

Massachusetts Emergency Support Function 8

PUBLIC HEALTH AND MEDICAL SERVICES

Responsible Agencies

State Agencies

Primary State Agency

Massachusetts Department of Public Health

Supporting State Agencies

Massachusetts Department of Mental Health

Massachusetts Office of the Chief Medical Examiner

Massachusetts Department of Environmental Protection

Supporting Federal Agencies

Federal Emergency Management Agency

United States Department of Health and Human Services

United States Department of Defense

1.0 INTRODUCTION

1.1 Purpose

Massachusetts Emergency Support Function 8 (MAESF-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 any disaster or public health emergency in the Commonwealth. This annex details how the Commonwealth 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.

1.2 Scope

This annex is applicable to agencies and departments of the Commonwealth, 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.

The objectives of MAESF-8 are to coordinate resources to support the following public health and medical core functions:

- Assessment of public health and medical needs.
- Public health surveillance, investigation, and disease control.
- Healthcare system surge capacity.
- Emergency medical services, including but not limited to Ambulance Task Force Mobilization.
- Health/medical supplies and equipment.
- Patient care.
- Evacuation of healthcare facilities and/or long term care facilities.
- Responder health and safety.
- All-hazards public health and medical consultation, technical assistance, and support.
- Mental health and crisis counseling.
- Behavioral health services.
- Medical countermeasures, including but not limited to Strategic National Stockpile receipt, staging, storage, and distribution.
- Toxicological assessment.
- Public health laboratory services.
- Food safety and security.

- Safety and security of drugs, biologics, and medical devices.
- Vector control.
- Public health information and risk communication.
- Enforcement of proper sanitation and biohazard control.
- Potable water, wastewater processing, and solid waste disposal.
- Mass fatality management, victim identification, family assistance, and mortuary services.

1.3 Policies

- This annex supports and does not supplant existing local, state, and federal health and medical laws, policies or regulations.
- Local public health and medical assets will remain in the control of the respective jurisdiction.
- State assistance provided to cities and towns may consist of personnel, equipment, facilities, materials and supplies, and/or subject matter expertise.
- State assistance will be prioritized in the following manner:
 - Life safety to include first responder safety and public health.
 - Protection of infrastructure and property.
 - Protection of the environment.
- 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 law.

2.0 SITUATION AND ASSUMPTIONS

2.1. Situation

Natural and human-caused disasters may result in the need for public health and medical resources, including mental and behavioral health resources. These resources may include facilities, personnel, equipment, and pharmaceutical and other supplies beyond daily operational needs. Local resources in affected areas may be damaged or inaccessible; key public health and medical personnel may be affected by the disaster; and the capacity of local jurisdictions to respond effectively may be overwhelmed. The need for public health and medical resources may far exceed available local and/or state resources to support incident response.

2.2. Planning Assumptions

- Local governments have day to day responsibility to address basic public health and medical needs for their residents.
- When an incident occurs, local government will use its own response resources first, supplemented if possible by resources available through mutual aid or private sector contracts. A local government will request state assistance when its ability to respond to the disaster is overwhelmed or is expected to be overwhelmed.
- Local public health and medical resources may be limited in availability during a disaster response or recovery, and demand for resources may quickly overwhelm local public health and medical capabilities for personnel, equipment and supplies.
- Access to impacted areas may be severely limited and reachable only via air or water.
- MAESF-8 responsible agencies maintain emergency operations plans, policies, and procedures.
- Maintaining coordination and situational awareness across MAESF-8 agencies regarding impacts to public health and medical systems and infrastructure and resource needs will be vital to conducting effective prevention, preparedness response, recovery, and mitigation activities.
- 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 chemical, nuclear, and industrial plants, sewer lines and water distribution systems, in addition to fires and hazardous materials spills or releases, 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 health and crisis counseling for survivors and responders.
- Assistance in maintaining the continuity of public health and medical 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 and injury.

- The state has resources and expertise that can be used to supplement local response efforts. Federal assistance will be requested to support state and local efforts if an incident exceeds state and local capabilities.
- Depending on the magnitude of the incident, resources from other states or the federal government may not be available for use in Massachusetts during the first 72 hours after the incident occurs.
- Patient tracking and coordination of family reunification during a Mass Casualty Incident (MCI).

3.0 CONCEPT OF OPERATIONS

3.1. General

This annex will be activated at the direction of the MEMA Director and/or SEOC Manager when there is a potential for or actual disaster situation affecting public health or medical services, requiring state resources. MEMA will notify the primary agency at the time of SEOC activation to provide for overall coordination of MAESF-8. All other agencies with responsibilities under MAESF-8 will serve as support agencies. The lead coordinating agency will provide direction to and work in conjunction with the support agencies to cohesively coordinate all state level activities associated with MAESF-8.

MAESF-8 reports to the SEOC Operations Section and has an indirect report to the Planning Section for situational awareness and pre-incident planning. Depending on the size, scope, and complexity of the incident, the SEOC organizational chart may be expanded, to ensure proper Span of Control is maintained. To accommodate this, the ESFs may be aligned in appropriate Branches, with similar MAESF's grouped together. In this scenario, MAESF-8 will be organized under the Health and Welfare Branch, together with MAESF's 6, 7, and 11.

3.2. Organization

- All personnel and activities associated with MAESF-8 will operate under the Incident Command System.
- The Massachusetts Department of Public Health (DPH) has been designated the primary agency for MAESF-8
- Each MAESF-8 agency shall designate a minimum of two persons who can represent their agency at the SEOC to support MAESF-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.

3.3. Notification

MEMA will notify the lead agency to report to the SEOC for coordination and implementation of public health and medical requests for assistance. The lead agency will determine which of the other MAESF-8 agencies will be activated, and request notification of agency contacts by MEMA. MAESF-8 staff at the SEOC will maintain situational awareness on the status of and capacity of public health and medical infrastructure. Each MAESF-8 organizations shall identify sufficient staff to support and carry out the activities tasked to their respective agency on a continuous and ongoing basis during an activation.

3.4. Activities

Responsible agencies for MAESF-8 will conduct the following actions:

a. Prevention Actions

- Communicate and share plans and information across agencies with public health and medical 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 Actions

- MEMA will convene regular meetings of MAESF-8 stakeholders and/or Emergency Support Function Team to review and update the MAESF-8 annex and related standard operating procedures.
- Develop and maintain internal agency operational plans and procedures, resource directories, and emergency contact lists to support MAESF-8 activities.
- Maintain current contact information for personnel identified to support MAESF-8 at the SEOC and supporting agencies and organizations.
- Ensure that MAESF-8 stakeholders notify MEMA of staff changes.
- Maintain current lists of agency facilities, equipment, and personnel and supplies.
- Complete appropriate training.
- Participate in exercises and training to test, validate, and provide working experience for MAESF-8 liaisons on this annex.
- Participate in exercises at the local, regional, state and national levels.
- Provide plan overview and training to MAESF-8 stakeholders.
- Maintain current ambulance task force mobilization plan.

c. Response Actions

Pre-Impact

Upon receiving notification to report to the SEOC in preparation of an incident, MAESF-8 agencies and organizations will complete the following actions commensurate with emergency priorities within the state and based on the availability of resources:

- Assign representatives to the SEOC in support of MAESF-8.
- Review relevant existing plans and procedures as detailed in this annex.
- Ensure respective agency decision makers are kept informed of the situation.
- Test communications and alerting systems.
- Monitor public health and medical activities, capabilities, and needs and provide this information as requested to the SEOC Operations Section.
- Provide public health and medical 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 and medical resources will be required.

Initial Response

- Monitor availability of public health and medical resources and provide updates to SEOC Operations Section as requested.
- Establish communications with appropriate agency field personnel (if field personnel are deployed) to coordinate response efforts.
- Provide public health and medical 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.
- Monitor healthcare facility 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.
- 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.

- Support MAESF-6 *Mass Care, Emergency Housing, Human Services* to determine the need for medical resource needs at shelters.
- Support MAESF-6 *Mass Care, Emergency Housing, Human Services* to determine the need for mental health resources for impacted populations and first responders in impacted areas.
- Support MAESF-11 *Agriculture, Animals and Natural Resources* for zoonotic disease surveillance and response, if necessary.
- Support MAESF-10 *Hazardous Materials and Environmental Protection*, MEMA and other appropriate agencies regarding mitigation of and response to hazardous materials and/or radiological, biological and chemical hazards.
- Support MAESF-15 *Public Information and External Affairs* in drafting risk communication messages and materials and public information releases.
- Support other MAESFs with various assessments as required by the event.
- When necessary, coordinate the activation of EMS waivers across the Commonwealth (through DPH Office of Emergency Medical Services).
- Implement patient tracking protocol and coordinate associated family reunification process as needed for an MCI.
- Coordinate with MAESF-4 *Fire Fighting* 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.
- 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 involving prolonged power outages, 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 in scene response and recovery of decedents, victim identification, family assistance, victim decontamination, and mortuary services.

Continuing Response

- Ensure ongoing communication with federal public health and medical partners, including but not limited to the United States Department of Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC).
- Coordinate resources to support response activities of personnel, commodities, and services in response to requests for public health and medical assistance.

- Monitor public health and medical resources and assessments and regularly update the WebEOC activity log/position log, or provide information to the SEOC Operations Section as requested.
- Regularly re-assess priorities and strategies to meet the most critical public health and medical needs based on incident priorities as described in the SEOC Roster.
- Provide regular updates on the status of all MAESF-8 missions in WebEOC and/or to the SEOC Operations Section Chief as requested.
- Coordinate activation of available public health, medical, and mortuary response teams as necessary.
- Coordinate activation of state and local health, medical, and veterinary volunteers.
- Coordinate resources to support requests for patient transport and evacuation.
- Coordinate resources to support requests for medical services, including mental health and behavioral health services.
- Coordinate resources to support requests for non-medical crisis counseling,
- Coordinate resources to support healthcare system surge.
- Coordinate resources to meet pharmaceutical needs, including identification and distribution of resources from available state pharmaceutical caches and the Strategic National Stockpile, when deployed.
- Wherever possible, coordinate the movement of public health and medical supplies, equipment, and support personnel to staging areas or other sites.
- Continue to coordinate patient tracking and family reunification as needed.
- Support provision of public information programs in coordination with MAESF-15 *Public Information and External Affairs*.

d. Recovery Actions

- Coordinate resources to support the restoration of vital public health and medical support systems and facilities to operational status.
- Provide assistance and technical expertise to damage assessment teams.
- Develop MAESF-8 strategies for supporting recovery operations in disaster areas.
- Compile public health and medical reports and other data for state officials.
- Follow MEMA procedures to pursue eligibility for financial reimbursement process for federal and other disaster relief.
- Coordinate with support agencies to ensure financial tracking of all deployed assets and adequate cost accounting measures are being used. Generate summary reports and share with the SEOC.

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

e. Mitigation Actions

- Conduct assessments of MAESF-8 capabilities to identify potential shortfalls.
- Develop plans to mitigate identified shortfalls.
- 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.
- Promote mitigation planning to public health and medical organizations and facilities.

4.0. RESPONSIBILITIES

4.1. MAESF-8 Primary Agency Responsibilities

- Regularly meet and coordinate with MAESF-8 supporting agencies, to:
 - Maintain a list of critical contacts, noting any changes to MEMA
 - Maintain a list of ESF-specific assets which could be deployed during an emergency
 - Maintain the ESF-8 Toolkit
 - Report any unmet needs to MEMA
- Staff the MAESF-8 desk at the SEOC.
- Identify and coordinate MAESF-8 staffing requirements at the SEOC, including identifying which support agencies are needed.
- Maintain Situational Awareness, monitor weather conditions, and ensure a state of readiness for the ESF.
- Coordinate with support agencies and MEMA to manage public health and medical service resources and prioritize need based on protection of life and property.
- Provide information to the SEOC Planning Section for SEOC Rosters and Situational Awareness Statements.
- Monitor public health and medical resources and assessments and regularly update the WebEOC activity log/position log, or provide information to the SEOC Operations Section as requested.
- Monitor and ensure completion of tasks assigned to MAESF-8.
- Resolve conflicting or unclear requests for assistance.
- Coordinate recovery actions with other support agencies and other MAESFs.

- While Primary Agencies are designated in advance, this may be subject to change during an SEOC Activation, dependent on the specific circumstances and needs of the incident, and therefore the agency most appropriate to take the primary assignment.

a. Department of Public Health

- Ensure that the safety and emergency needs of DPH clients and staff are addressed.
- Monitor and update WebEOC as needed.
- 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.
- If DPH has deployed in-field staff, coordinate with in-field representatives to obtain information and situational awareness. DPH may have deployed in-field staff to support the following activities:
 - Consulting with local public health representatives to provide an evaluation of the disaster and detail current conditions.
 - Providing technical assistance in public health and medical assessment and immediate response planning for the affected area(s).
 - Coordinating 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 Commonwealth.
- Assemble subject matter advisory groups to consult and review public health and medical intelligence information. Advise MAESF-8 on specific strategies to manage and respond to MAESF-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 hospital patients, and the triage and transport of impacted populations from the disaster area when evacuation is deemed appropriate by state authorities.
- Continuously acquire information about the disaster situation to assess the nature and extent of impacts to public health and medical systems, and establish appropriate monitoring and surveillance.
- Coordinate request for activation of Federal Disaster Medical Assistance Teams (DMATs) with FEMA/HHS, as appropriate.
- Coordinate with the National Disaster Medical System (NDMS) when federal NDMS assets are required.

- Monitor availability of ambulance service resources, including Ambulance Task Forces, and ensure appropriate waivers are in place.
- Activate patient tracking protocol and associated family reunification process for an MCI.
- Ensure 24/7/365 capability to contact healthcare facilities including but not limited to hospitals, ambulatory care clinics, mental health facilities, substance abuse facilities, skilled nursing facilities, nursing homes, assisted living facilities, dialysis centers, rest homes, hospices, and behavioral health and detoxification facilities.
- Coordinate with the American Red Cross and its Patient Connection program.
- Support MAESF-6 *Mass Care, Emergency Housing, Human Services* to determine medical resource needs at shelters.
- Support MAESF-3 *Public Works and Engineering* as it evaluates structural integrity of healthcare facilities if the structure is suspected to have been compromised.
- Activate the Nuclear Incident Advisory Team (NIAT) if needed.
- Support MAESF-10 *Hazardous Materials and Environmental Protection* responding to bio-hazardous, radiological, and mixed hazardous materials incidents.

4.2. MAESF-8 Supporting Agency Responsibilities

a. Department of Mental Health

- Ensure that disaster preparedness plans are in place, and have been tested for DMH facilities and contracted programs statewide.
- Ensure that the safety and emergency needs of DMH clients and staff are addressed.
- Should life safety issues require the evacuation and relocation of DMH hospitalized or residential facility patients, coordinate necessary support of the evacuation and transportation of patients and staff to a compatible location.
- Coordinate resources to provide crisis counseling to the impacted populations, affected members of the general public and first responders.
- Collaborate with DPH's Bureau of Substance Abuse (BSAS), Office of Preparedness and Emergency Management (OPEM), and other DPH partners to develop and maintain a Disaster Behavioral Health network of trained resources to address the immediate behavioral health needs of communities affected by all-hazards incidents.
- Provide and/or support Disaster Behavioral Health training for volunteer clinicians and support staff willing to respond to disasters.
- Maintain a roster of trained crisis and mental health counselors.
- Coordinate with FEMA and HHS to obtain federal crisis counseling funding and/or resources, as needed.

b. Office of the Chief Medical Examiner

- When Mass Fatality Plan is activated by the Chief Medical Examiner, coordinate support services as outlined in the plan.
- Coordinate Family Assistance Center with the designated entities in the Massachusetts Fatality Plan.
- Coordinate resources to assist with deceased victim identification.
- Coordinate resources to support disaster mortuary services, including Incident Morgue sites.
- As needed, provide information to hospitals regarding notification and transportation of deceased to the incident morgue.
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c. Massachusetts Department of Environmental Protection

- Coordinate resources to determine the potability of water.
- Ensure wastewater and solid waste are properly treated and disposed of from affected or overwhelmed areas.

4.3. Other Agencies

Other agencies not explicitly covered in this annex may have authorities, resources, capabilities, or expertise required to support MAESF-8 activities. These agencies may be requested to support MAESF-8 activities as needed.

5.0 ADMINISTRATION AND LOGISTICS

5.1. Staffing

As required by Massachusetts Executive Order 144, all MAESF-8 responsible agencies must designate a least two personnel to act as SEOC liaisons. These liaisons should be knowledgeable about the resources and capabilities of their respective agencies and have access to the appropriate authorities for committing said resources and capabilities.

5.2. Mutual Aid

The process for requesting mutual aid from entities either within or outside of Massachusetts is described in the “Mutual Aid” section of the State CEMP Base Plan.

5.3. Annex Review and Maintenance

This annex will be updated every two years at a minimum, in accordance with the Emergency Management Program Administrative Policy, and will ensure that appropriate stakeholder input is incorporated into updates. Additionally, the annex will be reviewed following any exercise or activation of the plan that identifies potential improvements. Revisions to this annex will supersede all previous editions and will be effective immediately.

6.0 AUTHORITIES, RESOURCES, AND REFERENCES

6.1. Authorities

a. State

- Public Health Emergency Powers
- Massachusetts Executive Order 144

b. Federal

- The Disaster Relief Act of 1974, Public Law 93-288, as amended
- Public Law 100-707, (Robert T. Stafford Disaster Relief and Emergency Assistance Act)
- Americans with Disabilities Act of 1990, as amended

6.2. Resources

- See Resources section of State CEMP Base Plan.

6.3. References

- Massachusetts Comprehensive Emergency Management Plan
- Ambulance Task Force Mobilization Plan
- Massachusetts Long-Term Care Mutual Aid Plan
- Massachusetts Medical Countermeasures Plan
- Massachusetts Department of Public Health Emergency Operations Plan
- Massachusetts Department of Public Health Duty Officers Manual
- Statewide Fire and EMS Mobilization Plan
- Massachusetts Infectious Disease Plan
- Smallpox Post-Event Vaccination Plan
- Radiological Emergency Response Plan
- Nuclear Incident Advisory Team Plan
- Mass Casualty Incident Plan
- Mass Fatality Operational Response Guidelines
- Disaster Behavioral Health Response Plan
- National Response Framework
- Massachusetts Fatalities Plan
- DPH Patient Tracking Protocol
- SEOC ESF SOP Guidance Document
- Threat Hazard Identification and Risk Assessment (THIRA)
- Hazard Identification and Risk Assessment (HIRA)
- State Hazard Mitigation Plan
- Cape Cod Emergency Traffic Plan