Public Health, Medical, and Mortuary Services

Emergency Support Function (ESF) 8

Coordinating:

Department of Health (DOH)

Primary:
Department of Health (DOH)

Supporting:	
Department of Social and Health Services (DSHS)	Washington State Pharmacy Association (WSPA)
Department of Agriculture (WSDA)	Department of Licensing (DOL)
Department of Ecology (ECY)	Department of Transportation (WSDOT)
Department of Enterprise Services (DES)	Washington Military Department (WMD)
Department of Fish and Wildlife (WDFW)	Department of Corrections (DOC)
Department of Labor and Industries (L&I)	Washington State Patrol (WSP)
Washington Association of Coroners and Medical Examiners (WACME)	Washington State Health Care Authority (HCA)

Purpose

This document is a supporting annex of the State of Washington's Comprehensive Emergency Management Plan (CEMP), its Response Plan Annex, and operates in conjunction with all its additional annexes. The Department of Health (DOH) will activate, coordinate, and deploy ESF 8 resources and capabilities to public health emergencies and incidents:

- Where response may require the coordination of one or multiple jurisdiction(s) or agencies, where the local jurisdiction lacks the capacity to manage public health and/or emergency medical response without technical assistance.
- During any incident where a Presidential Emergency or Major Disaster Declaration may be requested surrounding an emergency or other stated need.
- Under the direction of the Secretary of Health.
- Under the direction of the Governor by executive order or proclamation.

ESF 8 coordinates the mechanisms for assistance in response to an actual or potential public health and medical disaster or incident by ensuring the proper execution of the Public Health, Health Care, and Emergency Medical Services, and Fatality Management Services Core Capabilities and Public Health Response Priorities.

Scope

During a public health and medical services emergency response, state departments and agencies retain their respective administrative authorities, but coordinate within the ESF 8 structure to uphold the mission to support affected local jurisdictions. ESF 8 stakeholders are involved in a wide spectrum of activities involving public health, emergency medical services, health care delivery, and mortuary services.

The following are the Core Capabilities ESF 8 may be involved in based on the roles and responsibilities of the ESF. Primary Core Capabilities are the responsibility of ESF 8 while other ESFs may support them.

Primary Response Core Capability	
Public Health, Healthcare, & Emergency Medical Services	Provide lifesaving medical treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support and products to all affected populations.
Fatality Management Services	Provide fatality management services, including decedent remains recovery and victim identification, and work with local, state, Tribal, territorial, insular area, and Federal authorities to provide mortuary processes, temporary storage or permanent internment solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.

The Supporting Core Capabilities are those that ESF 8 supports while another ESF is primarily responsible. The following Supporting Core Capabilities are based on the intersecting activities with other ESFs: Planning; Public Information and Warning; Operational Coordination; Environmental Response/Health and Safety; Mass Care Services; On-Scene Security, Protection, and Law Enforcement; Operational Communications; and Situational Assessment.

Support Response Core Capabilities	
Planning	Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or tactical-level approaches to meet defined objectives.
Public Information and Warning	Deliver coordinated, prompt, reliable, and actionable information to the whole community using clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay

Support Response Core Capabilities	
	information regarding any threat or hazard, as well as the actions being taken, and the assistance being made available, as appropriate.
Operational Coordination	Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of Core Capabilities.
Environmental Response/Health and Safety	Conduct appropriate measures to ensure the protection of the health and safety of the public and workers, as well as the environment, from all hazards in support of responder operations and the affected communities
Mass Care Services	Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.
On-Scene Security, Protection, and Law Enforcement	Ensure a safe and secure environment through law enforcement and related security and protection operations for people and communities located within affected areas and for response personnel engaged in lifesaving and life-sustaining operations.
Operational Communications	Ensure the capacity for timely communications in support of security, situational awareness, and operations, among and between affected communities in the impact area and all response forces.
Situational Assessment	Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.

Authorities and Policies

See the Washington State Comprehensive Emergency Management Plan and its Response Plan Annex for further umbrella authorities and policies to which this plan adheres to and derives authorities from.

Federal

Legal Authority when the Secretary for the US Department of Health and Human Services (HHS) Declares a Public Health Emergency

HHS Secretary may be authorized or directed to take other actions when the President declares a major disaster or an emergency under the Robert T. Stafford Act or the National Emergencies Act. Under Section 319 of the Public Health Service (PHS) Act, the Secretary of the Department of Health and Human Services can declare a Public Health Emergency (PHE). A PHE can be a necessary step in authorizing certain Secretarial discretionary actions. These discretionary actions are key in delineating the authority which enables the ESF 8 to enact and accomplish its primary and support core capabilities. The National Health Security Strategy (NHSS) is a portion of this authority. The NHSS is a strategic plan developed by HHS to help minimize the consequences associated with significant health incidents. Section 2802 of the Public Health Service Act provides the statutory authority and requirements for the NHSS. The activation of the NHSS enables ESF 8 to accomplish its primary and support core capabilities.

Revised Code of Washington (RCW) - Statutes

RCW 43.20A– Department of Social and Health Services

Department of Social and Health Services: Addresses the capabilities and legal authority of the Department of Social and Health Services. The code also outlines the programs under the authority of DSHS such as long-term care licensing, homeless support systems, and services for people with disabilities.

RCW 43.70.130 and 43.70.020(3) State Department of Health – Powers and duties of the Secretary of Health (Excerpt)

Authority to activate ESF 8 lies in these RCWs, and they outline the authority to act on behalf of protecting the public's health in all facets: response, communication, identification, reporting, laboratories, and all core capabilities of the ESF.

RCW 43.70.680 Volunteers for emergency or disaster assistance

DOH is authorized to contact persons issued credentials to ask them if they will register as volunteer workers. *This is directly applicable to staffing and supporting public health and health care services for the betterment of the public health and emergency medical services provided by ESF 8.* For further information, please reference RCW 70.15, the Uniform Emergency Volunteer Health Practitioners Act.

RCW 70A.15.3130 – Department of Health powers regarding radionuclides

Defines the enforcement powers of DOH with respect to emissions of radionuclides. *This authority is critical for ESF 8 in supporting environmental response and health and safety.*

RCW 70A.388.040 – State Radiation Control Agency

Designates DOH as the state radiation control agency having sole responsibility for administration of the regulatory, licensing, and radiation control provisions. *This authority is critical for the ESF 8 in supporting environmental response and health and safety.*

RCW 70.104.030 Chem/Toxicology

Provides investigative authority to DOH surrounding cases of suspected pesticide poisoning of animals that may relate to human illness and all human cases. *It is critical to include the origins and causes of potential zoonotic diseases and how they affect human health regarding mass care, planning, operational coordination, environmental response, operational communications, and situational assessment.*

RCW 70.05.070 Local health officer – powers and duties

Enforce the public health statutes of the state, rules of the state board of health and the Secretary of Health, and all local health rules, regulations, and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70.119A.030. ESF 8 interactions and coordination with local health jurisdictions and officers is crucial in achieving the protection and management of the public's health due to the Local Health Officer's legal authority and obligation to carry out those duties.

RCW 70.05.060 Powers and duties of local board of health

Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction. These powers and duties enable local boards of health to interact fully with the agents, agreements, capabilities, and support functions of the ESF 8.

Washington Advisory Code (WAC) – Administrative Regulations

WAC 43.19 Department of Enterprise Services

Establishes that the department will provide products and services to support state agencies and may enter into agreements with any other governmental entity or a public-benefit nonprofit organization, in compliance with RCW 39.34.055, to furnish such products and services as deemed appropriate by both parties. This includes managing statewide contracts, developing procurement policies, providing engineering services and contracts for state

facilities, real estate services, and managing the state fleet vehicle rentals to support the goals of ESF 8.

WAC 246-100 Communicable Diseases

Delineates how local health jurisdictions (LHJs), the state, and other partners will cooperate to prevent, prepare, notify, and investigate the spread of communicable disease; including procedures for isolation or quarantine and denotes the regulations under which a local health officer may order involuntary detention of a person or group of persons (or animals) for purposes of isolation or quarantine. *This clarifies 'how' the ESF 8 can and will support LHJs and partners in executing their emergency plans and responses surrounding public health and medical service emergencies.*

WAC 388 Department of Social and Health Services (specifically -97 and -78A)

WAC Title 388 contains the regulations of the Department of Social and Health Services (DSHS). The chapters within this WAC that relate to the ESF8 plan include limited-English proficient services, Skilled Nursing facilities, assisted living facilities, housing and essential needs referral, and deaf and hard of hearing services, and an emergency cash assistance program.

Important Agency/Organization Policies

Crisis Care

Washington State's updated Crisis Care guidance reflects a key statewide commitment by health partners to work together and share resources and information should implementation of Crisis Care become necessary; no single hospital or region goes into it alone. To be clear, the Governor and State Emergency Management Division oversee the process for state-level emergency proclamations, including Crisis Standards of Care or a level of Crisis Care. Crisis Care usually follows a formal declaration or recognition by state government during a pervasive or catastrophic disaster which recognizes that contingency medical surge response strategies have been exhausted, and crisis medical care must be provided for a sustained period of time.

Washington State's crisis response framework relies on coordinated leadership across state, local, Tribal, healthcare, and federal partners. When necessary, the Department of Health, in concert with other state health agencies (e.g. Healthcare Authority) and the State Emergency Management Division organizes the state's requests for federal-level Public Health Emergencies that often provide certain waivers necessary for managing healthcare surge. Local health jurisdictions and emergency management agencies direct response efforts within their communities, supported by regional healthcare coalitions that facilitate situational awareness, clinical coordination, and resource sharing. Individual healthcare facilities can declare an internal disaster and activate appropriate disaster plans from their emergency operations plans. Individual healthcare facilities implement operational changes to maintain care delivery. Tribes

exercise sovereign authority while coordinating with state and federal partners. Federal agencies provide additional resources, regulatory flexibility, and national emergency declarations to support response and recovery efforts.

Executive Order 22-02 Achieving Equity in Washington State Government

Washington's state government recognizes and embraces its responsibility to dismantle discrimination and institutional and systemic barriers to fulfill its public service mandate to ensure that all people have full access to opportunities to flourish and live healthy, successful lives. *This clearly states that all state efforts, including during emergent responses, must incorporate equity in plans and actions.*

Executive Order 04-05 Washington Statewide Independent Living Council (WASILC)

This executive order establishes the Washington Statewide Independent Living Council and outlines its role. The council's responsibilities that complement the ESF 6 plan include coordinated activities with the State Rehabilitation Council, the State Rehabilitation Council for the Blind, and other councils that address the needs of populations with disabilities.

Situation Overview

An emergency or disaster may cause unprecedented need for public health support and the deployment of emergency medical services. Sufficient resources may not be available to state and local jurisdictions to meet emergency requirements to contain, respond to, and recover from emergencies. ESF 8 should be activated:

- During incidents where response may require the coordination of multiple jurisdictions or agencies, where the local jurisdiction lacks the capacity to manage public health and/or emergency medical response without technical assistance.
- During any incident where a Presidential Emergency or Major Disaster Declaration may be requested surrounding an emergency or other stated need.
- Under the direction of the Secretary of Health.
- Under the direction of the Governor by executive order or proclamation.

The mission of ESF 8 is to strengthen collaboration and coordination among, and support for, public health and medical stakeholders that have the legal authorities, resources, and capabilities to support local, Tribal, and state jurisdictions during emergencies that affect public health, medical, and mortuary services.

Large-scale public health emergencies (such as intense earthquakes, volcanic eruptions, pandemics, infectious diseases, floods, critical supply chain disruptions, etc.) may require

implementation of public health measures to respond to public health threats and emergency medical situations.
Public health emergencies and disasters disproportionately impact populations that are: low income and/or experiencing poverty; unhoused; migrants; medically frail; living with disabilities or special medical needs; experiencing access and functional needs challenges; incarcerated; culturally, historically, linguistically, geographically isolated or marginalized; and/or are heavily dependent on social services to support daily health needs.

Disasters cause damage to critical infrastructure including roads, bridges, communications lines, power grids, water and sewer systems, and other additional systems that may exacerbate public health impacts and hamper response efforts. Primary medical treatment facilities may be damaged or inoperable. Rapid damage assessments and prioritizing medical service restoration during disaster recovery are necessary to stabilize the medical support system. A large-scale disaster may generate patient volumes well exceeding the capacity of health care systems requiring medical surge response at the local, Tribal, state, and federal levels. Additional local, Tribal, state, or federal capabilities may be needed to assist in the triage and treatment of casualties and with transporting casualties to the closest appropriate hospital or health care facility.

The Preservation of life safety is always a top priority for any event requiring an ESF 8 activation and response. The following factors may affect the statewide ESF 8 response:

- The nature, scope, and severity of a public health emergency or disaster and the level of response capability in place at the local, state, Tribal, and federal levels.
- The Secretary of Health may direct the statewide health, medical, and mortuary response as necessary and authorized by state law to protect the public's health.
- The Secretary of Health, upon conferral with SMEs and advisors, will determine prioritization of available medical services when resources are scarce across multiple jurisdictions, implementation of Crisis Care on an intrastate regional level, and direction of federal and interstate mutual aid resources.
- Disease and environmental surveillance, Intelligence gathering, and investigation activities are prioritized to directly support life safety.
- Public health and medical services, resources, facilities, and personnel may be limited in availability or capacity.
- Public health emergencies may require the distribution, management, dispensing and administration of medications and medical supplies in large quantities over short time periods.

Concept of Operations

The graphical representation of ESF 8 CONOPS can be found in the **References and Supporting Guidance** section found at the end of this document.

Coordinating and Primary Agency: Department of Health

The Revised Code of Washington (RCW) authorizes DOH to respond to public health emergencies. DOH is required to provide leadership and coordination by identifying and resolving threats to the public's health. As the ESF 8 primary coordinating agency, DOH will:

- Work with local health jurisdictions and local governments, Tribes, Tribal organizations, Indian health programs, non-governmental organizations, and health care facilities to strengthen state, Tribal, Indian health programs, non-governmental organizations, and local governmental partnerships for providing public health protection.
- Develop disease or environmental public health intervention strategies.
- Provide technical assistance and guidance to response partners, first response agencies, local and Tribal public health officials, health care facilities, and the executive and legislative branches of state government.
- Conduct heath data, surveillance, and detection activities.
- Provide active and fair enforcement of public health rules.
- Provide support and coordination of medical countermeasures and medical logistics operations.
- Partner with other federal, state, and local agencies, Tribes, and health care facilities by facilitating their involvement in planning and implementing health preservation measures.
- Coordinate with ESF-13 for movement and secure storage of SNS and CHEMPACK
- Provide information to the public to prevent disease, promote health, and protect the public's health.
- Carry out other related actions as appropriate for the situation.
- Enforce public health laws and rules in accordance with RCW 43.70.130(4).

Emergencies and communicable diseases know no boundaries. Therefore, DOH may need to contact bordering states or Canadian provinces for resource assistance using the Emergency Management Advisory Compact (EMAC) or the Pacific Northwest Emergency Management Arrangement (PNEMA).

When faced with complex ethical issues and clinical decision-making requiring health care and health community input, the Secretary of Health can request the establishment of a

Washington State Disaster Medical Advisory Committee (DMAC) to include the Healthcare Coalitions and Healthcare Resiliency Steering Committee.

Policy Group

If an incident is complex enough in scale, the Governor's Office may activate a Policy Group. The Policy Group is comprised of a Disaster Manager and executive-level members of the Governor's Office and other state agencies, as directed by the Governor. The Policy Group is responsible for policy decisions, the establishment of priorities, allocation of critical resources, oversight of state agency actions, and strategic messaging. The SEOC Staff implement decisions made by the Policy Group. For more information, please reference the CEMP.

Disaster Medical Advisory Committee

The Disaster Medical Advisory Committee (DMAC) consists of medical, clinical, health equity, and ethical experts that advise the Secretary of Health during disasters. When activated, the DMAC may be requested to provide input on the following issues:

- Recommendations for mobilizing, prioritizing, and allocating federal medical resources (e.g., SNS, NDMS, or federal teams).
- Recommendations on the need to implement crisis care based on current and anticipated circumstances.
- Recommendations for solving medical ethics issues.
- The application of equity, ethics, and adherence to the Washington State Crisis Care Ethical Framework in the making of response decisions.

Local and Tribal public health and medical officials will route requests for state assistance through the emergency management organization responsible for their jurisdiction. Assistance is requested when local Emergency Management enters a request into the WebEOC program. SEOC then assigns Public Health, Medical, and Mortuary Services requests to ESF 8, and DOH (ESF 8 lead) responds to those requests. The SEOC may access state agency resources, intrastate mutual aid, interstate mutual aid, private industry resources, or turn to federal agencies to accomplish the mission. ESF 8, via DOH, will manage medical resources in support of local, Tribal, Indian health program, and healthcare facility response efforts. ESF 8 will leverage partnerships with the private sector, healthcare systems, non-profit organizations, and other partners to mobilize resources and service support to local communities. If resource needs cannot be met locally or through local mutual aid, the Secretary of Health may establish resource priorities, authorize requests for interstate mutual aid, or authorize requests for federal assistance.

The ESF 8 Lead will communicate all requests for interstate mutual aid or federal assistance through EMD to the SEOC.

Response Operations

Upon ESF 8 activation, DOH will respond as needed to mobilize personnel, supplies, and equipment to save lives, protect the public, and support local needs. DOH supports three primary tasks:

1. Support and coordinate agencies and partners responding to support health and medical missions.
2. Directly assist and facilitate mutual aid among healthcare systems, state, local, and Tribal partners.
3. Support policy decision making by the Secretary of Health through upward leadership.

DOH provides supplemental assistance to local, state, Tribal, territorial, and insular area governments in the following eight functional areas:

Public Health, Healthcare, and Emergency Medical Services	Environmental Response/Health and Safety
Public Information and Warning	Logistics and Supply Chain Management
Critical Transportation (Patient Movement)	Fatality Management Services
Mass Care Services	Radiological Incident Response

Public Health, Healthcare, and Emergency Medical Services

- *Assess Public Health and Medical Needs*: DOH makes initial assessments of health and medical needs based on reports from local health jurisdictions, Tribes, healthcare systems, and DOH intel coordinators. State or federal partners may provide additional information. In coordination with ESF 8 partner agencies, the U.S. Department of Health and Human Services (DHHS) may assist with determining specific health and medical needs and priorities. This function includes assessment of healthcare system functionality and supporting infrastructure.
- *All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support:* DOH may request assistance from support agencies to assess the public health and medical effects resulting from an incident. Disease control functions will include coordinated surveillance, outbreak investigations, epidemiological analysis, and

appropriate laboratory testing. DOH will conduct all necessary **Surveillance and Epidemiology**, to include:

  - Assess general population and high-risk population exposure,
  - Conduct field investigations,
  - Investigate indirect exposure through contaminated food, drugs, water supply, and other media,
  - Provide technical assistance and consultation regarding medical treatment and decontamination of individuals,
  - Epidemiological Analysis,
  - Laboratory Testing.

- *Non-Pharmaceutical Interventions*: Non-pharmaceutical interventions including measures to increase social distancing, community containment measures (i.e., school closings), isolation, and quarantine may be implemented by local health officers or the Secretary of Health, as appropriate, to stop or slow the spread of communicable diseases. DOH's Emergency Response Plan guides implementation of nonpharmaceutical interventions during a communicable disease incident.
- *Medical Surge Support:* This focuses on coordination and support activities to address public health, healthcare, and EMS needs of jurisdictions and Tribes responding to a medical surge incident. See *Appendix 2* of this document for the comprehensive plan.
- *Patient Care:* Provide technical assistance for healthcare coalitions, healthcare systems, and coordinate support from federal partners. If the local capability to provide health services (clinical, behavioral, etc.) is exceeded during any size or type of disaster, the impacted county or Tribe may request assistance from the SEOC. DOH coordinates with support agencies, human and social service agencies, non-profit organizations, regional support networks (RSNs), HCCs, and HHS to determine viable options for support.
- *Safety and Security of drugs, biologics, and medical devices:* During response, provide technical assistance and guidance regarding the safety and efficacy of drugs; biologics (including blood, blood products, tissues, and vaccines); medical devices (including radiation emitting and screening devices); and other relevant medical products that may have been compromised during an incident.
- *Veterinary Medical Support:* DOH provides veterinary technical assistance in support of ESF 11 as needed with containment of zoonotic diseases (transmitted from animals to humans) and to protect the health of livestock, companion, and service animals.
- *Food Safety and Defense*: In coordination with ESF 11, DOH may task the DOH Food Safety Program and WSDA to assist local officials with the safety and security of food supplies.

- *Vector Control:* DOH may request ESF 8 partner agencies to assist with assessing the threat of vector-borne diseases. Activities may include conducting field investigations, including the collection and laboratory analysis of relevant samples; providing vector control equipment and supplies; and providing technical assistance and consultation on protective actions and medical treatment of victims.
- *Guidance on potable water/wastewater and solid waste disposal:* DOH may support water utilities and local health jurisdictions in (1) assessing infrastructure damage, reliability, and safety of public drinking water supplies; (2) securing emergency supplies of potable water; (3) delivering public health messages; and (4) keeping the Governor's Office and SEOC informed of the public water system status. See ESF 3 for more information.
- *Agriculture Safety and Security:* In coordination with ESF 11, ESF 8 may task components to ensure the health, safety, and security of livestock and food-producing animals and animal feed, as well as the safety of the manufacture and distribution of foods, drugs, and therapeutics given to animals used for human food production. ESF 8 may also provide veterinary assistance to ESF 11 for the care of research animals.

Public Information and Warning

- *Public Health and Medical Information*: The Joint Information Center (JIC) or Joint Information System (JIS) managed from the SEOC coordinates the collection, development, and dissemination of public information messaging during disasters. For agency-specific information, DOH serves in the lead role in communicating public health risks associated with the emergency and actions the public can take to protect themselves.

Critical Transportation

- *Patient Movement:* DOH may request assistance from nonaffected jurisdictions, the National Guard, or the federal ESF 8 function, to move patients from the affected area to locations where medical care is available when local capability to provide for and move patients is overwhelmed. The affected regional Disaster Medical Coordination Center (DMCC) will coordinate the initial response, with duties transferring to the state DMCC, if activated, to coordinate the movement of patients across multiple intra-state regions and advise on the need for inter-state patient movement. Regional DMCCs can assist the State DMCC with patient destination decisions by analyzing bed availability data and patient allocations, coordinating allocation of local transportation resources,

identifying and coordinating with receiving facilities, and establishing staging areas for transfer of patients from local to mutual aid/federal resources.
    - Coordinate and maintain communication with ESF 1 for critical transportation infrastructure situational awareness.
    - Coordinate and maintain communication with ESF 4 for critical transportation resource availability

- *Coordination of Patient Movement Requests*: Local transportation requirements will be handled by local authorities. If it is determined by DOH, or the Secretary of Health, that regional or local resources are inadequate to meet the requirements, a state request for federal medical transportation assistance will be forwarded through the SEOC to federal ESF 8.

Environmental Response/Health and Safety

- *Worker/Responder Safety and Health*: DOH work with L&I to deploy appropriate personnel to oversee worker safety and health, including providing guidance on the regulatory requirements covering PPE; determining when healthcare facilities/industries are safe for occupancy and resumption of activity; and providing state laboratory services and/or equipment to support the detection, identification, and analysis of hazardous substances that may present a threat to the public's health in accordance with L&I response plans.

Mass Care Services

ESF 8 coordinates with and supports ESF 6 – Mass Care, Emergency Assistance, Temporary Housing and Human Services.

- *Volunteer Management:*
    - Medical Volunteers: DOH coordinates with in-state and out-of-state medical volunteer organizations to facilitate the mobilization of volunteers across the state and from other states during disasters.
        - Local-level medical volunteers in Washington State are members of their local Medical Reserve Corps and are registered as Emergency Workers through their local emergency management agency or Tribal entity under the authority of RCW 70.15 and the PREP Act. WAserv is used to house and communicate with volunteers' contact information.
        - State-level medical volunteers in Washington State are registered directly with DOH under the authority of RCW 70.15 and the PREP Act. Note that assuming liability for state-level medical volunteers is only available with

a Governor's Declaration of a State of Emergency. WAserv is used to house and communicate with volunteers' contact information.

- Non-medical volunteers: First managed and housed under local emergency management jurisdictions. When needed, these non-medical volunteers are then managed at the state level under ESF 6.

Logistics and Supply Chain Management

- *Health/Medical/Veterinary Equipment and Supplies*: The state may request federal assistance with providing health/medical/veterinary equipment and supplies (pharmaceuticals, biologic products, and blood or blood products) that support the response or for restocking healthcare facilities in the impacted area.
  - Washington State Medical Logistics Center: This includes the backstop of PPE and medical materiel/supplies available for use in a public health emergency in which local supplies have been or may be depleted. This backstop is intended to be utilized prior to requesting supplies from the Strategic National Stockpile (SNS).
  - HHS Administration for Strategic Preparedness and Response (ASPR) Strategic National Stockpile (SNS): DOH coordinates with the Governor or their designee to request resources from the SNS when needed. The SNS is a national repository of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency in which local supplies have been or may be depleted. The SNS contains medical countermeasures that include pharmaceutical interventions (e.g., vaccines, antimicrobials, antidotes, and antitoxins) and non-pharmaceutical interventions (e.g., ventilators and personal protective equipment (PPE)) that may be used to prevent or mitigate health effects from exposure to the threat agent(s), treat adverse health effects from an intentional, accidental, or naturally occurring public health emergency.
  - CHEMPACK: The CHEMPACKs are forward-placed containers of medical countermeasures for chemical nerve agent attacks. These containers are federal assets from HHS ASPR that are managed locally by Fire/EMS agencies and hospital and administered by DOH. These containers are prepositioned at centralized points of care to provide the necessary life-saving medical countermeasures in a clinically relevant timeframe.
  - Pharmaceutical Supply Chain: DOH will coordinate with the Washington State Pharmacy Association (WSPA) to track and monitor the status of the pharmaceutical supply during incidents.
- *Blood and Tissues:* DOH will coordinate with partners (American Red Cross, BloodWorks NW, Blood Banks, etc.) to ensure the safety, availability, and logistical requirements of

blood, blood products, and tissue. This includes the ability of the existing supply chain resources to meet the manufacturing, testing, storage, and distribution of these products.

Fatality Management Services

- *Mass Fatality Management, Victim Identification, and Family Assistance Centers:* Fatality management operations are led by local medical examiners or coroners and may be necessary following public health disasters. DOH supports local fatality management response with resources, facilitation of statewide mutual aid, and requests for federal assistance as appropriate. During multi-county disasters where federal mortuary assistance resources are needed and must be prioritized, the Secretary of Health may identify an Incident Medical Examiner to function on behalf of DOH and in support of impacted jurisdictions and oversee the deployment and operation of federal mortuary response assets across multiple local jurisdictions. It is also the job of ESF 8 to mitigate health hazards from handling, movement, and containment of contaminated remains. During aviation disasters, the National Transportation Safety Board (NTSB) serves as the coordinator for the integration of Federal government resources and the resources of other organizations to support efforts of local and State governments and the air carriers to meet the needs of aviation disaster victims and their families.

Radiological Incident Response

- DOH will lead the state's response to radiological incidents. The Radiological Response Plan details the response and recovery actions for any public health emergency involving radiological contamination. The scope of the state response could include activation of the DOH IMT and SEOC, mobilization of field teams, requests for federal resources, and activation of Community Reception Centers (CRC). CRCs are used for large-scale population monitoring and decontamination for radiological or nuclear events (terrorism, fixed nuclear facility, or transportation/industrial accident). Local authorities with support from the DOH Radiation Response Team will lead initial sorting of people who may have been exposed to a radiological incident. Screening and monitoring for external and internal contamination will happen at the CRCs to protect hospitals from being overwhelmed and contaminated.

Critical Tasks

The following list of Critical Tasks are the operationally focused tasks that fall under their respective Core Capability; these are the tasks necessary to measure the success, and ensure the successful execution of, the Core Capabilities. Critical Tasks are varied and unique patient depending on each Core Capability; this means Critical Task identifier #1 for one Core Capability

is completely different from the Critical Task identifier #1 for a different Core Capability. Not all Critical Tasks are the requirement of every ESF, due to the collaborative nature of response and the ESF structure; successful Core Capability execution may be the shared responsibility of multiple ESFs.

Public Health, Healthcare, & Emergency Medical Services	
Critical Task I.D.	**Critical Task Description**
1	Activate and deploy personnel, supplies, and equipment to support state-level missions, local and Tribal needs, and healthcare facilities.
2	Deliver medical countermeasures and non-pharmaceutical interventions to exposed populations.
3	Complete triage and initial stabilization of casualties and begin definitive care for those likely to survive their injuries and illnesses.
4	Return medical surge resources to pre-incident levels, complete health assessments, identify recovery processes, and begin mitigation reviews.

Fatality Management Services	
Critical Task I.D.	**Critical Task Description**
1	Establish and maintain operations to recover a significant number of fatalities over a geographically dispersed area.
2	Mitigate hazards from remains, facilitate care to survivors, and return remains for final disposition.

Planning	
Critical Task I.D.	**Critical Task Description**
1	Develop operational plans that adequately identify critical objectives based on the planning requirement, provide a complete and integrated picture of the sequence and scope of the tasks to achieve the objectives, and are implementable within the timeframe contemplated in the plan using available resources.

Public Information and Warning	
Critical Task I.D.	**Critical Task Description**
1	Inform all affected segments of society of critical lifesaving and life-sustaining information, including accessible tools, to expedite the delivery of emergency services and aid the public to take protective actions.
2	Deliver credible and actionable messages to inform ongoing emergency services and the public about protective measures and other life-sustaining actions and facilitate the transition to recovery.

Operational Coordination	
Critical Task I.D.	**Critical Task Description**
1	Mobilize all critical resources and establish command, control, and coordination structures within the affected community, in other coordinating bodies in surrounding communities, and across the nation, and maintain as needed throughout the duration of an incident.
2	Enhance and maintain command, control, and coordination structures consistent with the National Incident Management System (NIMS) to meet basic human needs, stabilize the incident, and transition to recovery.

Environmental Response/Health and Safety	
Critical Task I.D.	**Critical Task Description**
1	Identify, assess, and mitigate worker health and safety hazards, and disseminate health and safety guidance and resources to response and recovery workers.
2	Minimize public exposure to environmental hazards through assessment of the hazards and implementation of public protective actions.
3	Detect, assess, stabilize, and clean up releases of oil and hazardous materials into the environment, including buildings/structures, and properly manage waste.
4	Identify, evaluate, and implement measures to prevent and minimize impacts to the environment, natural and cultural resources, and historic properties from all-hazard emergencies and response operations.

Mass Care Services	
Critical Task I.D.	**Critical Task Description**
1	Move and deliver resources and capabilities to meet the needs of disaster survivors, including individuals with access and functional needs.
2	Support ESF 6 in establishing, staffing, and equipping emergency shelters and other temporary housing options (including accessible housing) for the affected population.

On-Scene Security, Protection, and Law Enforcement	
Critical Task I.D.	**Critical Task Description**
1	Establish a safe and secure environment in an affected area.
2	Provide and maintain on-scene security and meet the protection needs of the affected population over a geographically dispersed area while eliminating or mitigating the risk of further damage to persons, property, and the environment.

Operational Communications	
Critical Task I.D.	**Critical Task Description**
1	Ensure the capacity to communicate with both the emergency response community and the affected populations and establish interoperable voice and data communications between Federal, Tribal, state, and local first responders.

Situational Assessment	
Critical Task I.D.	**Critical Task Description**
1	Deliver sufficient information to inform decision making regarding immediate lifesaving and life-sustaining activities, and engage governmental, private, and civic sector resources within and outside of the affected area to meet basic human needs and stabilize the incident.

Situational Assessment	
Critical Task I.D.	**Critical Task Description**
2	Deliver enhanced information to reinforce ongoing lifesaving and life-sustaining activities, and engage governmental, private, and civic sector resources within and outside of the affected area to meet basic human needs, stabilize the incident, and transition to recovery.

Whole Community

Public Health, Medical, and Mortuary Services provides direction, coordinated procedures, and clarity of responsibility for statewide health and medical response during disasters. The mission of ESF 8 responders is to deliver critical response capability when and where it is needed to save lives and to minimize morbidity during a crisis. The "Whole Community" includes individuals, families, and households; communities; the private and nonprofit sectors; faith-based organizations; and local, Tribal, state, and federal governments. This ESF is committed to communicating with, supporting, and coordinating the Whole Community as needed during emergency response and disaster operations. The Whole Community includes populations with Limited English Proficiency (LEP), individuals with disabilities, and Access and Functional Needs.

Health Equity

Health equity exists when all people can achieve their full health potential regardless of the color or their skin, where they were born, education, gender identity, sexual orientation, religion, occupation, language, neighborhood, or disability. However, health inequities exist due to systematic racism and discrimination disproportionately impacting communities.
To best account for these inequities in Washington State, the DOH IMT integrated a health equity objective and coordinated with several partners and stakeholders to support disproportionately impacted communities. The DOH IMT coordinates with the Coalition on Inclusion Emergency Planning (CIEP) to support Access and Functional Needs (AFN) requests. Similarly, to the DOH IMT, CIEP stands up and activates for emergencies to monitor the situation and to respond to AFN requests. DOH continues to work on identifying and operationalizing innovative approaches to advance health equity approaches in DOH emergency response structures. For more than 10 years, DOH through ORHS has supported CIEP in its efforts to ensure full access to healthcare, including during the COVID pandemic and other events.

WASILC CIEP: Washington Statewide Independent Living Council – Coalition on Inclusive Emergency Planning

Access and Functional Needs (AFN) Persons who may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; live in institutionalized settings; are seniors; are children; are from diverse cultures; have limited English proficiency or are non-English speaking; or are transportation disadvantaged. For support in planning for, meeting the needs of, and supporting communities with access and functional needs, please refer to the Coalition on Inclusive Emergency Planning (CIEP).

Organization

State-Level Response Structure

DOH may activate incident command to coordinate the resources and actions of the Department and ESF 8 partners. DOH will communicate directly with local health jurisdictions, Tribes, healthcare facilities, and other partners during an incident to create a common operating picture and share information. The DOH IMT coordinates with the staff in the SEOC to accomplish all core capabilities, critical tasks, and activities and actions during all public health and medical emergencies.

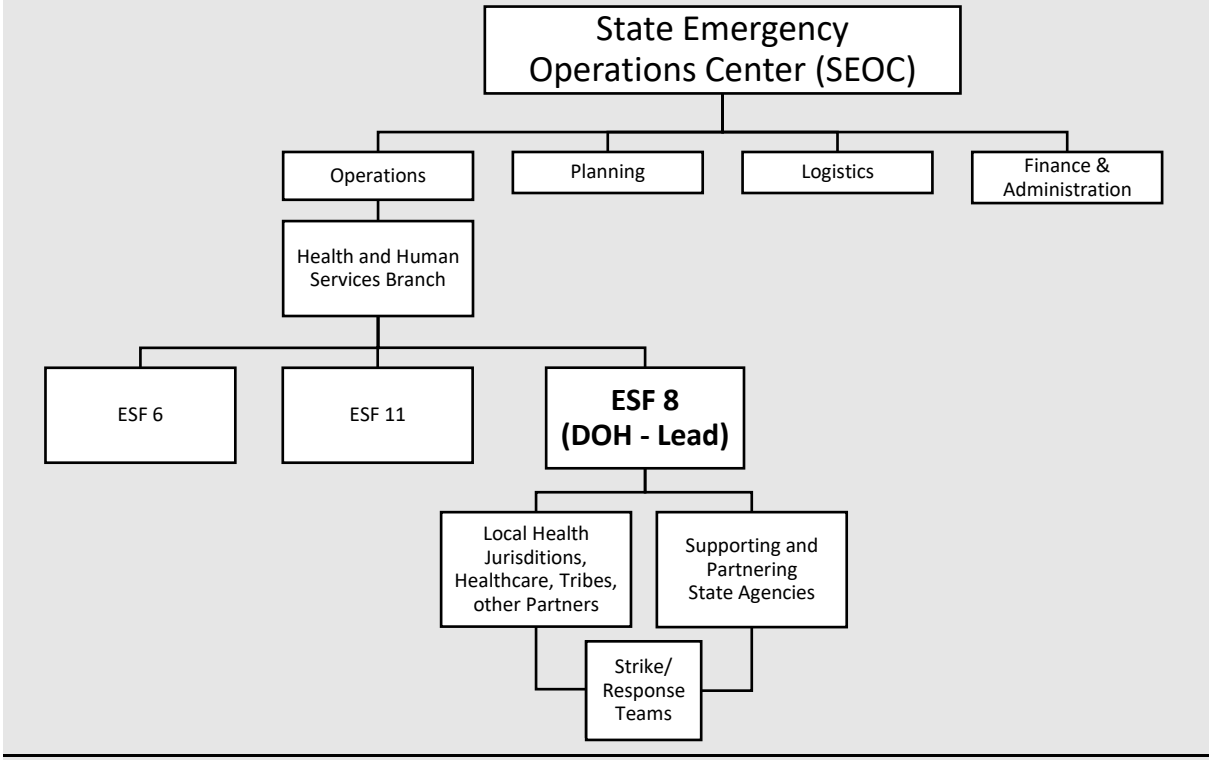
Supporting Agencies and ESF 8 Functions

Agency	Functions
Department of Agriculture	• Assist in the areas of food safety and animal disease surveillance as provided for in state law and in agency plans, policies, procedures and/or practices. DOH, through an interagency agreement, will assist WSDA if the National Veterinary Stockpile (NVS) is requested by managing their medical resources.
Department of Ecology	• Assist in air quality, sampling, laboratory analysis, and waste disposal.
Department of Enterprise Services	• Assist by providing facilities, staff, trucks, and drivers to RSS for the SNS as stated in interagency agreements with DOH.
Department of Fish and Wildlife	• Assist in animal-borne diseases that may be transmitted to humans.

Washington State Patrol	• The services of the State Patrol may be required to facilitate the movement of emergency medical resources over state highways to locations identified by public health authorities. • The State Patrol coordinates security requirements for the SNS with the U.S. Marshal Service and other law enforcement agencies as appropriate. • The State Patrol provides security for the RSS site.
Department of Labor and Industries	• Lead agency for worker health and safety issues as provided for in state law and in agency plans, policies, procedures, and/or practices.
Department of Licensing	• Regulate funeral directors, embalmers, and funeral establishments. • Maintain a plan for use in a fatality management response and operate as an ESF 8 partner when required and as provided for in state law and in agency plans, policies, procedures, and practices.
Department of Social and Health Services	• Administer institutions (to include but are not limited to those listed below) that may be impacted by or available to support in an emergency. This includes both Western and Eastern State Hospitals.
Department of Transportation	• Assist in route and load planning when moving medical countermeasures to or from the DOH RSS.
Washington State Pharmacy Association	• The WSPA provides information to DOH regarding the status of the pharmaceutical supply chain during incidents. • The WSPA deploys the PRN to provide access to prescriptions for chronic care medications and medication therapy management for displaced disaster survivors in the state of Washington.

Military Department	• The Emergency Management Division supports ESF 8 representatives during activation. • The 10th Civil Support Team, Washington National Guard (WNG) when activated, may support ESF 8 response activities through the collection and transportation of field samples of potential biological agents to the Public Health Laboratories (PHL) for analysis. • The Washington National Guard also operates armories, which may be made available to public health officials to facilitate the emergency distribution of medicine. • The Washington National Guard may support ESF 8 response activities through the deployment of their Fatality Search and Recovery Teams (FSRT). • The WNG may act as a force multiplier for clinical and non-clinical staff available for activations to support ESF 8 activities.
Washington State Health Care Authority	• Lead state agency for behavioral health issues as provided for in state law and in agency plans, policies, procedures, and practices. • Collaborate with partners around behavioral health issues when outside the scope provided for in state law and in agency plans, policies, procedures, and practices. • The Health Care Authority can help ESF 8 partners understand health and healthcare information and policy regarding health insurance coverage. • The Health Care Authority shares information about the healthcare status of special needs and vulnerable populations within Washington State communities.

Structure



Note: During specific activations and incidents, the SEOC may elect to run the ESF 8 response directly out of the Operations section, thus bypassing the hierarchy of the Health and Human Services Branch.

Regional- and Local-Level Response Structure

Local ESF 8 response activities will be coordinated in accordance with local and Tribal public health or medical plans and the local emergency operations center (EOC).

Regional ESF 8 response activities will be coordinated in accordance with regional or Tribal plans and with the local EOC of the leading regional jurisdiction.

Local Health Jurisdictions (LHJs)

Washington has 35 local health jurisdictions comprised of 22 county health departments, three multi-county health districts and 10 county health and human services agencies. They are local government agencies, not satellite offices of the State Department of Health or the State Board of Health. LHJs lead the local level health and medical planning work with hospitals, healthcare partners, emergency managers, EMS, and other key partners to prepare their communities for

emergencies. They may request support from DOH and delegate select response activities to DOH. LHJs carry out a wide variety of programs to promote health, help prevent disease and build healthy communities. ORHS engages with LHJs to assist them with preparedness activities through local public health emergency response coordinators (PHERCs).

Tribal Health Organizations

Washington State and the American Indian Tribes located in Washington State work together in accordance with The Centennial Accord (RCW 43.376), government-to-government, to address public health issues as part of the state's public health system. (RCW 43.70.512 & 43.70) The involvement of Indian Tribes in the development of public health policy promotes locally relevant and culturally appropriate approaches to issues of mutual interest or concern. To ensure we fulfill these responsibilities, DOH follows a consultation and collaboration procedure. DOH also coordinates on public health policy with agencies representing and supporting Tribes in Washington such as the American Indian Health Commission (AIHC), the Northwest Portland Area Indian Health Board, Seattle Indian Health Board (NWPAIHB). Agencies providing healthcare to Tribal populations including HHS Indian Health Clinics, Federally Qualified Health Centers, Tribally run clinics, Tribally run assisted living facilities, independent clinics serving Tribes such as the Native Project Health Clinic of Spokane, are essential healthcare preparedness and response partners.

Other Partners

DOH works with many health partners including hospitals and clinics, the University of Washington School of Public Health, and Community Medicine; and state and local community-based organizations, associations, and coalitions as well as Tribal organizations and Urban Indian Health Organizations. It also has close working relationships with federal agencies including the Centers for Disease Control and Prevention, the Department of Health and Human Services, the Department of Agriculture, and the National Institutes of Health.

Healthcare Coalitions (HCC)

Washington's HCCs exemplify a robust network, encompassing public and private healthcare organizations dedicated to preparing, responding, and recovering from emergencies and disasters. These coalitions include hospitals, clinics, home care providers, local government, emergency medical services, trauma care councils, Tribes, and other entities, working in concert to enhance regional healthcare resilience. HCCs focus on building disaster-resilient healthcare systems through comprehensive planning, training, and innovative emergency response practices. Before disasters, they prepare by developing relationships, plans, and tools essential for a coordinated response. They serve as critical operational hubs during

emergencies, providing situational awareness, patient tracking, and resource sharing. HCCs work together to coordinate and provide situational awareness of response operations and challenges during emergency response. Post-disaster, they leverage front-line experiences to advocate for and support healthcare recovery and resilience. Currently, Washington has two HCCs:

- **The Northwest Healthcare Response Network** includes all counties except those in the Healthcare Alliance region.
- **The Healthcare Alliance** includes Clark, Cowlitz, Skamania, Wahkiakum, and Klickitat counties.

Direction, Control & Coordination

Operational Control

DOH maintains operational control of its deployed teams and other resources throughout all phases of incident response and recovery, and it does so through the IC/IMT. Operational control is the authority to organize, train, and equip deployable teams and other resources as well as assigning them operational tasks and objectives. In Washington State, operational control is usually maintained within the parent agency of a deployable team or resource throughout an incident.

For more in-depth information, see Annex A – Operations of the DOH ERP

Tactical Control

Tactical control is more limited than operational control and is normally exercised by an onsite commander in accordance with tasks issued in an IAP. Tactical control provides only the authority to direct a deployable team's or resource's movement and activities within a designated operational area to accomplish missions or assigned tasks. Tactical control does not provide the authority to reorganize resources, nor does it supersede the authority of deployed team leaders to direct the activities and actions of their personnel. For example, if a DOH team is deployed to support mass sheltering operations, the on-site commander of the shelter may direct the activities of the team, but the individuals on the team take direction from the team leader.

For more in-depth information, see Annex A – Operations of the DOH ERP

Multi-jurisdictional Coordination Systems and Processes

For more in-depth information, see Annex A – Operations of the DOH ERP

Liaison Officer Structure

Upon activating an IMT, DOH activates a Tribal liaison in partnership with multiple Tribal entities. An equity officer and a disability and AFM Integration Manager are also activated as part of the command staff to work with the Community Collaborative in reaching communities that are disproportionately impacted by an incident. Other Liaison Officers may be activated as determined by the IC.

Unified Command Group (UCG)

The UCG is an ICS structure that may be used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. DOH may participate in or provide support to a UCG.

Area Command

Area Command is an ICS structure established to oversee the management and support of multiple incidents or a large evolving incident with multiple ICS organizations. Very large disasters, such as a Cascadia subduction zone earthquake, may require multiple area commands.

Multi-agency Coordination Group (MAC Group)

The Multi-Agency Coordination Group (MAC-G) is an ad hoc organization comprised of representatives from public health and healthcare agencies at the State, local, and Tribal levels as well as other public and private sector agencies, associations, and other partners. During a response, the MAC-G is activated if needed and facilitates information sharing and coordinates response activities among partners. Additionally, the MAC-G identifies policy decisions that need to be made and helps facilitate policy implementation.

Urban Indian Organizations and other Tribal Entities and Organizations

These non-profit corporate bodies provide healthcare and related services to American Indians and Alaska Natives that live outside of Tribal lands. See also Tribal Health Organizations on page 25 of this plan.

Coalition on Inclusive Emergency Planning (CIEP)

CIEP is a statewide, cross-disability advisory group that works with state and local emergency management stakeholders to build disability accessibility and inclusion into all aspects of emergency management. CIEP provides technical advice on physical and programmatic access, effective communication, and fosters working relationships among emergency managers. The members are local SMEs with expertise in inclusive access and functional needs practices and

technical training of access, functional needs, and inclusive planning in emergency response. They additionally have insight into local, state, and federal regulations and policies related to equitable access to public services and programs

WATrac

Washington's web-based healthcare resource tracking and alert system for statewide daily collaboration and during emergency responses allowing healthcare and public health partners to:

- View real-time data related to the status of healthcare in Washington.
- Post and share documents internally and externally.
- Conduct on-line chat 24/7, inviting WATrac users from all healthcare sectors and in all parts of the state.
- Send emergency alert notifications via email, text message, or pager.
- Use standard and ad hoc reporting to turn data into actionable information.

Washington's Healthcare Emergency and Logistics Tracking Hub (WAHEALTH)

Known as WA HEALTH, the web application enables healthcare staff to input information on resources, such as beds, ventilators, and PPE, which automatically updates dashboards for hospital, local, and state decision makers.

WebEOC (Web Emergency Operations Center)

Washington EMD will establish an incident site in WebEOC at the outset of any state activation. This web-based collaboration platform is the chosen method for incident tracking by Washington EMD. It is the sole system of record for tracking resource requests and may be used to justify reimbursements. DOH may also use WebEOC when there is no state activation and is responding as a sole agency to a public health incident.

Joint Field Office (JFO)

The Federal government may establish a JFO to coordinate a large-scale federal response following a presidential declaration. The JFO is the primary federal incident management structure that provides a central location for the coordination of local, state, Tribal, and federal governments, private sector partners, and NGOs. DOH may provide an ESF #8 coordinator or other SMEs to work with federal ESF 8 in the JFO.

Horizontal Integration

State to State Planning

Emergency Management Assistance Compact (EMAC)

EMAC is administered by NEMA, the National Emergency Management Association.

EMAC is a nationally adopted mutual aid agreement that is law in all 50 states, the District of Columbia, U.S. Virgin Islands, Puerto Rico, Guam and the Northern Mariana Islands. Through EMAC, states can share resources with one another during times of emergency/disaster. Requesting and deploying resources is made at the discretion of the impacted (Requesting) state allowing them the ability to pick what they need and for what price. The responding (Assisting) state only has to offer assistance if they have the resources and can deploy them. At all times, impacted states retain the choice of seeking resource support from either state or federal, or both as may be appropriate for their circumstances. This compact works by leveraging the engagement of stakeholders (state emergency management, local government, volunteers and private sector) working together throughout the 5 phases of the EMAC process. For more information, follow the links on the 5 phases listed below.

The 5 Phases are as follows:

- Pre-Event Preparation
- Activation
- Request and Offer
- Response
- Reimbursement

Pacific Northwest Emergency Management Arrangement (PNEMA)

Pacific Northwest Emergency Management Arrangement (PNEMA) provides international mutual aid. PNEMA is an inter-jurisdictional agreement that enables entities to provide mutual assistance and the sharing of resources during times of need and for cooperative activities to improve civil preparedness and response across jurisdictional boundaries. PNEMA is governed by Public Law 105-381, 105th Congress and does not require a Governor's Proclamation before use. The members of PNEMA include the states of Washington, Oregon, Idaho, Alaska and the Province of British Columbia and the Yukon Territory.

- PNEMA Operations Manual and Standard Operating Procedures 2023 (PDF)
- PNEMA Request for Assistance (REQ-A) Form (Excel)
- Authorization to Proceed(Word)
- Appendix E Mobilization Checklist (Word)
- Appendix F Personnel Sheet (Word)

- Appendix G Demobilization Checklist (Word)

If a jurisdiction owns a resource (equipment or personnel) which could be considered for deployment under the Emergency Management Assistance Compact (EMAC), an Intergovernmental/Interlocal Agreement (IGA) needs to be executed between the Washington Military Department (MIL) and the jurisdiction to establish terms and conditions and eligibility for allowable expenditure reimbursement.

If assistance is requested of Washington State and a jurisdiction has the requested resource available, the IGA will be amended with the deployment of specific resources and estimated costs. Once the costs are accepted by the Requesting State and the amendment fully executed, a Mission Order will be issued to the offering jurisdiction and deployment will be authorized.

- Intergovernmental Agreement Amendment Template(PDF)
- Intergovernmental Agreement Template(PDF)

Vertical Integration

The following are planning efforts which exist that may support this ESF in executing its assigned responsibilities.

Federal Planning

Centers for Disease Control and Prevention

the US Centers for Disease Control and Prevention (CDC) Division of State and Local Readiness (DSLR) has supported the development and sustainability of response-ready state, Tribal, local, and territorial (STLT) public health departments through the **Public Health Emergency Preparedness (PHEP) program**.

- The PHEP program provides guidance, funding, field staff, technical assistance, and resources to 62 response-ready public health departments across the nation. The program is grounded in the 15 public health emergency preparedness and response capabilities, outlined in Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local Tribal, and Territorial Public Health, which served as national standards for public health readiness and provided a blueprint that guides the development of STLT preparedness programs nationwide.

- Public Health Response Readiness Framework
  The new Public Health Response Readiness Framework that transforms 2 decades of progress, best practices, and lessons learned during multiple public health responses into a

model for advancing public health response. The aim of the framework is to guide the work of CDC and STLT public health departments and direct the focus and resources toward the most critical components of response readiness. Grounded in the 15 preparedness capabilities, the framework focuses on 10 essential priorities for the future of response, which help determine what specific response actions are needed to ensure response readiness in the future.

Below is a figure of the 10 priority areas outlined in the Public Health Response Readiness Framework:

United States Department of Health and Human Services

HHS leads the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters.

- Administration for Strategic Preparedness and Response (ASPR)
  The strength of our nation's public health and medical infrastructure and the capabilities necessary to quickly mobilize a coordinated national response to disasters and emergencies are vital to our national security. ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR collaborates with hospitals, healthcare coalitions, biotech firms, community members, state, local, Tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities.

Federal Emergency Response Agency

- National Response Framework (NRF)
  Provides foundational emergency management doctrine for how the Nation responds to all types of incidents. The NRF is built on scalable, flexible, and adaptable concepts identified in the National Incident Management System (NIMS) to align key roles and responsibilities across the Nation. The structures, roles, and responsibilities described in this Framework can be partially or fully implemented in the context of a threat or hazard, in anticipation of a significant event, or in response to an incident. Implementation of the structures and procedures described in the NRF allows for a scaled response, delivery of specific resources and capabilities, and a level of coordination appropriate to each incident.

Washington State Regional Planning

Public Health Emergency Response Coordinators

To facilitate coordination and resource sharing, Washington State public health emergency preparedness activities are conducted through 9 regions across the state. Washington's Emergency Management Division (EMD) regions have been structured to match the Public Health Emergency Preparedness and Response regions. Local health jurisdictions in each region host a Public Health Emergency Response Coordinator (PHERC). PHERCs from LHJs within the regions collaborate to create local emergency preparedness plans and a regional plan which ties the local plans together. PHERCs encourage the many entities who will need to work together during a public health emergency to participate in the planning process.

In addition to planning, each region provides necessary emergency preparedness training to local public health, medical, emergency response, and other personnel. This work is supported by regional epidemiology and surveillance coordinators and regional learning specialists. Regional communication specialists help local health agencies provide preparedness messages and crisis response information to the public.

Regional Healthcare Coalitions

See page 22 of this plan.

Local-Level Planning

ESF 8 will work in conjunction and concurrently with local level response plans and communicate with the Public Health Emergency Response Coordinators (PHERC). Local municipalities, incorporated areas, counties, and other local health jurisdictions maintain and execute home-rule.

Information Collection, Analysis & Dissemination

This ESF works in collaboration and conjunction with ESF 15: External Affairs. The purpose of ESF 15 is to communicate accurate, accessible, and timely information to the public and various stakeholders during emergencies and declared disasters. ESF 15 provides information about the incident, state response activities, and available recovery programs. It also addresses information on state activities and programs that is incorrect or that could potentially undermine confidence in state emergency efforts.

Local health jurisdictions, Tribes, and healthcare coalitions may exhaust their resources and request additional resources through partner notification. This notification is encouraged to come through the established emergency management process within these jurisdictions. For more in-depth information, see Annex A – Operations of the DOH ERP.

Notification can come from local partners or healthcare providers via phone call, email, or text message to the 24/7 DOH Duty Officer. The DOH Duty Officer is the agency's primary point of contact for the receipt and dissemination of incident information. If notification comes from local partners through a DOH division or office, that information is conveyed to the agency Duty Officer immediately.

Information Collection

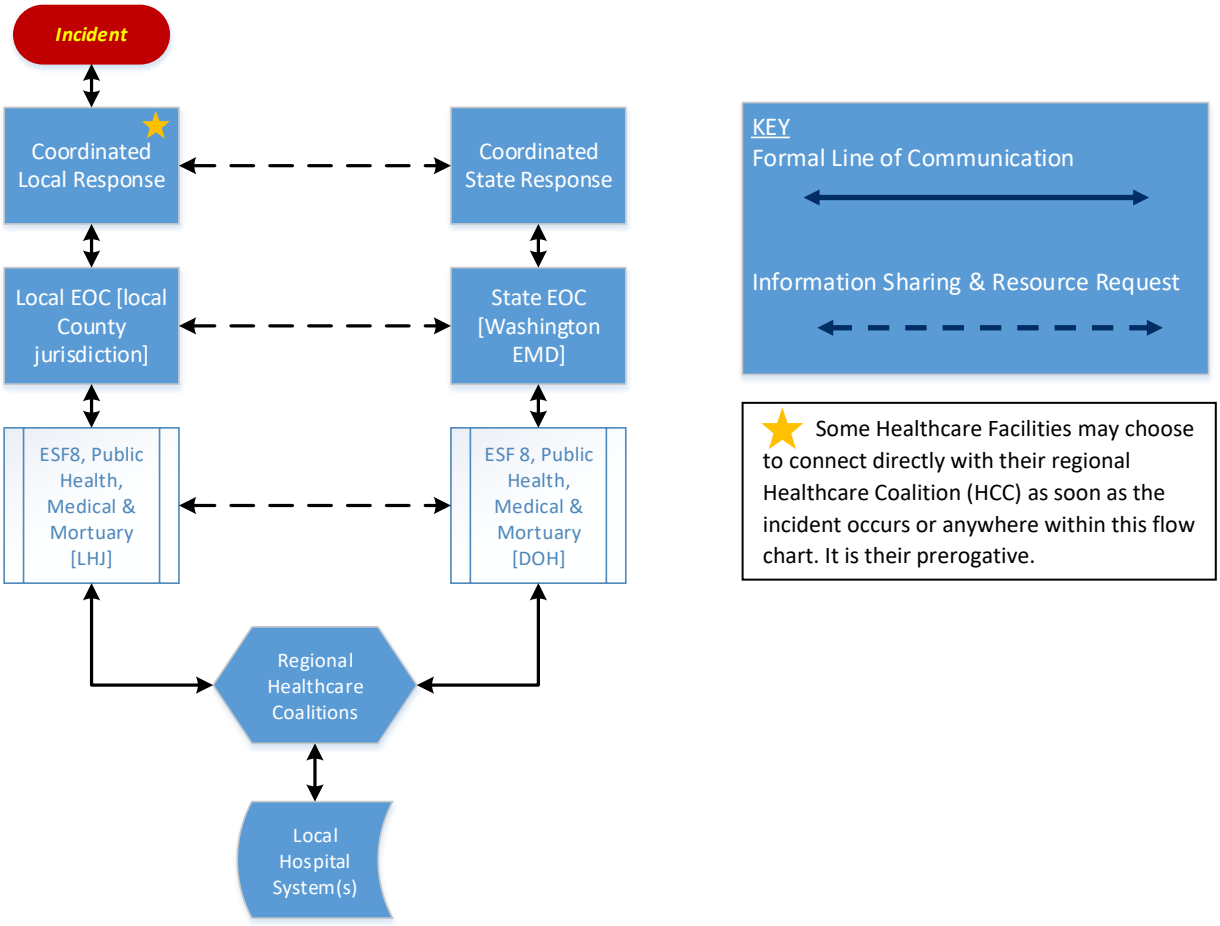
Essential Elements of Information (EEIs)

The following baseline list of facilities and systems should be considered for information collection. They may not include all relevant EEIs as the impact of a given disaster may require unique information collection needs.

- Location of federal ESF 8 resources (personnel/teams and equipment).
- Location of US HHS Incident Response Coordination Teams.
- Number of State reported fatalities.
- Location of temporary morgue facilities
- Limiting factors or shortfalls.
- Number of livestock in affected areas.
- Number of animal feed lots affected.
- Number of total medical facilities in the impact zone.
- Name and location of medical facilities operating on generator power.
- Name and location of medical facilities evacuated.
- Number and location of medical needs shelters operating.
- Name and location of closed medical facilities (unable to provide services).

- Number of medical evacuation airports.

Other sources of information may include federal ESF 8 support agencies, various federal officials in the disaster area, local health officials, local emergency managers, emergency medical services authorities, local response authorities, or officials of the responsible jurisdiction in charge of the disaster scene.



Information and Response Tools

ESF 8 primary and support agencies maintain the following systems to monitor and support incident response. These tools are available for use in operations for data and/or information gathering.

BioWatch Detection System	BioWatch is a federally managed, locally operated, environmental bio-surveillance system designed to detect the intentional release of harmful aerosolized biological agents in a select number of urban areas across the country. The system detects Bacillus anthracis (anthrax), Variola major (smallpox), Yersinia pestis (plague), Francisella tularensis (tularemia), and Burkholderia mallei (glanders). Early detection will aid local and state public health officials in analyzing the extent of the public health threat and determining appropriate actions needed to protect the public.
RHINO	The Rapid Health Information NetwOrk (RHINO) program within the department is responsible for syndromic surveillance data collection, analysis, and distribution in the state of Washington. Syndromic surveillance data, also known as healthcare encounter data, is collected in near real-time from hospitals and clinics from across the state. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. Hospitals and clinics report syndromic data to the DOH in automated, near real-time messages. DOH, LHJ, Tribal, and facility partners in Washington can leverage line level data for their respective jurisdictions directly through an online platform called WA ESSENCE. Washington data is also reported to the national platform (NSSP ESSENCE) for collaboration and contribution to the national picture of syndromic surveillance.
ESSENCE Syndromic Surveillance System	The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE I) is a syndromic surveillance system used to capture and analyze public health indicators for early detection of disease outbreaks and all-hazards associated health outcomes. The ESSENCE system is the primary syndromic surveillance database and tool used in the Office of Washington State Communicable Diseases Epidemiology.
National Syndromic Surveillance Sys-P	Sys-P is a public health surveillance system that increases the ability of health officials at local, state, and national levels to monitor and respond to the harmful health effects of exposure to disease or hazardous conditions efficiently, rapidly, and collaboratively. Sys-P provides public health officials with a common electronic health information system with standardized tools and procedures for rapidly collecting, sharing, and evaluating information. With Sys-P, health officials can exchange information faster, improve their common awareness of health threats over time and across regional boundaries, and better coordinate investigations and community actions to protect health.
Washington Disease Reporting	WDRS is a public health surveillance system used to increase the ability of identifying confirmed, suspect, or probable cases of infectious disease agents within the state of Washington by linking Electronic Lab Reporting

System (WDRS)	with clinical disease information. WDRS is a prototype system for monitoring communicable diseases and communicable disease outbreaks across the state of Washington. WDRS will be the primary surveillance tool for identifying laboratory confirmed cases of communicable diseases. This information will be integrated with ESSENCE to better assess outbreak and incident response within the state of Washington.
HAN/SECURES	Washington SECURES is the Health Alert Network (HAN) application managed by DOH. This notification system shares information about emerging public health threats, recovery efforts, and other guidance with our State's primary public health partners, which include local health jurisdictions, Tribes, military hospitals, DOH staff, hospitals, healthcare facilities, neighboring states and provinces, and state and federal agencies. WA SECURES can deliver messages in several formats including e-mail, telephone, pager, fax, or text message. Washington receives HAN messages through a CDC system called Epi-X functioning similarly to SECURES at a national level.
Washington Tracking Network (WTN)	WTN gathers and analyzes data about environmental health hazards, exposure to hazards, and health outcomes based on exposure. Two of the six air pollutants (fine particulate matter (PM2.5) and ground-level ozone) monitored by EPA are widespread pollutants in Washington State. WTN database can be searched to find county-level air quality, asthma, lead, radon, and biomonitoring data.
WAserv	WAserv is Washington's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). It is an electronic registration and notification system for medical and non-medical volunteers who are available to respond to public health and medical emergencies. The system verifies volunteers' identification and health professionals' credentials so they can be mobilized and provide needed help during an emergency.
WATrac	WATrac is Washington's information management system for healthcare response. WATrac includes a bed-capacity tracking system, patient tracking system, database of healthcare resources, and repository of contact information and planning documents. WATrac allows healthcare and public health partners to view real-time data related to the status of healthcare facilities and functions in Washington. It can also track resources and pharmaceuticals within healthcare facilities, post and share documents internally and externally in a virtual library and conduct on-line chats.
WA HEALTH	Washington's Healthcare and Emergency and Logistics Tracking Hub is a web application for healthcare staff to input information on resources (beds, ventilators, PPE, etc.), which will automatically update dashboards (including

	diseases, counts, and staffing) for hospital, local, and state decision makers to view.

Information Analysis

The DOH IMT and ESF 8 representatives at the SEOC review and assess public health and medical information about the disaster to identify the nature and extent of public health and medical requirements. ESF 8 representatives work collaboratively with partner agencies, subject matter experts, Tribes, and LHJs to establish appropriate monitoring and surveillance activities as required and provide essential information, analysis, and recommendations. Information analysis is achieved by using available information, status reports, and resources requests, which is compiled and analyzed to then inform the SEOC Incident Action Plan (IAP).

Information Dissemination

The DOH IMT, ESF 8 desk at the SEOC, and WebEOC collect and share relevant health response information with any partner that needs information necessary to save lives and stabilize the incident.

As part of the Operations Section in the SEOC, the ESF 8 desk reports directly to the Operations Section Chief and/or the Health and Human Services Branch Director (when activated), while maintaining regular communications with the Planning Section and the ESF Agencies representing public health and medical services support functions and core capabilities, including:

- ESF 1 – Transportation – Department of Transportation
- ESF 2 – Communications – Military Department
- ESF 3 – Public Works and Engineering – Department of Enterprise Services
- ESF 5 – Emergency Management – Military Department
- ESF 6 – Mass Care – Emergency Management Division
- ESF 7 – Resource Support – Department of Enterprise Services
- ESF 10 – Hazardous Materials – Department of Ecology
- ESF 11 – Agriculture and Natural Resources – Department of Agriculture
- ESF 13 – Public Safety and Law Enforcement – State Patrol
- ESF 15 – External Affairs – Emergency Management Division

This ESF relies on and follows the message and content approval process found in Annex A, Operations, of DOH's Emergency Response Plan. It provides the framework and defines the functions, responsibilities, and tasks involved with the activation and workings of the DOH public information and warning system during an emergency.

Responsibilities

Preparedness		
Core Capability	**Activity/Action**	**State Agency / Organization**
Public Health, Healthcare, and Emergency Medical Services Environmental Response / Health and Safety	Identify potential sources for medical and general health supplies that will be needed during a disaster Note: This information could be maintained under a separate tab or as part of a comprehensive resource manual.	DOH
Public Health, Healthcare, and Emergency Medical Services Operational Coordination	Describe how emergency system patient transport and tracking systems are interoperable with national and U.S. Department of Defense systems.	DOH
Public Health, Healthcare, and Emergency Medical Services	Identify the lead agency for providing health and medical support to individuals with disabilities and others with access and functional needs.	DOH
Public Health, Healthcare, & Emergency Medical Services	Stage critical medical supplies, equipment, and pharmaceuticals in strategic locations	DOH/WSPA
Public Health, Healthcare, & Emergency Medical Services	Develop and implement corrective action reports and improvement plans based on exercises and real incidents/events to improve preparedness plans	DOH

The connections from Core Capabilities to Critical Tasks and to ESF Responsibilities is the goal of the ESF update and format changes. By linking Core Capabilities to ESF activities, we can better identify gaps and interdependencies among all ESFs; this helps drive a purposeful and meaningful exercise and ensures these plans evolve as they go throughout the Preparedness Cycle.

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Public Health, Healthcare, & Emergency Medical Services	1	Coordinate, mobilize, and direct statewide health, medical, and mortuary response during disasters.	DOH
Public Health, Healthcare, & Emergency Medical Services	1	Supporting local assessment and identification of public health and medical needs in impacted regions.	DOH
Public Health, Healthcare, & Emergency Medical Services	1	Supporting monitoring, investigating, and controlling potential and known public health threats through disease, environmental, and injury surveillance.	DOH
Environmental Response/Health and Safety	1,2		DOH
Public Health, Healthcare, & Emergency Medical Services	1	Providing rapid detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposures to all hazards.	DOH
Public Health, Healthcare, & Emergency Medical Services	1	Recommending public health and medical regulatory and statutory waivers to the Governor's Office for enactment when necessary.	DOH
Operational Coordination	1,2		DOH/EMD
Situational Assessment	1,2		DOH/EMD
Planning	1		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1	Coordinating statewide mutual aid among local health jurisdictions, medical examiners, and coroners.	DOH
Fatality Management Services	1		DOH/WACME

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Public Health, Healthcare, & Emergency Medical Services	1	Coordinating interstate mutual aid requests for public health and medical assistance and initiating requests for federal health and medical assistance and resources during disasters.	DOH/HCA/ DSHS
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Providing all-hazard public health and medical consultation, technical assistance, and support.	DOH/HCA/ DSHS
Public Health, Healthcare, & Emergency Medical Services	1,2	Collect, disseminate, and coordinate accurate and timely public health and medical information to public health partners and the general public.	DOH
Public Information and Warning	1,2		DOH/EMD
Operational Coordination	2		DOH/EMD
Operational Communications	1		DOH/EMD
Situational Assessment	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,2	Direct the staging, storage, and statewide distribution of medical surge supplies and equipment.	DOH
Operational Coordination	1,2		DOH/EMD
Public Health, Healthcare, &	1,2,4	Monitor pharmaceutical supply chain and impacts to public health and	DOH

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Emergency Medical Services		medical countermeasures response operations	
Public Health, Healthcare, & Emergency Medical Services	1,2,4	Provide pharmaceutical supply information and access to chronic care prescriptions.	WSPA
Public Health, Healthcare, & Emergency Medical Services	1,2,4	Support and implement non-pharmaceutical interventions to mitigate exposure to biological public health threats.	DOH
Mass Care Services	1,2	Support mass fatality management, victim identification, and activation of Family Assistance Centers.	DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Coordinate statewide radiological and nuclear incident response, stabilization, and recovery actions, including management of Community Reception Centers (locations where the public can be screened and decontaminated after a significant radiological event).	DOH (ORP)/ECY
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Coordinate with local public health and medical officials to move patients within the state or to locations outside the state in support of optimal healthcare surge during disasters.	DOH/WSDOT/ WSP
Operational Coordination	1,2		DOH/EMD
Planning	1		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Support the mobilization of crisis intervention and behavioral health services following disasters.	DOH/HCA/ DSHS
Environmental Response/Health and Safety	1,2,3,4	Identify and monitor the safety and health of emergency responders and	DOH

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
		healthcare personnel during and after a disaster.	
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Control Disease Outbreaks	DOH
Public Health, Healthcare, & Emergency Medical Services	1,4	Conduct epidemiological investigations	DOH
Public Health, Healthcare, & Emergency Medical Services	1,4	Conduct and maintain disease surveillance	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Conduct Public Health Laboratory Testing	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Coordinate with local health jurisdictions	DOH
Operational Coordination	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,4	Coordinate with Federal Partners	DOH
Operational Coordination	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Respond to Human Health effects regarding Water Quality, Air Quality, Food Quality, Toxic Chemicals, Zoonotic Diseases (diseases that can be	DOH/WSDA/ ECY

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Environmental Response/Health and Safety	1,2,3,4	transmitted from animals to humans), and Radiation	DOH/WSDA
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Provide Environmental Public Health Services and Coordination	DOH
Environmental Response/Health and Safety	2,3,4		DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,4	Provide Environmental Public Health Response through: Sampling, Lab Testing, Coordination, Information Sharing, Technical Assistance.	DOH
Environmental Response/Health and Safety	2,3,4		DOH/WSDA
Public Health, Healthcare, & Emergency Medical Services	1,2,4	Providing Health Protection Orders/Guidance	DOH
Environmental Response/Health and Safety	1,2,3,4		DOH
Environmental Response/Health and Safety	1,2,3,4	Supporting Local Health Jurisdictions and other responders with technical assistance in Environmental Public Health areas of expertise	DOH/WSDA
Public Health, Healthcare, & Emergency Medical Services	1,2,4		DOH
Public Health, Healthcare, & Emergency Medical Services	2	Coordinate the distribution of medical countermeasures and support local medical countermeasure dispensing and administration operations.	DOH

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Public Health, Healthcare, & Emergency Medical Services	1,2	Request, coordinate, manage and distribute the Strategic National Stockpile materiel and pharmaceuticals for response operations	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2	Support the deployment of CHEMPACK caches	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Provide Healthcare Support in the form of Medical Surge Support	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Provide Healthcare Support in the form of Medical Materiel	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Provide support to healthcare systems in coordination with the NWHRN for scarce resource allocations and crisis care.	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Provide Healthcare Support in the form of Pharmaceutical Support and Supply Information	DOH/WSPA
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Provide Healthcare Support in the form of Facilitation of Coordination with Healthcare Partners	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Provide Healthcare Support in the form of Interstate Mutual Aid for Healthcare Response	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,4	Provide Healthcare Support to Hospitals, Long-Term Care Facilities, Blood Centers, and Kidney Centers	DOH

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Operational Coordination	1,2	Provide Overall Mortuary Coordination	DOH/EMD
Fatality Management Services	1,2		DOH/WACME
Fatality Management Services	1,2	Provide Mortuary Coordination via Body Recovery	DOH/WACME
Fatality Management Services	1,2	Provide Mortuary Coordination via Morgue Operations	DOH/WACME
Fatality Management Services	1,2	Provide Mortuary Coordination via Family Assistance Centers	DOH/WACME/ DSHS
Fatality Management Services	1,2	Provide Mortuary Coordination via Data Management (i.e. victim identification, tracking, cold storage, transportation reports, etc.)	DOH/WACME
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Review and assess public health and medical information about the disaster to identify the nature and extent of public health and medical issues and needs.	DOH
Situational Assessment	1,2		DOH/EMD
Situational Assessment	1,2	Establish appropriate monitoring and surveillance activities as required and provide essential information and recommendations.	DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,4		DOH
Public Health, Healthcare, & Emergency Medical Services	1,4	Collect and share relevant health response information with any partner that needs information necessary to save lives and stabilize the incident.	DOH
Public Information and Warning	1,2		DOH/EMD

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Operational Communications	1		DOH/EMD
Operational Coordination	1,2	Activate and deploy personnel, supplies, and equipment to support state-level missions, local and Tribal needs, and healthcare facilities.	DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1		DOH
Public Health, Healthcare, & Emergency Medical Services	4	Strengthen surveillance to prevent disease outbreaks	DOH
Public Health, Healthcare, & Emergency Medical Services	4	Provide health promotion activities to residents to mitigate the spread of disease.	DOH
Public Information and Warning	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	4	Provide training and access to statewide HAN/WA SECURES communications systems for direct contact to timely situation/status reports and send alerts to local health jurisdictions, Tribes, healthcare coalitions, military hospitals, and support agencies	DOH
Public Health, Healthcare, & Emergency Medical Services	4	Utilize geographical information systems and resource management data to identify vulnerable populations and critical infrastructure	DOH
Public Health, Healthcare, & Emergency Medical Services	4	Stage critical medical supplies, equipment, and pharmaceuticals in strategic locations	DOH/WSPA
Public Health, Healthcare, &	4	Develop and implement corrective action reports and improvement plans based on	DOH

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Emergency Medical Services		exercises and real incidents/events to improve preparedness plans	
Public Health, Healthcare, & Emergency Medical Services	4	Support local communities with the restoration of the public health and medical infrastructure, including hospitals, long-term care centers, behavioral health services, kidney centers, and blood centers and assure the continuum of care.	DOH/HCA/ DSHS
Public Health, Healthcare, & Emergency Medical Services	4	Support long-term monitoring of the population's health status.	DOH
Public Health, Healthcare, & Emergency Medical Services	4	Support efforts to restore primary care systems in local communities	DOH
Environmental Response/Health and Safety	1,2,3,4	Evaluate safety of health care facilities for use during and post incident(s).	DOH/HSQA
Public Health, Healthcare, & Emergency Medical Services	1,23,4		DOH
Situational Assessment	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	4	Seek financial reimbursement from the responsible party.	DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4	Support health and medical components of essential service centers or recovery centers.	DOH/DSHS
Public Health, Healthcare, &	1,3		DOH

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Emergency Medical Services		Establish incident priorities and objectives for the statewide health and medical response	
Planning	1		DOH/EMD
Situational Assessment	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,3,4	Collect and report the situational status of public health and medical impacts, threats, and response actions	DOH
Situational Assessment	1,2		DOH/EMD
Planning	1		DOH/EMD
Operational Coordination	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,4	Deploy ESF 8 Liaisons to field locations, local health jurisdictions and Tribes, and other operational settings for enhanced coordination as necessary	DOH
Operational Coordination	1,2		DOH/EMD
Mass Care Services	1,2	Provide resource management support including equipment, medical supplies, and pharmaceuticals for local health jurisdictions, Tribes, and healthcare organizations	DOH/EMD
Operational Coordination	1,2		DOH/EMD/HCC
Planning	1		DOH/EMD/HCC
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4		DOH/WSPA/ HCC
Mass Care Services	1,2	Collaborate with the SEOC to provide logistical support for locally managed medical needs shelters, alternate care facilities, medication centers, mortuary	DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4		DOH

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Fatality Management Services	1,2	operations, family assistance centers, and other field response locations	DOH
Operational Coordination	1,2		DOH/EMD
Mass Care Services	1,2	Implement statewide distribution strategies for medications and medical supplies received through the Strategic National Stockpile	DOH
Operational Coordination	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,2,4		DOH
Operational Coordination	1,2	Coordinate with regional Disaster Medical Coordination Centers (DMCC) to manage statewide bed availability and patient movement	DOH/EMD/DOT
Mass Care Services	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,2,3,4		DOH
Mass Care Services	1	Determine the need for federal or interstate assistance and direct resource requests through the SEOC	DOH/EMD
Situational Assessment	1		DOH/EMD
Operational Communications	1		DOH/EMD
Operational Coordination	1,2		DOH/EMD
Planning	1		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,2,4		DOH
Situational Assessment	1,2	Direct statewide surge capacity strategies to support local health jurisdictions, Tribes, and healthcare facilities	DOH
Operational Communications	1		DOH/EMD

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Environmental Response/Health and Safety	1,2		DOH
Operational Coordination	1,2		DOH/EMD
Public Information and Warning	1,2		DOH
Planning	1		DOH
Mass Care Services	1,2		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1,4		DOH
Public Health, Healthcare, & Emergency Medical Services	1,2,4	Develop health messaging in coordination with ESF 8 partner agencies and local health officers	DOH
Planning	1		DOH/EMD
Public Information and Warning	1,2		DOH/EMD
Operational Communications	1		DOH/EMD
Situational Assessment	1		DOH/EMD
Situational Assessment	1	Support policy decision making by the Secretary of Health	DOH/EMD
Operational Coordination	1,2		DOH/EMD
Operational Communication	1		DOH/EMD
Public Health, Healthcare, & Emergency Medical Services	1		DOH
Public Health, Healthcare, &	1	Track costs associated with DOH response functions and activities.	DOH

Response Mission Area			
Core Capability	**Critical Task I.D.**	**Activity/Action**	**State Agency / Organization**
Emergency Medical Services			
Operational Coordination	1,2		DOH/EMD

Demobilization and Recovery		
Core Capability	Activity/Action	State Agency / Organization
Public Health, Healthcare, and Emergency Medical Services Environmental Response / Health and Safety	Support local communities with the restoration of the public health and medical infrastructure, including hospitals, long-term care centers, behavioral health services, kidney centers, and blood centers and assure the continuum of care	DOH/HCA/DSHS
Public Health, Healthcare, and Emergency Medical Services	Support long-term monitoring of the population's health status.	DOH
Public Health, Healthcare, and Emergency Medical Services Operational Coordination Environmental Response / Health and Safety	Support efforts to restore primary care systems in local communities and assure medical providers are operating in safe environments.	DOH
Public Health, Healthcare, & Emergency Medical Services	Seek financial reimbursement from the responsible party.	DOH

Public Health, Healthcare, & Emergency Medical Services	Support local communities with the restoration of the public health and medical infrastructure, including hospitals, long-term care centers, behavioral health services, kidney centers, and blood centers and assure the continuum of care.	DOH/HCA/ DSHS
Public Health, Healthcare, & Emergency Medical Services	Support long-term monitoring of the population's health status.	DOH
Public Health, Healthcare, & Emergency Medical Services	Support efforts to restore primary care systems in local communities	DOH
Public Health, Healthcare, and Emergency Medical Services	Seek financial reimbursement from the responsible party.	DOH
Public Health, Healthcare, and Emergency Medical Services	Support health and medical components of essential service centers or recovery centers.	DOH

Resource Requirements

Micro-Level

Role 1:

The **representative at the ESF 8 desk** will need, at a bare minimum:

- Work assigned computer/Laptop
- Access to the internet
- Access to DOH internal drives (O: Drive, etc.)
- Ability to VPN into the network
- Access to DOH Emergency Response Plans
- Access to the "Yellow Book"
- Access to WebEOC
- Knowledge of VOIP communication methods

Training Requirements

ICS 100, 200, 700, 800; WebEOC Training; ESF 8 Desk Aid Orientation, WebEOC Resource Requests, Attend EOC Workdays, More TBD/TBP

Recommended Training
ICS 300, 400, in-person SEOC orientation, DOH Duty Officer Training, More TBD/TBP

Role 2:

The **ESF 8 Lead/Manager SEOC representative** will have the same training listed above, and additionally should have in-depth knowledge of DOH's responsibilities, capabilities, and roles. This person is more than a representative of DOH sitting in a seat in the SEOC, they should also be able to answer key questions (and potentially make decisions) from the SEOC command & general staff about capabilities and response activities. **More TBD/TBP**

Training Requirements
ICS 100, 200, 300, 400, 700, 800; WebEOC Training; ESF 8 Desk Aid Orientation, WebEOC Resource Requests, Attend SEOC Workdays, In-person SEOC orientation. **More TBD/TBP**

Recommended Training
More TBD/TBP

Macro-Level

ESF 8 partner agencies will send staff to the SEOC ESF 8 desk as soon as possible following a request for assistance. Alternatively, ESF 8 partner agency staff may be directed to report to their usual places of work and thereafter maintain continual communication with the ESF 8 representatives in the SEOC.

If ESF 8 capabilities are anticipated to be in short supply or exhausted at the state or local level, resource support may be requested from federal partner agencies.

Response Teams and Resources

ESF 8 primary and support agencies maintain the following resources to support incident responses may procure additional resources as necessary for the response. Task forces and strike teams can be activated at the discretion of DOH to support response objectives. The following is a list of possible resources and response teams available for activation, but it is not to be viewed as comprehensive. For more information on each of these teams, please see the **References and Supporting Guidance** section of this document.

- Department of Health Duty Officer (DOH DO)
- Office of Radiation Emergency Response Duty Officer (ERDO)
- Public Health Incident Management Teams (IMTs)
- Epidemiological Response Team
- Office of Environmental Public Health Sciences
- Radiation Response Team

- Medical Logistics Resource Group
- Public Health and Medical System Assessment Task Force
- Office of Drinking Water
- Laboratory Response Network
- Care-A-Van

References and Supporting Guidance

The following references, links, and guidance are meant to support ESF 8 in the execution of their responsibilities:

Response Teams and Resources

Department of Health Duty Officer (DOH DO): The DOH DO provides a 24-hour, seven-days-a-week point of contact for others to notify DOH of urgent or emergent events affecting the health of Washington State residents. This notification contains critical information regarding possible activation of ESF 8. The DOH DO analyzes incoming calls or emails and determines the appropriate staff to contact as necessary. The DOH DO coordinates response activities with the various programs in DOH as appropriate; develops and distributes daily updates to DOH leadership; reviews CDC Health Alert Network messages and distributes via SECURES; coordinates the development and distribution of DOH-initiated Health Alert Network messages via SECURES; coordinates the distribution of DOH-generated general messages through SECURES; and assists in the coordination of other general emergency response, such as ESF 8.

Office of Radiation Emergency Response Duty Officer (ERDO): The ERDO is the main point of contact for notification of the Office of Radiation Protection (ORP) for all radiological emergencies. The ERDO receives notification from either the 206- NUCLEAR line during the workday or from the State Emergency Operations Officer (SEOO) via cellular messaging. The ERDO must differentiate between minor responses, requiring one field team or less plus the possible inclusion of a liaison to the local Emergency Operations Center (EOC) or Incident Command Post (ICP), and major responses potentially involving activation of all response positions. The ERDO will initiate the appropriate response for incidents at fixed nuclear facilities: Columbia Generating Station (CGS), U.S. Department of Energy – Richland Operations site (DOE-RL), or Naval Nuclear Propulsion Program (NNPP) sites; or incidents involving significant releases of radioactive materials from a Non-Fixed Nuclear Facility (Non-FNF) location such as a rail or transportation incident or an act of terrorism. The ERDO contacts the DOH DO who can activate the DOH IMT as required and communicate with ESF 8 representatives.

Public Health Incident Management Teams (IMTs): These teams provide on-scene command and control for an incident that requires direct response, support, and coordination at an EOC or field location, or supporting a jurisdiction's response team. These teams can respond to single jurisdiction, multi-jurisdiction, multi-regional, or statewide incidents that will last for more than one operational period and require a written incident action plan. The IMTs may also coach other response team members in how to provide command and control. These teams are ready to deploy with a full complement of command and general staff. These teams are utilized at the discretion of the DOH and the ESF 8 response need.

Epidemiological Response Team**:** This team has the capability to lead or support core epidemiology outbreak functions including surveillance, detection, investigation, and contact tracing. The team can provide this function with 24-hour coverage and is scalable and modular in the duties it can perform. The team is ready to deploy with the necessary hardware, software, PPE, and diagnostic tools to conduct epidemiological surveillance and investigation functions.

Public Health Lab: Department of Health Public Health Lab (PHL) is part of a Laboratory Response Network (LRN) of domestic and international laboratories able to respond to biological and chemical threats, and emerging infectious diseases. PHL provides specialized laboratory testing and analysis, surveillance, and subject matter expertise to detect, identify, and address public health emergencies.

Care-A-Van**:** This team provides mobile health services and healthcare engagement predominantly to rural areas. Utilizing vans stationed across the state including, two in Lacey, one in Richland, and one in Spokane, the Care-A-Van can rapidly provide health service support to community-based organizations, local health jurisdictions, schools congregate settings, and other partners. Capable of offering multiple services to include, mental health screenings, wellness checks, health education, naloxone distribution, and other health initiatives to support equitable outreach to underserved communities.

Office of Environmental Public Health Sciences**:** This office has the capacity to identify and reduce environmental threats to human health from water, food, waste, and indoor and outdoor air. The team can manage environmental health tactical operations, develop environmental health procedures, activate environmental health response capabilities, such as assessing and monitoring the environment, monitoring air and water quality, ensuring safe food, providing vector control (when appropriate), and demobilizing environmental health operations.

Office of Drinking Water: This office provides oversight and technical assistance for Washington water systems. Providing situational awareness, technical and regulatory guidance, and subject matter expertise to communities facing incidents that may compromise water quality. Capable of addressing coordination and support to address climate change, contamination, infrastructure, and other challenges to water quality.

Radiation Response Team: When notified of a radiological emergency, the Office of Radiation Protection (ORP) will dispatch technical staff and subject matter experts to various emergency response centers. Staff will be dispatched to the SEOC, local county EOCs, the DOH ACC, the ICP or involved facility response center, and Joint Information Center. Field monitoring staff will be dispatched to the incident site to gather in-field measurements and samples, assist at local hospitals, or provide other support to local responders.

Technical staff at the Facility Response Center or ICP assess radiological information to share with local decision makers. Subject matter experts will review the radiological information provided by the assessment staff and the involved facility and provide protective action recommendations to the local government based on radiological information. Other subject matter experts will assist public information officers with interpreting the technical information and providing a unified message to the public.

Medical Logistics Resource Group: The Medical Logistics Resource Group manages the receipt, staging, storage, inventory control, order fulfillment, and distribution of medical countermeasures (MCMs) and durable medical equipment (DME). The team ensures security, environmental controls, cold chain management, and product integrity throughout the supply chain. In addition, they provide support for Modular All-Hazards Deployable Shelter (MAHDS) Western Shelter setup, Mobile Command Vehicles, and coordination with partners to maintain surge readiness and ensure equitable access to resources. The team also maintains a state backstop of critical supplies and actively monitors supply chain activity to identify and mitigate potential disruptions.

Department of Health Emergency Response Plans Matrix

Plan Element	Lead Division(s)	Description
Base Plan	ORHS	Contains authorities, purpose, concept of operations, direction & control, continuity of operations, definitions, etc. Provides the details of how the Washington State Department of Health (DOH) fulfills its responsibilities as the coordinating and sole primary agency for Emergency Support Function 8 (ESF

		#8), public health, medical, and mortuary services; as a primary agency for ESF #3, #11, and #14, and a supporting agency for ESF #2, #5, #6, #7, #10, and #15. These responsibilities are assigned and described in the Comprehensive Emergency Management Plan (CEMP) published by the WA State Emergency Management Division. Governs DOH preparedness and response activities in the wake of such incidents, either as part of a state activation or when responding as a sole agency. It also serves as a guide, though not direction, for the preparedness, response, and recovery activities of other state agencies, local health jurisdictions, private and non-profit healthcare facilities and organizations, and Tribal governments as they pertain to public health, medical, and mortuary services.
Annexes to the DOH Basic Plan		
Annex A – Operations	ORHS	**Describes DOH systems, processes, roles, and responsibilities for preparedness, response, and recovery operations. Activities covered under this annex and the appendices include notification and activation of a Readiness Group or an IMT, communication and information systems, command and control of DOH resources, coordination with partners to provide support, public information operations, administrative preparedness, and protecting the safety and health of responders.** • Notification and Communications • Command and Control • Support and Coordination • Administrative Preparedness • Transition to Recovery
Annex B – Emergency Medical Logistics	ORHS	**Overall Resource Management - Outlines the emergency response activities to support the need for medical materiel and resources**. Medical Countermeasures - Outlines when a DOH Medical Countermeasures response is warranted and describes how DOH supports by providing technical assistance, support and coordination, remote and physical management of MCM, communication, and dispensing and administration of MCM. Isolation and Quarantine – describes the general concept of operations for DOH designated Isolation and Quarantine Facilities. Instructions contained are intended to guide the operation of the selected facilities to enable DOH to contain communicable diseases or agents that may require isolation or quarantine of ill or exposed individuals, respectively. Volunteer Management – structures the recruitment, training, deployment, and demobilization of volunteer emergency personnel. It divides volunteer

		integration into four core phases: Pre-Incident Preparedness, Intake & Credentialing, Deployment, and Demobilization & Debriefing. This plan relies heavily on partnerships with local health jurisdictions.
Annex C – Medical Surge Support	ORHS	**Establishes the framework for coordinating healthcare system preparedness and response during incidents that generate patient volumes or medical needs exceeding normal operational capacity. This annex outlines the roles, responsibilities, and procedures necessary to expand healthcare capabilities, allocate resources effectively, and maintain continuity of essential medical services during emergencies and disasters.** Allocation of Scarce Resources - The annex addresses strategies for the allocation of scarce medical resources when demand exceeds available supplies, personnel, equipment, or treatment capacity, ensuring that decisions are made in a coordinated, ethical, and transparent manner. Pediatric Surge – Specialized considerations for pediatric surge operations are included to support the unique medical, equipment, staffing, and reunification needs of children during large-scale incidents. Burn Surge - provides guidance for burn surge management, including patient triage, regional coordination, specialty care access, and resource prioritization. Infectious Disease – Establishes procedures for responding to infectious disease outbreaks and pandemics, including surveillance, isolation, infection prevention and control measures, healthcare workforce protection, and coordination with public health authorities. Radiation and Chemical - Establishes policies for the Department of Health (DOH) in the event of a radiological emergency in the State of Washington. This includes at what level of emergency the Department responds and what response positions are to be staffed. It also establishes reporting authorities for Department staff responding to radiological emergencies. The Director of the Office of Radiation Protection (ORP) shall have authority over DOH's response to radiological emergencies Information Sharing - Provides an overview of the processes, statutes, roles, and platforms used to collect, validate, analyze, and disseminate health care–related information during steady state operations, enhanced monitoring, activation of DOH Readiness Groups, and incident and emergency responses. This plan demonstrates coordinated, timely, accurate, and secured health care-related information flow among Washington State Department of Health (DOH), healthcare coalitions (HCCs), the health care delivery system, EMS, local health jurisdictions (LHJs), Tribal nations, and state and federal partners.

Annex D – Public Health and Medical Services	ORHS	**Establishes the framework for coordinating public health, healthcare, and human services activities before, during, and after emergencies and disasters. This annex defines the roles, responsibilities, and operational procedures necessary to protect public health, support healthcare systems, and address the medical and behavioral health needs of affected populations throughout all phases of an incident. Effective information sharing, interagency coordination, and resource management are emphasized throughout the annex to ensure unified public health and medical response. It enhances the jurisdiction's ability to safeguard public health, reduce morbidity and mortality, and supports community recovery during emergencies and disasters.** Communicable Disease Response Plan - Guides surveillance, investigation, containment, and mitigation activities associated with infectious disease outbreaks, epidemics, and pandemics. Includes epidemiology, potential isolation and quarantine, needs mass prophy and vaccination, plus special provisions for bioterrorism, pandemic flu and others TBD. Public Health Laboratory - outlines the critical functions in supporting disease detection, environmental testing, specimen analysis, and public health surveillance activities necessary for informed decision-making during emergencies. Environmental Public Health - capabilities, resources, strategies, and operations are addressed through procedures designed to assess and mitigate threats to food safety, drinking water, wastewater systems, vector control, air quality, and other EPH hazards that may impact community health and safety. Mass Care Support- describes public health support for operations, including coordination with shelters and congregate care facilities to ensure sanitation, disease prevention, medical support, and protection of vulnerable populations. Disaster Behavioral Health - Recognizing the psychological and emotional impacts of disasters, this establishes a framework for services, including crisis counseling, psychological first aid, responder support, and referral to ongoing mental health and substance use resources. Community Health - supports equitable access to healthcare services, continuity of care for at-risk populations, health education, and long-term recovery efforts that promote community resilience. Fatality Management - Defines the roles and responsibilities of DOH to support the local or Tribal response to a mass fatality incident. It outlines capabilities

		and coordination mechanisms necessary to support the respectful, timely, and lawful recovery, identification, tracking, storage, and disposition of human remains during incidents involving increased mortality.

Supporting Plans and Appendices

Department of Health Emergency Response Base Plan

- Annex A: Operations
- Annex B: Emergency Medical Logistics
- Annex C: Medical Surge Support
- Annex D: Public Health and Medical Services

ESF 8 Appendices

- Appendix 1 – Emergency Medical Resources
- Appendix 2 – Medical Surge Plan
- Appendix 3 – Mass Fatality Incident Support
- Appendix 4 – Pandemic Influenza and Viral Respiratory Disease Plan
- Appendix 5 – Air Quality Response Plan
- Appendix 6 – Crisis Counseling and Emergency Mental Health Services

Emergency Support Function 15 – External Affairs (ESF 15)

WA DOH Office of Drinking Water

- Emergency Response Planning Guide for Public Drinking Water Systems
  - Guide for public drinking water systems to develop emergency response plans.
- WA DOH Office of Drinking Water Emergency Publications for Water Systems

Multi-Agency Response to Highly Pathogenic Avian Influenza Animal Emergency Plan

The National Health Security Strategy (NHSS)

WA HEALTH: Washington's Healthcare and Emergency and Logistics Tracking Hub

Washington Restoration Framework (WRF)

The WRF outlines strategy and structure for how the State will engage the Whole Community to implement, build, and sustain recovery and revitalization efforts following incidents of different sizes, types, and complexity. The WRF can be activated at distinct levels to mobilize resources in support of local or regional disasters or can be activated fully in support of catastrophic incidents. ESF 8 supports, and is supported by, the WRF.

Executive Order 13295: Revised List of Quarantinable Communicable Diseases (April 4, 2003, amended July 31, 2014)

This Executive Order identifies the eight communicable diseases for which an individual can be apprehended, detained, examined, or conditionally released by federal public health authorities under 42C.F.R. §§ 70 and 71. *Knowing which diseases fall into the quarantinable category is critical in providing Public Health, healthcare, & emergency medical services. Within that purview, it is crucial for all aspects of the primary and supporting core capabilities*.

Public Law 107-188, Public Health Security Bioterrorism Preparedness & Response Act of 2002

Amends the Public Health Service Act to "improve the ability of the United States to prevent, prepare for, and respond to bioterrorism and other public health emergencies." *Knowledge of all hazards for all the supportive core capabilities is critical in achieving the primary core capabilities of the ESF 8.*

Emergency Medical Treatment and Active Labor Act (EMTALA)

Delineates how hospitals accepting Medicare patients accept patients during emergencies. *Ensures medical care for mass care services and other medical care during an ESF 8 activation.*

Public Law 104-191 Health Information Portability and Accountability Act (HIPAA) of 1996

Health care providers and support staff will ensure appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, where applicable. If a Section 319 Emergency has been declared, the Secretary of HHS may waive certain sanctions for noncompliance with HIPAA. Note that The Centers for Disease Control and Prevention (CDC) is not a covered entity under HIPAA, nor are state or local public health departments unless they also treat patients. *ESF 8 may assist with isolation and quarantine measures and with point of distribution operations (mass prophylaxis and vaccination) as well as mass care operations.*

Public Law 113-5 Public Health and All Hazards Reauthorization Act (PAHPRA)

Enables the use of Emergency Use Authorization as well as the Emergency Use Investigational New Drug (IND) which allows the FDA to authorize use of an experimental drug in an emergency situation. *To accomplish the protection of public health and providing support for emergency and non-emergency medical services, providers must have the support of all available new technology and medicines. This authority is critical for ESF 8 to accomplish its primary and supportive core capabilities, especially for situational awareness and planning.*

Emergency Prescription Assistance Program (EPAP)

This allows enrolled pharmacies to process claims for prescription medications, certain medical supplies, vaccinations, and some forms of medical equipment for eligible people who live in a Federally identified disaster area. The President must first issue an Emergency Declaration, Major Disaster Declaration, or an Incident of National Significance. Once declared, FEMA has the authority to issue a mission assignment to deploy US HHS and the EPAP under ESF 8, if appropriate. *This assists ESF 8 in planning, operational coordination, and mass care services.*

RCW 70.26 Pandemic Preparedness

Establishes requirements and performance standards regarding the development and implementation of local pandemic flu preparedness and response plans. *ESF 8 will lean on these plans in all its supporting core capabilities especially as it builds collaboration and support for LHJs.*

RCW 38.56.020 Intrastate Mutual Aid System – Established

Local jurisdictions and Tribes provide mutual assistance to each other in emergencies. This includes activities related to an emergency or participation in drills or exercises in preparation for an emergency. *This is critical for ESF 8 planning, operational coordination, mass care services, operational communications, and situational assessments.*

RCW 68.50 Human Remains

A coroner has jurisdiction over human remains when death is due to a violent contagious disease which may be a public health hazard, or when death results from events including drowning, an accident, radiation, or exposure. Reports and records of autopsies or postmortems are released to appropriate and designated medical and safety authorities. *This enables ESF 8 to care for the health of the public by directly affecting the authority and coordination of all its supporting core capabilities, which enable the accomplishment of the primary core capabilities.*

RCW 70.02 Medical Records

This describes the use of medical records and to whom, when, and the regulations that must be allowed so that they can be released. *When activated, it is critical for ESF 8 entities, through collaboration with local LHJs, to attain medical knowledge, intel, and actionable information for the planning and mass care activities outlined in this document.*

RCW 70.58 Vital Statistics

WA DOH is authorized to prescribe the rules, schedule, and system for electronic and hard copy transmission of birth and death certificates and marriage licenses; and maintains rules for releasing copies of vital records through secure and confidential means. Vital records copies may be shared with federal, state, and local governmental agencies if the record is to be used for official agency duties. *This allows for the transfer of relevant information when attempting to determine the scope and type of a public health emergency in which ESF 8 may be activated. There is direct relevancy during pandemic and similar-type activations.*

RCW 70.168 Statewide Trauma Care System

Emergency Medical Services (EMS) Trauma Care System. Established authority to maintain a statewide data registry to collect and analyze data on the incidence, severity and causes of trauma. *Delineates DOH and therefore, ESF 8, authority regarding trauma care, facilities, equipment, transport, development, and personnel.*

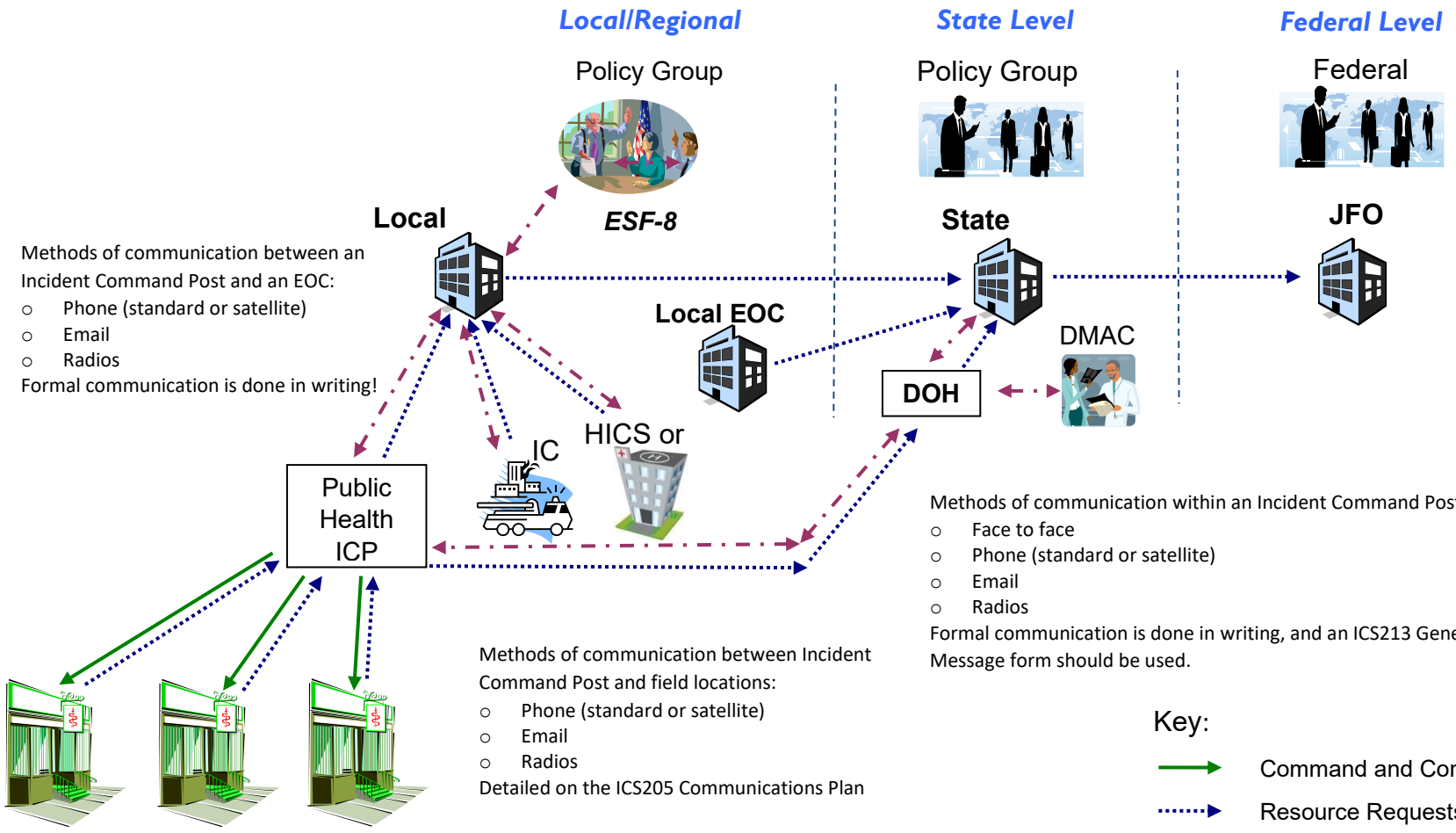
RCW 70.94 Air Quality

The Department of Ecology and Regional Clean Air agencies have jurisdiction over ambient air quality. DOH has air quality subject matter experts available to consult with those who have authority regarding the effects of poor air quality on the public's health. *Utilizing these agencies and their authority enables ESF 8 to support aspects of the environmental response/health and safety and aids in situational assessment.*

WAC 246-500 Handling of Human Remains

This WAC includes the guidelines that those directly handling or touching human remains must follow in addition to management of human remains in refrigerated storage and transportation protocols. The local health officer may impose additional requirements for the handling, care, transport or disposition of human remains or suspend the requirements of this chapter. *This is critical guidance for the ESF 8 primary core capability of supporting fatality management services.*

Image 1: ESF 8 Graphical Representation of ESF 8 CONOPS



Terms and Definitions

ACC: Agency Coordination Center

AFN: Access and Functional Needs

AG: Washington Attorney General Office

ARC: American Red Cross

ASPR: United States Health and Human Services Administration for Strategic Preparedness and Response

CASPER: Community Assessment for Public Health Emergency Response

CEMP: Comprehensive Emergency Management Plan

CGS: Columbia Generating Station

CIEP: Coalition on Inclusion Emergency Planning

CONOPS: Concept of Operations

CRC: Community Reception Centers

CRS: Construction Review Services

DAHP: Washington Department of Archeology and Historic Preservation

DES: Washington Department of Enterprise Services

DMAC: Washington State Disaster Medical Advisory Committee

DNR: Washington Department of Natural Resources

DOE-RL: US Department of Energy – Richland Operations

DOH: Department of Health

DOH DO: Department of Health Duty Officer

DOL: Washington State Department of Licensing

DSHS: Washington Department of Social and Health Services

ECY: Washington Department of Ecology

EEI: Essential Elements of Information

ELT: Executive Leadership Team

EMAC: Emergency Management Advisory Compact

EOC: Emergency Operations Center

ERDO: Office of Radiation Emergency Response Duty Officer

ESAR-VHP: Washington's Emergency System for Advance Registration of Volunteer Health Professionals

ESF: Emergency Support Function

ESSENCE: Electronic Surveillance System for the Early Notification of Community-Based Epidemics

FDA: Food and Drug Administration

FSRT: Fatality Search and Recovery Teams

HAN: Health Alert Network

HCA: Health Care Authority

ICP: Incident Command Post

IMT: Incident Management Team

JIC: Joint Information Center

JIS: Joint Information System

L&I: Washington Department of Labor and Industries

LEP: Limited English Proficiency

LHJ: Local Health Jurisdiction

NARSC: National Animal Rescue and Sheltering Coalition

NASAAEP: National Alliance of State Animal and Agriculture Emergency Programs

NCH: Natural, Cultural, and Historic

NDMS: National Disaster Medical System

NEMA: National Emergency Management Association

NRF: National Response Framework

NGO: Non-Governmental Organization

NHSS: National Health Security Strategy

NNPP: Naval Nuclear Propulsion Program

Non-FNF: Non-Fixed Nuclear Facility

NTSB: National Transportation Safety Board

NVS: National Veterinary Stockpile

ORP: Office of Radiation Protection

PHE: Public Health Emergency

PNEMA: Pacific Northwest Emergency Management Arrangement

POD: Point of Dispensing

PPE: Personal Protective Equipment

PRN: Pharmacists Response Network

RCW: Revised Code of Washington

RSN: Regional Support Network

RSS: Receipt, Stage, and Store

SEAW: Structural Engineers Association of Washington

SEOC: State Emergency Operations Center

SEOO: State Emergency Operations Officer

SNS: Strategic National Stockpile

USDA: United States Department of Agriculture

US HHS: United States Department of Health and Human Services

WAC: Washington Advisory Code

WACME: Washington Association of Coroners and Medical Examiners

WA HEALTH: Washington's Healthcare and Emergency and Logistics Tracking Hub

WaSAFE: Washington Safety Assessment Facility Evaluation

WAserv: Washington’s Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

WATrac: Washington’s information management system for healthcare response.

WDFW: Washington Department of Fish and Wildlife

WDRS: Washington Disease Reporting System

WMD: Washington Military Department

WSDA: Washington State Department of Agriculture

WSDOT: Washington State Department of Transportation

WSP: Washington State Patrol

WSPA: Washington State Pharmacy Association

WTN: Washington Tracking Network