

Emergency Support Function #8 PUBLIC HEALTH & MEDICAL SERVICES

Lead Agency

- Virginia Department of Health (VDH)

Support Agencies and Organizations

- Virginia Department of Agriculture and Consumer Services (VDACS)
- Department of Behavioral Health and Developmental Services (DBHDS)
- Department of Environmental Quality (DEQ)
- Department of Game and Inland Fisheries (DGIF)
- Department of Military Affairs (DMA)
- Department of Social Services (VDSS)
- Virginia State Police (VSP)
- Virginia Voluntary Organizations Active in Disaster (VAVOAD)
- Department of Health Professions (DHP)

Purpose

Emergency Support Function (ESF) #8 provides the mechanism for coordinated assistance to supplement local government and non-governmental resources in response to public health and medical care needs. Veterinary and/or animal health issues are included, as is the coordination of fatality management operations, when appropriate.

- Patient care
- Safety and security of drugs
- Blood and blood products
- Food safety
- Agriculture safety
- Behavioral health care
- Potable water/wastewater disposal
- Veterinary medical support

Scope & Applicability

ESF #8 provides supplemental assistance to local governments in identifying and meeting the public health and medical needs of victims of an incident. This support is categorized in the following core functional areas:

- Assessment of public health/medical needs (including behavioral health)
- Public health surveillance
- Medical care personnel
- Medical equipment and supplies
- Emergency Medical Services
- Environmental health monitoring and response
- Fatality management
- Support to mass care and public works emergency support functions
- Patient evacuation

Policies

- All departments and agencies assigned responsibilities within this ESF will develop and maintain the necessary plans, standard operating procedures, mutual aid agreements, and model contracts to successfully accomplish their tasks.
- VDH is the lead agency for ESF #8, for federal and state public health medical expertise.
- VDH coordinates zoonotic disease response (diseases that can be transmitted from vertebrate animals to humans, e.g. rabies, anthrax, or ringworm).
- The Commissioner of Health will delegate operational authority over the agency's work units throughout the state

to the Deputy Commissioner of Public Health & Preparedness utilizing the incident command system.

- The VDH Emergency Coordination Center (ECC) and the local Health Department Operations Centers will serve to support the state and local Emergency Operations Centers.

Organizational Structure

ESF #8 coordinates the provision of all health and medical assistance to fulfill the requirements identified by the affected local governments or other appropriate authorities.

VDH's response capability is provided through the Central Office staff in Richmond, regional teams and field offices, the 35 local health districts and their respective local health departments, and by the OCME District Offices.

VDH's response is performed by the following central office divisions and offices: Office of Emergency Preparedness (OEP), Office of Epidemiology, Radiological Health Program (Rad Health), Office of Risk Communication, Education and Training (ORCE), Office of Emergency Medical Services (OEMS), Office of Drinking Water (ODW) and Office of the Chief Medical Examiner (OCME), and is supported by the DBHDS.

Field operations are carried out by VDH Local Health Districts, local EMS agencies, local Community Services Boards and specialized regional teams tasked with hazard-specific duties. District Health Directors and other field responders are part of local emergency management programs and will respond as indicated in local emergency operations plans.

Concept of Operations

The Commonwealth's plans for health and medical services are predicated upon the concept that emergency operations begin at the local level. District health directors, local emergency medical services agencies, local medical

examiners and local mental health services providers will respond in accordance with their jurisdiction's plans. State assistance will be provided upon request when emergency or disaster needs exceed local capabilities.

VDH internal plans and procedures provide the basis for more detailed appendices and procedures that may be used in an emergency response.

District Health Departments have been assigned emergency response and recovery duties and responsibilities and are required to develop and maintain an all hazards plan(s) as part of the local government and VDH plans. Hazard specific annexes to the VDH plan will contain more detailed procedures as needed, to include increased readiness action checklists and specific reporting requirements.

The VDH OCME maintains plans and procedures for management of mass fatalities under its jurisdictional authority for the state. Local and District Health Departments will refer to the OCME fatality management plan for deaths under Medical Examiner jurisdiction. As the Commonwealth's subject matter expert (SME) in fatality management, the OCME provides written guidance for localities on fatality management operations for deaths resulting from a naturally occurring disease outbreak, which are the responsibility of the locality.

1. Disease Prevention

The VDH Office of Epidemiology is responsible for developing plans and procedures for the surveillance and investigation of all reportable diseases, as well as emerging infectious diseases of public health importance. The VDH Office of Epidemiology and local health districts will disseminate plans and procedures as appropriate, and will manage resources and provide technical assistance in accordance with these plans.

VDH has developed emergency operations plans and procedures to:

- Maintain a surveillance system for the early detection of communicable diseases and other events of public health importance.
- Ensure the appropriate investigation of cases, contacts and/or other affected parties during an event of public health importance.
- Improve the ability of staff to make rapid decisions in a public health emergency.
- Implement measures to reduce the secondary transmission of communicable diseases during a public health emergency.
- Establish the capability to implement isolation or quarantine measures as needed during an event of public health importance.
- Maintain standards and monitor safety of food and water during an emergency; respond in a radiological emergency, and, provide support to Public Works and Engineering for water and waste water programs.

The OCME may assist with disease investigation through its statutory requirement to assume jurisdiction over deaths suspected of resulting from:

- Infectious diseases originating from either a bio-terrorism event or the initial presentation of an emerging infection leading to an epidemic. The OCME does not have jurisdiction over clearly natural deaths due to natural disease under non-suspicious circumstances, e.g. influenza deaths.
- Natural events (e.g., hurricane, earthquake) as well as nuclear, biological, chemical or other mass fatality events.

- Homicidal, suicidal, accidental, or undetermined causes related to a mass casualty event. Bioterrorism deaths are homicides.

The OCME will also act as the SME for all Fatality Management Operations in the Commonwealth.

2. Medical Supplies, Equipment, and Dispensing

VDH is responsible for coordinating the availability of emergency life-saving pharmaceuticals and/or medical supplies to the general public, hospitals, healthcare providers and partner agencies. A limited quantity of pharmaceuticals, nerve agent antidotes and medical supplies are maintained for this purpose through various mechanisms such as the State Pharmacy, local Health Departments, Metropolitan Medical Response System (MMRS) caches, Chempacks, etc. Once local and state resources are deemed insufficient to accommodate the situation, VDH will activate the Commonwealth's Strategic National Stockpile (SNS) Plan, and through that plan, request Federal SNS Program assistance.

Roles & Responsibilities

Virginia Department of Health

- Health Districts have the responsibility for the establishment of dispensing sites. Staffing and operation of the dispensing sites is the responsibility of the Health District and city or county government.
- Prevention of disease to include surveillance and investigation of diseases and other conditions, implementation of intervention measures and environmental and water quality response.
- Dispense medical supplies and equipment; and providing life-saving pharmaceuticals and medical supplies with or without the activation of the SNS.

- Mass Patient Care to include pre-hospital emergency medical services, hospital care and partnership with the intra-state aid and the National Disaster Medical System.
- Fatality Management operations and coordination to include post mortem disease surveillance, death scene management operations, forensic examinations and collections, victim identification services and ante-mortem data collection with oversight provided by the OCME.
- Provide guidance and technical assistance regarding emergency evacuation of persons with functional needs.
- Assess public health and medical needs to include support of regional and local teams.
- Patient evacuation in cooperation with federal, local, and private organizations.
- Assist with the planning for and coordination of transporting seriously ill or injured patients and medical needs populations from casualty collection points in the impacted areas.
- Assist local and federal responders with a coordinated response in support of emergency triage and pre-hospital treatment, patient tracking, and distribution.
- Provide appropriate personnel, equipment, and supplies for deployed public health and medical teams.
- Provide support for public health matters for radiological incidents. Support multiagency response to a domestic incident as necessary and appropriate.

Virginia Department of Agriculture and Consumer Services

- Ensure an integrated response to provide for the safety and well-being of household pets and service and companion animals.
- Ensure safety of food and water sources regulated by VDACS.
- Assist VDH with investigation of any outbreak of a highly contagious or economically devastating animal/zoonotic (i.e., transmitted between animals and people) disease pertaining to livestock and poultry.
- Provide appropriate personnel, equipment, and supplies for deployed public health and medical teams.

Department of Behavioral Health and Developmental Services

- Coordinate the provision of mental health services to include crisis counseling in emergencies.

Department of Environmental Quality

- Provide technical assistance and information on the environment including atmospheric release of hazardous materials and information on protective actions.

Department of Game and Inland Fisheries

- Assist VDH with investigation of zoonotic disease outbreaks.
- Manage wildlife populations to minimize impacts on human and animal populations.
- Monitor wildlife populations for event related impacts.

Department of General Services

- Provide public health and diagnostic laboratory services at the Division of Consolidated Laboratory Services (DCLS) laboratory to support public health investigations.

Department of Military Affairs

- Provide logistical support to public health/medical response including medical personnel for casualty clearing/staging and other missions as needed like aero-medical evacuation and medical treatment.
- Emergency decontamination capabilities.
- Chemical and radiological detection, and identification and monitoring capabilities.
- Provide security for SNS as available.

Department of Social Services

- Provide direction, support and advice on mass care sheltering services; addressing the needs of at-risk population groups.
- Virginia 2-1-1 System serves as the public health information call center during public health emergencies and mass casualty incidents

Virginia State Police

- Provide security for SNS; secure movement of needed blood and blood product supply; and quarantine enforcement assistance, if necessary.
- Establish an adult missing persons call center and assist in disposition of cases.
- Share missing person data with ESF #8 in support of identification of the dead and seriously wounded.

- Supports local death scene investigations and evidence recovery.
- Conduct Casualty Notification services when requested by the OCME.

Virginia Voluntary Organizations Active in Disaster

- Provide specific health and/or medical support or response teams in emergencies based on their charters and authorities.

Department of Health Professions

- Provide information and advice on the delivery of health care by licensing qualified health care professionals.
- Enforce standards of practice and provide information to practitioners and consumers on health care services.

Authorities & References*Authorities*

- Robert T. Stafford Disaster Assistance and Emergency Assistance Act, Public Law 93-288, as amended, Section 416.

References

- EMAP 4.6.3: The emergency operations/response plan shall identify and assign specific areas of responsibility for performing essential functions in response to an emergency or disaster. Areas of responsibility to be addressed include: public health and medical services

Attachment 1 – Mass Care

Purpose

To assist local governments and hospitals in caring for significant numbers of casualties during an incident.

Organizational Structure

On the state level VDH, through the OEMS and the Regional Hospital Coordinating Centers, is responsible for coordinating the provision of requested resources to assist localities in the provision of effective, rapid medical care after a mass casualty event that exceeds the localities' capabilities.

Concept of Operations

The EMS system during a Mass Care Incident consists of licensed emergency medical services agencies, trauma centers and hospitals (with operating emergency departments, as well as hospital surge capacity), deployable specialized medical teams, related health facilities capable of supporting emergency care and the fatality management system and federal assets.

Local emergency medical services (EMS) consist of: government, commercial, and volunteer agencies. Pre-hospital care is provided by ambulance and rescue organizations, and by combination agencies.

Hospitals: Acute care hospitals include Level I, Level II and Level III Trauma Centers. Other acute care hospitals not designated as trauma centers offer emergency care at varying levels of complexity and include three federally operated Veterans Administration hospitals which will be available for the treatment of non-veteran patients during a federally declared disaster.

Regional EMS Organizations: Regional Emergency Medical Services Councils and Regional OEMS Program Representatives who provide knowledge of the local resources available to assist with regional mutual aid response.

1. Hospital Coordination

Hospitals are organized, for planning and response, into six regions. Each region has identified a Regional Healthcare Coordinating Center (RHCC). In response to an event requiring coordination of information and/or medical resource allocation among hospitals within a region or among hospital regions, the RHCC will be activated for emergency coordination.

The role of the RHCC is to assess the current capacity, capability and resource needs of the regional hospitals and appropriately re-allocate medical material, equipment and personnel within the region. If regional resources are insufficient to meet current or projected needs, the RHCC requests support from other hospital regions.

VDH will monitor hospital status from the VDH ECC, facilitate the inter-regional re-allocation of medical resources and initiate the appropriate resource request for interstate or federal support to the VEOC via the ECC ESF-8 desk.

Each hospital region's RHCC will be activated when local conditions dictate and as indicated by the need to disseminate emergency information to all regional hospitals or among RHCCs and the VDH. The RHCC structure is in addition to and does not replace the relationships and coordinating channels established between the individual health-care facilities and their local emergency coordinating centers and/or health department officials. This structure is intended to enhance the communication and coordination of specific issues related to the healthcare component of the emergency response system at both the regional and state levels.

2. State Organization

The Office of EMS coordinates Health and Medical Emergency Response Teams (HMERT) that include EMS Task Forces and Responder Rehabilitation Strike Teams comprised of all

volunteer staffing. When available, these teams can deploy with vehicles and personnel to support and/or augment EMS resources in an affected locality.

3. Mutual aid and Federal Organization

Additional medical resources, patient evacuation, mortuary and veterinary assistance, and other support may be needed to accommodate a response. These may be made available through state resources, e.g., statewide mutual aid, as well as EMAC and federal avenues. These resources, if needed, will be requested.

Attachment 2 – Emergency Mental Health Services

Purpose

To assist responders by the provision of behavioral health services during an incident.

Organizational Structure

The DBHDS is responsible for the coordination of and provision of mental health services to include Psychological First Aid counseling coordination in emergencies.

These services are to be provided by the DBHDS and the community services boards across the Commonwealth and agents hired to augment staffing during an event and period of recovery immediately following any event with a Presidential Declaration including Individual Services authorization defined by SAMHSA as Immediate Services Program and the Regular Services Program period.

Concept of Operations

In the event of a major disaster, the DBHDS will conduct or implement the following actions:

- Assure that the state’s DBHDS facilities and community services boards are aware of their responsibilities in the event of a major disaster, participate in local emergency services planning activities, and have in place necessary procedures and plans for responding to major disasters.
- Direct the state’s DBHDS facilities to implement their emergency preparedness plans, to include provisions for relocating patients/residents as required.
- Direct the state’s DBHDS facilities and community services boards to establish liaison with local governments and to assist with local emergency operations, as appropriate. Implement psychological first aid counseling services as agreed in local Emergency Operations Plans.

- Provide SAMHSA CCP grant application and management assistance, supervising vendor and community services board staff who are providing psychological first aid counseling services during a major disaster. If needed, Community services board(s) in the disaster area should request DBHDS to coordinate with other community services boards in unaffected areas of the state in order to send additional psychological first aid counseling staff to help in designated disaster area(s).
- Provide additional assistance as requested by the VDEM, within the capability of the Department, to include on-site visits to assess service needs and the provision of needed technical assistance.
- Provide support and assistance to community services boards and other local agencies, volunteer associations and federal agencies according to the capability of its facilities, during emergency operations.
- In the event of a major disaster, through mental health centers or other programs, provide crisis counseling services following a major disaster (if there is a Presidential disaster declaration authorizing the use SAMHSA Grant or Stafford Act funding in support of crisis counseling funding). The grants and applications provision of these services shall be coordinated with DBHDS, local emergency management officials and VDEM.

Attachment 3 – Mass Fatality Management

Purpose

To ensure an effective and coordinated response to incidents that result in any number of fatalities that exceeds the capabilities of local governments.

Organizational Structure

The VDH, Office of the Chief Medical Examiner (OCME) will assume the lead role in fatality management for deaths that fall under the statutory authority of OCME. For OCME deaths, the OCME will directly coordinate fatality operations with local and federal Law Enforcement, Emergency Medical Services, Hospitals, Incident Command, Federal Disaster Mortuary Operational Response Teams, local, state or federal Hazardous Material Teams, Funeral Directors and any other responding organizations/agency(ies) involved with fatality management. Local or District Health offices will report to the OCME if they become involved in fatality management operations.

Concept of Operations

OCME does not have jurisdiction over clearly natural deaths due to natural disease under non-suspicious circumstances, e.g. seasonal influenza deaths. OCME will investigate naturally occurring deaths which may represent an emerging infection that could pose a public health threat, but for any additional deaths once the agent is known, the decedent's physician is required to sign the death certificate for his/her patient. The OCME is available to act as the SME for the Commonwealth in a natural disease event and will assist law enforcement in decedent identification.

VDH, Office of the Chief Medical Examiner, has a statutory responsibility to assume jurisdictional authority over all deaths in Virginia which meet the following criteria (per Code of Virginia § 32.1-277 to 32.1-288.):

- Accidental deaths during or following natural events (e.g., hurricane, earthquake) as well as nuclear, biological, chemical or other fatality events.
- Homicidal, suicidal, accidental or undetermined causes related to a mass casualty event. (Bioterrorism deaths are homicides.)
- Suspected infectious diseases that may represent a bio-terrorism event or the initial presentation of an emerging infection that may result in an epidemic.

The OCME will provide guidance on unusual circumstances in which deaths should be reported for investigation by the Medical Examiner system. To determine if avian influenza, pandemic flu, emerging infection or bioterror agent has arrived in Virginia, the OCME will take jurisdiction in a limited number of cases to establish the index case for the following situations:

- A death that meets criteria for an emerging infection and needs to be confirmed by culture of blood and tissues. This includes the first “native” cases of pandemic flu in Virginia.
- Illness and death in an animal worker (e.g., poultry, swine) where illness is suspected as flu, to confirm whether or not flu had been contracted from animal exposure.
- Any flu-like illness resulting in the death of a family member/companion of a poultry worker to prove human to human

transmission. The worker should also be tested if not done so previously.

- A death of an individual who has traveled to or from a high risk area.
- The first diagnosed case in a hospital that needs documentation of virus in tissue.

OCME will coordinate the documentation, numbering, collection, recovery, transportation, storage, examination identification and release of human remains to 'Next-of-Kin' for cases falling under OCME jurisdiction.

When the OCME has jurisdiction, it will coordinate its activities at the scene with the lead investigative law enforcement or HAZMAT authority, at both the District and Central OCME offices. During augmentation or activation of the Virginia Emergency Response Team (VERT) the OCME will coordinate with the Virginia EOC and VDH ECC. During times when the VEOC and VDH ECC are under normal operations the OCME will keep both informed of the situation and conditions of the event.

Resource requests for OCME fatality operations will go directly to the ESF #8, Health and Medical Services at the state EOC. Operations Officers for the event will be notified of OCME requests to keep the local incident command staff and the local ESF #8 desk at the local EOC informed. Local governments are expected to provide all required services (Family Assistance Centers, fingerprinting, forensic photographers, etc.) to the OCME to identify decedents falling under their jurisdiction.

OCME expects that agencies and organizations involved in a response may include but not be limited to some or all of the following: VITA, DFS, DOC, VDGIF, VDOT, VDEM and the Virginia Funeral Directors Association.