



STATE OF UTAH

EMERGENCY OPERATIONS PLAN



ESF #8

Health and Medical Services

- Primary Agency:** Utah Department of Health
- State Agencies:** Department of Agriculture and Food
Department of Environmental Quality
Department of Human Resources
Department of Public Safety
Utah National Guard
- Local Agencies:** Local Health Departments
- Voluntary Organizations:** American Red Cross
Utah Voluntary Organizations Active in Disaster
- Federal Agencies:** Centers for Disease Control and Prevention
Department of Health and Human Services
Food and Drug Administration
Environmental Protection Agency

I. INTRODUCTION

A. Purpose

1. To provide coordinated local, tribal, State, and/or federal assistance in response to health and medical care needs during and following an incident. Resources will be furnished when county and local jurisdictional resources are overwhelmed and when public health and/or medical assistance are requested.
2. To assure continuance of medical care services and the availability of medical supplies to the impacted area(s)
3. Coordinate and support emergency medical treatment of disaster mass casualties/fatalities
4. Coordinate and support assessment(s) of public health/medical need(s)
5. Coordinate and support health surveillance to detect health and medical trends
6. Coordinate or provide public health and medical consultation and technical assistance

B. Scope

Emergency Support Function (ESF) #8 - Health and Medical Services involves supplemental assistance to county and regional entities in identifying and meeting the public health and medical needs of survivors of an incident. This support is categorized as follows:

1. Assessment of public health and medical needs
2. Disease control and epidemiology
3. Unified Statewide Laboratory Services
4. Health and medical care personnel
5. Health and medical equipment and supplies
6. Patient evacuation
7. Coordination of hospital care
8. Food and drug safety
9. Emergency responder health and safety
10. Radiological/chemical/biological hazards
11. Critical Incident Stress Debriefing
12. Public health information release
13. Vector control and monitoring
14. Potable water, wastewater, and solid waste disposal for medical usage
15. Medical Command and Control
16. Emergency Medical Services
17. Mass fatality and disaster mortuary operations

The Department of Health (UDOH), in its primary agency role for ESF #8 - Health and Medical Services, directs the provision of the State health and medical assistance to fulfill the requirements identified by the affected county and local authorities having jurisdiction. Included in ESF #8 - Health and Medical Services are overall public health response; triage, treatment, and transportation of disaster victims; and working with local systems to assist in the evacuation of patients out of the disaster area as needed. Assistance in pre-event evacuation may also come under the purview of ESF #8 - Health and Medical Services whenever such patients or clients of the State are involved. The intent of ESF #8 - Health and Medical Services is to supplement county and local governments affected by the emergency or disaster by using resources primarily available from the following sources:

1. Resources available within the UDOH
2. Supporting departments and agencies to ESF #8 - Health and Medical Services
3. Resources available from the Federal Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) to

include, but are not limited to: National Disaster Medical System (NDMS), Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), Disaster Portable Morgue Unit(s) (DPMU), Department of Defense fixed wing aircraft through NDMS, and Medical Countermeasures (MCM) assets through the HHS/CDC and strategic ambulances through the National Ambulance Contract.

4. Statewide resources to include, but are not limited to: UDOH Adult and Pediatric Emergency Medical Service (EMS) Strike Teams, Local EMS air and ground providers, private ambulance services, commercial and private donations of goods and services and local Medical Reserve Corps (MRC) units.
5. ESF #8 - Health and Medical Services has field deployment capability in the form of UDOH Adult and Pediatric EMS Strike Teams. In accordance with assignment of responsibilities in ESF #8 - Health and Medical Services and further tasking by the primary agency, each support organization participating under ESF #8 - Health and Medical Services will contribute to the overall response but will retain full control over its own resources and personnel.
6. ESF #8 - Health and Medical Services is the primary source of public health and medical response information for all State officials involved with response and recovery operations.
7. Any assets deployed under the National Response Framework (NRF) for ESF #8 in response to an event will be coordinated by the State ESF #8 - Health and Medical Services. All federal public health and medical response to an event must be requested by and is subordinate to the State ESF #8 - Health and Medical Services operations.
8. It is understood that the next level of response assistance available to the State is a federal regional response and clear lines of communication and expectations will be established on a routine basis with FEMA Region VIII headquarters.
9. ESF #8 - Health and Medical Services will not release medical information on individual patients to the general public to ensure patient confidentiality protection.
10. Statewide information for missing or dead persons as a result of a major disaster will be coordinated by UDOH in conjunction with DEM and American Red Cross (ARC). Local sheriff's offices and law enforcement will compile information regarding missing persons. The Utah Office of the Medical Examiner (OME) will identify deceased persons.

II. POLICIES AND AUTHORITIES

- A. [Utah Code 26-8a-308 \(1\) \(a\)](#), allows for the exemption of licensing of out-of-state medical personnel that may be used in a disaster or catastrophic incident.
- B. [Utah Code 26-1-30 \(1\)-\(31\)](#), allows the department to exercise, but not limited to, the following powers and duties: investigate and enforce rules to protect the public health or to prevent disease and illness, investigate and control causes of epidemic and other

diseases, establish and maintain isolation and quarantine, and exercise physical control over property when necessary to protect the public health.

- C. [Utah Code 26-23b-103\(1\)-\(3\)](#), a health care provider shall report any illness or health condition that may be caused by bioterrorism, epidemic or pandemic disease, fatal infectious disease or biological toxins to the department or appropriate local health department.
- D. [Utah Code 26-23b-104\(3\)\(a\)](#), allows concurrence with the governor and department executive director or designee the issue of a public health emergency order and mandate reporting if the department determines a public health emergency exists.
- E. [Utah 26-23b-105](#), pharmacist shall report unusual drug related events, increase in prescriptions for antimicrobials, prescription that treats a disease that has bioterrorism potential, and unusual increase in sales of over-the-counter pharmaceuticals.
- F. [Utah Code 26-23b-108](#), allows the department to ascertain, investigate, and act on suspected bioterrorism and disease illness or condition.
- G. [Utah Code 53-2a-211 \(1\) \(a\) \(i\)](#) allows the governor or designee to purchase medical supplies for public use in a declared disaster.
- H. [Utah Code 53-2a-603](#) allows for funds from the State Disaster Recovery Restricted Account to be utilized for medical triage.
- I. [Utah Code 53-2a-108](#) allows for emergency energy resources to be used in medical care facilities.

III. SITUATION AND ASSUMPTIONS

A. Situation

The number of casualties and fatalities resulting from an incident might overwhelm medical and mortuary services. Hospitals, nursing homes, pharmacies, and other health and medical facilities may be severely damaged or destroyed. Those facilities, which survive with little or no structural damage, may be rendered unusable or only partially usable because of a lack of utilities (power, water, and sewer) and/or the inability of staff to report for duty. Medical facilities remaining in operation may be overwhelmed with minor injuries and seriously injured victims transported there or who self-present in the immediate aftermath of the disaster. Due to massive increases in demand and the damage sustained, medical supplies (including pharmaceuticals), and equipment will probably be in short supply. Disruption in local communications and transport systems could prevent timely replacement of supplies.

Local jurisdictions have the primary responsibility for delivering public health, medical, and mortuary services during a disaster. However, due to the increased demand on normally adequate quantities of health resources with affected jurisdictions, the UDOH will coordinate the use of statewide health resources in support of local health, medical and mortuary needs.

B. Assumptions

The following assumptions have been made:

1. Public health and medical care services are essential elements of an incident response. State government must maintain the capabilities to initiate coordinated emergency health and medical care.
2. The State may augment local governments and request federal emergency medical assistance during an incident (see ESF #8 of the NRF and Appendix 1 (NDMS) to this ESF).
3. Health and medical issues that may need to be addressed include: multiple deaths and injuries, behavioral health crisis counseling; environmental contamination; transportation of medical casualties out of disaster area; infectious disease control; public information and education; assistance and guidance to hospitals, health care providers and first responders; patient or individual medication renewals or prescription replacements for lost medications and provision of emergency medical services.
4. A major medical and environmental emergency resulting from chemical, biological, radiological nuclear (CBRN), weapons of mass destruction (WMD) or hazardous materials accident could produce a large concentration of specialized injuries and problems that could overwhelm the local, tribal, and/or State public health and medical care system(s). In the event of a suspected or confirmed chemical, biological, or radiological act of terror, supplemental assistance to local governments will be provided to identify the agent, stabilize and mitigate the circumstances, treat patients, and provide technical assistance until federal resources are in place to support on-going incident management activities.
5. Resources within the affected disaster area will be inadequate to clear casualties from the scene or treat them in local medical care system(s). Additional mobilized State capabilities will urgently be needed to supplement and assist county and local governments to triage and treat casualties in the disaster area and then transport them to the closest appropriate hospital or other health care facility. Additionally, re-stocking of medical supplies will be needed throughout the disaster area.
6. In a major incident, patient transport will be necessary. Transportation could be by ground or air to the nearest area where patient needs are matched with the necessary definitive medical care. The transportation and coordination with receiving hospitals will require significant coordination.
7. In a major incident, hospital operations would have high volume of patients with low number of beds available. In addition, hospitals could face low numbers of medical staff reporting to work.
8. Damage to chemical and industrial plants, sewer lines, water systems, and secondary hazards such as fires, will cause environmental and public health hazards to the surviving population and response personnel; including exposure

to hazardous materials, and contaminated water supplies, crops, livestock, and food products.

9. Assistance in maintaining the continuity of health and medical services will be required with specific concern for implementation of communicable disease services (prevention, surveillance, etc.).
10. The Unified State Laboratory will be over-burdened and will have to request from other local and out-of-state laboratories.
11. Fatalities and casualties may be so contaminated by a technological incident as to pose a health hazard to responders.
12. Disaster fatalities can be so mutilated that extensive forensic science techniques must be used for identification.
13. A mass casualty event may require implementation of regional emergency medical services control plans.
14. The regional ESF # 8 - Health and Medical Services representative will maintain coordination with the State ESF #8 - Health and Medical Services Coordinator, appropriate State medical and public health officials and organizations to obtain current medical and public health assistance requests. It is anticipated that most requests will be made by telephone, email, radio, or face-to-face conversations rather than by formally written requests.
15. ESF #8 - Health and Medical Services will utilize locally available health and medical resources to the extent possible to respond to the disaster.
16. A disruption in energy supplies, including electricity, natural gas and motor fuel, will compound the difficulties encountered in providing health and medical services. Local, State, tribal health, and medical services providers must identify contingencies for addressing energy shortfalls in advance of an incident.

IV. CONCEPT OF OPERATIONS UDOH

- A.** UDOH will participate in the EOC and will respond to the incident, as outlined in the Public Health Response Plan. The UDOH Department Operations Center (DOC) may be activated to support the EOC. The UDOH will provide resources as available to local and county agencies and organizations when requested.
- B.** The UDOH will provide logistical, resource management and state-coordinated response support to this ESF through the EOC and the UDOH DOC.
- C.** Primary and support agencies will use locally available health and medical resources to the extent possible to meet the needs identified by jurisdictional authorities. Additional requirements will be met primarily from prearranged sources throughout the State.
- D.** Upon Presidential Declaration of a large-scale and catastrophic incident, UDOH may access the National Disaster Medical System (NDMS) through FEMA's National Response Coordination Center (NRCC) to meet State health and medical needs. The NDMS is a federally coordinated program that augments emergency medical evacuation response of local medical organizations (see Appendix 1 to this ESF).

- E.** Throughout the response period, ESF #8 - Health and Medical Services will evaluate and analyze medical and public health assistance requests and responses, and develop and update assessments of medical and public health status.
- F.** ESF #8 - Health and Medical Services will maintain accurate and extensive logs to support after-action reports and other documentation of the disaster conditions.
- G.** Because of the potential complexity of health and medical response issues and situations, conditions may require special advisory groups of subject matter experts to review health and medical information and to advise on specific strategies to employ to most appropriately manage and respond to a specific situation.
- H.** When National Disaster Medical System (NDMS) assets outside the State are requested, UDOH will coordinate directly with NDMS representatives for the deployment of those assets.
- I.** Tracking of patients during an incident is critical. UDOH will utilize the Utah Patient Assessment Tracking System (UPATS) available throughout the healthcare system in Utah, to track the location of patients being admitted to or treated by health care facilities. In order to ensure compliance with patient privacy laws, health care providers will carefully coordinate the release of any patient information.
- J.** Arrangements for medical transportation should be made at the lowest levels possible. Normally transportation requirements are to be handled by local authorities. If it is determined by State ESF #8 - Health and Medical Services that local or county resources are inadequate to meet the requirements, a request for federal medical transportation assistance may be worked at the FEMA Region VIII ESF #8 level.
- K.** The ESF #8 - Health and Medical Services staff at the EOC will continuously acquire and assess information about the disaster situation. Staff will continue to identify the nature and extent of health and medical problems, and establish appropriate monitoring and surveillance of the situation to obtain valid ongoing information. Staff will primarily rely on information via the UDOH Department Operations Center from the disaster area that is furnished by representatives at the local or county level who are responsible for ESF #8 - Health and Medical Services assignments.
- L.** UDOH OME will coordinate federal Disaster Mortuary Operations Response Team (DMORT) assistance.

V. ROLES AND RESPONSIBILITIES

Primary Agency and Responsibilities	
Primary Agency	Responsibilities
Department of Health	<ul style="list-style-type: none"> • Coordinate mortuary resource support • Request support to local coroners in identifying the deceased and taking care of them • Coordinate and support the provision of health and medical services and resources acting as a primary agency and as outlined in the following appendices of this ESF #8 - Health and Medical Services; Appendix #1 - NDMS, Appendix #2 - Public Health, and Appendix #3 - MCM. Provide technical, medical and resource assistance as a support agency as outlined in other annexes and appendices of this plan • Provide leadership in directing, coordinating, and integrating the overall State efforts to provide medical and public health assistance to the affected area • When allowed and approved by Local Health Officers, coordinate the activation and deployment of voluntary Medical Reserve Corps (MRC) • Coordinate volunteer/private, regional, State and federal resources of health and medical personnel, supplies, and equipment • Coordinate the evacuation of patients from the disaster area when evacuation is deemed appropriate by State authority • Establish, as needed, active and passive surveillance systems for the protection of public health • Request and coordinate the following resources as needed: <ul style="list-style-type: none"> ▪ Basic and Advance Life Support and Basic Life vehicles ▪ Emergency Medical Technicians ▪ Paramedics ▪ Medical equipment and supplies ▪ Nurses/RNs/LPNs ▪ Nurse's Aides (CNAS) ▪ Health administrators ▪ Pharmacy services ▪ Physicians ▪ Environmental health specialists ▪ Laboratories and laboratory personnel ▪ Nutritional services

	<ul style="list-style-type: none"> ▪ Epidemiology experts ▪ Dental care ▪ Dietitians ▪ Immunizations ▪ Case management ▪ Outreach capability ▪ Aircraft (fixed wing/rotary wing/medical evacuation) ▪ Public information and education
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Support Agencies and Responsibilities	
Support Agencies	Responsibilities
Department of Agriculture and Food	<ul style="list-style-type: none"> • Provide technical advice and assistance regarding the handling and disposition of contaminated and non-contaminated animal remains • Monitor and test affected area for food supply, livestock, and pet animal contamination that may be detrimental to public health • Maintain public welfare and health through issuance of incident-related public information notices on food security, food contamination/disposal issues and the care of pets, livestock, and crops/gardens, etc. within the disaster area
Department of Environmental Quality	<ul style="list-style-type: none"> • Support local issuance of boil orders and notices of unsafe drinking water • Provide technical assistance and advisories in the collection, treatment, storage or disposal of human, solid and hazardous waste • Assisting in the restoration of wastewater collection and treatment systems for affected facilities • Assist UDOH and responding federal agencies in the identification and management of chemical agents resulting from a terrorist incident involving WMD or other human-caused accident • Monitor radiological issues • Identify ecologically sensitive areas • Provide assistance as required
Department of Human Services	<ul style="list-style-type: none"> • Coordinate and provide stress counseling
Department of Public Safety	<ul style="list-style-type: none"> • Provide and coordinate security for emergency transportation of medical supplies.

	<ul style="list-style-type: none"> • Provide assistance in establishing transportation routes for transporting injured patients. • Perform activities identified in Appendix #3 - MCM to this ESF #8 - Health and Medical Services upon requisition and deployment of the MCM
Division of Emergency Management	<ul style="list-style-type: none"> • In coordination with UDOH, request activation of the NDMS and/or the MCM as requested and required. The request for MCM resources must come from the Governor • In coordination with UDOH, request DMORT assistance • Coordinate federal assistance with the disaster-designated Federal Coordinating Officer (FCO) upon receipt of a major disaster declaration • Coordinate the activation and implementation of all State resources • Perform activities identified in Appendix #3 - MCM to ESF #8 - Health and Medical Services upon requisition and deployment of the MCM • Coordinate with the UDOH on distribution of information through the JIC
Utah National Guard	<ul style="list-style-type: none"> • Provide medical and health service liaisons in conjunction with state resources and Department of Human Services (DHS), and Disaster Medical Assistance Teams to support the National Defense Medical System • Assist with transportation and security for distribution of supplies, food, medical supplies and personnel • Assist in providing transport of sick or injured persons • As needed and available, provide air or ground distribution of, immunizations, medical supplies, and health care providers including movement and distribution security • Provide assistance with security of quarantine areas, medical facilities, hospitals, and local distribution centers • Coordinate medical logistics and ambulatory support for supported patients and casualties • Perform activities identified in MCM Appendix #3 to ESF#8 - Health and Medical Services upon deployment
All support agencies	<ul style="list-style-type: none"> • On completion of the emergency, support agencies will assist in the preparation of the after-action report and endorse the final report. The after-action report, which summarizes the major activities of ESF #8 - Health and Medical Services, will identify key problems; indicate how they were solved, and make recommendations for improving response operations in subsequent activations.

Local Agency and Responsibilities

Local Agency	Responsibilities
Local Health Departments	<ul style="list-style-type: none"> • Provide health services and resources to their local population • Where possible, local health departments will send a representatives to staff the ESF#8 - Health and Medical Services position in appropriate local EOCs • Local health departments can request assistance, services and other resources from State agencies through county EOCs • Provide incident information and communication through the UDOH DOC for coordination between local EOC's, the State ESF #8 - Health and Medical Services desk and EOC

Voluntary Organizations and Responsibilities

Voluntary Organizations	Responsibilities
American Red Cross	<ul style="list-style-type: none"> • Provide assistance with prescription replacements, emergency aid in shelters and aid stations • Provide coordination of blood and blood products in their responsible areas • Provide a representative liaison to the EOC upon activation and in support of ESF #8 - Health and Medical Services
Utah Voluntary Organizations Active in Disaster	<ul style="list-style-type: none"> • Coordinate voluntary agencies that are able to provide resources to the affected areas • May be requested to provide a representative/liaison in the EOC upon activation and in support of this ESF

Federal Government Entities and Responsibilities

Note: Certain federal resources may be requested and provided prior to a Presidential Declaration. Upon receipt of a Presidential Declaration and in accordance with U.S. Department of Homeland Security (DHS) directives, FEMA will assume the Lead Federal Agency role in ensuring resources are made available to support State, tribal, and local.

Following a Presidential Declaration assistance through federal organizations is as follows:

Federal Organizations	Responsibilities
Centers for Disease Control and Prevention	<ul style="list-style-type: none"> • Provide guidance to assist in establishing surveillance systems to monitor the general population and high-risk population segments • Carry out field studies and investigations • Monitor injury and disease patterns and potential disease outbreaks • Provide technical assistance and consultations on disease and injury prevention and precautions
Department of Health and Human Services	<ul style="list-style-type: none"> • Provide public health and medical care resources to augment local, tribal, and State medical systems • Provide mortuary support team personnel and resources in the event of a mass fatality incident • Coordinate the need for veterinary care and resources • Provide technical assistance and consultation for field medical systems and operations
Food and Drug Administration	<ul style="list-style-type: none"> • Ensure the safety and efficacy of regulated foods, drugs, biologic products, and medical devices following a major disaster or emergency • Arrange for seizure, removal, and/or destruction of contaminated or unsafe products
Environmental Protection Agency	<ul style="list-style-type: none"> • Assist in establishing public drinking water surveillance systems and identifying alternate public water sources