

Primary Agency:

Department of Health (DOH)

Support Agencies:

Department of Agriculture (WSDA)
Department of Ecology (ECY)
Department of General Administration (GA)
Department of Labor and Industries (L&I)
Department of Licensing (DOL)
Department of Social and Health Services (DSHS)
Washington Military Department (WMD)
Washington State Patrol (WSP)

INTRODUCTION

Purpose

Emergency Support Function (ESF) 8 — Public Health and Medical Services provides coordinated state assistance to supplement local resources in response to public health and medical care needs following a major disaster or emergency or during a developing incident with potential health and medical implications. ESF 8 resources will be employed when one or both of the following apply:

- Local resources are insufficient or forecasted to be insufficient to address all of the public health or medical services needs.
- The resources of local public health and/or medical authorities are overwhelmed and state assistance is requested by the appropriate authorities.

Scope

ESF 8 provides supplemental assistance to local governments in identifying and meeting the public health and medical needs of victims of a major disaster or public health emergency, including those resulting from an act of terrorism. This support is categorized in the following functional areas, DOH is the lead agency, except where noted:

- Assess public health/medical needs.
- Public health surveillance.
- Medical care personnel.
- Health/medical/veterinary equipment and supplies (WSDA is the lead for veterinary equipment and supplies).
- Patient evacuation.
- Patient care.
- Safety and security of drugs, biologics and medical devices.
- Blood and blood products.

- Food safety and security.
- Agricultural safety and security (WSDA is the lead agency).
- Worker safety and health (L&I is the lead agency).
- All hazard public health and medical consultation, technical assistance and support.
- Behavioral health care (DSHS is the lead agency).
- Public health and medical information.
- Vector control.
- Potable water/wastewater and solid waste disposal.
- Mass fatality management, victim identification and decontaminating remains.
- Veterinary medical support.

DOH, acting as the lead for ESF 8, will coordinate the provision of health and medical assistance to fulfill the requirements identified by the local authorities having jurisdiction. The Departments of Agriculture will coordinate the provision of, veterinary equipment and supplies and agricultural safety and security. The Department of Social and Health Services will coordinate the provisions of behavioral health care. ESF 8 summarizes the overall public health and medical response coordination process. This includes but is not limited to triage, treatment and transportation of victims of the disaster and evacuation of patients out of the affected area. ESF 8 uses resources provided primarily from:

- DOH, L&I, DSHS and DOL
- Other ESF 8 support agencies
- Collaborating non-governmental organizations (e.g. American Red Cross, American Association of Blood Banks)

DOH will provide the initial staffing of the ESF 8 function at the State Emergency Operations Center (SEOC) and will coordinate with the appropriate ESF 8 support agencies to provide additional staffing, as needed.

Policies

ESF 8 will be activated whenever circumstances warrant a response by the health and medical sector based on a determination by DOH or by designated ESF 8 support agencies and/or state emergency management officials in consultation with DOH. See Appendix 1 (SEOC ESF 8 activation checklist).

DOH is the lead for health and medical preparedness, response and recovery activities. Participation in these activities will not alter or impede the existing authorities of any department or agency supporting ESF 8.

DOH will manage ESF 8 response and recovery activities through the SEOC and/or, if activated, the DOH EOC. As appropriate, representatives from other supporting

departments and agencies will be asked to support DOH at the SEOC. However, each organization will be responsible for managing their respective response assets.

ESF 8 activities will comply with applicable state and federal laws regarding disclosure of individually identifiable health information.

As the lead for ESF 8, DOH will determine the appropriateness of all requests in coordination with supporting departments and agencies and will provide ESF 8 input to SEOC Situation Reports (SITREPs).

The primary Joint Information Center (JIC) established in support of the incident will be authorized to release general public health and medical response information to the public, consistent with state and federal law, after consultation with DOH and/or an appropriate ESF 8 support agency.

Situation

Disaster Condition: ESF 8 staff will work with appropriate state agencies to fulfill public health and medical services requirements. ESF 8 is responsible for making sure public health and medical services impacts are appropriately addressed during response and recovery. Such disasters or emergencies could include:

- Natural and man-made disasters.
- Health and medical emergencies.
- Terrorist threats or incidents involving the use of chemical, biological, nuclear / radiological or large explosive devices (WMDs).
- Infectious disease outbreaks and pandemics.
- National Security Special Events (e.g. Major Sporting Event, Visit by Dignitaries, etc..).
- Any other circumstance creating an actual or potential public health or medical emergency where state assistance may be necessary.

Planning Assumptions

Preservation of life, safety is always paramount.

Public health and medical services resources may be limited in availability or capacity during response and/or recovery.

Additional local, state or federal capabilities may be needed to assist state and local governments in the triage and treatment of casualties in the disaster area and transporting casualties to the closest, appropriate hospital or healthcare facility.

Medical re-supply may be needed.

Operational necessity may require the transportation of patients to areas with available healthcare resources outside the state and region.

Health and medical officials may need mass casualty care and infection control during an infectious disease outbreak requiring public health measures such as isolation, quarantine and prophylaxis to vulnerable populations.

A major disaster will produce a large number of seriously ill, injured and dead and create an urgent need for mental health and crisis counseling for survivors and response personnel. This need may overwhelm local mental health system capacity.

Disruption of sanitation services and facilities, loss of power and massing of people in shelters will increase the potential for disease and injury as well as the need for supplemental environmental health services.

Primary medical treatment facilities may be damaged or inoperable. Rapid damage assessments and prioritizing medical service restoration during recovery may be necessary to stabilize the medical support system.

CONCEPT OF OPERATIONS

General

Upon notification of a disaster or emergency, the SEOC Alert and Warning Center will alert the appropriate DOH response staff.

ESF 8 will coordinate with the appropriate state and local medical and public health officials and organizations to determine the character and extent of local needs.

Local public health and medical officials will route requests for state assistance through the SEOC.

ESF 8 will lead evaluation and analysis of public health and medical assistance requests and response activities and develop update assessments of the status of medical and public health statewide and in the affected areas. ESF 8 staff will maintain operations logs sufficient to maintain continuity of operations, support after-action report development and support other documentation required of the disaster response and recovery.

ESF 8 staff will develop and provide information for the SEOC situation reports (SITREPs). The ESF 8 SITREP inputs will summarize contributions from ESF 8 staff and agencies supporting ESF 8.

Organization

State-Level Response Structure

- ESF 8 response will be activated and directed by the Secretary of Health through designated staff assigned to the SEOC. The Secretary may also direct activation of the DOH EOC to facilitate the agency's response.
- DOH will alert and request ESF 8 support agencies to provide a representative to support ESF 8 activities at the SEOC, as needed.

- DOH will identify and provide staff to represent ESF 8 on the Multi – Agency Coordinating Group in the SEOC.
- Public health and medical subject matter experts may be consulted by the ESF 8 staff, as needed.

Regional- and Local-Level Response Structure

- Regional ESF 8 response activities will be coordinated in accordance with regional plans and with the EOC of the lead regional jurisdiction.
- Local ESF 8 response activities will be coordinated in accordance with local plans and the local EOC.

Notification

ESF 8 agencies may receive notification of a public health and medical event through means other than the SEOC Alert and Warning Center. This information can range from private citizens and media reports to notifications from emergency management and public health entities at various levels of government. It is incumbent on those receiving this information to contact the State Emergency Operations Officer in the SEOC Alert and Warning Center so that a determination can be made regarding state response and activation of the ESF 8.

Response and Recovery Actions

Initial Actions Following a Potential Major Disaster or Emergency: DOH as ESF 8 lead will deploy staff to the SEOC ESF 8 desk immediately upon request. The staff will analyze the situation and determine what, if any, additional ESF 8 support agency(s) should be represented. ESF 8 will collect, analyze and disseminate information and requests for medical and public health assistance.

Upon notification of a potential major disaster or emergency, the ESF 8 will identify and report affected jurisdictions' needs for state public health and medical assistance in the following functional areas:

- Asses Public Health/Medical Needs: ESF 8 will assemble assessments of health and medical needs from reports provided by the local jurisdictions. Additional information may be collected from state and/or federal damage assessment teams. In coordination with ESF 8, the U.S. Department of Health and Human Services (DHHS) may mobilize and deploy a team to the disaster area to assist with determining specific health and medical needs and priorities. This function includes assessment of the healthcare system/facility infrastructure.
- Public Health Surveillance: ESF 8 will collect and analyze information from local systems monitoring health of the general population and high-risk populations. ESF 8 agencies may carry out field studies and investigations; monitor injury and disease patterns and potential disease outbreaks; and provide technical assistance and consultations on disease and injury prevention and precautions.
- Medical Care Personnel: ESF 8 will, support response operations, and help coordinate (working with the SEOC Logistics Section) movement of healthcare providers within the state of Washington. If resources needed cannot be found

within the state, ESF 8 may request federal medical resources assistance to provide healthcare, as required.

- Health/Medical/Veterinary Equipment and Supplies: The state may request federal assistance with providing health/medical/veterinary equipment and supplies (pharmaceuticals, biologic products and blood or blood products) that support the response or for restocking health care facilities in the impacted area.
- Patient Evacuation: ESF 8 may request assistance from non-affected jurisdictions, the National Guard or federal ESF 8, through the National Disaster Medical System (NDMS), to move ill or injured patients from the affected area to locations where medical care is available when local capability to direct and move patients is overwhelmed.
- Patient Care: ESF 8 may request federal assistance to provide medical care. These resources could be provided from the U.S. Public Health Service, the Medical Reserve Corps, the Veterans Administration, the NDMS or the Department of Defense.
- Safety and Security of Drugs, Biologics, and Medical Devices. ESF 8 will work with private and public suppliers to ensure safety and security of these resources.
- Blood and Blood Products. ESF 8 will utilize existing agreements and available supplies in the state to support those providing patient care.
- Food Safety and Security: ESF 8 may task the DOH Food Safety Program and WSDA to assist local officials with the safety and security of food supplies.
- Agriculture Safety and Security. ESF 8 will work with WSDA to make sure agricultural products remain safe for consumption.
- Worker Safety and Health: ESF 8 will work with L&I to deploy appropriate personnel to oversee worker safety and health in accordance with L&I response plans.
- All Hazard Public Health and Medical Consultation, Technical Assistance and Support: ESF 8 may request assistance from support agencies to assess health and medical effects resulting from an incident. Specific tasks may include (but are not limited to):
 - assessing general population and high-risk population exposure;
 - conducting field investigations;
 - investigating indirect exposure through contaminated food, drugs, water supply, and other media;
 - providing technical assistance and consultation regarding medical treatment and decontamination of individuals.
- Behavioral Health Care: ESF 8 may request DSHS, as needed, to activate the State Mental Health Authority (SMHA). The SMHA's purpose is to assess the mental health needs of those impacted by disaster and evaluate the capacity for adequate response from the local mental health system. If the capability to provide these services is exceeded, ESF 8 will then work with federal ESF 8 to support this capability. Additional responsibilities are to:

- provide disaster mental health training and materials for disaster workers;
- provide consultation as needed;
- provide or arrange counseling for disaster workers as needed.
- Public Health and Medical Information: The Joint Information Center (JIC) may request ESF 8 agencies provide public health, disease and injury prevention information for distribution to the general public in or near areas affected by a major disaster or emergency.
- Vector Control: ESF 8 may request ESF 8 agencies to assist with assessing the threat of vector-borne diseases following a response incident. Activities may include: conducting field investigations, including the collection and laboratory analysis of relevant samples; providing vector control equipment and supplies; and providing technical assistance and consultation on protective actions regarding vector-borne diseases and medical treatment of victims of vector-borne diseases.
- Potable Water/Wastewater and Solid Waste Disposal: ESF 8 may request ESF 8 agencies to assist with assessing the safety and reliability of drinking water supplies and sources, and wastewater/solid waste disposal issues. This may include conducting field investigations, including collection and laboratory analysis of relevant samples; and providing technical assistance and consultation on potable water and wastewater/solid waste disposal issues.
- Mass Fatality Management, Victim Identification, and Decontaminating Remains: ESF 8 may request DOL to assist with providing for victim identification and mortuary services (within agency resources and in accordance with agency response plans), including determining the need to request mobilization and deployment of NDMS Disaster Mortuary Operational Response Teams (DMORTs).
- Veterinary Medical Support: ESF 8 will provide veterinary assistance to ESF-11 as needed with containment of zoonotic diseases and to protect the health of livestock, companion and services animals

ESF 8 support agency members will send staff to the SEOC ESF 8 as soon as possible following a request for assistance. Alternatively, ESF 8 support agency staff may be directed to report to their usual offices and thereafter maintain continual communication with the ESF 8 desk in the SEOC.

If ESF 8 capabilities are anticipated to be in short supply or exhausted at the state or local level. Resources support maybe requested from federal partner agencies.

Continuing Actions

Situation Assessment: The ESF 8 desk will review and assess public health and medical information about the disaster. Staff will work to identify the nature and extent of public health and medical issues and needs. ESF 8 works to establish appropriate monitoring and surveillance activities as required and provide essential information and recommendations. Other sources of information may include federal ESF 8 support agencies, various federal officials in the disaster area, local health

officials, Emergency Medical Services authorities, local response authorities or officials of the responsible jurisdiction in charge of the disaster scene.

Coordination of Requests for Medical Transportation: Local transportation requirements will be handled by local authorities. If it is determined by ESF 8 regional or local resources are inadequate to meet the requirements, a state request for federal medical transportation assistance will be forwarded to federal ESF 8.

RESPONSIBILITIES

ESF Coordinator/Primary Agency: Department of Health

- The Revised Code of Washington (RCW) authorizes DOH to respond to public health emergencies. DOH is required to provide leadership and coordination with identifying and resolving threats to the public health by:
 - Working with local health departments and local governments to strengthen the state and local governmental partnership for providing public protection;
 - Developing intervention strategies;
 - Providing expert advice to the executive and legislative branches of state government;
 - Providing active and fair enforcement of rules;
 - Working with other federal, state, and local agencies and facilitating their involvement in planning and implementing health preservation measures;
 - Providing information to the public; and
 - Carrying out such other related actions as may be appropriate to this purpose, RCW 43.70.020(3).
- The Secretary of Health is authorized to enforce public health laws and rules in accordance with RCW 43.70.130(4).
- In addition, RCW 43.70.130 directs the Secretary to take the following relevant actions:
 - Strictly enforce all laws for the protection of public health and the improvement of sanitary conditions in the state, and all rules, regulations and orders of the state board of health;
 - Investigate outbreaks and epidemics of disease that may occur and advise local health officers on measures to be taken to prevent and control the same;
 - Exercise general supervision over the work of all local health departments and establish uniform reporting systems by local health officers to the Washington State Department of Health;
 - Take such measures as the Secretary of Health deems necessary in order to promote the public health; and
 - Establish and maintain laboratory facilities and serves as necessary to carry out the responsibilities of the department.

Support Agencies

Agency	Functions
Department of Agriculture	Assists in the areas of food safety and disease surveillance as provided for in state law and in agency plans, policies, procedures and/or practices.
Department of General Administration	Assists by providing facilities for reception, storage and staging the Strategic National Stockpile (SNS) as provided for under an interagency agreement with DOH.
Department of Labor and Industries	Lead agency for worker health and safety issues as provided for in state law and in agency plans, policies, procedures and/or practices.
Department of Licensing	<ul style="list-style-type: none"> • Regulates funeral directors, embalmers and funeral establishments. • Maintains a plan for use in response to a mass fatality event and operates as part of ESF 8 when required and as provided for in state law and in agency plans, policies, procedures and/or practices.
Department of Ecology	Assists in the area of waste disposal as provided for in state law and in agency plans, policies and/or practices.
Department of Social and Health Services	<ul style="list-style-type: none"> • Lead state agency for mental health issues as provided for in state law and in agency plans, policies, procedures and/or practices. • Administers institutions that may be available in an emergency.
Military Department	<ul style="list-style-type: none"> • The 10th Civil Support Team, Washington National Guard includes the , when deployed, may support ESF 8 through the collection and transportation of field samples of potential biological agents to the Public Health Laboratories for analysis. • The Washington National Guard also operates armories which may be made available to public health officials to facilitate the emergency distribution of medicine.
Washington State Patrol	<ul style="list-style-type: none"> • The services of the State Patrol may be required to facilitate the movement of emergency medical resources over state highways to locations identified by public health authorities. • The State Patrol coordinates security requirements for the SNS with the U.S. Marshal Service and other law enforcement agencies, as appropriate.

REFERENCES

Revised Code of Washington, Chapters 38.10, 38.52, 43.21, 43.70

Public Health Service Act

Public Law 93-288, as amended, "The Robert T. Stafford Disaster Relief and Emergency Assistance Act"

National Response Framework (NRF)

Public Law 107-188, Public Health Security Bioterrorism Preparedness and Response Act 2002

Public Law 107-296, Homeland Security Act 2002
Federal Food, Drug and Cosmetic Act

APPENDICES

Appendix 1 – Emergency Medical Resources, January 2010 (Limited Distribution)

Appendix 2 – Deleted

Appendix 3 – Mass Fatality Incident Support, March 2008

Appendix 4 – Pandemic Influenza, February 2007

Appendix 5 – Patient Movement Plan (New, June 2011 Estimated Release)