



# **NEW HAMPSHIRE**

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# **STATE EMERGENCY OPERATIONS CENTER**



## **EMERGENCY SUPPORT FUNCTION ESF 8 – HEALTH AND MEDICAL**

**2019**

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## Acronyms

DAMF	Department of Agriculture, Markets and Food
DES	Department of Environmental Services
DHHS	NH Department of Health and Human Services
DMORT	Disaster Mortuary Operational Response Team
DOS	NH Department of Safety
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
ESF	Emergency Support Function
ESU	NH DHHS Emergency Services Unit
FEMA	Federal Emergency Management Agency
FSTEMS	Division of Fire Standards and Training and Emergency Medical Services
HIPAA	Health Insurance Portability and Accountability Act
HSEM	Division of Homeland Security and Emergency Management
IEMAC	International Emergency Management Assistance Compact
LOA	Letter of Agreement
MCM	Medical Countermeasures
MMRS	Metropolitan Medical Response System
MOU	Memorandum of Understanding
NG	National Guard
NIMS	National Incident Management System
NRF	National Response Framework
OCME	Office of the Chief Medical Examiner
PHN	Public Health Network
POD	Point of Dispensing
RSF	Recovery Support Function
RSS	Receipt, Stage and Store
SEOC	State Emergency Operations Center
SEOP	State Emergency Operations Plan
SME	Subject Matter Expert
SNS	Strategic National Stockpile



## Lead Agency

NH Department of Health and Human Services (DHHS)

## Support Agencies

Disaster Behavioral Health Response Team

Granite State Healthcare Coalition (GSHCC)

Metropolitan Medical Response System (MMRS), NH Task Force 1

NH Department of Agriculture, Markets and Food (DAMF)

NH Department of Environmental Services (DES)

NH Department of Justice, Office of the Chief Medical Examiner (OCME)

NH Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FSTEMS)

NH National Guard (NHNG)

Regional Public Health Networks (PHN)

Other Health and Medical Organizations

## Introduction

Emergency Support Function (ESF) 8 – Health and Medical provides a framework for coordination and cooperation across state agencies regarding public health and medical needs, including medical care, public health, behavioral health, fatality management, medical transport, and healthcare facility evacuation, before, during, and after any disaster or public health emergency. This annex details how the State of New Hampshire will provide public health and medical care support and assistance to local jurisdictions, in the event local resources are insufficient to address local public health and medical needs or local public health and/or medical authorities are overwhelmed and state assistance is requested by the appropriate parties.

## Purpose

The purpose of ESF 8 is to organize the capability to provide medical care, public health, behavioral health, fatality management, medical transport, and healthcare facility evacuation in disaster situations. ESF 8 is also responsible for outlining responsibility and policy established for health and medical operations before, during, and after a disaster.



## Concept of Operations

This annex will be activated at the direction of HSEM when there is potential for or an actual disaster situation or planned event affecting public health or medical services requiring state resources in New Hampshire.

### General

1. DHHS, as the lead agency, must ensure that through coordinated annual planning, all ESF 8 agencies are:
  - a. Participating in reviews and maintenance of the ESF 8 Annex; and
  - b. Receiving sufficient training and are capable of supporting responsibilities of ESF 8 in the SEOC; and
  - c. Coordinating, attending, and participating in ESF 8 meetings, training sessions, conferences, and exercises.
2. Maintain manual or automated listings of the following:
  - a. DHHS and support agency emergency points of contact that may need to be contacted by ESF 8 representatives; and
  - b. Available health and medical resources (i.e., state, local, contract).
3. Coordinate ESF 8 activities in the SEOC, during periods of activation, by developing and maintaining the ESF 8 staffing schedule.
4. Coordinate evaluation and performance of mission/task requests.
5. Ensure the status of committed and uncommitted equipment and inventory resources is tracked during activation of the SEOC.
6. Ensure Unified Command is used to manage assets in the field, due to the number and variety of government and private sector organizations that may be involved.
7. ESF 8 will coordinate with all supporting and other appropriate departments, agencies, and organizations to ensure operational readiness in time of emergency.
8. Ensure all patient and casualty information will follow HIPAA compliance.
9. Coordinate and share information with all DHHS, support agencies, healthcare agencies, facilities, and/or entities within the state and mutual aid partners during an event.

### Organization

1. **Organizational Chart (Command & Control):** ESF 8 shall function under the direction and control of the Health and Human Services Branch under the SEOC Operations Chief (***See Organizational Chart in SEOP Base Plan***).
2. **Operational Facilities/Sites**
  - a. Brown Building: 129 Pleasant Street, Concord, NH
  - b. Emergency Services Unit (ESU) Warehouse: 5 Stickney Ave, Concord, NH
  - c. State Public Health Building: 29 Hazen Drive, Concord, NH

3. **Field Operations** – ESF 8 may serve in Field Operations for deployment or standby status. As activation of these activities usually occurs early in an event, its activation sequence should be prepared for in the first hours of an event.
4. **Federal Resources** - When ESF 8 anticipates or has a need for resources not otherwise available, action will be taken to secure such resources through the *National Response Framework* (NRF) or some other federal source. This request should be coordinated through the SEOC Operations Chief and Logistics Chief, as required.
5. **Contracts and Contractors** – Resources that are available through ESF 8 may be obtained through a contractor. State of NH contracts or private sector contracts should be facilitated through Logistics and ESF 7 – Resource Support.

### Notification

1. HSEM will notify the lead agency points of contact when there is an actual or imminent SEOC activation requiring ESF 8 representation.
2. The lead agency will then notify the support agencies and determine coverage for the ESF 8 desk in the SEOC.
3. ESF 8 agencies will make notifications to their appropriate regions, districts, local offices, etc.
4. The above notification process will be utilized for all phases of activation and activities in which the ESF 8 will be involved.

### Event Reporting

1. WebEOC will be utilized to provide continuous situational awareness.
2. Position logs should be maintained by each ESF agency in sufficient detail to provide information on activities taken during the event.
3. Agencies are also expected to keep their lead agency updated upon all activities and actions.
4. The lead agency will be responsible for making periodic reports to the Operations Section Chief on activities taken by the ESF during the event and assure the activities are properly documented.
5. Lead and support agencies must maintain financial records of all activities and costs during the event. The records will be turned into the lead agency when requested.

### ESF Actions

#### Prevention/Preparedness Actions

1. Maintain situational awareness through coordination with ESF 8 support agencies for current inventories of health and medical facilities, supplies, and equipment.
2. Establish and maintain liaison with the federal, border state health, and medical officials.
3. Participate in state exercises or conduct an exercise to validate this Annex and supporting SOPs.
4. Support the Emergency Management Assistance Compact (EMAC) and International Emergency Management Assistance Compact (IEMAC), including the training of ESF



personnel on EMAC/IEMAC responsibilities and pre-identification of assets, needs, and resources that may be allocated to support other states/provinces.

5. Annually review the Federal Department of Homeland Security Core Capabilities and integrating tasks as appropriate.
6. Integrate NIMS principles in all aspects of planning for ESF 8.
7. Maintain notification systems to support emergency/disaster response.
8. Communicate and share plans and information across agencies with public health and medical responsibilities.
9. Identify potential emergency public health risks and issues and collaborate to develop or recommend protocols, procedures, and policies to prevent or mitigate their impacts.
10. Monitor and initiate planning and preparedness actions for the spread of potential illnesses and contagions throughout the world and their potential impact to the state.
11. Ensure the safety and security of the food supply within the state and prevent foodborne illness and injuries through inspection, enforcement, and education.
12. Monitor healthcare facilities for capacity, surge, developing trends, critical systems, and reportable illness investigation.
13. Participate in statewide planning for all matters relating to health and medical statewide, as well as developing annexes and appendices for different issues statewide to ensure common operating models and responses.
14. Provide, monitor, and maintain an interoperable information system utilized to maintain awareness of hospital status, facility census, and incident management, volunteer management, and resource management.

### **Response Actions**

1. Assign and schedule sufficient personnel to cover an activation of the SEOC for an extended period.
2. Provide information and status on health and medical efforts to SEOC Operations via WebEOC.
3. Provide updates and briefings for personnel reporting for ESF 8 duty.
4. Notify ESF 8 counterparts in the threatened or impacted areas.
5. Generate information to be included in SEOC briefings, situation reports, and/or action plans.
6. Evaluate and respond to ESF 8 mission/task requests including providing available resource equipment and personnel for fulfilling ESF missions, as well as maintain situational awareness of resources committed to an incident.
7. Consult incident-specific annexes for specialized actions.
8. Support requests and directives resulting from a Governor's State of Emergency Declaration and/or Presidential Disaster Declaration.



9. After reviewing reports, gathering and analyzing information and consulting with appropriate agencies, determine and provide the necessary level of assistance.
10. Coordinate the delivery of health and medical services, including the provision of medical personnel, equipment, pharmaceuticals, and supplies.
11. Coordinate resources to support response activities of personnel, commodities, and services in response to requests for public health and medical assistance.
12. Coordinate resources to support requests for medical services, including mental health and behavioral health services.
13. Coordinate activation of available public health, medical, and mortuary response teams as necessary.
14. Coordinate activation of state and local health, medical, and veterinary volunteers.
15. Maintain situational awareness of the status of licensed providers.
16. Coordinate resources to support healthcare system surge.
17. Monitor and coordinate resources to meet pharmaceutical needs, including identification and distribution of resources from available state pharmaceutical caches and the Strategic National Stockpile, when deployed.
18. Monitor healthcare facility bed availability.
19. Coordinate establishment of staging areas for medical personnel, equipment, and supplies.
20. Maintain situational awareness of deployed EMS assets.
21. Coordinate assistance to responsible entities in efforts to manage public health services.
22. Coordinate requirements for health surveillance programs.
23. Coordinate incident-specific public health messaging with ESF 15.
24. Support ESF 6 to determine the need for medical resource needs at shelters.
25. Coordinate medical decontamination for hazardous materials response.
26. Coordinate behavioral health services to affected individuals, families, communities, and responders.
27. Coordinate notification of teams for identification of deceased.
28. Coordinate DMORT services.
29. Coordinate collection and dissemination of information regarding the number of fatalities.
30. Coordinate supply and equipment procurement (e.g. refrigeration units, body bags, stretchers, embalming supplies, transportation), as required to maintain appropriate condition of the deceased until proper identification, notification, and disposition can be determined.
31. Coordinate and direct the activation and deployment of Emergency Medical Services (EMS) agencies. Maintain situational awareness of deployed EMS assets.

32. Coordinate with ESF 4 for the mobilization of ambulance task forces, if activated, to support the incident. If not activated, continue to assess the need to mobilize these resources.
33. Coordinate EMS transportation with healthcare facilities, as needed.
34. Coordinate resources to support requests for patient transport and evacuation.
35. Coordinate alternate care sites as necessary.
36. Coordinate healthcare facility reentry procedures, as necessary.

**37. Radiological Emergency Preparedness Actions**

Refer to the ESF 8 section of the *NH Radiological Emergency Response for Nuclear Facilities Incident Annex, Attachment A – Implementing Procedures for State Agencies*.

**Recovery Actions**

1. Coordinate resources to support the restoration of vital public health and medical support systems and facilities to operational status.
2. Coordinate the continued provision of behavioral health services to affected individuals, families, communities, and responders by implementing and maintaining an on-going crisis psycho-educational program throughout the affected area(s).
3. Support the operations necessary for the identification, registration, certification, and disposition of the deceased and their personal effects. Provide a final fatality report.
4. Maintain information and status on health and medical activities to SEOC Operations via WebEOC.
5. Continue to coordinate activities and requests with partner ESFs.
6. Prepare for arrival of and coordinating with FEMA ESF 8 personnel, as appropriate.
7. Generate information to be included in SEOC briefings, situation reports, and/or action plans.
8. Ensure ESF 8 lead and support agencies document event-related costs for any potential reimbursement.
9. Refer to the NH Recovery Annex, RSF 3 – Health and Social Services.

**Mitigation Actions**

1. Provide input to the State Hazard Mitigation Plan as needed.
2. Support and plan for mitigation measures, including monitoring and updating mitigation actions in the State Hazard Mitigation Plan.
3. Support requests and directives from the Governor and/or FEMA concerning mitigation and/or re-development activities.
4. Identify public health and medical hazards and vulnerabilities and collaborate to develop or recommend plans, protocols, procedures, and policies to prevent or mitigate their impact.
5. Promote mitigation planning to public health and medical organizations and facilities.

## Responsibilities

### General

1. Agencies will provide Subject Matter Experts (SMEs) to support ESF 8 in the SEOC.
2. Agencies will maintain inventories/databases, status of availability, and procedures to obtain access to and use of their health and medical assets.
3. Participate 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, contracts, etc.

### Agency Specific

#### Lead Agency

#### Department of Health and Human Services (DHHS)

1. Identify, train, and assign personnel to staff ESF 8 in the SEOC.
2. Notify all ESF 8 supporting agencies upon activation.
3. Assign personnel to the ESF 8 duty schedule at the SEOC.
4. Provide staff and resources necessary to conduct impact assessments of the affected area(s).
5. Coordinate any waiver of rules and regulations regarding licensed professional personnel.
6. Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during emergencies or disasters, including special medical needs and vulnerable populations' service agencies and advocacy groups.
7. Implement isolation and quarantine procedures, as appropriate.
8. Implement Medical Countermeasure operations as required.
9. Coordinate laboratory analysis of samples/specimens.
10. Coordinate waivers of rules and regulations regarding licensed healthcare facilities.
11. Maintain and provide a listing of licensed health care facilities including names of administrators and 24-hour phone numbers, as appropriate.
12. Identify and provide bed capacity and availability status of all inpatient care facilities throughout the state.
13. Provide crisis and behavioral health counselors to facilitate response and recovery.
14. Notify DHHS Auxiliary Response Team and ESU-managed volunteer teams, when needed, to provide personnel and resources for field operations. ESU volunteer teams include: NH Disaster Animal Response Team (DART); NH Disaster Behavioral Health Response Team (DBHRT); Medical Reserve Corps (MRC); Civilian/Community Emergency Response Team (CERT); Metropolitan Medical Reserve System (MMRS);



## Support Agencies

1. **Granite State Healthcare Coalition (GSHCC)**
  - a. Coordinate and communicate with healthcare sector.
  - b. When tasked, communicate with coalition healthcare partners and medical facilities.
  - c. Obtain current, relevant healthcare situational awareness and bed status.
  - d. Provide technical assistance to healthcare coalition partners and SEOC, when requested.
2. **NH Department of Agriculture, Markets and Food (DAMF)**
  - a. Provide technical assistance and guidance on animal health matters.
  - b. Provide guidance on fatality management of animal carcasses and waste.
3. **NH Department of Environmental Services (DES)**
  - a. Monitor environmental conditions to minimize public health threats.
  - b. Coordinate resources to determine the potability of water.
  - c. Ensure wastewater and solid waste are properly treated and disposed of from affected or overwhelmed areas.
4. **NH Department of Justice, Office of the Chief Medical Examiner (OCME)**
  - a. When Mass Fatality Plan is activated, coordinate support services as outlined in the plan.
  - b. Coordinate resources to assist with disaster mortuary services and deceased victim identification.
  - c. As needed, provide information to hospitals regarding notification and transportation of deceased to the incident morgue.
5. **NH Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FSTEMS)**
  - a. Coordinate EMS and medical transportation resources as needed.
  - b. Coordinate and direct the activation and deployment of EMS agencies.
  - c. Maintain and provide a listing of licensed ambulance services and certification levels of EMS personnel.
6. **NH National Guard (NHNG)**
  - a. Assist with security, equipment, facilities, and personnel to implement medical countermeasures operations.
7. **Regional Public Health Networks (PHN)**
  - a. Coordinate regional public health activities in their specific areas around the state.
  - b. Coordinate available personnel to assist in shelters and public health clinics.

- c. Provide support to public health response activities, including mass vaccinations, special medical needs sheltering, medical countermeasures, and other response efforts as needed.

## 8. Other Health and Medical Organizations

- a. 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 as needed.

## Resources

The following are potential resource needs to support ESF 8 missions/tasks:

### Equipment

1. Caches of health and medical supplies to include: personal protective equipment, CHEMPACK, special medical needs, mortuary supplies
2. Logistics trailers

### Contracts

1. Emergency Medical Supply Contracts: Boundtree, Moore Medical, McKesson
2. City of Franklin
  - a. Metropolitan Medical Response System Commander and Logistics Coordinator
  - b. Equipment/Supplies
3. Granite State Healthcare Coalition

## Coordination with Other Emergency Support Functions

ESF 8 will coordinate with other ESFs through the SEOC by:

1. Notifying organizations of available resources.
2. Providing availability of subject matter experts for specialized requests.
3. Providing health and medical support for other ESF responders and to meet needs, as requested and as capable.

## Mutual Aid

Lead and support agencies will maintain up-to-date Memorandums of Understanding (MOU), Letters of Agreement (LOA), etc., with other agencies, regions, states, or countries, as appropriate.

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, which may affect 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.

## Attachments

### Plans/Procedures, Etc.

1. High Threat Infectious Disease
2. Pandemic Influenza
3. Mass Fatality
4. Mass Casualty
5. Strategic National Stockpile All Hazards
6. Receive, Stage, and Store (RSS)
7. CHEMPACK
8. Repatriation Plan
9. Fire and EMS Mobilization Plan
10. Reception Center Operations manual

### Listings/Maps

1. New Hampshire Regional public Health Networks
2. New Hampshire Logistics Trailer Location List
3. New Hampshire Point of Dispensing Locations Map
4. New Hampshire Hospital and Medical Facilities Map
5. New Hampshire Pharmacy (commercial and hospital) location map
6. New Hampshire CHEMPACK Location Map

### Mutual Aid Agreements

## Record of Update

Date	Title and Agency of ESF Lead Approving Update

