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

**[Insert County Name]**

Emergency Operations Plan (EOP)

ESF Annex

[Date]

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# DISCLAIMER

This template was created by the Indiana Department of Homeland Security (IDHS) to assist Indiana county emergency management agencies (EMAs) and their stakeholders in the development of an Emergency Operations Plan (EOP).

This template provides ***SAMPLE*** language based off the State Emergency Operations Plan, but IDHS has tailored it for a more county-specific approach. Included are charts and diagrams to assist county emergency managers with identifying and documenting their specific needs. This template follows Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101 and National Incident Management System (NIMS) guidance.

This template can be scaled up or down and **modified to follow each county’s unique organizational structure, activation protocol, threat and hazard assessments and current capability and capacity gaps.** This template follows all federal, state and Emergency Management Accreditation Program (EMAP) guidance.

IDHS welcomes feedback on this template. The goal is to provide county stakeholders with best practices and the most comprehensive product for county EMAs and stakeholders in their planning initiatives.

***REMOVE THIS PAGE PRIOR TO PUBLISHING THE COUNTY DOCUMENT***

# PLANNING AGENCIES

Within each Emergency Support Function (ESF) annex, an agency or organization has been given the designation of primary, supporting, non-governmental or local agency based on their authorities, resources and capabilities. The primary agency identifies the appropriate support agencies that fall under this annex. The primary agency 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 county Emergency Operations Center (EOC) and impacted areas. Though an agency may be listed as a primary agency, it does not control or manage those agencies identified as supporting agencies. The agencies listed below are members of the Whole Community Planning Team for this annex.

## PRIMARY AGENCY

**[Insert Name of Primary Agency]**

## SUPPORTING AGENCIES

With coordination from **[Insert County Name]**, supporting agencies will strive to build, maintain, and promote a process of effectively preparing for, protecting against, mitigating against, responding to and recovering from the challenges and demands of hazards which could affect our citizens and communities.

|  |  |
| --- | --- |
| **[Insert name of supporting agencies/ departments/ organizations]** |  |
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|  |  |
|  |  |
| Indiana Department of Homeland Security (IDHS) | United States Department of Health and Human Services (HHS) |
| Indiana Department of Health (IDOH) | Family and Social Services Administration (FSSA) |
| Indiana State Board of Animal Health | Federal Aviation Administration (FAA) |
| Integrated Public Safety Commission (IPSC) | Federal Emergency Management Agency (FEMA) |

# PURPOSE, SCOPE, SITUATION AND ASSUMPTIONS

## PURPOSE

The purpose of Emergency Support Function #8 (ESF-8) – Public Health and Medical Services is to provide resources and personnel support to local jurisdictions while ensuring the health and welfare of **[Insert County Name]** residents, before, during and after emergency or disaster events. ESF-8 provides assistance on public health and medical issues necessary to protect the well-being of citizens. 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).

## SCOPE

**[Insert County Name]** and the county Emergency Operations Center (EOC) recognize fifteen (15) Emergency Support Functions (ESF). This annex focuses on ESF-8, Public Health and Medical Services. The ESF-8 Annex is intended to be utilized in conjunction with the **[Insert County Name]** Emergency Operations Plan (EOP).

ESF-8 provides the coordination of public health, healthcare delivery and emergency response systems resources to minimize and/or prevent health emergencies from occurring; detects and characterizes health incidents; provides medical care and human services to those affected; reduces the public health and human service effects on the community; and enhances community resiliency to respond to a disaster. These actions are informed through integrated bio-surveillance capability, assessing health and human service needs and maintaining the safety and security of medical products.

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 distributing and delivering medical countermeasures, equipment and supplies and technical assistance. In addition, ESF-8 provides support for mass casualty and fatality management, mental health services, medical supplies management and distribution, immunizations, epidemiological surveillance, laboratory services, environmental health, food safety and continuity of healthcare service delivery.

## SITUATION

ESF-8 may be needed in any of the five (5) phases of emergency management (prevention, protection, mitigation, response and recovery). In the event the county Emergency Management Agency (EMA) Director determines the need for ESF-8 regarding any of the five (5) phases of emergency management, **[Insert Agency Name]** will act as the primary agency. ESF-8 will be responsible for implementing internal Standard Operating Procedures (SOPs) and/or Standard Operating Guides (SOGs) and protocols to ensure adequate staffing and administrative support for field operations, as appropriate, and the support of efforts in the EOC. ESF-8 personnel will coordinate the activation and deployment of assets to fulfill specific mission assignments that support essential activities in prevention, protection, mitigation, response and recovery efforts.

### Mission Areas and Core Capabilities

The National Preparedness Goal (NPG) identifies 32 core capabilities that are essential for the execution of the five (5) mission areas of prevention, protection, mitigation, response and recovery. ESF-8 supports the overarching core capabilities of Planning, Operational Coordination and Public Information and Warning, which apply to all mission areas. ESF-8 also supports the core capabilities of:

* Critical Transportation
* Environmental Response/Health and Safety
* Fatality Management Services
* Logistics and Supply Chain Management
* Mass Care Services
* Public Health, Healthcare and Emergency Services

Table 1 describes the core capability actions that ESF-8 most directly supports.

Table . ESF-8 CORE CAPABILITY ACTIONS

|  |  |
| --- | --- |
| **CORE CAPABILITY** | **ESF #8 – PUBLIC HEALTH AND MEDICAL SERVICES** |
| **PLANNING** | Conduct a systematic process engaging the whole community, as appropriate, in the development of executable strategic, operational and/or community-based approaches to meet defined objectives. |
| **OPERATIONAL COORDINATION** | Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. |
| **PUBLIC INFORMATION AND WARNING** | * Deliver coordinated, prompt, reliable and actionable information to the whole community using clear, consistent, accessible and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken and the assistance being made available. * Provide 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 languages that is accessible to all impacted populations, such as individuals with access and functional needs; those with limited English proficiency; pediatric populations; the aging; and those with temporary or chronic medical conditions. |
| **CRITICAL TRANSPORTATION** | **Patient Movement**   * Support ESF-4 and EMS Service coordination as the leads 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. * Provide resources to assist in moving at-risk/medically fragile populations to shelter areas and sheltering these individuals. * Provide patient tracking from point of entry to final disposition. * Identify bed capacity for the purposes of bed allocation among healthcare treatment networks. |
| **ENVIRONMENTAL RESPONSE/HEALTH AND SAFETY** | Provide technical assistance and conduct exposure assessments and risk management to control hazards for response workers and the public. |
| **FATALITY MANAGEMENT SERVICES** | * Assist jurisdictional medical-legal authorities and law enforcement agencies in tracking and documenting 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. |
| **MASS CARE SERVICES** | * Provide technical expertise and guidance on public health issues of individuals with needs related to temporary or chronic medical conditions. * Provide support for the provision of case management and advocacy services. * Provide support for human and/or veterinary mass care sheltering, as resources are available. |
| **LOGISTICS AND SUPPLY CHAIN MANAGEMENT** | **Health, Medical and Veterinary Equipment/Supplies**  Arrange for procuring and transporting equipment and supplies; diagnostic supplies; radiation detection devices; and medical countermeasures including assets from the Strategic National Stockpile (SNS); in support of public health, medical and veterinary response operations.  **Blood And Tissues**  Monitor and ensure the safety, availability and logistical requirements of blood, blood products and tissue. This includes the ability of existing supply chain resources to meet the manufacturing, testing, storage and distribution of these products. |
| **PUBLIC HEALTH, HEALTHCARE and EMERGENCY MEDICAL SERVICES**  **PUBLIC HEALTH, HEALTHCARE and EMERGENCY MEDICAL SERVICES**  **PUBLIC HEALTH, HEALTHCARE and EMERGENCY MEDICAL SERVICES** | **Health Surveillance**  Use appropriate all-hazard surveillance systems to monitor the health of the general and medical needs population. These may include:   * Identify emerging trends related to the disaster * Carry out field studies and investigations (including contact tracing, public health monitoring and investigations) * Monitor injury and disease patterns and potential disease outbreaks * Behavioral health concerns * Blood, blood products and tissue supply levels * Provide technical assistance and consultations on disease and injury prevention and precautions. * Wastewater surveillance * Syndromic surveillance * Monitor the health and safety of response workers. * Provide 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**   * Provide support for triage, patient treatment and patient movement. * Coordinate with local jurisdictions to integrate assets with civilian volunteers deployed from local, state and other authorities.   **Patient Care**   * Provide 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. * Assist with isolation and quarantine measures as well as with medical countermeasure and vaccine point of dispensing operations (e.g., mass prophylaxis). * Ensure appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, where applicable.   **Assessing Public Health/Medical Needs**  Support national or regional teams to assess public health and medical needs. This function includes assessing the healthcare system/facility infrastructure.  **Food Safety, Security and Defense**  In coordination with ESF-11, ensure the safety, security and defense of federally regulated foods.  **Consumer Regulation and Safety**  Monitor and provide guidance on safety practices for tattoo, body piercings and eye lash extensions  **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, provide 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**  Assess public health, medical and veterinary medical effects resulting from all hazards. Such tasks may include:   * Assess exposures on the population * Conduct field investigations, including collecting and analyzing relevant samples * Advise on protective actions related to direct human and animal exposures and on indirect exposure through contaminated food, drugs and septic and well-water inspections * Provide technical assistance and consultation on medical treatment, screening and decontaminating injured or contaminated individuals * Provide for disaster-related health and behavioral health needs through direct services and/or referrals as necessary.   **Vector Control**   * Assess the threat of vector-borne diseases. * Conduct field investigations, including collecting and analyzing relevant samples; provide vector control equipment and supplies. * Provide technical assistance and consultation on protective actions regarding vector-borne diseases. * Coordinate and advise on aerial spraying for vector control * Provide technical assistance and consultation on medical treatment of victims of vector-borne diseases.   **Public Health Aspects of Potable Water/Wastewater and Solid Waste Disposal**  Assist 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 collecting and analyzing relevant samples * Providing equipment and supplies as needed. * Providing technical assistance and consultation.   **Veterinary Medical Support**   * Indiana State 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 resource for treatment of ill or injured service animals, pets, working animals, laboratory animals and livestock post-disaster. |

## PLANNING ASSUMPTIONS

For successful preparedness and response operations to take place, the following key assumptions are listed to gauge participation and support provided by **[Insert County Name]** stakeholders and those at the state and federal levels:

* The provision of public health and medical services may be compromised.
* There may 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 may occur. The Integrated Public Safety Commission (IPSC) will lead, restore and designate communication pathways throughout the state.
* Initial priorities for county assistance will be in 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 releases.
* Distributing and employing medical resources in affected areas will be in accordance with plans of federal, state, county 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.
* Delivering food, medicine, gasoline and other necessities will be severely affected for at least 10 days.

# CONCEPT OF OPERATIONS

## GENERAL CONCEPT

The role of **[Insert County Name]** during emergency response is to supplement local efforts before, during and after a disaster or emergency. Emergency Support Function #8 (ESF-8) – Public Health and Medical Services shall coordinate the use of available medical and health service resources and equipment in areas impacted by emergencies or disasters, to manage and support the immediate and long-term needs of the state and local jurisdictions.

ESF-8 shall ensure and promote a common operating picture (COP) through communicating with ESFs, the county Emergency Operations Center (EOC) Operations Section and private sector partners, as applicable.

## county eoc activation

During an EOC activation, ESFs may be activated depending on the incident and activation level. During a disaster response, each ESF representative in the county EOC will remain under the administrative control of their agency head; however, they will function under the supervision of the county Emergency Management Agency (EMA) Director. Notification of activation will be made via **[EDIT: phone, email and/or text message]**.

The EOC is always activated at a Level IV for Daily Operations; however, the activation level will be elevated for planned events, incidents, disasters or other response operations as needed. Activation level details are outlined in the county Emergency Operations Plan (EOP) Base Plan.

## demobilization of the county eoc

Emergency Support Functions will be demobilized from emergency response as objectives are accomplished and the need for their participation diminishes. During demobilization, it is the responsibility of the ESF primary agency to ensure all paperwork, such as equipment time records, personnel time records, accident reports and mechanical inspections have been completed, are accurate and are submitted to the appropriate EOC personnel.

# organization and assignment of responsibilities

## organization

Emergency Support Function #8 (ESF-8) – Public Health and Medical Services works under the Operations Section of the county Emergency Operations Center (EOC). This position is staffed by **[Insert Agency Name]**. In the event of a public health incident, local, county, state, federal agencies and private sector organizations will coordinate recovery, restoration and safety of medical and health service infrastructure impacted by potential hazards or disaster events.

Each primary and supporting agency shall maintain internal Standard Operating Procedures (SOPs) and/or Standard Operating Guides (SOGs) or other documents that detail the logistical and administrative priorities deemed necessary to assist in overall county 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:

## ASSIGNMENT OF RESPONSIBILITIES

### Primary Agency Responsibilities

* Designate and train personnel to serve as the ESF-8 representative in the EOC.
* Coordinate public healthresources to assist in critical functions and tasks before, during and after emergency events and disaster situations.
* Work with other county and local agencies to determine the impact of the incident and resource gaps that may exist.
* Provide training for essential personnel who may be called upon to work in potentially impacted areas.
* Coordinate and implement emergency-related response and recovery functions, as required, under statutory authority.

### Supporting Agency Responsibilities

* Identify new mass care equipment, technologies or capabilities required to prepare for or respond to new or emerging public health threats and hazards.
* Provide information or intelligence regarding trends and challenges to public health and medical services capabilities within **[Insert County Name]**.

### EOC ESF-8 Responsibilities

Please see primary agency responsibilities above and additional responsibilities below:

* Coordinate public health resources related to patient movement, patient care and behavioral healthcare.
* Coordinate distributing and delivering medical countermeasures, equipment and supplies and provide technical assistance.
* Manage and direct task assignments to augment public health, medical, behavioral and veterinary functions.
* Provide training for essential personnel who may be called upon to work in potentially impacted areas.
* Provide situation reports through WebEOC to the SEOC.
* Participate in briefings, as needed.
* Manage the financial aspects of ESF-8.

# EMERGENCY SUPPORT FUNCTION GENERAL TASKS

The following tables are comprised of essential tasks that may need to be completed by Emergency Support Function #8 (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 in **[Insert County Name]**. 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.

Table . ESF-8 PREVENTION TASKS

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| **ESF #8 – PREVENTION TASKS** | |
| **TASK #** | **TASK SUMMARY** |
| **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. |
| **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** | Share relevant, timely and actionable information and analysis with local authorities through a pre-established reporting system. |
| **8** | Identify possible public health and medical service targets and vulnerabilities. Ensure the security of equipment, facilities and personnel through assessing capabilities and vulnerabilities. |
| **9** | Implement, exercise and maintain plans to ensure continuity of operations. |

Table . ESF-8 PROTECTION TASKS

|  |  |
| --- | --- |
| **ESF #8 – PROTECTION TASKS** | |
| **TASK #** | **TASK SUMMARY** |
| **1** | Develop, validate and maintain SOPs or guidelines for both routine and emergency operations. Key operational concerns include, but are not limited to:   * Identifying and assessing equipment, supplies, resources and critical public health infrastructure. * Identifying and assessing medical and health service critical infrastructure. * Alerting, notifying and activating personnel for work in the field or within the EOC. * Emergency communications and reporting procedures. |
| **2** | Develop and conduct training and education programs for ESF-8 personnel. Key training program considerations include, but are not limited to:   * Assessing equipment, supplies and resources * Assessing medical and health services critical infrastructure following emergencies or disasters * Working in the field during emergency operations * Working in an EOC during emergency operations * 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, emergency transportation and evacuation planning. |
| **3** | 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 is provided. |
| **4** | Develop and maintain a database to collect information on essential resources. |
| **5** | Develop lists of resource needs and work toward eliminating these shortfalls by identifying funding, partnerships or performing other essential activities. |
| **6** | 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. |
| **7** | 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. |
| **8** | Train ESF-8 personnel on routine and emergency safety standards for both field operations and EOC support. |
| **9** | Exercise all capabilities essential to carrying out the mission of ESF-8 and all supporting functions |
| **10** | 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. |

Table . ESF-8 MITIGATION TASKS

|  |  |
| --- | --- |
| **ESF #8 – MITIGATION TASKS** | |
| **TASK #** | **TASK SUMMARY** |
| **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 coordinate 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 developing 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, if health and medical-related) 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 . ESF-8 RESPONSE TASKS

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| --- | --- |
| **ESF #8 – RESPONSE TASKS** | |
| **TASK #** | **TASK SUMMARY** |
| **1** | Activate SOPs or guidelines for emergency operations that consider:   * The assessment, staging, use, status and sustainability of public health facilities, equipment, supplies and other resources * 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 * Alerting, notifying and activating personnel for work in the field or within the EOC * Coordinating medical resource surges. * Emergency communications and reporting procedures. * Food safety operations * Environmental health operations * Medical volunteer response * Local surge support for infectious disease testing and medical countermeasures |
| **2** | Activate ESF-8 personnel for such mission essential tasks as:   * Assessing equipment, supplies and resources. * Assessing 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. * Coordinate the establishment of public health facilities, including family assistance centers, reunification centers, reception centers and resource centers and resource centers. * Coordinate and implement population health monitoring. |
| **3** | Evaluate the ability to communicate with ESF-8 personnel and implement alternate communications if primary systems are down. |
| **4** | 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. |
| **5** | Work with ESF-13 (Public Safety and Security) to address safety and security needs associated with executing the capabilities necessary to carry out the various missions of ESF-8. |
| **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 local emergency management agencies, state and local agencies and NGOs in the movement and care of persons with special needs. |
| **8** | Identify the cause of the emergency event, if health and medical-related, and develop and implement activities to mitigate further disruption to health and medical services during response. |
| **9** | Work with ESF counterparts at the local, state, regional and national levels, as well as NGO’s and private businesses/industry, as needed. |
| **10** | Assess the needs of the community and first responders for mental health support, during and after an event |
| **11** | Post situation reports and critical information in WebEOC during activations. |

Table . ESF-8 RECOVERY TASKS

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| **ESF #8 – RECOVERY TASKS** | |
| **TASK #** | **TASK SUMMARY** |
| **1** | Work with county 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** | In coordination with local, state, tribal and federal officials, ensure food manufacturing, processing, distribution, service and retail establishments in the affected area are able to provide safe food. |
| **3** | Work to eliminate shortfalls or resource gaps that were identified in response to an emergency or disaster. |
| **4** | Establish partnerships and identify funding sources to address resource shortfalls or gaps for medical and health services issues and concerns. |
| **5** | Maintain open and ongoing communication with other federal, state, local and municipal entities impacted and assist in their overall efforts for recovery operations. |
| **6** | 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. |
| **7** | 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. |
| **8** | 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. |
| **9** | 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. |
| **10** | Work to change, if required, legislation, policies and administrative rules that relate directly to medical and health services that hinder this ESF’s ability to provide emergency assistance. |

# COMMUNITY LIFELINES [remove if county is not using lifelines]

**[Insert County Name]** has adopted the Federal Emergency Management Agency’s (FEMA) eight (8) community lifelines into our prevention, protection, mitigation, response and recovery 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.

Table . HEALTH AND MEDICAL LIFELINE DEFINITION, COMPONENTS AND ESSENTIAL ELEMENTS OF INFORMATION (EEI)

|  |  |  |
| --- | --- | --- |
| **LIFELINE HEALTH AND MEDICAL** | **DEFINITION** | |
| **A picture containing icon  AI-generated content may be incorrect.** | Infrastructure and service providers for medical care, public health, patient movement, fatality management, behavioral health, veterinary support and health or medical supply chains. | |
| **COMPONENTS AND ESSENTIAL ELEMENTS OF INFORMATION (EEIs)** | | |
| **MEDICAL CARE** | | |
| * Status of chronic medical care facilities (i.e., long term care centers) * Status of primary care (including FQHCs, CHCs, rural health) * Status of behavioral health facilities (including Indiana State Psychiatric Hospital Network, community mental health centers (CMHCs) and community-based providers * Status of home and community-based health agencies * Ancillary service centers (dialysis, surgical centers, specialty care providers) * Status of VA Health System resources in the affected area | | |
| **PATIENT MOVEMENT** | | |
| * Status of state and local EMS systems * Active patient evacuations * Future patient evacuations | | |
| **PUBLIC HEALTH** | | **MEDICAL INDUSTRY** |
| * Status of state and local health departments pharmaceutical supply chain * Public health advisories | | * Status of pharmaceutical supply chain |
| **FATALITY MANAGEMENT** | | |
| * Availability of mortuary and post-mortuary services * Availability of transportation, storage and disposal resources * Status of body recovery and processing * Descendant’s family assistance | | |

# LIFELINE AND ESF OBJECTIVES AND TASKS TIMELINE

Table . ESF-8 GENERAL TASKS

| **OBJECTIVE** | **SUPPORT NEEDED FROM** | **MISSION-ESSENTIAL TASKS** |
| --- | --- | --- |
| **TIMELINE: 0–24 HOURS** | | |
| To maintain the common operating picture (COP) and contribute to the incident action plan (IAP) | — — | Provide situational information to the EOC. |
| — — | 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 EOC and for health and medical resources. |
| — — | Coordinate with environmental testing for air and water. |
|  | — — | Coordinate and prioritize resources for mental health. |
| **TIMELINE: 24–72 HOURS** | | |
| To continue maintaining the COP and contributing to the IAP | — — | Gather reports of casualties and fatalities due to the incident. Update EOC. |
| — — | Participate in developing the IAP to determine needs and priorities for health and medical services. |
| **TIMELINE: BEYOND 72 HOURS** | | |
| To continue maintaining the COP and contributing to the IAP | — — | Continue to gather reports of casualties and fatalities due to the incident and cascading events. |
| — — | Participate in developing the IAP, based on needs and priorities for health and medical services. |

Table . ESF-8 TASKS FOR FOOD, HYDRATION, SHELTER

| **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 EOC 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 . ESF-8 TASKS FOR COMMUNICATIONS

| **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 |  | — — | Deploy ESF-8 representative to the EOC and receive briefing. |
| — — | Prepare to deploy health department personnel to the area of the incident to provide an on-scene presence and to provide immediate updates. |
| ESF-1 | Coordinate with ESF-1 for routes of ingress and egress. |
| ESF-2 | Coordinate with ESF-2 to determine the available communications capabilities. |
| 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 four (4) to eight (8) hours. | ESF-3 | Request from ESF-3 the 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 departments and other healthcare facilities are still viable options for use. |
| All ESFs | *All ESFs:* Be alert to any information regarding casualties, even if not confirmed but considered reliable. |
| All ESFs | *All ESFs:* 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 EOC. |
| — — | 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 departments |
| — — | 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 number of patients at each impacted healthcare facility requiring immediate transport to another facility | (Same as lifeline objective) | ESF-7 | Help ESF-7 identify the types of transport needed to move health and medical personnel, supplies and equipment. |
| ESF-1 | Coordinate medical transport. Request support from ESF-1. |
| — — | Gather intelligence on the number of patients requiring immediate transport. Repeat every 12 hours. |
| * 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. |
| ESF-7 | Request state assistance with medical transportation, if needed. |
|  | — — | Prioritize where resources for medical transportation will go and how to allocate. |
| To provide public health and medical services to people in 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 | Designate facilities and locations for medical triage and treatment. |
| — — | 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. |
| To assist with fatality management in the disaster area | — — | — — | Contact local coroners to establish a chain of custody and begin morgue operations |
| — — | Determine areas of immediate response based on EOC reporting and Incident Action Plan |
| **TIMELINE: 24–72 HOURS** | | | |
| 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 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 air resources to move health and medical personnel, supplies and equipment. |
| — — | Gather information on county-designated facilities and locations for medical triage and treatment. |
| — — | Recruit assistance for mental health from community mental health centers and providers throughout the state. |
| ESF-13 | Work with ESF-13 as medical security needs are identified. |
| — — | Deploy crisis-counseling teams where appropriate. |
| — — | To assess the situation within the first 48 hours to enable deploying a strike team for fatality management and the I‑Disaster Portable Mortuary Unit (DPMU). | — — | Establish a family assistance center (FAC). |
| To enable dispensing medical countermeasures (MCM) | (Same as lifeline objective) | ESF-13 | *ESF-13:* Provide escorts for supplies from staging areas. |
| Local health departments | *Local health departments:* Receive, inventory and dispense medications from medical points of dispensing (PODs) per local plan. |
| — — | Locate additional personnel to assist, provide a means for additional equipment and security |
| **TIMELINE: 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 identifying bodies. |
| 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. |
| To resume health services | — — | — — | Continue prioritizing needs and begin to assess priorities for recovery. |
| ESF-7 | Continue to work with ESF-7 to determine priorities for air resources to move health and medical personnel, supplies and equipment. |
| — — | Continue to coordinate medical emergency-response task forces. |
| To effectively respond to psychological needs, using evidence-based tools, with response time (one (1) week to a month) prioritized by level of need. | — — | Provide mental health services to responders. |
| — — | Continue to coordinate public-health task forces. |
| — — | *FSSA/DMHA:* Support behavioral health and addiction treatment for immediate victims, those in treatment centers, families and the public. |
| — — | Ensure help for survivors experiencing mental health crises within 30 days. |

Table . ESF-8 TASKS FOR HAZARDOUS MATERIAL

| **LIFELINE OBJECTIVE** | **ESF OBJECTIVE** | **SUPPORT NEEDED FROM** | **MISSION-ESSENTIAL TASKS** |
| --- | --- | --- | --- |
| **TIMELINE: 0–24 HOURS** | | | |
| To begin containing all hazmat releases | — — | — — | Perform medical checks on hazmat responders. |
| Information and guidance sharing |  |  | Disseminate guidance to healthcare facilities receiving patients. |

# Appendix A – REFERENCES, RELATED PLANS AND PROCEDURES

## references

* [FEMA's ESF #8 - Public Health and Medical Services Annex, 2020](https://www.fema.gov/sites/default/files/2020-07/fema_ESF_8_Public-Health-Medical.pdf)
* State of Indiana ESF #8 – Public Health and Medical Annex, 2025

## related plans

* **[Insert County Name]** Emergency Operations Plan (EOP), year
* **[List related plans]**

## STANDARD OPERATING PROCEDURES

* **[List related SOPs]**

# Appendix B – ACRONYMS [ADD TO AS NEEDED]

|  |  |
| --- | --- |
| **ACRONYM** | **FULL DESCRIPTION** |
| **BOAH** | Indiana State Board of Animal Health |
| **CHC** | Community Health Center |
| **CMHC** | Community Mental Health Center |
| **COP** | Common Operating Picture |
| **DMHA** | Division of Mental Health and Addiction |
| **EMA** | Emergency Management Agency |
| **EMS** | Emergency Medical Service |
| **EOC** | Emergency Operations Center |
| **EOP** | Emergency Operations Plan |
| **ESF** | Emergency Support Function |
| **FAA** | Federal Aviation Administration |
| **FAC** | Family Assistance Center |
| **FEMA** | Federal Emergency Management Agency |
| **FQHC** | Federally Qualified Health Center |
| **FSSA** | Family and Social Services Administration |
| **GIS** | Geographic Information System |
| **HAZMAT** | Hazardous Materials |
| **HHS** | United States Department of Health and Human Services |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **IAP** | Incident Action Plan |
| **IDHS** | Indiana Department of Homeland Security |
| **IDOH** | Indiana Department of Health |
| **IPSC** | Integrated Public Safety Commission |
| **LRN** | Laboratory Response Network |
| **NGO** | Non-Governmental Organization |
| **NPG** | National Preparedness Goal |
| **POD** | Point of Dispensing |
| **SEOC** | State Emergency Operations Center |
| **SNS** | Strategic National Stockpile |
| **SOG** | Standard Operating Guide |
| **SOP** | Standard Operating Procedure |
| **VA** | Veterans Affairs |
| **WebEOC** | Web Emergency Operations Center |