

MONTANA DEPARTMENT OF PUBLIC HEALTH &
HUMAN SERVICES

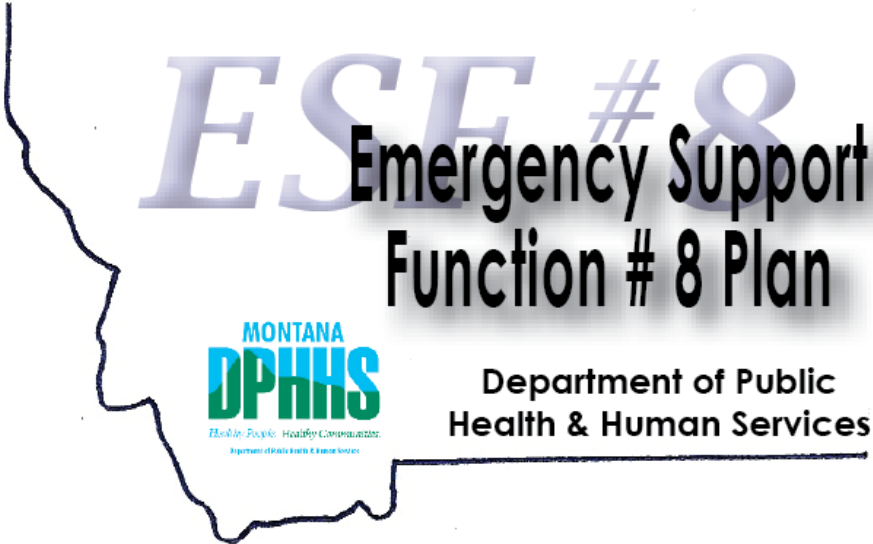


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The Department of Public Health and Human Services schedules a regular review of all Department Emergency Operations Plans, Supporting Annexes, Standard Operating Procedures, and other guidance documents used to respond to public health emergencies.

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Section I: Purpose, Scope, and Assumptions

Purpose

This Montana Department of Public Health and Human Services (DPHHS) Emergency Support Function #8 *Public Health & Medical Services* (ESF#8) Annex is written as a provisional planning document for the DPHHS Emergency Operations Plan (EOP). Its intent is to meet the emergency response requirements assigned by the State through the *Montana Emergency Response Framework (MERF)*, maintained by the Montana Disaster Emergency Services (DES). This plan provides a framework for addressing temporary and short-term support for public health and medical services in the event of a disaster or emergency overwhelming local or tribal capabilities. This plan is supported by other EOP annexes, standard operating procedures (SOP), guides, and other planning elements.

Scope

DPHHS provides guidance and information to coordinate support for local, tribal, state, and volunteer organizations to address the delivery of public health and medical services and programs to assist Montanans threatened by potential or actual disasters. Although DPHHS is the assigned primary agency for ESF#8, its activities might depend on the resources and services offered by other ESF assignees and other emergency response partners. This plan does not define or supplant any emergency operating procedures or responsibilities for any other agency or organization, including the support agencies defined in the MERF and here-in.

ESF#8 responses include addressing medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of individuals classified as having access, functional, or special needs.

The development of this plan is governed by the principle of all-hazards planning, pertains only to DPHHS, and is not limited by the nature of any particular emergency or disaster event. This approach allows the flexibility for DPHHS to respond with equal effectiveness to all events, hazards, emergencies, and disasters or other events that affect public health and the recovery of essential human services in Montana.

The ultimate responsibility for provision of ESF#8 services rests with the local government. This plan can be used to support ESF #6 Public Health and Medical Services operations. Other agencies with State assigned ESF duties might also need ESF#8 assistance as managed by the DES State Emergency Coordination Center (SECC).

Situation

Montana is vulnerable to several hazards that might need assistance from state government agencies. These hazards include, but are not limited to, wildfires, earthquakes, floods, HazMat incidents, communicable disease outbreak or other public health events, and severe weather. The MERF outlines the breadth of vulnerability to hazards endemic to Montana.

Victims of disasters or emergencies might encounter medical emergencies, face the spread of disease, or require mental and behavioral support to survive. Transient individuals, such as tourists, travelers, students, and the pre-disaster homeless, could be involved. Food and relief items could become scarce or compromised. A disaster could also adversely affect persons considered at-risk or having functional needs, including those with pre-existing disabilities, creating a need for medical care and public health support.

Assumptions

For the purpose of designing responses in an all hazard environment, this annex outlines the following assumptions.

- A significant public health event can happen at any time and have the potential to impact several health jurisdictions in Montana
- A public health or medical event that exceeds the response capacities of a local or tribal government will require state or federal assistance
- Environmental and public health hazards could overwhelm healthcare facilities
- Local or tribal public health departments have current emergency operation plans which were shared with local emergency managers
- The state might be required to provide leadership and coordination in carrying out emergency response and recovery efforts in the areas of public health and medical issues
- City, county, and tribal emergency operation managers will have documents and resource lists that describe the relevant medical resources in their jurisdictions (e.g. local nursing homes, hospitals, quick response units, ambulance services, morgue locations, or mutual aid agreements for EMS and public health needs)
- Disruption in communications and transportation might adversely affect availability of pharmaceutical and medical equipment supplies

Section II: Concept of Operations

Tribal and local emergency managers provide initial responses to the needs of emergency and disaster victims. When local resources and disaster coordination needs are exhausted, emergency managers will request assistance from the State. Local authorities retain responsibility for all response and recovery operations.

DPHHS will conduct ESF#8 coordination operations according to the current policies, rules, and laws of Montana. It can do so proactively in response to incidents that could require coordination or resource assistance to tribal, local, or other State agencies. Also, the SECC can request ESF#8 activation as it coordinates broad responses to disasters and emergencies. DPHHS maintains situational awareness and can elevate its level of response when necessary.

This plan is supported by several standard operating procedures (SOP) and other EOP annexes to guide development of incident action plans.

Functional Need and Vulnerable Populations

DPHHS will work closely in its ESF #8 responsibilities with other public and private agencies to coordinate timely and appropriate support to individuals with functional or special needs resulting from a disaster. Functional need populations are defined, for the purpose of ESF #8 response activities, as vulnerable or at-risk people having functional health needs beyond their capability to maintain during an emergency.

Activation

The implementation of any EOP annex in response to an emergency or crisis that elevates daily functions is an activation of ESF#8 activities within DPHHS. However, a formal ESF activation request from the SECC to support broader emergency response operations requires a consultation among the SECC Manager and the DPHHS Incident Command Advisory Group (ICAG), the DPHHS Director, the Public Health & Safety Division Administrator, or any of their designees.

The following circumstances could result in an activation of ESF #8 operations.

- Anticipation of ESF #8 services as a result of a disaster or calamity in the State of Montana
- Response to a direct request for assistance from local, tribal, or other emergency response partner

Upon notification of an incident, designated subject matter experts will evaluate the need, relevance, and level of response. ICAG could also determine these elements if the emergency has the potential for greater public health impact. The agency will also consult with the appropriate response partners and stakeholders to support operational functions.

Operational Functions

The operational functions of ESF#8 are Public Health and Medical Services. DPHHS coordinates or assists ESF#8 partners to address these response needs (see Section III: Roles & Responsibilities) and provides technical support to local and tribal governments for behavioral health, public health and medical infrastructure.

Public Health

The public health component of ESF#8 involves the coordination of public health activities and resources beyond the capabilities of a local or tribal health department. It also involves providing technical assistance and advice and could rely on state or local partners to assist with implementation. The elements of these responses include

- Public health and medical needs assessments
- Disease surveillance and outbreak control measures
- Request activation and deployment of the federal Strategic National Stockpile (SNS)
- Food and Agriculture integrity evaluations and food safety guidelines
- Potable water, wastewater, and solid waste management guidelines
- Public health and medical information
- Mass fatality management, victim identification, and decontamination of remains

Note: ESF#8 responsibilities for mass fatality events are dictated by the Administrative Rules of Montana (ARM) for mass fatality events is a responsibility of local and tribal health with coordinated assistance from DPHHS and its response partners. {[37.116.101](#) DEFINITIONS; [37.116.102](#); DEATH OF A PERSON WITH AN INFECTIOUS DISEASE AND NOTIFICATION OF MORTUARY; [37.116.103](#) TRANSPORTATION OF DEAD HUMAN BODIES; [37.116.104](#) PROHIBITIONS: [37.116.105](#) EXCEPTIONS}

Medical Services

The medical services component of ESF#8 involves the coordination of medical related emergency responses beyond the capabilities of local or tribal health care providers. The elements of these responses include

- Provision of health, medical, and veterinary personnel, equipment, and supplies
- Patient evacuation and care

- Blood and blood products
- Safety and security of hospital resources and medical supply, including pharmaceuticals, biologics, and medical devices
- Mental health services and behavioral health counseling to victims and responders

Note: ESF # 8 provides crisis-counseling services to individuals and groups impacted by the disaster situation. Mental health professionals and substance abuse counselors provide a source of education and outreach regarding unhealthy coping mechanisms that could include alcohol or drug use as a response to stress. Crisis counseling is a time-limited program designed to assist victims and survivors of a disaster as they return to their pre-disaster level of function.

Section III: Roles & Responsibilities

The ultimate responsibility for public health and medical services for citizens rests with local and tribal level governments. Local and tribal planning efforts should include the unique notification, assistance, and support needs of their access and functional needs populations, as well as those with behavioral and mental issues.

DPHHS conducts its ESF#8 responsibilities through the supporting annexes of its departmental EOP. These annexes address the particular functions of public health and human services necessary in a disaster or emergency and are activated independently or conjunctively for each occurrence. These planning documents also provide the foundation for creating incident specific plans as appropriate.

In its response to any emergency, crisis, or public health event, DPHHS might ask for assistance from other ESF agencies through the SECC to either directly or peripherally support ESF#8 operations. Each agency is responsible for developing their own operating procedures and is *not* directed by DPHHS. Agency capabilities are affected by available resources and the size and scope of the incident. As such, support is “as able.

Organization	Roles & Responsibilities
Department of Public Health & Human Services	<p>DPHHS is lead coordinating agency.</p> <p>Public Health Emergency Preparedness Office (PHEP) PHEP is located in the Communicable Disease Control and Prevention Bureau of the Public Health and Safety Division. It is the office responsible for coordinating DPHHS responses to disasters and emergencies with health care implications in Montana. In such events, PHEP establishes and maintains an Incident Command System to coordinate and support response operations to implement emergency plans when appropriate.</p> <ul style="list-style-type: none"> • Coordinate and facilitate the State’s response and support to incidents affecting the public’s health and medical requirements • Coordinate risk communication and public information with DPHHS Public Information Office staff • Maintain a 24-hour duty officer program to facilitate processing and responding to incoming incidents, emergencies, or disasters • Activate, operate, and maintain the Department Operations Center (DOC) to support response operations through planning, logistics, and other incident management functions • Provide emergency management expertise regarding public health and healthcare infrastructures

	<ul style="list-style-type: none"> • Liaison with other state and local agencies with overlapping areas of response • Coordinate procurement and distribution of health and medical equipment, medicine, and supplies • Manage DPHHS resources for emergency response (i.e. communications equipment) • Arrange for healthcare personnel surge activities <p>Incident Command Advisory Group (ICAG) The Incident Command Advisory Group (ICAG) provides expert technical, scientific, and administrative advice in support of the mission and objectives of an emergency response. The group gives direction to the DPHHS Incident Commander (IC) or performs as a unified command. This group advises all aspects of the response and recovery, including developing incident objectives and managing all incident operations.</p> <p>The ICAG is responsible for:</p> <ul style="list-style-type: none"> • Assessing public health situations for response • Selecting additional Subject Matter Experts (SME) as necessary • Recommending operational actions and strategies • Recommending an operation activation level for a public health event
<p>Disaster & Emergency Services (DES)</p>	<p>DES is the primary coordinating agency for all State disasters and emergencies. It manages resources and support to local, State, and non-governmental organizations (NGO).</p> <ul style="list-style-type: none"> • Activate and manage the State Emergency Coordination Center (SECC) • Coordinate other State ESF resources in response and recovery operations • Coordinate mutual aid and federal assistance, including Mutual Aid Agreements (MAA), Emergency Management Assistance Compact (EMAC), and federal assistance
<p>Local & Tribal Health Jurisdictions</p>	<p>Emergency response is based on the principle that local and tribal authorities bear initial and continuing responsibility for incident response. LHJs are responsible for identifying and investigating public health events and reporting these events to DPHHS. LHJs assist DPHHS in the administration of public health services and functions.</p> <ul style="list-style-type: none"> • Maintain and update their EOPs to include coordination with DPPHS during an emergency or disaster response • Maintain open communication with DPHHS to sustain situational awareness • Comply with PHEP grant requirements that build or sustain their jurisdictional capacities to meet or surpass the National Standards for Public Health Preparedness Capabilities (March 2011)

<p>Montana Healthcare Coalitions (HCC)</p>	<p>Healthcare coalitions in Montana coordinate within their geographical boundaries for preparedness, response, and recovery issues. Although not response organizations themselves, the agreements amongst their member entities provide the framework for disaster and emergency response.</p> <ul style="list-style-type: none"> • Serve as a reference point for healthcare related resources • Advises local emergency managers regarding healthcare needs during disaster response operations • Maintains healthcare situational awareness during disaster and emergency responses • Coordinates information sharing with DPHHS <p>Local Health Care Facilities</p> <ul style="list-style-type: none"> • Maintain emergency operations plans as required of organizations that receive Medicaid funding • Coordinate the plans with their local disaster and emergency services representative • Maintain communication with State agencies and their Healthcare Coalition
<p>Local Volunteer and Civic Organizations</p>	<p>Some volunteer and civic organizations, whether independent or chartered with national or state affiliations, may choose to offer assistance in response to disasters and emergencies. Local public health agencies or emergency managers may request their help as well. Some of these organizations have actively participated in community emergency planning and have agreed to certain roles such as donations management or volunteer management.</p>

Coordination and Information Exchange

DPHHS will notify supporting ESFs directly or through the SECC as necessary to assist in coordination of those ESF#8 operations outside the functional responsibilities of DPHHS.

Section IV: Maintenance

PHEP formally reviews all components of the DPHHS EOP, including this annex, on a five-year cycle. This cycle allows DPHHS to update and review internal directives and external rules and regulations for information that could impact emergency preparedness planning and response. A preparedness planning review group, convened by PHEP, conducts this assessment to determine if it meets all essential factors identified in applicable State and Federal guidelines. The group offers advice and suggestions on appropriate emergency planning and construction of the document. PHEP will perform appraisals between formal reviews to determine whether the annex accurately reflects current response capabilities of the agency.

The assessment will

- Evaluate relevant procedures, equipment, systems, and training
- Verify or validate roles and responsibilities
- Ensure compatibility and coordination with related emergency preparedness documents

Minor corrections, edits, updates, or adjustments in this document do not need vetting by a review group. Changes are tracked in a versioning method and in the Record of Change log.

Exercises

This annex or any of its components could be exercised separately or in conjunction with other exercises. Exercises will be used under simulated, but realistic, conditions to validate policies and procedures for responding to specific emergency situations and to identify deficiencies that need to be corrected. Personnel participating in these exercises should be those who will make policy decisions or perform the operational procedures during an actual event (i.e. critical personnel). Exercises are conducted under no-fault pretenses.