

ESF 8

Emergency Operations Plan – Emergency Support Function 8 *Public Health and Medical Services*

Section 1: Introduction

1.1 Lead Agency

Department of Health and Human Services - Maine Center for Disease Control and Prevention (Maine CDC)

1.2 Supporting Agencies

- Department of Health and Human Services - Substance Abuse and Mental Health Services (SAMHS)
- Department of Public Safety - Maine Emergency Medical Services (Maine EMS)
- Department of Agriculture, Conservation, and Forestry – Bureau of Agriculture, Food, and Rural Resources
- Attorney General’s Office - Office of the Chief Medical Examiner (CME)
- Department of Environmental Protection (DEP)
- American Red Cross (ARC)
- Department of Defense, Veterans, and Emergency Management - Maine National Guard (MENG)

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Section 2: Purpose, Scope, Situation, and Assumptions

2.1 Purpose

Emergency Support Function 8 (ESF-8), Public Health and Medical Services, provides a framework for coordination and cooperation across state agencies regarding public health and medical needs, including mental and behavioral health, before, during, and after a disaster or public health emergency in Maine, including those resulting from an act of terrorism. This annex details how the state of Maine will provide public health, medical care, and mental health support and assistance to local jurisdictions in the event local resources are insufficient to address local public health, medical, mental health needs.

2.2 Scope

- This annex is applicable to agencies and departments of the state of Maine, as well as affiliated response partners, with a role in supporting the provision of public health and medical-related services in response to a disaster or public health emergency.
- This annex is consistent with the Maine CDC's All-Hazard Emergency Operations Plan (EOP) and Disaster Behavioral Health Response Plan.
- Any release of Personal Health Information (PHI) is governed by the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and applicable state privacy laws.

2.3 Situation

Public health emergencies and disasters, whether human caused, technological, or from natural disasters may result in the need for, but not limited to, the following resources: public health and medical assets, equipment, facilities, personnel, pharmaceutical supplies, and mental and behavioral health services. Local resources in affected areas may be damaged or inaccessible. Key public health, medical, and mental health personnel may be affected by the disaster, and the capacity of local jurisdictions to respond effectively may be overwhelmed. The need for public health, medical and mental health resources may far exceed available local and/or state resources to support incident response.

2.4 Assumptions

- The Maine CDC has the responsibility to direct, coordinate, and support a response to a public health threat including public health services, medical services, and mental/behavioral health services.
- Public health, medical, and mental health resources may be limited in availability during a disaster response or recovery, and demand for resources may quickly overwhelm local public health, medical, and mental health capabilities for personnel, equipment, and supplies.
- Access to impacted areas may be severely limited and reachable only via air or water.
- ESF-8 responsible agencies will maintain emergency operations plans, policies, and procedures.
- The State Emergency Operations Center (SEOC) will maintain coordination and situational awareness across ESF-8 agencies and or the Public Health Incident Command Center (PHICC) regarding impacts to public health, medical and mental health systems, and infrastructure.
- Medical triage and transport for victims may be needed to augment local capabilities.
- Coordination of healthcare system surge capacity may be needed.
- Medical re-supply may be needed throughout the disaster area.

- Damage to critical infrastructure (e.g., chemical, nuclear, and industrial plants, sewer lines and water distribution systems) may cause environmental and public health hazards, contaminating water supplies, air, crops, livestock, and food products.
- Distribution and dispensing of medical countermeasures may be required.
- A major disaster may produce a large number of casualties and fatalities, and create an urgent need for mental/behavioral health and crisis counseling for survivors and responders.
- Assistance in maintaining the continuity of public health, medical, and mental health services, as well as public health surveillance and control measures may be required.
- Disruption of sanitation services and facilities, loss of power, and relocation of large numbers of individuals to emergency shelters may increase the potential for disease outbreaks.

Section 3: Concept of Operations

3.1 General

This annex will be activated at the direction of Maine Emergency Management Agency (MEMA) when there is the potential for a disaster or an existing disaster requiring statewide coordination of resources. The lead agency will provide direction to and work in conjunction with the support agencies to coordinate all state level activities associated with ESF-8.

The Maine CDC will activate its PHICC when there is a potential for a disaster or public health emergency to impact public health and medical services. A Maine CDC ESF-8 representative will report to the SEOC to serve as a liaison between the PHICC and the SEOC regarding public health, medical, and mental health response activities.

Each ESF-8 agency shall designate a minimum of four persons who can represent their agency at the SEOC to support ESF-8 activities. Designated agency representatives shall have the capability and authority to reach back to their own agency to request resources and obtain necessary information to support the response to the incident.

The objectives of ESF-8 are to coordinate resources in support of the following public health, medical and mental health core functions:

- Provide public health risk communication.
- Ensure public health and medical responder health and safety
- Assess public health and medical needs
- Provide adequate healthcare system surge capacity
- Coordinate with emergency medical services
- Distribute medical countermeasures
- Provide disaster behavioral health/mental health and crisis counseling
- Provide all-hazards public health and medical consultation, technical assistance, and support
- Support health care facilities to ensure patient care can be maintained
- Coordinate the evacuation of healthcare facilities with state and local partners
- Manage and distribute medical materiel including, but not limited to, medical and veterinary supplies and equipment
- Ensure food safety and security
- Ensure safety and security of drugs, biologics, and medical devices
- Provide vector control
- Enforce proper sanitation and biohazard control
- Provide potable water, wastewater processing and solid waste disposal
- Provide public health laboratory services, to include laboratory testing of LRN-B and LRN-C agents
- Conduct toxicological assessment
- Provide public health surveillance, case investigations, contact tracing, and active and direct active monitoring
- Coordinate mass fatality management, victim identification, family assistance, and mortuary services

3.2 Activities

The ESF-8 lead will ensure the following actions:

a. Prevention

- Communicate and share plans and information across agencies with public health, medical, and mental health responsibilities.
- Identify potential emergency public health risks and issues and collaborate to develop or recommend protocols, procedures, and policies to prevent or mitigate their impacts.

b. Preparedness

- Notify MEMA of any changes that may impact the operation of this ESF.
- Participate in meetings of ESF stakeholders coordinated by MEMA to review and update the ESF annex.
- Develop and maintain internal agency operational plans and procedures, resource directories, and emergency contact lists to support ESF-8 activities.
- Maintain current contact information for personnel identified to support ESF-8 at the SEOC and supporting agencies and organizations.
- Maintain current lists of agency facilities, equipment, and personnel and supplies.
- Complete appropriate NIMS/ICS training.
- Participate in exercises and training to test, validate, and provide working experience for ESF-8 liaisons on this annex.
- Provide plan overview and training to ESF-8 stakeholders.
- Participate in state and local-level exercises.
- Maintain current ambulance task force mobilization plan in coordination with Maine EMS.

c. Response

i. Pre-Impact

- ☐ Provide at least two representatives to the SEOC to support ESF-8. A total of four personnel must be trained to support the lead agency.
- ☐ Review relevant existing plans and procedures as detailed in this annex.
- ☐ Ensure respective agency decision makers are kept informed of the situation.
- ☐ Monitor public health, medical and mental health activities, capabilities, and needs, and report this information, as requested, to the SEOC Planning and Logistics Sections.
- ☐ Provide public health, medical and mental health situational awareness information, as requested, to the SEOC Planning Section.
- ☐ Develop and prioritize strategies for initial response actions, including the mobilization of resources and personnel, if needed.
- ☐ Pre-position available response resources when it is apparent that state public health, medical, and mental health resources will be required.

ii. Initial Response

- ☐ Coordinate with the Maine CDC and PHICC (if activated) for access to public health, medical, and mental health resources and information as necessary.

- ☐ Monitor availability of public health and medical resources and provide updates to SEOC Planning and Logistics Sections as requested.
- ☐ Establish communications with appropriate agency field personnel (if field personnel are deployed) to coordinate response efforts.
- ☐ Obtain and provide public health, medical and mental health situational awareness information to the SEOC Planning Section as requested, and receive situational awareness information from the SEOC Planning Section to support effective response actions.
- ☐ Monitor public health and medical infrastructure and maintain situational awareness on threats or impacts to public health and medical infrastructure.
- ☐ Ascertain the need for patient evacuation from affected areas.
- ☐ Determine the need for additional personnel and resources if the incident involves mass casualties.
- ☐ Coordinate through Maine CDC and the Health Alert Network (HAN) for the monitoring and reporting of hospital bed availability.
- ☐ Monitor and work to ensure access to health care, including mental and behavioral health services.
- ☐ Monitor and support public health surveillance or epidemiological investigation activities, and facilitate coordination between forensic and epidemiological investigations.
- ☐ Monitor availability of ambulance service resources, including Ambulance Task Forces, and ensure appropriate waivers are in place in coordination with Maine EMS.
- ☐ Coordinate through Maine CDC to monitor availability of medical supplies, pharmaceuticals, and equipment to ascertain the need to request deployment of federal assets, including but not limited to the Strategic National Stockpile.
- ☐ If activated, continue to coordinate the mobilization of ambulance task forces to support the incident. If not activated, continue to assess the need to mobilize these resources.
- ☐ Follow MEMA procedures for capturing costs associated with the activation, including personnel, equipment, materials, and other expenses incurred during emergency response actions to ensure maximum federal reimbursement post-event.
- ☐ During disasters MEMA will coordinate food safety messages with Maine DHHS, Maine CDC, and DACF during prolonged power outages to provide guidance/messaging regarding the safety of food and drugs that may require climate control.
- ☐ Support vector control as needed.
- ☐ Coordinate resources to determine the potability of water and ensure wastewater and solid waste are properly treated and disposed of from affected or overwhelmed areas.
- ☐ Coordinate resources to assist the CME with mass fatality incidents.

iii. Coordination with other ESFs

- ☐ ESF-1, Transportation, to provide and/or coordinate resources for medical transportation or evacuation, when needed.
- ☐ ESF-3, Mass Public Works and Engineering, for support with public health and infrastructure issues, when needed
- ☐ ESF-6, Mass Care, Emergency Assistance, Housing, and Human Services, to determine the need for medical resource needs at shelters and mental health resources for disaster victims and first responders in impacted areas.

- ☐ ESF-10, Oil and Hazardous Materials, and other related agencies regarding mitigation of and response to hazardous materials and/or radiological, biological and chemical hazards related to ESF-8.
- ☐ ESF-11, Agriculture, Animals, and Natural Resources, response for zoonotic disease, other veterinarian-related requirements, and food-related issues, if needed.
- ☐ ESF-13, Public Safety and Security, for security issues as needed.
- ☐ ESF-15, External Affairs, in drafting risk communication messages and materials and public information releases related to ESF-8 incidents.
- ☐ Other ESFs with various assessments as required by the event.

iv. Ongoing Response

- ☐ Fulfill resource requests to support response activities of personnel, commodities, and services.
- ☐ Monitor the WebEOC activity log/position log and provide information to the SEOC Operations Section, as requested.
- ☐ Regularly re-assess priorities and strategies to meet the most critical public health, medical, and mental health needs based on incident priorities as described in the PHICC and referenced in the SEOC Incident Action Plans (IAPs).
- ☐ Provide regular updates on the status of all ESF-8 missions in WebEOC or to the SEOC Operations Section Chief, as requested.
- ☐ Coordinate the activation of available public health, medical, mental health, and mortuary response teams as necessary.
- ☐ Coordinate the activation of public health, medical, mental health, and veterinary volunteers under 37-B Section 784.
- ☐ Coordinate resources to support requests for patient transport and evacuation.
- ☐ Coordinate resources to support requests for medical services, including mental health and crisis counseling, and behavioral health services.
- ☐ Coordinate resources to support healthcare system surge.
- ☐ Coordinate resources to support the establishment of alternate care sites.
- ☐ Coordinate resources to meet pharmaceutical needs, including identification and distribution of resources from available state pharmaceutical caches, CHEMPACK, and the Strategic National Stockpile, when deployed.
- ☐ Provide guidance relative to the activation of the Crisis Standards of Care (CSC) Plan and the implementation of CSC guidelines for the allocation of scarce medical resources when needed.
- ☐ Wherever possible, coordinate the movement of public health and medical supplies, equipment, and support personnel to staging areas or other sites.

d. Recovery

- In coordination with the PHICC, garner resources to support the restoration of vital public health, medical and mental health support systems and facilities to operational status.
- Coordinate the provision of support for responders and survivors.
- Provide assistance and technical expertise to damage assessment teams.
- Implement ESF-8 strategies for supporting recovery operations in disaster areas.
- Follow MEMA procedures to pursue eligibility for financial reimbursement process for federal and other disaster relief.

- Participate in after-action reviews and draft recommendations for after-action reports and other reports, as appropriate.

e. Mitigation

- Conduct assessments of ESF-8 capabilities to identify potential shortfalls.
- Develop plans to mitigate identified shortfalls.
- Identify public health, medical and mental health hazards and vulnerabilities, and collaborate to develop or recommend plans, protocols, procedures, and policies to prevent or mitigate their impact.
- Promote mitigation planning to public health, medical and mental health organizations and facilities.

Section 4: Responsibilities

4.1 Lead Agency

Department of Health and Human Services - Maine Center for Disease Control and Prevention

- Staff the ESF-8 desk at the SEOC, identifying and coordinating ESF-8 staffing requirements at the SEOC, including identifying which support agencies are needed.
- Request that MEMA notify other ESF-8 support agencies, as needed.
- Coordinate with support agencies and MEMA to manage public health, medical, and mental health service resources, and prioritize need based on protection of life and property.
- Provide information for IAPs and situation reports to the SEOC Planning Section.
- Monitor and ensure completion of tasks assigned to ESF-8.
- Resolve conflicting or unclear requests for assistance.
- Coordinate recovery actions with other support agencies and other ESFs.
- Monitor public health, medical, and mental health resources and assessments and regularly update the WebEOC activity log/position log, or provide information to the SEOC Operations Section as requested.
- Ensure provision of pre-event situational awareness to public health and healthcare facilities in the projected disaster area.
- Coordinate any waiver of rules and regulations regarding licensed professional personnel.
- Coordinate field staff to obtain information and situational awareness. Maine CDC may have deployed in-field staff to support the following activities:
 - Consult with local public health representatives to provide an assessment of the disaster and detail current conditions.
 - Provide technical assistance in public health and medical assessment and immediate response planning for the affected area(s).
 - Coordinate information with appropriate hospitals and local public health departments in the impacted area(s) and assessing resource availability of non-impacted public health personnel and facilities across the state of Maine.
 - Operate mass dispensing clinics for vaccinations or other pharmaceuticals.
- As needed, assemble subject matter experts to consult and review public health, medical, and mental health intelligence information to provide specific strategies to manage and respond to specific ESF-8 related situations.
- Coordinate state resources to support medical, public health, substance abuse services, and mental health assistance to affected areas.
- Coordinate and direct the activation and deployment of state public health, mental health, substance abuse services, medical personnel and volunteers, as well as medical and pharmaceutical supplies and equipment.
- Coordinate resources to support the evacuation and/or relocation of healthcare facilities and the triage and transport of disaster victims from the disaster area.
- Continuously acquire information about the disaster situation to assess, monitor, and survey the nature and extent of impacts to public health, medical, mental health systems.

- Activate state public health, medical, mental health personnel, including volunteers, as appropriate.
- Coordinate with HHS to request resources from the National Disaster Medical System (NDMS) when federal NDMS assets are required. Federal Disaster Medical Assistance Teams (DMATs) can be activated by an ESF-8 request to FEMA/U.S. DHHS.
- Monitor availability of ambulance service resources, including ambulance task forces, and ensure appropriate waivers are in place in coordination with Maine EMS.
- Ensure redundant communication platforms are in place at healthcare facilities.
- Support ESF-6, Mass Care, to determine public health, medical and mental health resource needs at shelters.
- Support ESF-3, Public Works and Engineering, as it evaluates structural integrity of healthcare facilities if the structure is suspected to have been compromised.
- Request activation of the Nuclear/Radiological Advisory Team (NRAT), if needed.
- Coordinate with Disaster Behavioral Health to establish a Family Assistance Center with the ARC.
- Provide CME mass fatality resources if requested and available.

4.2 Supporting Agencies

a. American Red Cross

Assist the state ESF-8 lead agency to ensure public health, medical, and mental health resources are provided in coordination with other non-governmental organizations.

b. Department of Health and Human Services - Substance Abuse and Mental Health Services

Reference Public Health EOP for SAMHS facilities and programs.

c. Department of Agriculture, Conservation and Forestry - Bureau of Agriculture, Food, and Rural Resources

- Serves as lead agency for animal sheltering and coordination.
- Coordinates veterinary resources to monitor the health of rescued animals and those in emergency shelters.
- Provide surveillance information on animal diseases affecting human health (zoonosis)

d. Attorney General's Office - Office of the Chief Medical Examiner

- Activate the Mortuary Response Team comprised of the CME and the Maine Funeral Director's Disaster Response Team Leaders and Members via direct contact with the Executive Director of the Maine Funeral Directors Association.
- Activate and manage the State Mass Fatality Plan.
- In such circumstances as the number of dead or the distance for transport exceeds the resources of the CME in Augusta, a temporary morgue site will be established based on disaster type, scope, and available facilities (see list below).
 - Bangor Airport
 - Portland Jetport
 - Brunswick Executive Airport

- Existing mortuaries

- Serve with Maine State Police Evidence Recovery Team, Crime Lab, and Major Crimes Units as the primary agency responsible for victim identification and recovery.
- Coordinate with Maine CDC to obtain additional mass fatality supplies, as necessary.
- Coordinate the process of obtaining and utilizing supplies, personnel, and equipment central to the task of recovering, examining, identifying, tracking, and ultimately releasing remains of victims.
- Serve with the State Disaster Behavioral Health Team and the ARC as a primary agency responsible for obtaining victim information from families through the Family Assistance Center operations.
- Assist the State Disaster Behavioral Health Team and American Red Cross as a primary disseminator of information to families through briefings and contact at the Family Assistance Centers.
- Handle the transportation of remains to funeral homes based on the wishes of the families, or in the case where remains are unclaimed, arranges for interment at the direction of the CME.
- Provide at least one focal contact at the SEOC for all public announcements, release of information and briefings, in this case, the CME Administrator.

e. Department of Public Safety - Maine Emergency Medical Services

Provide first response and emergency medical transportation, as needed.

f. Department of Environmental Protection

Provide technical advice and guidance regarding handling contaminated waste and decontamination issues.

g. Department of Defense, Veterans, and Emergency Management - Maine National Guard

- Provide medical group personnel and equipment (e.g., Battalion Aid Station) to support public health and medical missions if requested
- Provide air assets (e.g., air ambulance helicopters) to support public health and medical missions if requested.

h. Other Agencies

Other agencies not explicitly covered in this annex may have authorities, resources, capabilities, or expertise required to support ESF-8 activities. These agencies may be requested to support ESF-8 activities on an ad hoc basis.

Section 5: Supplementary and Procedural Documents

- Maine CDC All-Hazards EOP
- Maine CDC All-Hazards EOP – Mass Fatality Management Annex
- State of Maine Disaster Behavioral Health Response Plan
- Maine Funeral Directors Association – Emergency Operations Plan
- Radiological Response Plan

Section 6: References

- The Disaster Relief Act of 1974, Public Law 93-288, as amended
- Robert T. Stafford Disaster Act
- Americans with Disabilities Act of 1990
- Section 319C-2 of the Public Health Service (PHS) Act as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA). (P.L. 109-417) (2013)
- Presidential Policy Directive (PPD) 8: National Preparedness
- Homeland Security Directives (HSPD) 5 and 21
- MRS Title 22 Chapter 250
- Maine Public Law Chapter 634, S.P. 789, L.D. 2044
- DHS Decontamination in Mass Chemical Exposure