Operational Communications			
						Public Health, Healthcare, and Emergency Services			
						Situational Assessment			

CAPABILITY ASSESSMENT - CORE CAPABILITIES

The following table lists the core capability actions that ESF #8 directly supports.

TABLE 2. ESF 8 CORE CAPABILITY ACTIONS

CORE CAPABILITY	ESF 8 – PUBLIC HEALTH AND MEDICAL SERVICES
PUBLIC INFORMATION AND WARNING	<p>PUBLIC HEALTH AND MEDICAL INFORMATION</p> <ul style="list-style-type: none"> • 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. • 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.

CORE CAPABILITY	ESF 8 – PUBLIC HEALTH AND MEDICAL SERVICES
<p>CRITICAL TRANSPORTATION</p>	<p>PATIENT MOVEMENT</p> <ul style="list-style-type: none"> • Supporting ESF-4 as the lead for patient movement, transport 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 Federal response in support of emergency triage and pre-hospital treatment, patient tracking, distribution, and patient return. This effort is coordinated with Federal and local, state, tribal, territorial, and insular area 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 the state capacity. • ESF-4 provides private vendor ambulance support to assist in the movement of patients through the National Ambulance Contract. • Provides support for 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 Department of Defense (DOD), and the Department of Veterans Affairs (VA). <ul style="list-style-type: none"> ○ Support may include providing accessible transportation assets; operating and staffing NDMS patient collection points (e.g., aerial ports of embarkation (APOEs)); and/or establishing Federal Coordinating Centers (FCCs) that conduct patient reception at ports of debarkation (e.g., aerial ports of debarkation (APOD)). ○ Federal support may also include processing and tracking patient movement from collection points to their final destination reception facilities through final disposition. (Note: DOD is responsible for tracking patients transported on DOD assets to the receiving FCC.) • Provides 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>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>FATALITY MANAGEMENT SERVICES</p>	<ul style="list-style-type: none"> • Assists jurisdictional medical-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 individuals; performing postmortem data collection and documentation; identifying human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples); and preparing, processing, and returning human remains and personal effects to the authorized person(s) when possible; and providing technical assistance and consultation on fatality management and mortuary 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 HHS and ensures continuity of assistance services in affected states and in states 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.

**LOGISTICS AND
SUPPLY CHAIN
MANAGEMENT****HEALTH, MEDICAL, AND VETERINARY EQUIPMENT AND SUPPLIES**

- 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.

BLOOD AND TISSUES

- Monitors 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.

PUBLIC HEALTH,
HEALTHCARE, AND
EMERGENCY
MEDICAL SERVICES**HEALTH SURVEILLANCE**

- Uses 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, 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.

MEDICAL SURGE

- Provides support for triage, patient treatment, and patient movement.
- Provides clinical public health and medical care specialists from the NDMS, U.S. Public Health Service, VA, and DOD to fill local, state, tribal, territorial, and insular area health professional needs.
- Coordinates with states to integrate Federal assets with civilian volunteers deployed from local, state, and other authorities, including those deployed through the Emergency System for Advance Registration of Volunteer Health Professionals and the Medical Reserve Corps.

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 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 dispensing operations (e.g., mass prophylaxis).
- Ensures appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act privacy and security standards, where applicable.

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.

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.

AGRICULTURE SAFETY AND SECURITY

- In coordination with ESF #11, ESF #8 may task components to 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. ESF #8 may also provide veterinary assistance to ESF #11 for the care of research animals

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, blood products, 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, on children, and on those with disabilities and others with access and functional needs; conducting field investigations, including collection and analysis of relevant samples; advising 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 behavioral 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.
- Provides aerial spraying for vector control
- Provides technical assistance and consultation on medical treatment of victims of vector-borne diseases.

PUBLIC HEALTH ASPECTS OF POTABLE WATER / WASTEWATER AND SOLID WASTE DISPOSAL

- 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, as well as examining and responding 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.

VETERINARY MEDICAL SUPPORT

- Indiana Board of Animal Health (BOAH) provides veterinary medical support to treat ill or injured animals, and veterinary public health support through HHS National Veterinary Response Team and veterinary medical officers of the Commissioned Corps of the U.S. Public Health Service. ESF#8 is the primary Federal resource for treatment of ill or injured service animals, pets, working animals, laboratory animals, and livestock post-disaster.
- Under HHS' statutory authority conduct 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.

PLANNING ASSUMPTIONS

- Provision of public health and medical services will be compromised.
- There will not be sufficient law enforcement personnel to accept an assignment at each health or medical facility or other site established.
- Disruption in one or more types of communication will occur. The Indiana Integrated Public Safety Commission (IPSC) will lead, restore, and designate communication pathways throughout the state.
- Initial priorities for state assistance will be the more heavily populated areas, those sustaining the most damage, and those which lost the most health and medical resources.
- Public and private response agencies and groups will coordinate among themselves. This includes, but is not limited to, controlling communicable diseases and protecting health from hazardous-material (HAZMAT) releases.
- Distribution and employment of medical resources in affected areas will be in accordance with plans of federal, state, and local public-health agencies.
- Medical evacuation (air, ground, water) may be limited in affected areas within the first 96 hours following a catastrophic incident.
- Delivery of food, medicine, gasoline, and other necessities will be severely affected for at least 10 days.

CONCEPT OF OPERATIONS

GENERAL CONCEPT

The role of the State of Indiana during emergency response is to supplement local efforts before, during and after a disaster or emergency. If the state anticipates that its needs may exceed its resources, the Governor can request assistance from other states through an Emergency Management Assistance Compact (EMAC) and/or from the federal government.

ESF #8 shall deploy available medical and health service resources to areas potentially impacted by emergencies or disasters and prioritize assets and functions to manage and support the immediate and long-term needs of the State and local jurisdictions.

ESF #8 shall activate, deploy and organize personnel and resources based upon:

- Pre-established policies, procedures, and practices
- Federal guidance available at the time of the incident
- Availability of resources
- Requests for assistance from local entities
- Integration into the overall EOP
- Significant health concerns or issues that require immediate analysis and/or response
- The level of support required by other state and local ESFs

ESF #8 shall ensure effective communication is established and maintained with all ESFs and the State EOC Operations Section, and the IDOH DOC and other support personnel to promote an accurate common operating picture (COP).

STATE OPERATIONAL PRIORITIES DURING RESPONSE AND RECOVERY OPERATIONS

1. Life, safety, and health (highest priority)
2. Incident stabilization
3. Protection of property, economy, and the environment
4. Restoration of essential infrastructure, utilities, functions, and services
5. Unity of effort and coordination among appropriate stakeholders

SEOC ACTIVATION

The State Emergency Operations Center (SEOC) is the primary hub for the State of Indiana's emergency support and coordination efforts to gather and disseminate event information, respond to requests for assistance from counties and state departments, identify and coordinate priority actions and allocate resources.

The activation of the SEOC begins with the activation of the Emergency Operations Plan (EOP) Base Plan and, if directed, this annex. The activation of the EOP establishes the emergency operations framework and structure needed to deliver coordinated emergency

In most cases, the decision to activate will be made by the collaboration among IDHS Leadership. The following are considerations for activating the SEOC:

- An incident has occurred that has the potential for rapid escalation.
- The emergency will be of a long duration and requires sustained coordination.
- Major policy decisions may be required.
- The volume of county requests for assistance is increasing and expected to continue.
- Pre-deployment of state or federal assets is occurring in anticipation of the emergency.
- Managing the situation requires urgent, high-level, non-routine coordination among multiple jurisdictions, state departments or other external agencies.
- The State of Indiana shall communicate and collaborate with other response/support agencies and integrate their response plans into the overall response.
- Activation of the SEOC will be advantageous to the successful management of the event.

The SEOC is managed by IDHS and is the physical location where multi-agency coordination occurs whether it is at the primary or alternate undisclosed sites. The SEOC can be configured to expand or contract as necessary to respond to the different levels of incidents requiring State assistance. The SEOC has designated four activation levels as outlined in Table 3. Each level assumes the requirements and conditions of the previous, lower activation level.

During a SEOC activation, ESFs may be activated depending on the incident and activation level. During a disaster response, each State ESF representative in the SEOC will remain under the administrative control of his/her agency head; however, he/she will function under the supervision of the SEOC Manager. Notification of activation will be made via phone, email, and/or text message.

The Indiana SEOC will remain activated at a Level IV for daily operations; however, the activation level will be elevated for planned events, incidents, disasters, or other response operations.

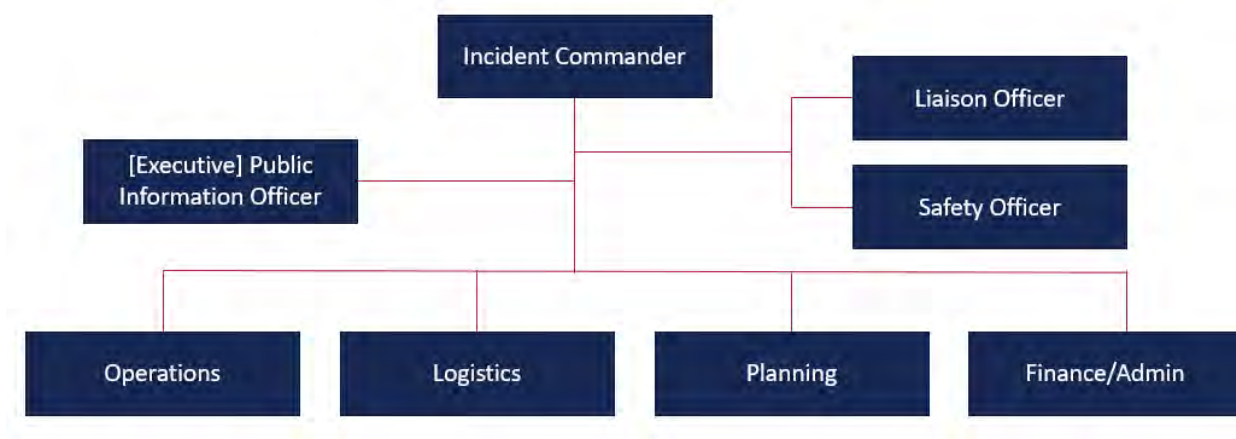
TABLE 3. STATE EOC RESPONSE ACTIVATION LEVELS

SEOC RESPONSE ACTIVATION LEVELS			
LEVEL NUMBER	NAME OF LEVEL	DESCRIPTION	EXAMPLE
IV	Daily Ops	Normal daily operations. Watch Desk is monitoring actives within and around the State.	Tornado Watch
An actual or potential for an <i>incident of state significance</i> will drive the need for an increase in activation / staffing levels			
III	Active Emergency Conditions	<p>A situation has or may occur which requires an increase in activation of the SEOC, to include:</p> <ul style="list-style-type: none"> ▪ Section Chiefs ▪ JIC may be set-up. ▪ Limited ESF Staffing ▪ May have a federal presence 	Large Tornado > EF-3
II	Significant Emergency Conditions	<p>A situation has or may occur which requires an increase in activation of the SEOC, to include:</p> <ul style="list-style-type: none"> •Section Chiefs •JIC will be set-up. •Governor Emergency Advisory Group (EAG) will be activated. •Full ESF staffing •Will have federal presence 	Major Flooding
I	Full Emergency Conditions	<p>A situation has or may occur which requires an increase in activation of the SEOC, to include:</p> <ul style="list-style-type: none"> ▪ Section Chiefs ▪ JIC will be set-up. ▪ Governor Emergency Advisory Group (EAG) will be activated. <ul style="list-style-type: none"> ○ Governor or designee will be present for EAG. ▪ Full ESF staffing ▪ Will have federal presence 	Large Earthquake

DEMOBILIZATION OF THE SEOC

Demobilization is the process by which facilities scale back their emergency operations as the objectives set by leadership are achieved. This usually entails the release of the ESF representation involved in response operations as objectives are accomplished and the need for their participation diminishes. Part of the demobilization process ensures that all paperwork, such as personnel evaluations, equipment time records, personnel time records, accident reports, and mechanical inspections have been completed and are accurate. Demobilizing the most expensive excess equipment and resources first saves funding.

FIGURE 1 - INCIDENT COMMAND STRUCTURE

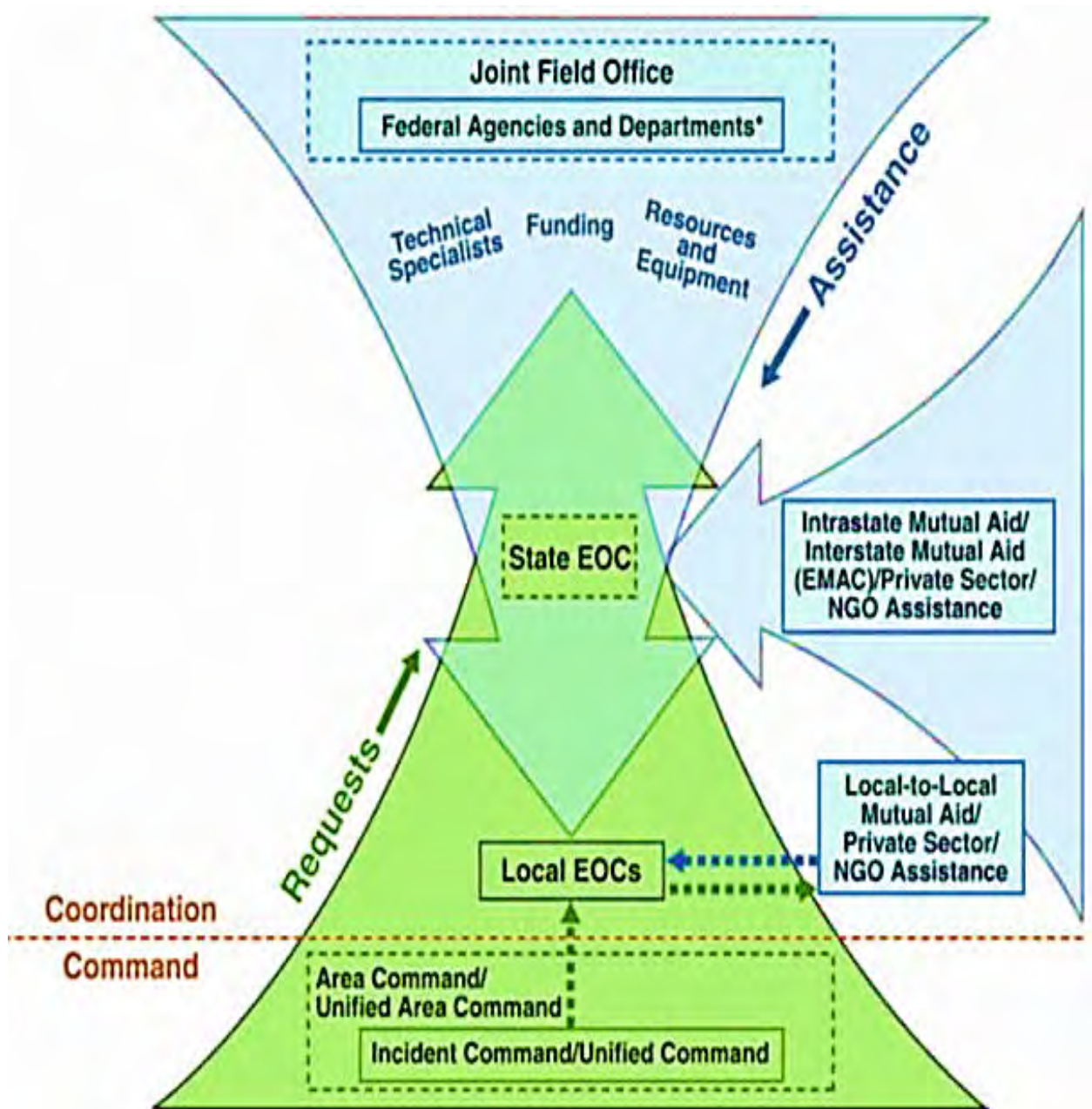


RESOURCE SUPPORT

During an incident, requests for resource support originate from the site Incident Command (IC), Area Command (AC) or Unified Command (UC) and are directed to the local emergency management agency (EMA). As local resource capabilities become overwhelmed, the local jurisdiction's EMA requests support from the State EOC based on the projected needs of the local Incident Action Plan (IAP). A request exceeding State capability can be fulfilled using mutual aid, federal assistance, or other appropriate means. The State Resource Request Process as outlined in Figure 2, is designed to meet the varying needs of local jurisdictions throughout the life of an emergency event. The process may require alteration, activation of mutual-aid agreement(s), or assistance from federal agencies as needed.

State resources may also be requested by local jurisdictions for activation in exercises, testing or training. Participation in these activations allows for the continued development and improvement of public safety programs and resources.

FIGURE 2. STATE RESOURCE REQUEST PROCESS



INCLUSION, ACCESS, AND FUNCTIONAL NEEDS

The State of Indiana works with public, private, and non-profit organizations to build a culture of preparedness and readiness for emergencies and disasters that goes beyond meeting the legal requisites of people with disabilities as defined by the most current version of the Americans with Disabilities Act (ADA) or for individuals with access and functional needs.

IDHS integrates the Federal Emergency Management Agency's (FEMA)'s access and functional needs guidance, which identifies an individual's actual needs during an emergency and awareness of not using negative labels such as "handicapped," "crippled," or "abnormal."



This annex planning guidance is inclusive as it also encompasses people with temporary needs or those who do not identify themselves as having a disability. This includes women who are pregnant, children, older adults, individuals with limited English communication, people with limited transportation access and those with household pets and service animals. Additional awareness which helps ensure inclusive emergency preparedness planning include addressing the needs of children and adults in areas such as:

SELF-DETERMINATION – Individuals with access and functional needs are the most knowledgeable about their own needs.

NO “ONE-SIZE-FITS-ALL” – Individuals do not all require the same assistance and do not all have the same needs.

EQUAL OPPORTUNITY, INTEGRATION AND PHYSICAL ACCESS – All individuals must have the same opportunities to benefit from emergency programs, services, and activities.

NO CHARGE – Individuals with access and functional needs may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment.

EFFECTIVE COMMUNICATION – Individuals must be given information that is comparable in content and detail to the information given to those without functional needs.

FOR MORE INFORMATION, PLEASE REFER TO THE INDIANA ACCESS AND FUNCTIONAL NEEDS ANNEX.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

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 State, Tribal Territorial, Insular Area Governments, Private Sector and Non-Governmental Organizations (NGOs).

Each primary and supporting agency shall maintain internal SOPs and/or SOGs or other documents that detail the logistical and administrative priorities deemed necessary to assist in overall state prevention, protection, mitigation, response, and recovery operations.

Specific roles and responsibilities of primary and supporting agencies during an incident or event are described below. Tasks include but are not limited to:

PRIMARY AGENCY RESPONSIBILITIES

The Primary agency, Indiana Department of Health, is responsible for the following:

- Identify state medical and health service resources to assist in critical functions and tasks before, during, after emergency events and disaster situations.
- Coordinate the recovery, restoration and safety of medical and health service infrastructure impacted by potential hazards or disaster events.
- Maintain the IDOH DOC in order to coordinate IDOH divisions, programs and staff with roles that support the mission of ESF #8.
- Provide training to essential personnel who may be called upon to work in the EOC, DOC or impacted areas.
- Manage the financial aspects of IDOH as they relate to ESF #8.
- Work with other state and local medical and health service providers and partners to assess overall damage to infrastructure in impacted areas and to determine the impact of the incident and resource gaps that may exist.
- Coordinate and implement emergency-related response and recovery functions, as required, under statutory authority.

SUPPORTING AGENCY RESPONSIBILITIES

- Assist in prevention, protection, mitigation, response and recovery operations when requested by IDHS or the designated ESF primary agency.
- Participate, as needed, in the State EOC supporting overall coordination of medical and health service assets and personnel during response and/or recovery operations.

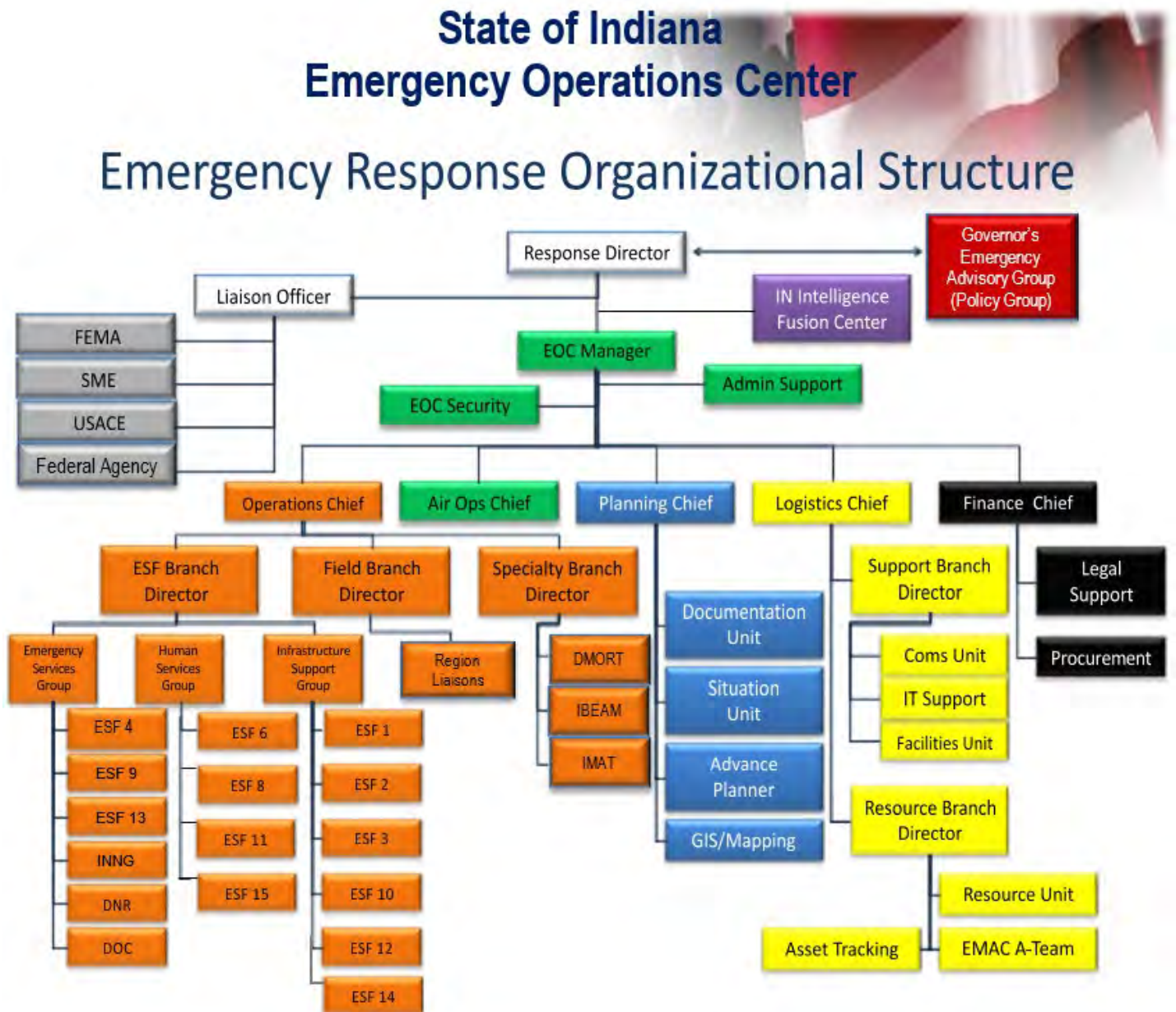
- Assist the primary agency in the development and implementation of policies, protocols, SOPs, checklists, or other documentation necessary to carry-out mission essential tasks.
- Assist in developing situation reports and readiness assessments that will provide for an accurate COP.
- Participate in training and exercises aimed at continuous improvement of prevention, protection, mitigation, response and recovery capabilities.
- Identify new equipment, technologies or capabilities required to prepare for or respond to new or emerging threats and hazards.
- Provide information or intelligence regarding trends and challenges to the State of Indiana's medical and health service capability.

SEOC ESF #8 RESPONSIBILITIES

Please see primary agency responsibilities above and additional responsibilities below:

- Activated and staffed in the SEOC.
- Encouraged to work with the Incident PIO, IMAT PIO, JIC PIO, and IMT PIO.
- Follows the ESF #8 SEOC Just-in-Time Training checklist when you arrive to the SEOC.
- Provide training to essential personnel who may be called upon to work in potentially impacted areas.
- Manage the financial aspects of ESF #8.

FIGURE 3. STATE EMERGENCY OPERATIONS CENTER ORGANIZATIONAL STRUCTURE



EMERGENCY SUPPORT FUNCTION GENERAL TASKS

The following tables are comprised of essential tasks that may need to be completed by ESF #8 in all phases of emergency management. These tasks have been created as a guide to follow for the primary and support agencies of ESF #8. They have been developed as a tool to address potential challenges and unique risks that may be faced during times of emergency and disaster here in the State of Indiana. It will be the responsibility of ESF #8 to ensure the tasks outlined here are accurate and reflect their overall ability to manage, support and deploy resources.

Please note, that the mission areas of Prevention and Protection have replaced the Preparedness mission area.

TABLE 4. ESF 8 PREVENTION TASKS

ESF #8 – PREVENTION TASKS	
1	Initiate a time-sensitive, flexible planning process that builds on existing plans and incorporates real-time public health and medical service intelligence.
2	Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.
3	Anticipate and identify emerging and/or imminent public health and medical service threats through observation and situational awareness.
4	Make appropriate assumptions to inform decision makers and counterterrorism professionals actions to prevent imminent attacks on public health and medical service in the homeland.
5	Continue to monitor changing trends in activity and aggressive behavior at the local, state, and national level and adjust prevention tasking as it applies to public health and medical service.
6	Establish and maintain partnership structures among protection elements to support networking, planning, and coordination.
7	Present courses of action to decision makers to locate, interdict, deter, disrupt, or prevent imminent attacks on the homeland and imminent follow-on attacks.
8	Share relevant, timely, and actionable information and analysis with local authorities through a pre-established reporting system.
9	Identify possible public health and medical service terrorism targets and vulnerabilities. Ensure the security of equipment, facilities, and personnel through assessments of capabilities and vulnerabilities.
10	Implement, exercise, and maintain plans to ensure continuity of operations.

TABLE 5. ESF 8 PROTECTION TASKS

ESF #8 – PROTECTION TASKS	
1	<p>Develop, validate and maintain state SOPs or guidelines for both routine and emergency operations. Key operational concerns include, but are not limited to:</p> <ul style="list-style-type: none"> • Identification and assessment of equipment, supplies, resources and critical public health infrastructure. • Identification and assessment of medical and health service critical infrastructure. • Alert, notification and activation of personnel for work in the field or within the State EOC. • Emergency communications and reporting procedures. <p>Develop an emergency operations framework for IDOH</p>
2	<p>Develop and conduct training and education programs for ESF #8 personnel. Key training program considerations include, but are not limited to:</p> <ul style="list-style-type: none"> • The assessment of equipment, supplies and resources. • The assessment of medical and health services critical infrastructure following emergencies or disasters. • Working in the field during emergency operations. • Working in an EOC during emergency conditions. • WebEOC or other computer applications. • Emergency communications and reporting procedures. • National Incident Management System / Incident Command. • Continuity of Operations. • Mapping, GIS and other applicable computer applications. <p>Emergency transportation and evacuation planning.</p>
3	<p>Develop and maintain a roster of essential primary and support agency contacts for ESF #8 to be used in the event of emergency operations. Ensure critical information (address, telephone, cell, facsimile, email, etc.) is provided.</p>
4	<p>Develop and maintain a database to collect information on essential resources.</p>
5	<p>Develop lists of resource needs and work toward eliminating these shortfalls by identifying funding, partnerships or performing other essential activities.</p>
6	<p>Update mutual aid agreements, letters of understanding or contracts with departments, organizations or private entities that may offer rapid deployment of resources or services as they relate to short and long-term emergency medical and health service needs.</p>
7	<p>Train ESF #8 personnel on technical standards and specifications for essential pieces of equipment related to short and long-term emergency medical and health service needs.</p>
8	<p>Train ESF #8 personnel on routine and emergency safety standards for both field operations and EOC support.</p>
9	<p>Exercise all capabilities essential to carrying out the mission of ESF #8 and all supporting functions</p>
10	<p>Train ESF #8 personnel on legislation, policies and administrative rules that relate directly to medical and health services, this ESF and its ability to provide emergency assistance.</p>

TABLE 6. ESF 8 MITIGATION TASKS

ESF #8 – MITIGATION TASKS	
1	Identify areas that have been or are currently prone to significant hazards and determine the impact on critical public health infrastructure and the ability to move personnel and resources into affected areas.
2	Identify medical and health service resources within the State of Indiana and potential shortfalls or gaps that may exist.
3	Identify potential partnerships or funding sources to reduce or eliminate resource shortfalls or gaps for medical and health service issues and concerns.
4	Establish partnerships with other federal, state, local and municipal entities that share medical and health service responsibilities.
5	Identify gaps in and maintain mutual aid agreements, letters of understanding or contracts with departments, organizations or private entities that may offer rapid deployment of resources or services as they relate to short and long-term emergency medical and health service needs.
6	Identify, establish and maintain technical standards and specifications for essential pieces of equipment related to short and long-term emergency medical and health service needs.
7	Identify, establish and maintain routine and emergency safety standards for all medical and health service personnel that comply with federal and state requirements and policies.
8	Identify, establish and maintain alternate medical and health service facilities, equipment and assets for continuity of operations.
9	Assist in the development of legislation, policies and administrative rules that relate directly to medical and health services, this ESF and its ability to provide emergency assistance.
10	Identify the cause of the emergency event and develop and implement activities relating to health and medical services during emergencies or disasters to mitigate the identified threats.
11	Identify training gaps and needs relating to health and medical services during emergencies or disasters.
12	Work with ESF #15 (External Affairs) to develop and maintain public outreach programs aimed at eliminating or reducing the risks associated with emergency medical and health service issues.

TABLE 7. ESF 8 RESPONSE TASKS

ESF #8 – RESPONSE TASKS	
1	<p>Activate SOPs or guidelines for emergency operations that consider:</p> <ul style="list-style-type: none"> • The assessment, staging, use, status and sustainability of public health facilities, equipment, supplies and other resources • Activation of the IDOH DOC • The assessment and status of medical and health services critical infrastructure. • The epidemiological surveillance and investigation of an event • Coordinating or conducting any required laboratory testing • The alert, notification and activation of personnel for work in the field or within the State EOC • The coordination of medical resource surges. • Emergency communications and reporting procedures. • Food Safety Operations • Environmental Health Operations • Medical Volunteer Response <p>Local surge support for infectious disease testing and medical countermeasures</p>
2	<p>Activate ESF #8 personnel for such mission essential tasks as:</p> <ul style="list-style-type: none"> • The assessment of equipment, supplies and resources. • The assessment of medical and health services critical infrastructure following emergencies or disasters. • Responding to the field for emergency operations. • Working in an EOC during emergency conditions. • Supporting local, district or statewide Incident Command structures. • Activating continuity of operations plans. • Developing and distributing emergency health information. • Meeting the emergency medical and health services needs of state and local agencies and departments. • IDOH DOC Operations <p>Establishing Reception Center and Implementing Population Monitoring</p>
3	<p>Evaluate the ability to communicate with ESF #8 personnel and implement alternate communications if primary systems are down.</p>
4	<p>Prioritize critical health and medical services and resources supporting such capabilities as mass medication medical supplies management and distribution, immunizations, medical surge operations, mass casualty and fatality management, environmental health, disaster mental health, epidemiology, laboratory services, long term care, and food safety.</p>
5	<p>Work with ESF #13 (Law Enforcement) to address security needs associated with executing the capabilities necessary to carry out the various missions of ESF #8.</p>

ESF #8 – RESPONSE TASKS

6	Work with ESF #1 (Transportation) to address transportation needs associated with executing the capabilities necessary to carry out the various missions of ESF #8.
7	Work with Indiana National Guard (INNG) to address surge staffing (medical and non-medical) needs associated with executing the capabilities necessary to carry out the various missions of ESF #8.
8	Work with local emergency management agencies, state and local agencies, and NGO's in the movement and care of persons with special needs.
9	Identify the cause of the emergency event and develop and implement activities to mitigate further disruption to health and medical services during response.
10	Work with ESF counterparts at the local, state, regional and national levels, as well as NGO's and private businesses/industry, as needed.
11	Post situation reports and critical information in WebEOC during activations.

TABLE 8. ESF 8 RECOVERY TASKS

ESF #8 – RECOVERY TASKS	
1	Work with state and local entities to maintain alternate medical and health service facilities and continue to develop plans to repair existing facilities to pre-disaster state, as appropriate.
2	Work to aggressively eliminate shortfalls or resource gaps that were identified in response to an emergency or disaster.
3	Establish partnerships and identify funding sources to address resource shortfalls or gaps for medical and health services issues and concerns.
4	Maintain open and ongoing communication with other federal, state, local and municipal entities impacted and assist in their overall efforts for recovery operations.
5	Assess mutual aid agreements, letters of understanding or contracts with departments, organizations or private entities that may have been utilized during the response and determine if those agreements need to be updated or revised.
6	Assess the current technical standards and specifications for essential pieces of equipment related to short and long-term emergency medical and health services needs and update based upon the lessons learned from the most recent emergency response.
7	Assess the current level of training on emergency safety standards for medical and health services personnel to determine the appropriate application and compliance with federal and state requirements and policies.
8	Assess the current usage and application of alternate medical and health service facilities, equipment, and assets for these essential services statewide to determine if there are issues that need to be addressed for future response operations.
9	Work to change, if required, those pieces of legislation, policies and administrative rules that relate directly to medical and health services that hinder this ESF's ability to provide emergency assistance.

LIFELINE AND ESF OBJECTIVES AND TASKS TIMELINE

TABLE 9. ESF 8 TASKS FOR FOOD, WATER, SHELTERING

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
TIMELINE: 0–24 HOURS			
To ascertain the status of water and wastewater systems, especially for emergency-care facilities and shelters	— —	— —	Obtain update from the SEOC about the status of local water and wastewater systems that serve hospitals.
To gain situational awareness and determine needs for field shelters	— —	ESF 6	Work with ESF 6 to identify medical needs in shelters.
To activate resources to support mass care and shelter openings	— —	— —	Request additional mental-health professionals through the Division of Mental Health and Addiction (DMHA) or the SEOC.
	To activate resources to support hospital feeding	ESF 7	Assist with providing food to those in hospitals as needed
TIMELINE: 24–72 HOURS			
To deliver mass-care services for survivors and pets	— —	ESF 6	Work with ESF 6 to address medical needs in shelters.
TIMELINE: BEYOND 72 HOURS			
To sustain and refine life-sustaining services and needs assessments	— —	ESF 6	Continue to coordinate with ESF 6 to address medical needs in shelters.

TABLE 10. ESF 8 TASKS FOR HEALTH AND MEDICAL

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
PHASE 2A: 0-24 HOURS			
To ascertain status of hospitals, EMS providers, and medical transport services	To activate the ISDH’s DOC and to send a representative to the SEOC within 4 hours of SEOC activation.	— —	Deploy ESF 8 representative to the SEOC and receive briefing.
		— —	While the SEOC is being activated, activate the ISDH DOC with all appropriate sections.
		— —	Establish communications between the ESF 8 representative in the SEOC and the ISDH DOC.
		— —	Immediately relay all pertinent information received at the ISDH DOC to the ESF 8 representative in the SEOC.
		— —	<i>ESF 8 representative in SEOC:</i> Assure proper logging.
	To determine the condition and capacity of hospitals and healthcare facilities, as well as the potential of influx of casualties, in each of the severely impacted and surrounding counties in 4–8 hours.	— —	Prepare to deploy ISDH personnel to the area of the incident to provide an on-scene presence and to provide immediate updates.
		ESF 1	Ask ESF 1 for routes of ingress and egress.
		ESF 2	Ask ESF 2 which communications capabilities are available.
		ESF 3	Ask ESF 3 for status of water, sewer, electricity, and gas.
		— —	Deploy appropriate number of health and medical teams.
		— —	Perform an “all call” to all critical-care facilities and request a status report on patients, transports, building condition, and utilities.
		— —	Perform an “all call” to all hospitals and request a status report on patients, transports, building condition and utilities.
		— —	Speak to field contacts to determine which hospitals, local health units, and nursing homes are still viable options for use.
		— —	Report the status and functionality of state mental hospitals.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		All ESFs	<i>All ESFs:</i> Be alert to any information regarding casualties, even if not confirmed but considered reliable.
		All ESFs	<i>All ESFs:</i> While working in the field, immediately report newly discovered casualties through your chain of command by the quickest means possible to ESF 8 in the SEOC.
		— —	Determine the critical resources available to health and medical staff.
		ESF 5	Participate in aerial damage assessments (coordinate with ESF 5).
		— —	Develop a list of impacted medical facilities.
		— —	Develop a list of impacted local health units
	— —	— —	Report the status and functionality of all transport vehicles.
	— —	— —	Gather and report the status of EMS staff and resources available for transport.
To determine the total patients at each impacted healthcare facility requiring immediate transport to another facility	(Same as lifeline objective)	— —	<i>IDHS EMS Section:</i> Determine the status (equipment, personnel, and supplies) of medical transport services in the county including medical air transport. Advise that all equipment should be moved outside of storage facilities due to the possibility of aftershocks.
		— —	<i>IDHS EMS Section:</i> Identify supplemental certified medical transport capabilities, especially air transport, from throughout the state. As needed, quickly modify mass-transit vehicles (such as buses) for medical transport.
		— —	<i>IDHS EMS Section:</i> Coordinate all services for EMS and medical transport.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		ESF 7	Work with ESF 7 as it attempts to identify supplemental state, federal, and military, and private-sector air resources, especially helicopters.
		ESF 7	Help ESF 7 identify the types of transport needed to move health and medical personnel, supplies, and equipment.
		ESF 1	<i>IDHS EMS Section:</i> Coordinate medical transport. Request support from ESF 1.
		— —	Gather intelligence on the number of patients requiring immediate transport. Repeat every 12 hours.
		— —	<i>ISDH DOC:</i> If patients must be evacuated from hospitals, give the SEOC all the specific information, including destinations for evacuated patients.
		<ul style="list-style-type: none"> • Indiana Ambulance Association • Ambulance providers 	<i>IDHS EMS Section:</i> Coordinate with the Indiana Ambulance Association and private-sector providers throughout the state to meet the immediate needs, if possible.
		<ul style="list-style-type: none"> • ESF 1 • FAA 	Request a no-fly zone over the impacted counties and limit access
		Air medical transport services	Coordinate with air medical transport services if needed.
		INNG	<i>INNG:</i> Assist with transportation where possible.
		ESF 7	Request any needed EMAC and federal assistance with medical transportation as quickly as possible.
		— —	Prioritize where resources for medical transportation will go and how to allocate.
To provide public health and medical services to people in	— —	— —	<i>ISDH:</i> Provide guidance to area hospitals, air and ground ambulances, and EMS providers.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
need throughout the disaster area		— —	Prioritize the more heavily populated areas, those sustaining the most damage, and those that have lost the most health and medical resources.
		County health officials	Ask each county in the affected area to designate facilities and locations for medical triage and treatment.
		— —	<i>ISDH:</i> If the incident requires a large-scale medical response that hospitals and local medical professionals cannot reasonably handle, consider using local long-term-care facilities, ambulatory surgical centers, rural health clinics, and community health centers. Dispatch volunteer medical staff to such facilities. If time allows, consolidate similar casualties at designated locations to enable specific medical support and medical supplies.
		— —	If needed, develop locations for health and medical support outside of the heavily affected areas.
		ESF 7	Ask ESF 7 for the locations of mobilization sites and staging areas for health and medical resources, as well as for deployment transportation arrangements.
		— —	Request additional mental-health professionals through the Division of Mental Health and Addiction (DMHA) through the SEOC.
		SEOC ESF 7	Request resources from the SNS, a DMAT, and TCCTs.
		To assist with fatality management in the disaster area	— —
— —	Determine areas of immediate response based on SEOC reporting and IAP.		
ESF 7	Request EMAC support through SEOC.		

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		SEOC ESF 7	Request activation of a FEMA DMORT.
		— —	Deploy IMERT.
		— —	Identify bodies.
		— —	<i>ISDH</i> : Generate death certificates.
PHASE 2B: 24-72 HOURS			
To evacuate level 3 casualties	— —	— —	<i>IDHS EMS Section</i> : Prioritize supplemental certified medical transport capabilities, especially air transport, from throughout the state. Modify mass transit vehicles (such as buses) for medical transport, if needed.
		— —	<i>IDHS</i> : Deploy all available district mass-casualty teams.
To support temporary health and medical infrastructure in and around the impacted zone within 48 hours	(Same as lifeline objective)	— —	Coordinate health-related activities among public and private response agencies and groups. This includes, but is not limited to, controlling communicable diseases and protecting health from HAZMAT releases.
		— —	Make provisions for those who do not speak English or have access and functional needs and require assistance.
		— —	Triage home healthcare patients and those on life support.
		— —	Coordinate public-health and medical-emergency response task forces.
		ESF 7	Work with ESF 7 to determine priorities for state, federal, military, and private-sector air resources to move health and medical personnel, supplies, and equipment.
		— —	Gather information on county-designated facilities and locations for medical triage and treatment.
		ESF 7	<i>IDHS</i> : Request health and medical resources through EMAC or the federal government, as necessary.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		— —	Recruit assistance for mental health from community mental health centers and universities throughout the state.
		ESF 13	Work with ESF 13 as medical security needs are identified.
		— —	Deploy crisis-counseling teams where appropriate.
To set up the ISDH mobile hospital and activate medical volunteers through the SERV-IN volunteer database within 72 hours	(Same as lifeline objective)	— —	<i>ISDH:</i> Determine the location to set up the mobile hospital.
		— —	Move the mobile hospital to the location specified by ISDH.
		— —	<i>ISDH:</i> Staff and stock the mobile hospital.
		— —	Activate the MRC by notifying its members through SERV-IN.
		MRC	<i>MRC:</i> If requested, staff the ISDH mobile hospital.
— —	To assess the situation within the first 48 hours to enable deploying a strike team for fatality management and the I-DPMU.	— —	Establish a family assistance center (FAC).
To enable dispensing medical countermeasures (MCM)	(Same as lifeline objective)	Local health units	<i>ISDH Environmental Public Health Division:</i> Work with local health units to determine sites for dispensing MCM.
		ESF 7	<i>ESF 7:</i> Transport MCM from the federal staging area to the dispensing sites.
		ESF 13	<i>ESF 13:</i> Provide law enforcement escorts for supplies from the SNS.
		Local health units	<i>Local health units:</i> Receive, inventory, and dispense medications from medical points of dispensing (PODs) per local plan.
		Local EOCs	Locate additional personnel to assist, provide a means for additional equipment and security
PHASE 2C: BEYOND 72 HOURS			
To recover all bodies	To identify all recovered bodies within one week.	Local coroners	Work with the local coroners' offices to help with identification of bodies.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
To finish transporting all patients requiring evacuation	— —	— —	After completing level 3 transports begin transporting patients and victims with level 2 injuries as necessary.
To increase capacity of hospitals	— —	ESF 7	Work with ESF 7 to deploy health and medical resources to forward mobilization sites or county staging areas.
		— —	Prioritize emergency needs of hospitals and healthcare facilities.
		— —	Determine the need for medical and staff-support personnel, equipment, and supplies at each of the critical medical facilities.
		INNG	<i>INNG</i> : Support setup and staffing for medical surge.
To resume health services	— —	— —	Continue prioritization of needs and begin to assess priorities for recovery.
		ESF 7	Continue to work with ESF 7 to determine priorities for state, federal, military, and private-sector air resources to move health and medical personnel, supplies, and equipment.
		ESF 7	<i>IDHS</i> : Request additional health and medical resources through EMAC or the federal government, as necessary.
		— —	Direct the control of vector-related issues.
		— —	Continue to coordinate medical emergency-response task forces.
		To effectively respond to psychological needs, using evidence-based tools, with response time (1 week to a month) prioritized by level of need.	— —
	— —	Continue to coordinate public-health task forces.	
	— —	<i>FSSA/DMHA</i> : Support behavioral health and addiction treatment for immediate victims, those in treatment centers, families, and the public.	
	ESF 7	<i>ESF 7 EMAC coordinators</i> : Coordinate the deployment of crisis-counseling teams.	

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		— —	Ensure help for survivors suffering from post-traumatic stress disorder (PTSD) within 30 days.

TABLE 11. ESF 8 TASKS FOR HAZARDOUS MATERIAL

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
PHASE 2A: 0–24 HOURS			
To begin containing all HAZMAT releases	— —	— —	Perform medical checks on HAZMAT responders.

TABLE 12. ESF 8 GENERAL TASKS

OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
PHASE 2A: 0–24 HOURS		
To maintain the common operating picture (COP) and contribute to the incident action plan (IAP)	— —	Provide situational information to the SEOC.
	— —	Participate in developing the IAP to determine needs and priorities for health and medical services.
— —	— —	Establish a unit to provide direction and control for the incident
	— —	Verify, ready, and activate resources available to support the ESF 8 mission.
	— —	Activate available resources needed to support mental health.
	ESF 7	Push out requests made to SEOC and for health and medical resources through EMAC.
	— —	<i>IDHS EMS Section:</i> Due to the specialized equipment, supplies, and other resources needed for medical response, provide personnel to continuously serve as a part of ESF 7.
	— —	Assist with environmental testing for air and water.
	— —	Coordinate and prioritize resources for mental health.
	PHASE 2B: 24–72 HOURS	
To continue maintaining the COP and contributing to the IAP	— —	Gather reports of casualties and fatalities due to the earthquake. Update SEOC.
	— —	Participate in developing the IAP to determine needs and priorities for health and medical services.

OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
PHASE 2C: BEYOND 72 HOURS		
To continue maintaining the COP and contributing to the IAP	— —	Continue to gather reports of casualties and fatalities due to the earthquake and cascading events.
	— —	Participate in developing the IAP, based on needs and priorities for health and medical services.

DIRECTION, CONTROL, AND COORDINATION

As the ESF 8 Coordinator, the Indiana Department of Health is responsible for coordinating the overall health and medical activities by providing state resources and/or personnel based upon local jurisdictional needs. IDOH will perform the necessary tasks of addressing emergency health needs. IDOH will be responsible for direction and control obligations on health and medical ventures that involve state resources and assistance including mass fatality management and coordination.

Coordination of direction and control decisions will be managed by and communicated to the State Emergency Operations Center (SEOC) in conjunction with the IDOH Department Operations Center (DOC) and IDOH Executive Policy Group. Each participating agency will coordinate its support with IDOH through the ESF #8 Liaison at the State Emergency Operations Center.

If state emergency health and medical resources have either been exhausted or expected to be exhausted prior to meeting the demand, officials will recommend that assistance be requested from other states through the Emergency Management Assistance Compact, Federal Emergency Management Agency (FEMA) or Department of Health and Human Services. Such a request to HHS or FEMA for assistance could prompt the implementation of the National Response Framework.

APPENDIX A - COMMUNITY LIFELINES



Indiana has adopted the Federal Emergency Management Agency's (FEMA) seven community lifelines into our prevention, protection, response, recovery, and mitigation activities. Lifelines are services that enable the continuous operation of critical government and business functions and are essential to human health and safety or economic security.

Stabilizing community lifelines is the primary effort during response activities.

ESFs deliver core capabilities to stabilize community lifelines for an effective response.

The seven community lifelines represent only the most basic services a community relies on and which, when stable, enable all other activity within a community. The lifelines are designed to enable emergency managers, infrastructure owners and operators, and other partners to analyze the root cause of an incident impact and then prioritize and deploy resources to effectively stabilize the lifeline. This construct maximizes the effectiveness of federally supported, state managed, and locally executed response.

Similar to the ESFs, other whole community organizations can work together to stabilize lifelines and meet disaster needs. The community lifelines do not directly cover all important aspects of community life that can be affected by an incident, including impacts to natural, historical, and cultural resources. For example, financial and economic issues important to the life and safety of affected individuals may also arise indirectly from impacts to lifelines during an incident. If disrupted, rapid stabilization of community lifelines is essential to restoring a sense of normalcy. Recent disasters have illuminated two underlying features of community lifelines that highlight opportunities to strengthen response planning and operations.

First, community lifelines are interdependent and vulnerable to cascading failures. For example, communications and electric power systems rely on each other to function; severe damage to one will disrupt the other. Most lifelines also rely on complex supply chains. Water and wastewater service depend on the resupply of a broad array of chemicals and—if power goes out—fuel for emergency generators. However, in a severe natural or human-caused incident, those supply chains themselves may be broken.





Second, community lifeline stabilization relies on businesses and infrastructure owners and operators who have the expertise and primary responsibility for managing their systems in emergencies. Accordingly, Indiana is working with developing planning coordination

mechanisms needed to enable the private sector to play a larger, more comprehensive role in preparedness and response activities. The community lifelines are composed of multiple components that encompass infrastructure, assets, and services.

TABLE 13. COMMUNITY LIFELINE COMPONENTS AND SUB-COMPONENTS

ALL COMMUNITY LIFELINE COMPONENTS AND SUB-COMPONENTS		
Multiple components establish the parameters of and key assessment elements for each of the lifelines; component-level analysis is required to determine if each lifeline is stable		
SAFETY AND SECURITY	FOOD, WATER, SHELTERING	HEALTH AND MEDICAL
<ul style="list-style-type: none"> ▪ Hazard Mitigation ▪ Law Enforcement / Security ▪ Responder Safety ▪ Search and Rescue ▪ Fire Services ▪ Government Service <div style="text-align: center;">  <p>Safety and Security</p> </div>	<ul style="list-style-type: none"> ▪ Evacuations ▪ Food / Potable Water ▪ Shelter ▪ Durable Goods ▪ Water Infrastructure ▪ Agriculture Infrastructure <div style="text-align: center;">  <p>Food, Water, Shelter</p> </div>	<ul style="list-style-type: none"> ▪ Medical Care ▪ Patient Movement ▪ Public Health ▪ Fatality Management ▪ Medical Industry <div style="text-align: center;">  <p>Health and Medical</p> </div>
ENERGY	COMMUNICATIONS	TRANSPORTATION
<ul style="list-style-type: none"> ▪ Power (Grid) ▪ Temporary Power ▪ Fuel <div style="text-align: center;">  <p>Energy (Power & Fuel)</p> </div>	<ul style="list-style-type: none"> ▪ Infrastructure ▪ 911 & Dispatch ▪ Responder Communications ▪ Alerts, Warnings, Messages <div style="text-align: center;">  <p>Communications</p> </div>	<ul style="list-style-type: none"> ▪ Highway / Roadway Motor Vehicle ▪ Mass Transit ▪ Railway ▪ Aviation ▪ Maritime ▪ Pipeline <div style="text-align: center;">  <p>Transportation</p> </div>
HAZARDOUS MATERIAL		
<ul style="list-style-type: none"> ▪ Facilities ▪ Incident Debris, Pollutants, Contaminants ▪ Conveyance 		 <p>Hazardous Materials</p>

TABLE 14. INDIANA LIFELINES / ESF / CORE CAPABILITIES CROSS WALK

LIFELINE SYMBOL	LIFELINE	COLLABORATIVE PLANNING TEAM	RELATED CORE CAPABILITIES
	<p>Safety and Security</p> <ul style="list-style-type: none"> • Law enforcement, security • Search and rescue • Fire services • Government service • Responder safety • Imminent hazard mitigation 	<ul style="list-style-type: none"> • ESF 13* • ESF 4 • ESF 5 • ESF 7 • ESF 9 • ESF 14 • ESF 15 • INNG • Private security 	<ul style="list-style-type: none"> • Planning • Public Information and Warning • Operational Coordination • Environmental Response/Health and Safety • Fire Management and Suppression • Mass Search and Rescue Operations • On-scene Security, Protection, and Law Enforcement • Situational Assessment
	<p>Food, Water, Sheltering</p> <ul style="list-style-type: none"> • Evacuations • Food, potable water • Shelter • Durable goods • Water infrastructure • Agriculture 	<ul style="list-style-type: none"> • ESF 6* • ESF 3 • ESF 11 • ESF 5 • ESF 7 • ESF 13 • ESF 14 • ESF 15 • INNG • VOAD 	<ul style="list-style-type: none"> • Planning • Public Information and Warning • Operational Coordination • Critical Transportation • Infrastructure Systems • Logistics and Supply Chain Management • Mass Care Services • Situational Assessment
	<p>Health and Medical</p> <ul style="list-style-type: none"> • Medical care • Patient movement • Public health • Fatality management • Healthcare supply chain • Fire service 	<ul style="list-style-type: none"> • ESF 8* • ESF 4 • ESF 5 • ESF 7 • ESF 14 • ESF 15 • INNG 	<ul style="list-style-type: none"> • Planning • Public Information and Warning • Operational Coordination • Environmental Response/Health and Safety • Fatality Management Services • Logistics and Supply Chain Management • Public Health, Healthcare, and Emergency Medical Services • Situational Assessment
	<p>Energy</p> <ul style="list-style-type: none"> • Power (grid) • Temporary power • Fuel 	<ul style="list-style-type: none"> • ESF 12* • ESF 3 • ESF 5 • ESF 7 • ESF 14 • ESF 15 • INNG 	<ul style="list-style-type: none"> • Planning • Public Information and Warning • Operational Coordination • Infrastructure Systems • Logistics and Supply Chain Management • Situational Assessment

* = COORDINATING UNIT




LIFELINE SYMBOL	LIFELINE	COLLABORATIVE PLANNING TEAM	RELATED CORE CAPABILITIES
	<p>Communications</p> <ul style="list-style-type: none"> • Infrastructure • Alerts, warnings, messages • 911 and dispatch • Responder communications • Financial services 	<ul style="list-style-type: none"> • ESF 2* • ESF 5 • ESF 7 • ESF 14 • ESF 15 • INNG 	<ul style="list-style-type: none"> • Planning • Public Information and Warning • Operational Coordination • Infrastructure Systems • Operational Communications • Situational Assessment
	<p>Transportation</p> <ul style="list-style-type: none"> • Highway, roadway • Mass transit • Railway • Aviation • Maritime • Pipeline 	<ul style="list-style-type: none"> • ESF 1* • ESF 5 • ESF 7 • ESF 14 • ESF 15 • INNG 	<ul style="list-style-type: none"> • Planning • Public Information and Warning • Operational Coordination • Critical Transportation • Infrastructure Systems • Situational Assessment
	<p>Hazardous Material</p> <ul style="list-style-type: none"> • Facilities • Hazardous debris • Pollutants • Contaminants 	<ul style="list-style-type: none"> • ESF 13* • ESF 4 • ESF 5 • ESF 7 • ESF 10 • ESF 14 • ESF 15 • INNG 	<ul style="list-style-type: none"> • Planning • Public Information and Warning • Operational Coordination • Environmental Response/Health and Safety • Situational Assessment

TABLE 151. ORGANIZATIONS THAT SUPPORT ESF 8 DURING RESPONSE

ORGANIZATION	ESF 8
ESF 1: Transportation	✓
ESF 2: Communications	✓
ESF 3: Public Works and Engineering	✓
ESF 4: Firefighting	✓
ESF 5: Information and Planning	✓
ESF 6: Mass Care, Housing, and Human Services	✓
ESF 7: Logistics Support and Resource Management	✓
ESF 8: Public Health and Medical Services	X
ESF 9: Search and Rescue	✓
ESF 10: Oil and Hazardous Materials Response	✓
ESF 11: Food, Agriculture, and Natural Resources	✓
ESF 12: Energy	✓
ESF 13: Public Safety and Security	✓
ESF 15: External Affairs	✓
Air Medical Transport Services	✓
Ambulance Providers	✓
County Health Officials	✓
Federal Aviation Administration (FAA)	✓
Federal Emergency Management Agency (FEMA)	✓
Indiana Ambulance Association	✓
Indiana National Guard (INNG)	✓
Local Coroners	✓
Local Emergency Operations Centers (EOCs)	✓
Local Health Units	✓
Medical Reserve Corps (MRC)	✓

COLORS INDICATE LIFELINE OR COMPONENT STATUS

STABLE: Green

- Minimal or no disruption in services to survivors
- **Note: Green components may still be severely impacted**

STABILIZING: Yellow

- Disruption to services provided by component capabilities is causing limited impacts to response efforts and survivors.
- A solution to the disruption has been identified, and has it been converted into a plan of action, resourced, and implemented.
- Limiting factors may inhibit response.

UNSTABLE: Red

- Disruption to services provided by component capabilities is causing significant impacts to response efforts and survivors.
- Requirements and solutions are not identified and/or there is no plan to deliver the solutions.
- Significant limiting factors may inhibit response.

UNKNOWN: Grey

- Impacts are unknown and/or extent of situation or necessary response is unknown.

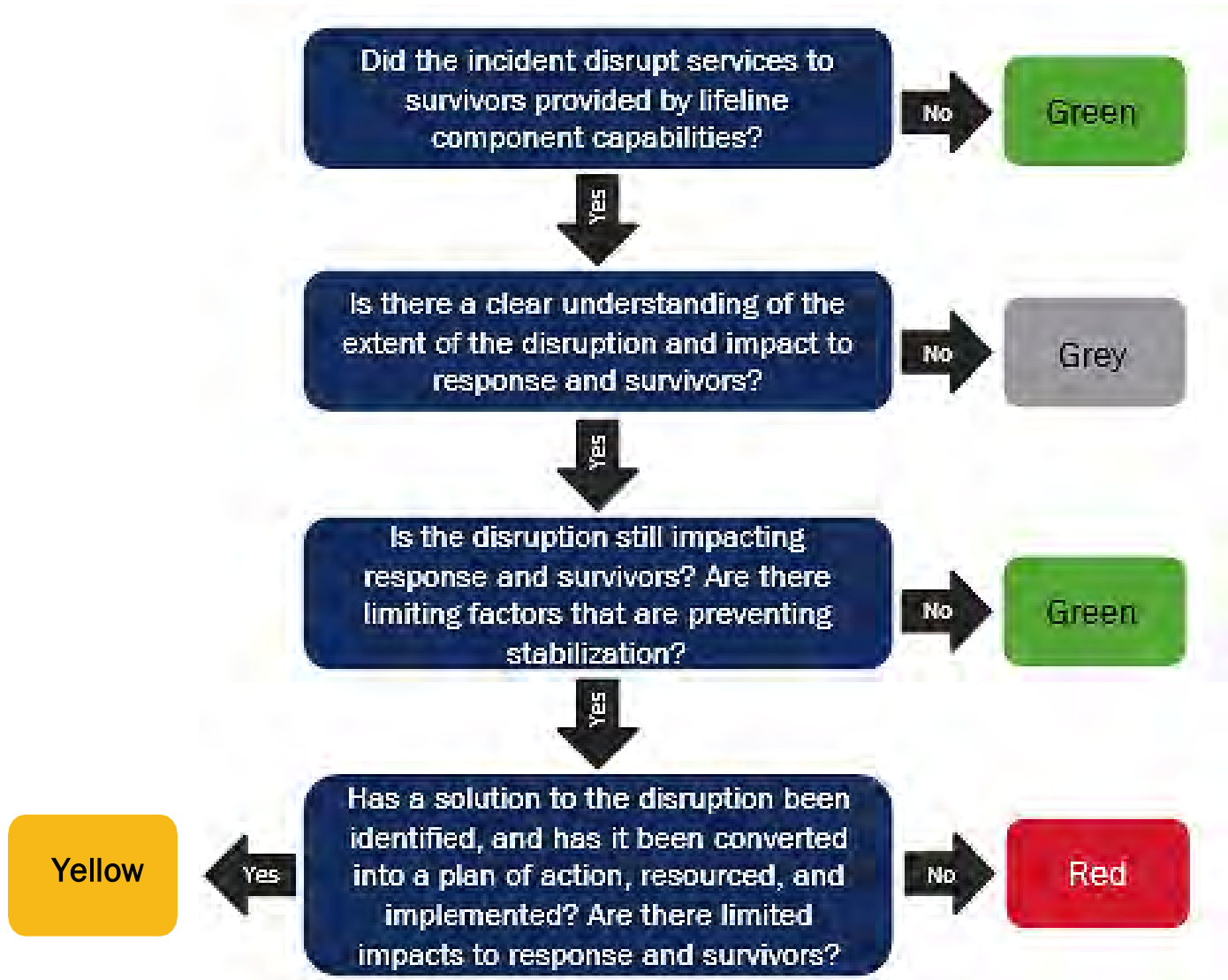
ASSIGNING A LIFELINE STATUS

Assign lifeline statuses as incident circumstances evolve and through the course of response operations.

Stabilization targets will provide the baseline against which lifelines can be compared.

The flowchart shows an example of how responders may think through assigning lifelines a color status.

FIGURE 4. STATUS ASSIGNMENT FLOWCHART



APPENDIX B - AUTHORITIES

FEDERAL

[National Incident Management System \(NIMS\), October 2017](#)

NIMS provides a consistent nationwide template for partners to work together to prevent, protect against, respond to, recover from, and mitigate the effects of incidents.

[Robert T. Stafford Disaster Relief and Emergency Assistance Act, August 2016](#)

The Stafford Act is a United States federal law that provides a means of natural disaster assistance for state and local governments.

[Sandy Recovery Improvement Act, 2013](#)

The Sandy Recovery Improvement Act is a law that authorizes changes to the way FEMA delivers disaster assistance.

[Post-Katrina Emergency Management Reform Act, 2006](#)

The Post-Katrina Emergency Management Reform Act provides FEMA guidance on its mission and priorities; including its partnership with state and local governments.

STATE

[Executive Order 17-02, January 2017](#)

The Director of IDHS shall act as the chairperson of the Governor's Emergency Advisory Group.

[Indiana Code 10-19-2, Department of Homeland Security Established](#)

The Indiana Department of Homeland Security was established, and the governor shall appoint an executive director.

LOCAL JURISDICTION

[Indiana Code 36-1-3, Home Rule](#)

Indiana's Home Rule grants municipalities the ability to govern themselves as they deem fit.

APPENDIX C – REFERENCE LIST

REFERENCE	TITLE / DESCRIPTION
FEDERAL	National Incident Management System (NIMS), October 2017
FEDERAL	Robert T. Stafford Disaster Relief and Emergency Assistance Act, August 2016
FEDERAL	Sandy Recovery Improvement Act, 2013
FEDERAL	Post-Katrina Emergency Management Reform Act, 2006
STATE	Disaster Declaration Process
STATE	IDHS EOC Operations Webpage
STATE	Executive Order 17-02, January 2017
STATE	Indiana Code 10-19-2, Department of Homeland Security Established
FEMA	FEMA's ESF#8 - Public Health and Medical Services Annex, 2020
FEMA	FEMA Resource Typing Definition for Response Operational Coordination, 2017
FEMA	FEMA Resource Typing Definition for the National Qualification System Emergency Management, 2017
LOCAL	Indiana Code 36-1-3, Home Rule
ALL-HAZARDS INCIDENT MANAGEMENT	Incident Management Training and Consulting All-Hazards Incident Management Team Response and Planning Guide, Second Edition 2019

APPENDIX D – ACRONYMS

ACRONYMS	FULL DESCRIPTION
AAR	After Action Report
ADA	Americans with Disabilities Act
ARC	American Red Cross
ARES	Amateur Radio Emergency Service
CERT	Community Emergency Response Team
C-MIST	Communication Medical Independence Supervision Transportation
COOP	Continuity of Operations Plan
COP	Common Operating Picture
EAS	Emergency Alert System
EMA	Emergency Management Agency
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
FSSA	Family and Social Services Administration
GETS	Government Emergency Telecommunications Service
HSEEP	Homeland Security Exercise and Evaluation Program
IBOAH	Indiana Board of Animal Health
IC/UC	Incident Command/Unified Command
ICS	Incident Command System
IDEM	Indiana Department of Environmental Management

IDHS	Indiana Department of Homeland Security
IDNR	Indiana Department of Natural Resources
IDOA	Indiana Department of Administration
IDOE	Indiana Department of Energy
IDOL	Indiana Department of Labor
IMAT	Incident Management Assistance Team
IMT	Incident Management Team
INDOT	Indiana Department of Transportation
INNG	Indiana National Guard
IN-VOAD	Indiana Volunteers Active in Disaster
IOSHA	Indiana Occupational Safety and Health Administration
IOT	Indiana Office of Technology
IPAWS	Integrated Public Alert and Warning System
IPSC	Integrated Public Safety Commission
IS	Independent Study
ISDA	Indiana State Department of Agriculture
ISDH	Indiana State Department of Health
ISP	Indiana State Police
IT	Information Technology
IURC	Indiana Utility Regulatory Commission
JFO	Joint Field Office
JIC	Joint Information Center

JIS	Joint Information System
MRC	Medical Reserve Corps
NGO	Non-Governmental Organization
NIMS	National Incident Management System
NJIC	National Joint Information Center
NOAA	National Oceanic and Atmospheric Administration
NWS	National Weather Service
PIO	Public Information Officer (or Office)
POETE	Planning Organization Equipment Training Exercise
SEOC	State Emergency Operations Center
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
SPD	State Personnel Department
SPR	Stakeholder Preparedness Review
THIRA	Threat Hazard Identification Risk Assessment
VIPS	Volunteers in Police Service
WEA	Wireless Emergency Alerts

APPENDIX E - DEFINITIONS

TERM	DEFINITION
AMATEUR RADIO	The Amateur Radio Emergency Service (ARES) is a division of the American Radio Relay League and consists of licensed amateurs who have voluntarily registered themselves and their equipment for public communications service to the federal, state, county or local level government as well as to nonprofit organizations.
EMERGENCY ALERT SYSTEM	The Emergency Alert System (EAS) is a nationwide emergency alert program.
GETS CARD	The Government Emergency Telecommunications Service (GETS) provides a card to national security and emergency preparedness personnel that significantly increases the probability of completion for their phone calls when normal calling methods are unsuccessful.
HIGHWAY ADVISORY RADIO STATIONS	Highway Advisory Radio Stations (HARS) are licensed low-power AM stations set up by local transport departments that provide bulletins to motorists and other travelers regarding traffic and other delays.
INCIDENT MANAGEMENT ASSISTANCE TEAM (IMAT)	A team consisting of state employees capable of supporting local jurisdictions with onsite incident management, Emergency Operations Center management, resource coordination, technical support, subject matter expertise, and management capabilities, or functions as a state coordinating element
INCIDENT MANAGEMENT TEAM	A team that provides on-scene incident management support during incidents or events that exceed a jurisdiction's or agency's capability or capacity
INCIDENT PIO	The PIO that is in charge of overall messaging. The Incident PIO changes depending on the incident (example: IBOAH was designated as the Incident PIO during the Highly Pathogenic Avian Influenza Response in 2016)

INTEGRATED PUBLIC ALERT AND WARNING SYSTEM	The Integrated Public Alert and Warning System (IPAWS) is a modernization and integration of the nation's alert and warning infrastructure.
JOINT INFORMATION CENTER (JIC)	Forms under Unified Command to effectively manage communication resources and public messages when multiple organizations are involved in incident response or multi-agency event planning for major meetings and events
NOAA ALL-HAZARD WEATHER RADIO	The NOAA all-hazard weather radio is a 24-hour a day, 7-day a week continuous broadcast of weather information.
PUBLIC INFORMATION OFFICER (PIO)	Disseminates community information to the public
STATE EMERGENCY OPERATIONS CENTER (SEOC)	Functions as a central coordination center for subject matter experts and key organization personnel who facilitate an effective, direct, and coordinated response to the needs of the citizens of Indiana in the event of a natural disasters or significant events
WIRELESS EMERGENCY ALERTS (WEA)	Wireless Emergency Alerts (WEA) is a public safety system that allows customers who own certain wireless phone models and other enabled mobile devices to receive geographically-targeted, text-like messages alerting them of imminent threats to safety in their area.