

Emergency Support Function #8: **HEALTH AND MEDICAL**

Lead Agency:

- N.H. Dept. of Health and Human Services (DHHS)

Support Agencies:

- N.H. Dept. of Agriculture, Markets and Food (DAMF)
- N.H. Dept. of Environmental Services
- N.H. Dept. of Education (DEd)
- N.H. Dept. of Safety
- N.H. Dept. of Justice, Office of the Chief Medical Examiner (CME)
- N.H. Dept. of Administrative Services (DAS)
- N.H. Hospital Association (NHHA)
- Metropolitan Medical Response System – N.H. Task Force 1
- NGO Health and Medical Related Organizations and Associations

PURPOSE, SCOPE

A. PURPOSE

The purpose of Emergency Support Function #8 – Health and Medical (ESF #8) is to provide information concerning the coordination of the state's public health and medical resources in the case of an emergency/disaster situation. ESF #8 oversees the emergency management functions of prevention, preparedness, recovery, mitigation, and response with all agencies and organizations that carry out health or medical services.

B. SCOPE

ESF #8's responsibilities include, but are not limited to: ensuring and coordinating state medical resources to supplement and support disrupted or overburdened local medical service personnel and facilities; to ensure continued provision of safe food and water supplies; to perform deceased identification and mortuary services operations (fatality management); to provide on-going behavioral health needs to victims, clients, and response workers; and relieving personal suffering and trauma, with a recognition of functional needs populations and the unique services they may require.

ESF #8 resources are used when local, county and regional agencies are overwhelmed and request additional assistance. ESF #8 provides the means for a public health response, triage, treatment, laboratory services, accident assessment and transportation of victims requiring assistance out of the disaster area after the event; immediate support to hospitals and nursing homes; provision of emergency mental health crisis counseling for disaster responders and victims and the re-establishment of all health and medical systems. Assistance in pre-event activities may also be provided whenever patients or clients of the State and the Department of Health are affected, or pre-established plans for health care institutions have failed

Activities associated with ESF #8 include (but are not limited to) the following:

- **HEALTH AND MEDICAL CARE** refers to emergency medical services (including field operations and first responders), resident medical and dental care, doctors, nurses, technicians, pharmaceuticals, supplies, equipment, hospitals, clinics, planning, and operation of facilities and services. Also included in this category are those activities associated with the protection of the State's blood and other life-sustaining resources.

- **PUBLIC HEALTH AND SANITATION** refers to the services, equipment, and staffing essential to protect the public from communicable diseases and contamination of food and water supplies; development and monitoring of health information; inspection and control of sanitation measures; inspection of individual water supplies; disease vector and epidemic control; immunization; and laboratory testing.
- **BEHAVIORAL HEALTH**, to include crisis counseling and psychological first aid, refers to the professional personnel, services, and facilities to relieve mental health and/or substance abuse problems caused or aggravated by a disaster or its aftermath.
- **DECEASED IDENTIFICATION AND MORTUARY SERVICES** refers to the identification, registration, certification, and disposition of human remains.
- **Chemical, Biological, Radiological, and Nuclear (CBRN) MONITORING/ACCIDENT ASSESSMENT/PROTECTIVE ACTIONS** refers to the monitoring of chemical, biological, radiation and nuclear contamination, assessing the impact upon the population, food, water, and based on findings, making recommendations for protective actions to ensure the public's safety.
- **MASS CASUALTY INCIDENT** refers to any incident in which emergency medical service resources, such as personnel and equipment are overwhelmed by the number and severity of casualties.
- **Mass Fatality** refers to an incident where the number of deaths overwhelms the capabilities of the Chief Medical Examiner's Office and local mortuary providers.

(Special Note: Responsibilities under ESF #8 may expand and incorporate specialized activities for incidents involving radiological emergencies. Refer to *Radiological Emergency Response for Nuclear Facilities Incident Annex F* for roles and responsibilities.)

SITUATION AND ASSUMPTIONS

A. SITUATION

In most emergency or disaster situations, there may be a sudden and prolonged need of the public for health and medical care. These resources must be temporarily realigned from established programs at the local, regional, or state level to provide such assistance. Careful coordination is required to avoid creating a decrease in care capacity in other areas. Demand for skilled health professionals is often high in the aftermath of a disaster or emergency, stressing the entire healthcare system from patient transport to hospital-based medical care, and from pharmaceutical services to laboratory testing. Some incidents may also necessitate the need for fatality management.

Additionally, disasters impact populations of all types and with different functional needs. This necessitates a careful approach to ensuring access to health, emotional, and medical care for the "at risk" populations.

B. ASSUMPTIONS

1. It is increasingly probable that an incident will occur which will require activation (partial or complete) of ESF #8.
2. All emergencies/disasters have a public health related component, and problems related to health and medical can take multiple forms within an incident or be singular in nature.
3. The activities listed in this ESF can be modified during an incident as necessary to meet the health and medical response requirements of each incident. Such modifications will be discussed with the appropriate support agency.

4. It is impossible to predict how notification of a Mass Casualty or Mass Fatality event will occur. What agency is contacted initially and by whom will vary from jurisdiction to jurisdiction as well as by type of incident. If there are five or more deaths related to the incident the Assistant Deputy Medical Examiner must call the Chief Medical Examiner.
5. The accuracy of initial Mass Casualty or Mass Fatality reports will likely vary according to the agency or individual reporting the incident.
6. The Chief Medical Examiner (OCME) is the Lead Entity in a mass fatality incident.
7. The OCME must be contacted prior to the removal of any human remains from an incident scene.
8. During a mass fatality incident the OCME may have insufficient personnel, equipment and storage capacity to handle significant numbers of deceased individuals.
9. Depending upon the type and magnitude of the disaster, the safety of the food and water supply may be jeopardized. Likewise, the lack of sanitation services may pose a threat to the public from a communicable disease perspective.
10. CBRNE incidents may require specialized response.
11. In radiological and other CBRNE events, the extent of contamination must be defined and monitored, and assessments must be made on the impact to the public, food, water, and agriculture. Furthermore, protective actions (e.g. sheltering in place, evacuation) and decontamination strategies must be identified to ensure the public's safety and well-being. Refer to the Radiological Emergency Response Plan.
12. Each agency will be responsible for initiating legislative, and licensure/certification changes, as needed, to ensure preparedness, response, recovery, and mitigation requirements are met.
13. The needs of the response community when in the field will also have to be met in order to ensure response capabilities are maintained.
14. Working with the ESF #8 Lead Agency, each support agency should be identified for the provision of different components incorporated in this ESF and plans should be developed accordingly.
15. Functional Needs Population - Emergencies can intensify an individual's limitations through the loss or temporary separation of required medications, durable medical supplies and specialized equipment or due to the stress brought on by the incident.

CONCEPT OF OPERATIONS

A. GENERAL

1. When activated, the ESF #8 representative at the State Emergency Operations Center (SEOC) will be responsible for the activating resources through the ESF support agencies, coordinating their activities and collecting, evaluating, and disseminating information on services provided and anticipated.
2. The ESF #8 representative will assist ESFs and other support agencies in effectively addressing and responding to the functional needs of their target populations and make available resources and methods that are available to address those functional needs.
3. The population of persons with Access and Functional Needs include, but is not limited to, those who are not self-sufficient or do not have or have lost adequate support from caregivers, family, or friends and need assistance with, but not limited to:
 - a. Activities of daily living such as bathing, feeding, going to the toilet, dressing and grooming;
 - b. Managing unstable, chronic, terminal, or contagious health conditions that require special observation and ongoing treatment;
 - c. Managing medications, intravenous (IV) therapy, tube feeding, and/or regular vital signs;

- d. Medical readings;
 - e. Dialysis, oxygen, and suction administration;
 - f. Managing wounds, catheters, or ostomies; and,
 - g. Operating power-dependent equipment to sustain life.
- People with visible and hearing disabilities tend to be automatically, but sometimes mistakenly, placed in this category.
4. The status of ESF #8 resources will be tracked during activation. Activities taken by ESF #8 agencies in support of the ESF #8 mission will be recorded/documentated on WebEOC.
 5. The ESF #8 Lead is responsible for the planning and execution of activities and assuring the establishment of any memorandums of understanding (MOUs) or Letters of Agreement (LOAs), in conjunction with ESF# 7, that may be needed for the effective use and activation of additional resources and capabilities.
 6. Unified Command will be used to the greatest extent possible to manage ESF #8 assets in the field due to the number and variety of government and private sector organizations that may be involved. An Area Command Structure may also be implemented to better serve the delivery of services to the field.
 7. In the case of a Public Health Emergency or biological, radiological or nuclear event, NH Department of Health and Human Services (DHHS) may become a member of the Unified Command and/or the Lead Agency for the event.
 8. Providing nutrition assistance; includes working with state agencies to determine nutrition assistance needs, to obtain appropriate food supplies, to arrange for delivery of the supplies, and to administer the Disaster Food Stamp Program.
 9. The ESF #8 representative in the SEOC will keep all components within DHHS and its support agencies informed of health and medical issues surrounding the incident.
 10. Health and medical related agencies associated with ESF #8 activity will compile incident assessment reports and transmit them to the ESF #8 representative in the SEOC, as needed or requested. The ESF #8 representative in the SEOC will collect, evaluate, and report current conditions to appropriate emergency agencies relative to assessments, health and medical facilities, staffing, equipment, and supplies.
 11. Information on patients/casualties evacuated from an affected area to other medical facilities will be restricted pursuant to HIPPA.
 12. ESF #8, working with ESF #7, will assure the procurement of supplies and equipment (e.g. refrigeration units, body bags, stretchers, embalming supplies) as required to maintain appropriate condition of the deceased until proper identification, notification, and disposition can be determined. Use of existing morgues and forensic personnel will be coordinated with state personnel, dental/medical school personnel, and other resources, as necessary.
 13. Initial recovery efforts may commence as response activities are taking place. ESF #8 will work with HSEM to identify potential needs for long-term assistance.
 14. All agencies involved in ESF #8 will develop, test, and maintain listings of points of contact, available resources, status of committed and uncommitted resources, agency contracts and agreements and mutual aid partners.
 15. Functional Needs Population - Support for individuals who do not have or who have lost adequate support from caregivers, family, or friends must be determined on a case-by-case basis. For example, after an emergency some people with mental illness may be able to function well with healthy responses and coping skills while others with serious and persistent mental illness may need a protected and supervised setting. People with supervision needs can include, but not limited to:
 - a. Unaccompanied children.
 - b. People with conditions such as Autism Spectrum Disorders, dementia, Alzheimer's and psychiatric conditions such as depression, schizophrenia, and intense anxiety.

- c. People who decompensate because of transfer trauma, trauma stressors that exceed their ability to cope, or lack of ability to function in a foreign environment.
 - d. People who function adequately in a familiar environment, but become disoriented and lack the ability to function in an unfamiliar environment.
 - e. In general, all ESFs may require technical assistance and/or guidance for meeting the needs of individuals with these challenges.
- 16.** Persons with functional needs are those who need assistance to be able to maintain their health and independence, and to be able to manage the stresses of mass sheltering, evacuation, and other types of response activities. Effectively meeting these needs can prevent secondary conditions and institutionalization for some persons, and can reduce the use of scarce, expensive, and intensive emergency medical services. Maintaining functional independence can include:
- a. Medical stabilization – replacing essential medications (blood pressure, seizure, diabetes, psychotropic, etc.).
 - b. Functional mobility restoration – replacing lost or damaged durable medical equipment (assistive communication devices, wheelchairs, walkers, scooters, canes, crutches, etc.).
 - c. Replacing essential consumable supplies (catheters, ostomy supplies, padding, dressings, sterile gloves, etc.)
 - d. Assistance with orientation for those with visual limitations.
- Close collaboration and development of unique strategies will occur with ESF #6 – Mass Care, Housing and Human Services and the Long Term Community Recovery and Mitigation plan.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. ACTIVITIES ASSOCIATED WITH FUNCTION:

Activities include, but are not limited to:

1. ESF #8 Lead Agency will assure development and implementation of plans for the protection and safety of the whole community through coordination of preparedness, response, recovery and mitigation activities associated with agency mission. Coordinate with other support agencies, ESFs, Support Agencies and external partners to meet mission requirements.
2. ESF #8 Lead Agency will provide available, trained personnel to serve as the ESF #8 representatives in the SEOC.
3. All ESF #8 agencies will maintain and update WebEOC for their respective agency;
4. All responding personnel have access to their agency's available and obtainable resources. The status of resources are continuously tracked during an activation of the SEOC. Such personnel have access to appropriate records and data needed for an ESF #8 response (e.g., mutual aid compacts, facilities listings, maps).
5. Participating in the evaluation and mission assignment of ESF #8 resource requests submitted to the SEOC including resources that are available through mutual-aid agreements, compacts, and/or FEMA.
6. Supporting the development of situation reports and action plans for ESF #8 during activation of the SEOC.
7. Providing Subject Matter Experts (SME's) as requested to support public notification and information and other emergency response activities.
8. Assisting in revisions/updates of ESF #8 and other appropriate and related response/mitigation plans.
9. Working with the Safety Officer to ensure the health and safety of volunteers and response workers.
10. Lead Agency will develop, as appropriate, operating procedures to implement the ESF #8 Emergency Prevention/Preparedness/Response/Recovery/Mitigation

functions ensuring that each function addresses the functional needs population. Working with support agencies to assure maintenance and periodic updating/revision of this ESF.

11. Working with ESF #6 to assure food safety at appropriate facilities, provision of adequate health services and sanitation, offering crisis mental health counseling, disease surveillance, etc.
12. Coordinating and directing the activation and deployment of State volunteer health/medical personnel, supplies, and equipment.
13. The DHHS Emergency Services Director, or designee, will be in charge of determining the need and appropriateness to relax (or suspend) any related statutes, legislation, regulations and laws from appropriate oversight agency/department or State legislature to protect the public safety and meet disaster or emergency needs.
14. Developing and maintaining points of contact, agency missions, etc. for support agencies.
15. Preparing and maintaining lists of available resources that may be activated upon request.
16. Providing information on licensing and credentialing of individuals/assets and resources.
17. Assisting in the planning process as requested.
18. Maintaining Liaisons.
19. Activating available resources upon request.

B. COORDINATION WITH OTHER EMERGENCY SUPPORT FUNCTIONS:

All ESFs will coordinate, as appropriate, with other ESFs by:

1. Notifying partners of available resources, including meeting specialized needs and requirements.
2. Providing availability of subject matter experts for specialized requirements.
3. Coordinating all communications and messaging to the public through the PIO/JIC.
4. Notifying partner of the availability of facilities that may be used for parking, storage, collection and staging areas.
5. Setting and maintaining public safety/security perimeters including emergency zones around contaminated areas.

DIRECTION AND CONTROL

1. **Organizational Chart (Command & Control):** ESF #8 shall function under the direction and control of the SEOC Operations Chief or if SEOC not activated, under the Department of Health and Human Services Operations Chief. **(See *Organizational Chart in SEOP Base Plan, Chapter IV.2.b*).** DHHS shall provide an Emergency Management Coordinator, designated by the Commissioner, to represent DHHS at the SEOC, who on behalf of the Commissioner, shall act to meet the public health and medical needs.

When a Public Health Emergency for a biological, radiological or nuclear event has been declared, a specific Command and Control will be established by the DHHS (ICC) in joint coordination with the SEOC. All comprehensive public situational awareness will continue to be released through the Lead Agency Public Information Office or the Joint Information Center (JIC) at the SEOC, when established, DHHS may assume the role of a member of the Unified Command and/or the Lead Agency for the event.

2. **Operational Facilities/Sites/Components:**

In addition to the SEOC, ESF#8 may have to provide staff to the Area Command or for several emergency teams and/or co-locate at several emergency facilities simultaneously (in-state or in another state through mutual aid).

3. Policies

- a. Actions initiated under ESF #8 are coordinated and conducted cooperatively with state, and local incident management officials and with private entities, through coordination with the State Emergency Operations Center (SEOC). Each supporting agency is responsible for temporarily changing agency policies and managing its respective assets and resources after receiving direction from the ESF #8 Lead Agency.
- b. Actions taken during an emergency are guided by and coordinated with state and local emergency preparedness and response officials, Department of Homeland Security officials, appropriate federal agencies, and existing agency internal policies and procedures.
- c. The organizations providing support for each incident coordinate with appropriate ESFs and other agencies, including the Safety Officer, to ensure appropriate use of volunteers their health and safety and to ensure appropriate measures are in place to protect the health and safety of all volunteers and workers. ESF #8 will play a major role in working directly with the Safety Officer.
- d. Each support agency is responsible for managing its respective assets and resources after receiving direction from the Lead Agency.

NOTIFICATION AND REPORTING

1. Notification

- a. The N.H. State Police, a municipality or State Agency will notify HSEM that an incident has occurred, or has the potential to occur, that threatens or impacts an area of New Hampshire. HSEM will gather information for on-going situational awareness and notify ESFs, as appropriate.
- b. HSEM personnel will make the decision to activate the SEOC and determine level of activation.
- c. If SEOC activation is determined to be necessary, the HSEM Agency Liaison will notify the ESF Lead Agency of the activation and request designated personnel to report to the SEOC or to remain on stand-by.
- d. If necessary and appropriate, ESF #8 will activate its Incident Command Center (ICC) to coordinate health and medical response actions. The ICC will communicate and coordinate with the SEOC.
- e. The Lead Agency will then notify the appropriate ESF Support Agencies and determine coverage/duty roster for the ESF desk in the SEOC. WebEOC will be utilized to provide continuous situational awareness.
- f. All ESF agencies will make appropriate notifications to their regions, districts or local offices.
- g. The above notification process will be utilized for all phases of activation and activities in which the ESF #8 will be involved.

2. Event Reporting

- a. Agencies must keep their Lead Agency updated upon all activities and actions.
- b. The Lead Agency will be responsible for making periodic reports to their Sections on activities taken by the ESF, in total, during the event and assure they are properly documented.

- c. All financial reporting will be done through the ESF Lead Agency on behalf of their support agencies. Support agencies will complete all financial management documents, as distributed by the Lead Agency, to comply with standard accounting procedures and applicable agency, State and Federal guidelines, rules, standards and laws.

3. Agreements/MOUs, etc.

Lead and Support Agencies will maintain up-to-date agreements and Memorandums of Understanding, Letters of Agreement (MOU/LOA) with various other agencies, regions, states or countries, as appropriate. Working with ESF #7, each agency is responsible for keeping these documents updated and with appropriate points of contact. Support Agencies should keep the Lead Agency informed of any such agreements that may impact resources or capabilities during an emergency incident. The State of New Hampshire also maintains agreements and mutual aid compacts on behalf of various organizations. These may be activated as the situation warrants.

I. ATTACHMENTS

A. PLANS

1. N.H. Strategic National Stockpile Plan
2. CHEMPack Plan
3. N.H. Mass Fatality Plan
4. N.H. Public Health Emergency Plan
5. State Functional Needs Guidance and Template, Version 3.0
6. DHHS Emergency – Plan Matrix

B. LISTINGS/MAPS

Maintained by Lead and Support Agencies