

Primary Agency:

Department of Health (DOH)

Support Agencies:

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

INTRODUCTION

Purpose

Emergency Support Function (ESF) 8 — 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.

Scope

This plan reflects an all hazards approach to preparing, responding, and recovering from disasters. Services, functions, and partners covered in this plan include state government agencies, local health jurisdictions, tribes, healthcare facilities and their critical functions, mortuary services, medical surge response, resource and information management, and policy decision making. Functional roles within the scope of ESF 8 include:

- Coordinating, mobilizing, and directing the statewide health, medical, and mortuary response during disasters.
- Supporting local assessment and identification of public health and medical needs in impacted regions.
- Supporting monitoring, investigating, and controlling potential and known public health threats through disease, environmental, and injury surveillance.
- Providing rapid detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposures to all hazards.

- Recommending public health and medical regulatory and statutory waivers to the Governor’s Office for enactment when necessary.
- Coordinating statewide mutual aid among local health jurisdictions, medical examiners, and coroners.
- Coordinating interstate mutual aid requests for public health and medical assistance, and initiating requests for federal health and medical assistance and resources during disasters.
- Providing all-hazard public health and medical consultation, technical assistance, and support.
- Collecting, disseminating, and coordinating accurate and timely public health and medical information to public health partners and the general public.
- Directing the staging, storage, and statewide distribution of medical surge supplies and equipment.
- Providing pharmaceutical supply information and access to chronic care prescriptions.
- Supporting and implementing non-pharmaceutical interventions to control the spread of public health threats.
- Supporting mass fatality management, victim identification, and activation of Family Assistance Centers.
- Coordinating 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).
- Coordinating 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.
- Supporting the mobilization of crisis intervention and behavioral health services following disasters.
- Identifying and monitoring the safety and health of emergency responders and healthcare personnel during and after a disaster.

The Department of Health (DOH) will activate, coordinate, and deploy ESF 8 resources and capabilities when any emergency or public health threat:

- Exceeds or may exceed local, tribal, or healthcare facility resources or capabilities.
- Warrants state-level direction and coordination of information and resources.
- Requires policy decision making by the Secretary of Health.

Policies

Key state authorities that govern our emergency response:

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

1. Enforce the public health laws of the state and the rules and regulations promulgated by the Department or the Board of Health in local matters, when in its opinion an emergency exists and the local board of health has failed to act with sufficient promptness or efficiency, or is unable for reasons beyond its control to

act, or when no local board has been established, and all expenses so incurred shall be paid upon demand of the Secretary of the Department of Health by the local health department for which such services are rendered, out of moneys accruing to the credit of the municipality or the local health department in the current expense fund of the county;

2. Investigate outbreaks and epidemics of disease that may occur and advise local health officers as to measures to be taken to prevent and control the same;
3. Exercise general supervision over the work of all local health departments and establish uniform reporting systems by local health officers to the state Department of Health;
4. Have the same authority as local health officers, except that the Secretary of Health shall not exercise such authority unless the local health officer fails or is unable to do so, or when in an emergency the safety of the public's health demands it, or by agreement with the local health officer or local board of health;
5. Take such measures as the Secretary of Health deems necessary in order to promote the public health, to establish or participate in the establishment of health educational or training activities, and to provide funds for and to authorize the attendance and participation in such activities of employees of the state or local health departments and other individuals engaged in programs related to or part of the public health programs of the local health departments or the state Department of Health. The Secretary of Health is also authorized to accept any funds from the federal government or any public or private agency made available for health education training purposes and to conform with such requirements as are necessary in order to receive such funds; and
6. Establish and maintain laboratory facilities and services as are necessary to carry out the responsibilities of the Department of Health.

RCW 43.70.680 Volunteers for emergency or disaster assistance

The Washington State Department of Health is authorized to contact persons issued credentials to ask them if they will register as volunteer workers.

RCW 70.26 – Pandemic Preparedness

The Secretary of the Washington State Department of Health establishes requirements and performance standards, consistent with any requirements or standards established by the United States Department of Health and Human Services (HHS), regarding the development and implementation of local pandemic flu preparedness and response plans.

RCW 70.94.422 – Department of Health powers regarding radionuclides

The Washington State Department of Health shall have all the enforcement powers as provided in RCW 70.94.332, 70.94.425, 70.94.430, 70.94.431 (1) through (7), and 70.94.435 with respect to emissions of radionuclides.

RCW 70.98 – Radiation Control

RCW Chapter 70.98.050 designates the Washington State Department of Health as the state radiation control agency having sole responsibility for administration of the regulatory, licensing, and radiation control provisions in that Chapter.

RCW 38.56.020 Intrastate Mutual Aid System – Established

Local jurisdictions and tribes provide mutual assistance to each other in emergencies. This includes response, mitigation, or recovery activities related to an emergency or participation in drills or exercises in preparation for an emergency.

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 confidential. Only the following people may view these confidential records: the personal representative of the decedent, any family member, the attending physician or advanced nurse practitioner, the prosecuting attorney or law enforcement agencies with jurisdiction, public health officials, the department of labor and industries or the secretary of the department of social and health services. A coroner, medical examiner, or their designee may publicly discuss their findings except when there is a pending investigation or court proceedings. These officials may also release identifying information of the deceased to aid in identification. The coroner, medical examiner or the attending physician will meet with the family of the decedent to discuss autopsy findings if they request. If the county coroner or county medical examiner investigating a death is unable to identify the decedent he or she shall have a qualified dentist carry out a dental examination. If the county coroner or medical examiner is still unable to identify the decedent, they will forward the dental examination records to the dental identification system of the state patrol to be matched and scored for identification.

WAC 246-500 Handling of Human Remains

This WAC includes the guidelines that funeral directors, embalmers, medical examiners, coroners, health care providers and others 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.

RCW 70.02 Medical Records

Health care information is personal and sensitive and if it is used improperly or released may be harmful to a patient's privacy, health care or other interests. Patients and other qualified entities need access to health care records in order to inform their health care decisions, protect the health of the public, and more, but records must be disclosed appropriately and in appropriate circumstances, as noted in this RCW. Authorization must be obtained prior to disclosure of records. A health care provider or health care facility may disclose health care information without a patient's authorization if the disclosure is to protect the health of the public or if it is for research that has been approved by an institutional review board. A personal representative of a deceased patient may exercise all of the deceased patient's rights, as noted in this RCW. All state and local agencies that obtain patient health care information must adopt and make available on their websites the rules and policies in accordance with this RCW regarding record acquisition, retention, destruction, and security. If patient information is improperly disclosed by a state or local agency the patient must be notified. The Department of Social and Health Services is authorized to release patient information that is necessary to protect the public.

RCW 70.58 Vital Statistics

The Department of Health (DOH) is authorized to prescribe the rules, schedule and system for electronic and hard copy transmission of birth and death certificates and marriage licenses as noted in this RCW. DOH also maintains rules for releasing copies of vital records through secure and confidential means. Local and city health officers are generally the entities responsible for registration activities which are supervised by the state registrar. Each local registrar may appoint deputy registrars to assist them. Washington State vital statistics documents include, at minimum, the items recommended by the federal agency responsible for national vital statistics. Information may be added to or removed from documents if the state board of health requires an addition. Vital records copies may be shared with federal, state and local governmental agencies if the record is to be used for official agency duties. A certificate of every death or fetal death must be filed with the local registrar in the district where the death occurred. Only qualified officials may file death certificates, as noted in this RCW. A county coroner, medical examiner or prosecuting attorney with jurisdiction may file a certificate of presumed death if the certificate includes sufficient evidence to indicate a person has died within the county and if it is unlikely that the body will be recovered.

RCW 70.168 Statewide Trauma Care System

In order to improve trauma care across Washington State this Emergency Medical Services (EMS) Trauma Care System was created. It aims to decrease the incidence of trauma through prevention activities, provide optimal care for trauma patients, prevent unnecessary deaths and disabilities from trauma and contain costs due to trauma. The state has an EMS and trauma care steering committee with representatives from DOH. The committee advises DOH regarding emergency medical services and trauma care throughout the state. DOH has established standards for facilities, equipment, transport, development, and personnel for multiple levels of adult and pediatric trauma care services. DOH authorizes facilities and transport agencies to provide a designated level of trauma care service. To address quality of care, DOH maintains a statewide data registry to collect and analyze data on the incidence, severity and causes of trauma. This registry and quality assurance program is used to improve the availability and delivery of prehospital and hospital trauma care services.

WAC 246-100 Communicable Diseases

It is the responsibility of every health care provider to provide adequate instruction in control measures to prevent the spread of disease to patients, care takers, and others. Health care providers must also cooperate with public health authorities during investigation of suspected or confirmed cases of notifiable conditions or communicable diseases and during outbreaks. The local health officer establishes plans, policies and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination, conduct investigations, and institute disease control and contamination control measures. This WAC includes the procedures for isolation or quarantine. Isolation or quarantine may be issued by a local health officer, or be voluntarily completed by a person if the health officer determines that emergency detention of a person or group is necessary to limit spread of communicable diseases. This WAC denotes the conditions and principles under which a local health officer may order involuntary detention of a person or group of persons for purposes of isolation or quarantine. In addition to the conditions and principles for isolation and quarantine that must be adhered to, there are conditions that must be followed regarding the isolation or quarantine premises. Control measures to prevent human disease from animals are also

included with sections specific to rabies and psittacosis. A state or local health officer within his or her jurisdiction may issue orders for medical examination, testing and/or counseling as well as orders to cease and desist specific activities when he or she knows or has a reason to believe that a person has a sexually transmitted disease and is engaging in conduct endangering the public's health.

Additional State Authorities:

Air quality – RCW 70.94: 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 having authority regarding the effects of poor air quality on the public's health.

Chem/Toxicology – RCW 70.104.030: The Department of Health may investigate all suspected human cases of pesticide poisoning and such cases of suspected pesticide poisoning of animals that may relate to human illness. DOH shall immediately notify WSDA, L&I, and other appropriate agencies of the results of its investigation for such actions as the other departments or agencies deem appropriate. RCW 70.104.040 gives DOH authority in the event of a pesticide emergency to make such orders and take such actions as are appropriate to assume control of the property and to dispose of hazardous substances, prevent further contamination, and restore any property involved to a nonhazardous condition. DOH shall work closely with and advise WSDA, as appropriate, in the enforcement of this chapter.

Key Federal Authorities that govern our emergency response:

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

In addition to regular authorities, the 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 an emergency under 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) if the HHS Secretary determines, after consulting with such public health officials as may be necessary, that 1) a disease or disorder presents a PHE or 2) a PHE, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists. A PHE declaration allows the Secretary to take certain actions in response to the PHE. In addition, a PHE can be a necessary step in authorizing the Secretary to take a variety of discretionary actions to respond to the PHE under the statutes HHS administers including:

- Developing and taking necessary steps to implement a plan to assist states and localities to control epidemics and to meet other health emergencies or problems.
- Establishing isolation and quarantine.
- Maintaining the Strategic National Stockpile (SNS).
- Activating the U.S. Public Health Service (USPHS) Commissioned Corps and the National Disaster Medical System (NDMS) and deploying select members of the Medical Reserve Corps (MRC).

The HHS Secretary is authorized to take the following actions when a Public Health Emergency is declared.

- Emergency Medical Treatment and Labor Act (EMTALA) (see EMTALA description on page ESF8-7) sanctions for direction or reallocation of an individual to another location to receive medical screening pursuant to an appropriate state emergency preparedness plan or a state pandemic preparedness plan for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared federal public health emergency. A waiver of EMTALA requirements is effective only if actions under the waiver do not discriminate on the basis of a patient's source of payment or ability to pay.
- Regulatory waivers that the HHS Secretary can enforce.
- In addition, the Secretary may waive Health Insurance Portability and Accountability Act (HIPAA) sanctions and penalties in certain situations.

Homeland Security Presidential Directive (HSPD)-21

HSPD-21 is built on the principles of earlier directives – HSPD-9 and HSPD-10 – which collectively describe the role of the federal government in building a national capability to detect a biological event.

- Establishes a National Strategy for Public Health and Medical Preparedness.
- Defines a “Catastrophic Public Health Event.”
- Identifies four critical components of public health and medical preparedness: biosurveillance, countermeasure distribution, mass casualty care, and community resilience.

National Health Security Strategy (NHSS)

The NHSS is a strategic plan developed by HHS to help minimize the consequences associated with significant health incidents. The NHSS is designed to achieve two goals:

- Build community resilience.
- Strengthen and sustain health and emergency response systems.

Section 2802 of the Public Health Service Act provides the statutory authority and requirements for the NHSS.

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

The Act 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.” The Act requires the Secretary of HHS to “develop and implement” a coordinated strategy in the form of a national preparedness plan.

Emergency Medical Treatment and Active Labor Act (EMTALA)

EMTALA requires that hospitals accepting Medicare payments provide patients coming to the emergency department appropriate medical screening for emergency medical conditions without regard to citizenship, legal status, or ability to pay. If the patient is found to have an emergency medical condition, the hospital must either provide further examination and treatment until the patient is stabilized, or, if the hospital is unable to

stabilize the patient, the hospital must arrange for transfer of the individual to a capable facility. Patients cannot be denied stabilizing treatment or be discharged prematurely based on prior unpaid debts to the hospital. While patients cannot be held criminally liable, hospitals may seek judgments against non-paying patients in civil court for the amounts owed.

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

The HIPAA Privacy Rule protects certain patient information (including health insurance and billing information, medical records, and conversations with providers) from being disclosed by covered entities (including most health insurance companies, health care providers, and health information clearinghouses) for reasons other than providing treatment and care, billing and payment, protecting the public's health (such as through surveillance of specific diseases), or reporting required information to police (such as gunshot wounds). Information cannot be disclosed outside of the HIPAA provisions without the patient's express written permission. Covered entities must have safeguards in place to protect patient health information to ensure that it is not mishandled. If a Section 319 Emergency has been declared, the Secretary of HHS may waive certain sanctions for non-compliance 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. Regulations are found at 34 C.F.R. Part 160 and Subparts A and E of 164.

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

This Executive Order identifies the eight communicable diseases (cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers; and severe acute respiratory syndromes), for which an individual can be apprehended, detained, examined, or conditionally released by federal public health authorities under 42 C.F.R. §§ 70 and 71.

Public Health and All Hazards Reauthorization Act (PAHPRA)

The purpose of the Pandemic and All-Hazards Preparedness Act is "to improve the Nation's public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural."

The Secretary of HHS may, based upon one of the preceding determinations, declare that circumstances exist to justify an Emergency Use Authorization (EUA) for an unapproved drug, device, or biological product, or for an unapproved use of an approved drug, device, or biological product. Once an emergency is declared, the Food and Drug Administration (FDA) Commissioner may issue an EUA for a particular product or products, assuming other statutory criteria and conditions are met. The EUA expires when the declaration of emergency terminates or when authorization is revoked. The FDA Commissioner may impose conditions on the use of the drug or device. Emergency Use Investigational New Drug (IND) allows the FDA to authorize use of an experimental drug in an emergency situation that does not allow time for submission of an IND in accordance with 21CFR, Sec. 312.23 or Sec. 312.34. It is also used for patients who do not meet the criteria of an existing study protocol, or if an approved study protocol does not exist.

Emergency Prescription Assistance Program (EPAP)

The purpose of EPAP is to perform the activities related to processing prescription drug claims for medications and durable medical equipment (DME) for designated eligible individuals in a federally-identified disaster area. EPAP allows any enrolled pharmacy in the United States and its territories to use existing electronic pharmacy systems as an infrastructure to efficiently process prescriptions and DME for individuals that are eligible for EPAP. This effort is performed under the authority cited in Sections 403 and 502(a) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), 42 USC 5170b and 5192(a). EPAP activities provide “essential assistance” to support state and local jurisdictions as defined in Section 403 of the Stafford Act, 42 USC 5170b. The President must first issue an Emergency Declaration or Major Disaster Declaration under the Robert T. Stafford Disaster Relief Act, or declare an Incident of National Significance. Once declared, FEMA has the authority to issue a mission assignment to deploy HHS under ESF 8, if appropriate.

Additional Local Authorities:**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.

1. Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;
2. Control and prevent the spread of any dangerous, contagious, or infectious diseases that may occur within his or her jurisdiction;
3. Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion, and improvement of health within his or her jurisdiction;
4. Prevent, control, or abate nuisances which are detrimental to the public health;
5. Attend all conferences called by the Secretary of Health or his or her authorized representative;

As well as other activities to support the public’s health.

[1999 c 391 § 5; 1993 c 492 § 239; 1991 c 3 § 309; 1990 c 133 § 10; 1984 c 25 § 7; 1979 c 141 § 80; 1967 ex.s. c 51 § 12.]

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 and shall:

1. Enforce through the local health officer or the administrative officer appointed under RCW 70.05.040, if any, the public health statutes of the state and rules promulgated by the state board of health and the Secretary of Health;
2. Supervise the maintenance of all health and sanitary measures for the protection of the public’s health within its jurisdiction;
3. Enact such local rules and regulations as are necessary in order to preserve, promote, and improve the public’s health and provide for the enforcement thereof;

4. Provide for the control and prevention of any dangerous, contagious, or infectious disease within the jurisdiction of the local health department;
5. Provide for the prevention, control, and abatement of nuisances detrimental to the public's health.

[1991 c 3 § 308; 1984 c 25 § 6; 1979 c 141 § 79; 1967 ex.s. c 51 § 10.]

Planning Assumptions

In addition to 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 following factors could affect the statewide ESF 8 response:

1. Preservation of life safety is a top incident priority in the field and at an Emergency Operations Center (EOC) level.
2. 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.
3. The Secretary of Health will determine prioritization of available medical services when resources are scarce across multiple jurisdictions, implementation of crisis standards of care on a regional level, and direction of federal and interstate mutual aid resources.
4. During a public health emergency, disease and environmental surveillance and investigation activities are prioritized to directly support life safety.
5. Public health and medical services, resources, facilities, and personnel may be limited in availability or capacity during and following disasters.
6. The resources and abilities of local health jurisdictions to coordinate the local ESF 8 response to public health and medical emergencies vary widely across the state.
7. Additional local, state, or federal capabilities may be needed to assist state and local governments and tribes in the triage and treatment of casualties in the disaster area and transporting casualties to the closest appropriate hospital or healthcare facility.
8. Large-scale public health emergencies may require implementation of public health measures, including implementation of legal authorities, to control the spread of communicable diseases or environmental health hazards.
9. Public health emergencies may require receipt, staging, storing, distribution, and dispensing of medications and medical supplies in large quantities over short time periods.
10. During disasters, damage to critical infrastructure including roads, bridges, communications lines, power grids, and water and sewer systems may exacerbate public health impacts and hamper response efforts.
11. Inpatient healthcare facilities will have plans in place to maintain operations and support patients for up to 96 hours. We don't believe that healthcare facilities will be able to support patients for up to 96 hours without additional support.
12. A large-scale medical disaster may generate patient volumes well exceeding the capacity of healthcare facilities requiring medical surge response at the local, state, and federal levels.
13. Public health emergencies and disasters disproportionately impact populations that are low income, medically frail, have disabilities or special medical needs, are culturally or geographically isolated, and are heavily dependent on social services to support daily health needs.

14. The transportation of patients to areas with available healthcare resources outside the state and region may be required.
15. Demand for behavioral health services, including crisis counseling for disaster survivors and response personnel, may quickly overwhelm local providers warranting state and federal assistance.
16. There is a risk of increased disease outbreaks when large numbers of people are sheltered together for any length of time.
17. Primary medical treatment facilities may be damaged or inoperable. Rapid damage assessments and prioritizing medical service restoration during disaster recovery may be necessary to stabilize the medical support system.
18. Protecting food and water systems will be one of the areas requiring resources.

CONCEPT OF OPERATIONS

ESF 8 Coordinator 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 by:
 - Working with local health departments and local governments, tribes, and healthcare facilities to strengthen state, tribal, and local governmental partnerships for providing public health protection;
 - Developing disease or environmental public health intervention strategies;
 - Providing expert advice to response partners, first response agencies, local and tribal public health officials, healthcare facilities, and the executive and legislative branches of state government;
 - Providing active and fair enforcement of public health rules;
 - Working with other federal, state, and local agencies, tribes, and healthcare facilities by facilitating their involvement in planning and implementing health preservation measures;
 - Providing information to the public to prevent disease, promote health, and protect the public's health;
 - Carrying out other related actions as appropriate for the situation; and
 - Enforcing public health laws and rules in accordance with RCW 43.70.130(4).
- Because emergencies and communicable diseases know no boundaries, 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 healthcare and health community input, the Secretary of Health can call upon the Washington State Disaster Medical Advisory Committee (DMAC), which can serve in an advisory capacity during disasters for healthcare and medical decision making and the DOH Policy Group for public health and population-based decision making.

General

The DOH Duty Officer is the central point of notification for incidents that warrant ESF 8 response. Incident notification to the DOH Duty Officer may originate from the State Emergency Operations Center (SEOC) Alert and Warning Center, local health jurisdictions, tribes, healthcare facilities, state agencies, or other response partners. Upon receiving notification, the DOH Duty Officer will communicate with the appropriate DOH staff and ESF 8 partners to mobilize the appropriate response.

DOH will lead ESF 8 partners in conducting impact assessments in coordination with appropriate state and local medical and public health officials and organizations to determine the character and extent of the incident. Assessments will be conducted to outline:

- Incident impact on the local community and immediate threats to life, health, and safety;
- Incident impact on healthcare infrastructure;
- Priorities for rapid response;
- Resources currently available within the local community; and
- Strategies for long-term recovery.

ESF 8 representatives actively participate in the State Emergency Operations Center planning process and provide updated information regarding public health and medical activities.

DOH will activate its incident management team (IMT), as appropriate, to establish overall health and medical response objectives, coordinate incident information with ESF 8 partners, and manage medical resources. The DOH IMT will serve as the clearinghouse for ESF 8 incident information and medical resource management during emergencies and disasters.

DOH Communicable Disease Epidemiology will conduct surveillance and detection activities. This can include forensic epidemiology activities. DOH will share key information with law enforcement agencies.

Public Health Policy Group

The Public Health Policy Group is an advisory body that supports the Secretary of Health's decision making role during disasters. When activated, the Public Health Policy Group consists of DOH staff, including the Secretary, the State Health Officer, the Deputy Secretary for Public Health Operations, the Deputy Secretary for Administrative Operations, and the Agency Administrator. Technical advisors may be requested by the Secretary to participate in Public Health Policy Group discussions on an as-needed basis. Technical advisors may include DOH staff, local health officers, other state agencies, federal agencies, healthcare or private sector individuals, or the Disaster Medical Advisory Committee (see below).

The role of the Public Health Policy Group is to provide structure, technical assistance, and expertise to the Secretary on policy decisions regarding:

- The need to request federal assistance or interstate mutual aid to support the public health and medical response;

- The need to ration and prioritize medical resources and services;
- The need to change medical system practices or regulatory waivers to reflect crisis conditions;
- The need to solve ethical issues arising from the incident; and
- The need to prioritize sustainment of critical functions and operations within DOH during emergencies.

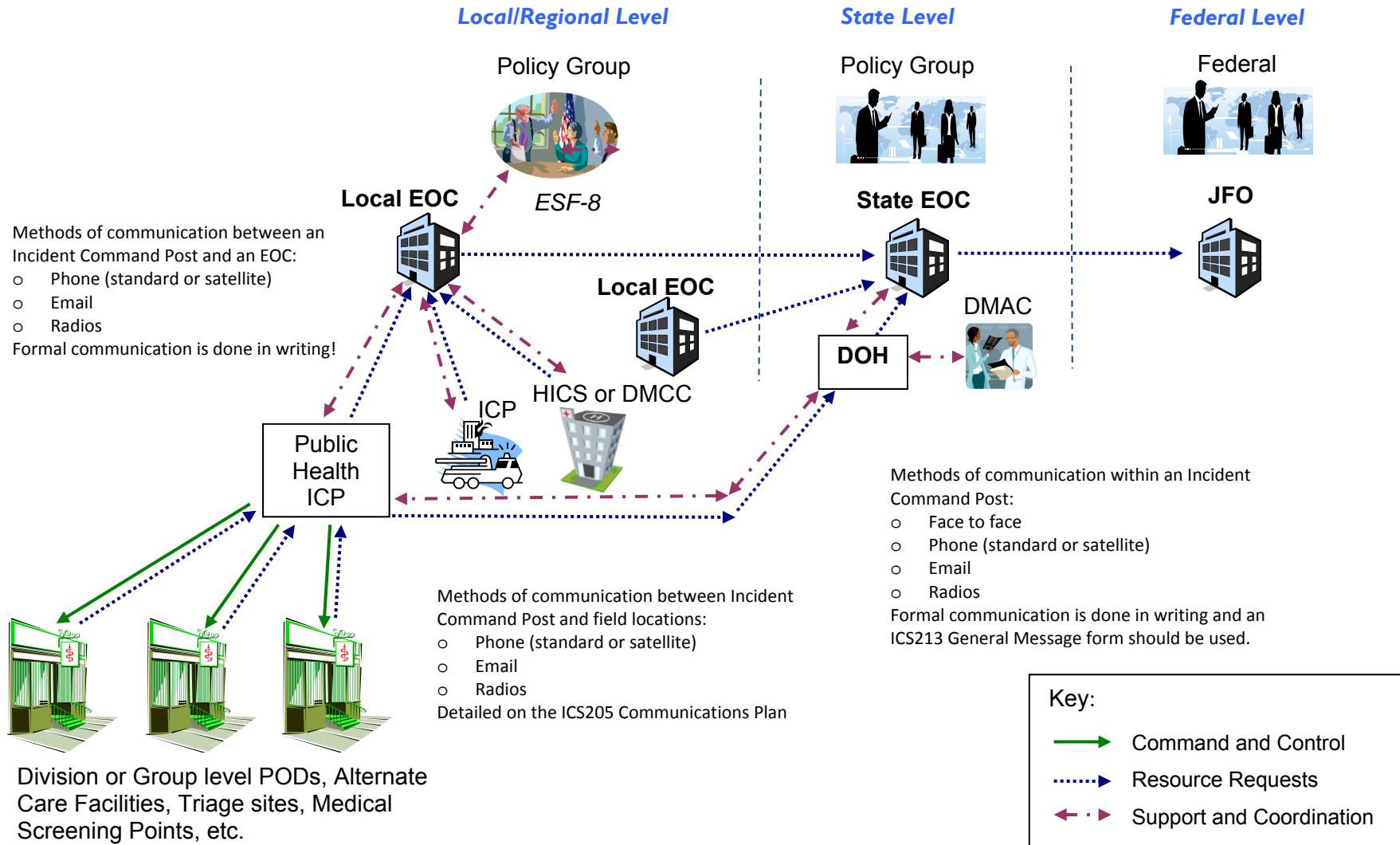
Disaster Medical Advisory Committee

The Disaster Medical Advisory Committee (DMAC) consists of a broad array of medical, clinical, and ethical experts whose role is to advise the State Health Officer and the Secretary of Health, when requested, on policy decisions during disasters. When activated, the DMAC may be requested to provide input on the following issues:

- The need to activate multi-regional surge capacity strategies;
- Recommendations for mobilizing, prioritizing, and allocating federal medical resources (e.g., SNS, NDMS, or federal teams);
- Recommendations on the need to implement crisis standards of care based on current and anticipated circumstances; and
- Recommendations for solving medical ethics issues.

Local and tribal public health and medical officials will route requests for state assistance through the emergency management organization responsible for their jurisdiction to the ESF 8 station at the SEOC. 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.

DOH will manage medical resources in support of local, tribal, and healthcare facility response efforts. DOH will leverage, to the greatest extent possible, partnerships with private sector, healthcare systems, non-profit organizations and other partners to mobilize resource 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 DOH IMT will communicate all requests for interstate mutual aid or federal assistance through the SEOC.



Organization

State-Level Response Structure

- In response to public health and medical emergencies, DOH may activate incident command to coordinate the resources and actions of the Department and ESF 8 partners.
- DOH will notify and request ESF 8 partner agencies to provide a representative to support ESF 8 activities at the DOH agency coordination center (ACC) or SEOC, as needed.
- DOH will communicate directly with local health, tribes, healthcare facilities, and other partners during an incident to create a common operating picture and share information.
- The DOH IMT will coordinate with the ESF 8 representatives in the SEOC to accomplish the following during all public health and medical emergencies:
 - Establish incident priorities and objectives for the statewide health and medical response;
 - Collect and report the situational status of public health and medical impacts, threats, and response actions;
 - Deploy ESF 8 Liaisons to field locations, local health jurisdictions and tribes, and other operational settings for enhanced coordination as necessary;
 - Provide resource management support including equipment, medical supplies, and pharmaceuticals for local health jurisdictions, tribes, and healthcare organizations;
 - Collaborate with the SEOC to provide logistical support for locally managed medical needs shelters, alternate care facilities, medication centers, mortuary operations, family assistance centers, and other field response locations;
 - Implement statewide distribution strategies for medications and medical supplies received through the Strategic National Stockpile;
 - Coordinate with regional Disaster Medical Coordination Centers (DMCC) to manage statewide bed availability and patient movement;
 - Determine the need for federal or interstate assistance and direct resource requests through the SEOC;
 - Direct statewide surge capacity strategies to support local health jurisdictions, tribes and healthcare facilities;
 - Develop health messaging in coordination with ESF 8 partner agencies and local health officers;
 - Support policy decision making by the Secretary of Health; and
 - Track costs associated with DOH response functions and activities.

Regional- and Local-Level Response Structure

- Local ESF 8 response activities will be coordinated in accordance with local or tribal public health or medical plans and the local emergency operations center (EOC). In some cases regional ESF 8 response activities will be coordinated in accordance with regional or tribal plans and with the EOC of the lead regional jurisdiction.

Response Operations

Upon notification of a potential public health emergency or disaster, DOH may activate ESF 8 partners and the DOH IMT to mobilize personnel, supplies, and equipment to save lives, protect the public, and support local needs. During response, ESF 8 representatives support four primary missions:

1. Support and coordination to agencies and partners responding under health and medical missions;
 2. Facilitate mutual aid among local health jurisdictions, tribes, and healthcare facilities;
 3. Directly assist local health jurisdictions, tribes, and healthcare facilities in their response; and
 4. Support policy decision making by the Secretary of Health through upward leadership.
- Assess Public Health and Medical Needs: ESF 8 representatives make initial assessments of health and medical needs from reports provided by local health jurisdictions, tribes, and healthcare systems. State or federal damage assessment teams may provide additional information. In coordination with ESF 8 partner agencies, the U.S. Department of Health and Human Services (HHS) may mobilize and deploy a team to the disaster area to assist with determining specific health and medical needs and priorities. This function includes assessment of healthcare system functionality and supporting infrastructure.
 - Patient Movement: ESF 8 representatives may request assistance from non-affected 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. Under these circumstances, DOH may activate a state-level DMCC to coordinate the movement of patients across multiple regions of the state and to advise the Secretary of Health, in conjunction with DMAC, regarding the need for out-of-state patient movement. Regional DMCCs can assist the state DMCC or DOH IMT with patient destination decisions by analyzing bed availability data and patient allocations.
 - Health and Medical 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.
 - The Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS): ESF 8 representatives coordinate with the Governor or their designee to request resources from the SNS when needed. 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 treat adverse health effects from an intentional, accidental, or naturally occurring public health emergency.
 - CHEMPACK: ESF 8 representatives coordinate with local authorities and the CDC when a CHEMPACK cache has been activated. The CHEMPACK program procures and provides project areas with caches of chemical nerve

agent antidotes placed in centralized locations to assist first responders in quickly administering life-saving antidotes.

- Pharmaceutical Supply Chain: ESF 8 representatives will coordinate with the Washington State Pharmacy Association (WSPA) to track and monitor the status of the pharmaceutical supply during incidents.
- Food Safety and Security: ESF 8 representatives may task the DOH Food Safety Program and WSDA to assist local officials with the safety and security of food supplies.
- Worker Safety and Health: ESF 8 representatives 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 a facility/industry is 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.
- All Hazard Public Health and Medical Consultation, Technical Assistance, and Support: ESF 8 representatives may request assistance from support agencies to assess the public health and medical effects resulting from an incident. Specific tasks may include (but are not limited to):
 - Assessing general population and high-risk population exposure;
 - Conducting field investigations;
 - Investigating indirect exposure through contaminated food, drugs, water supply, and other media; and
 - Providing technical assistance and consultation regarding medical treatment and decontamination of individuals.
- Behavioral Health Care: If the local capability to provide behavioral health services is exceeded during any size or type of disaster, the impacted county or tribe may request assistance from the SEOC. ESF 8 representatives coordinate with support agencies, human and social service agencies, non-profit organizations, regional support networks (RSNs), and HHS to determine viable options for support.
- Public Health and Medical Information: The Joint Information Center (JIC) or Joint Information System (JIS) managed from the SEOC will coordinate the collection, development, and dissemination of public information messaging during disasters. For agency-specific information, DOH will serve in the lead role in communicating public health risks associated with the emergency and actions the public can take to protect themselves. The DOH IMT Incident Commander must approve all health related messages prior to release.
- Vector Control: DOH may request ESF 8 partner agencies to assist with assessing the threat of vector-borne diseases following an incident. 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 regarding vector-borne diseases and medical treatment of victims of vector-borne diseases.

- Drinking Water: 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 keeping the Governor's Office and SEOC informed of the public water system status.
- 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. ESF 8 representatives support 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.
- Non-pharmaceutical interventions: Disease control functions will include coordinated surveillance, outbreak investigations, epidemiological analysis, and appropriate laboratory testing. Non-medical 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. The Isolation & Quarantine Annex to the DOH Emergency Response Basic Plan will guide implementation of non-pharmaceutical interventions during a communicable disease incident.
- Veterinary Medical Support: ESF 8 representatives provide veterinary assistance to ESF-11 as needed with containment of diseases transmitted from animals to humans and to protect the health of livestock, companion, and services animals. Support of the National Veterinary Stockpile drugs will be maintained by the DOH Receipt, Stage, and Store (RSS), and oversight will remain with WSDA.
- 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.
- Volunteer Management: The majority of medical and non-medical volunteers in Washington State are members of their local Medical Reserve Corps, are registered as Emergency Workers through their local emergency management agency, and their contact information is housed in WAserv. DOH maintains volunteer teams to support state and local capabilities. Teams in place and under development include a pharmacy team to provide chronic disease care in

congregate settings and routine medication to affected people, an impact assessment team to include volunteer building evaluators and engineers familiar with healthcare facilities, and volunteer medical teams to support acute care needs. 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.

Response Tools

ESF 8 primary and support agencies maintain the following systems to monitor and support incident response:

- 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 efficiently, rapidly, and collaboratively monitor and respond to harmful health effects of exposure to disease or hazardous conditions. Sys-P provides public health officials 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.
- 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 may 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.
- 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.
- Washington Disease Reporting System (WDRS): 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 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 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.
- 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.
- 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.

Operational Objectives

- I. Activate and deploy personnel, supplies, and equipment to support state-level missions, local and tribal needs, and healthcare facilities. ESF 8 primary and support agencies maintain the following resources to support incident responses and can 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.
 - 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. 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 activities. The DOH DO can activate the DOH IMT as required.
 - 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 work day 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.

- 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 are capable of responding to single jurisdiction, multi-jurisdiction, multi-region, 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.
- Epidemiology (Epi) Task Force: This team has the capability 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.
- Environmental Public Health Strike Team: This team 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.
- 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.

- Receipt, Stage, and Store (RSS) Task Force: This task force receives, tracks, and distributes medical resources throughout the state during a public health response. Supplies may come from the SNS as a 12-hour push package or managed inventory. Medical resources are distributed to pharmacy and healthcare distribution centers and local health jurisdictions to distribute via points of dispensing (PODs) and to other facilities. During demobilization, the team can effectively recover unused medical resources, inventory, and reorganize to return to pre-incident levels. This task force works in coordination with DES, WSP, and WSDOT.
- Pharmacists Response Network (PRN): The PRN is an entity housed under the Washington State Pharmacy Association (WSPA). Its mission is to provide access to prescriptions for chronic care medications and medication therapy management for displaced disaster survivors in the state of Washington. This volunteer network consists of state registered volunteer pharmacists that are deployed when instructed by WSPA. In a state declared emergency within WA State a mission number is issued by the Washington Emergency Management Division (EMD). DOH will coordinate with the PRN within WSPA for activation in large scale disasters lasting more than 24 hours or to be deployed to local jurisdictions faced with formation of alternative care sites or mass care shelters. In support of local jurisdictions, DOH will contact and mobilize volunteer pharmacists who have registered through the state as emergency workers.
- Public Health and Medical System Assessment Task Force: This task force can be formed from existing DOH and partner agency resources to provide immediate and ongoing assessments of a disaster-affected community's public health and medical systems. A health system consists of all organizations, people, and actions whose primary intent is to promote, restore, or maintain health. The team has the capability to conduct initial and ongoing system-level assessments of medical and public health resources and infrastructure. The task force can fully function and operate in a low-tech post-disaster environment. This team is equipped with tools, transportation, and supplies to conduct windshield surveys (observations made from a moving vehicle) as well as Community Assessment for Public Health Emergency Response (CASPER) surveys of the community as needed in post-disaster environments.
- Construction Review Services (CRS) Strike Team: These teams provide two trained Washington Safety Assessment Facility Evaluation (Wasafe) building evaluators and one Structural Engineers Association of Washington (SEAW) licensed structural engineer. These teams are trained and experienced in assessing post-disaster conditions in healthcare construction and licensed healthcare delivery facilities.
- Call Center: During the initial phase of an incident, the DOH Call Center can be deployed to field locations and route incoming phone calls on behalf of local health jurisdictions, tribal partners, or healthcare facilities. As the incident progresses, the Poison Control Call Center or the originating entity may take this over.

II. Core Public Health, Medical, and Mortuary Missions:

- A. Control Disease Outbreaks
 - Epidemiological Investigations

- Disease Surveillance
 - Laboratory Testing
 - Non-Pharmaceutical Interventions (social distancing, public education, isolation, and quarantine)
 - Coordinating with local health jurisdictions and CDC and other federal partners
- B. Provide Environmental Public Health Services and Coordination
- Human Health effects regarding Water, Air Quality, Toxic Chemicals, Zoonotic Diseases (diseases that can be transmitted from animals to humans), and Radiation. These services include:
 - Sampling
 - Lab Testing
 - Coordinating
 - Sharing Info and Technical Assistance
 - Providing Health Protection Orders/Guidance
 - Supporting Local Health Jurisdictions and other responders with technical assistance in Environmental Public Health areas of expertise
- C. Coordinate Medical Countermeasure Dispensing
- Request and distribute the SNS
 - Coordinate dispensing of CHEMPACK caches
- D. Provide Healthcare Support to:
- Hospitals
 - Long-term Care Facilities
 - Behavioral Health Services
 - Blood Centers
 - Kidney Centers
- By providing:
- Medical Surge Support
 - Medical Materiel
 - Crisis Standards of Care
 - Pharmaceutical Support and Supply Information
 - Facilitation of Coordination with Healthcare Partners
 - Interstate Mutual Aid for Healthcare Response
- E. Provide Mortuary Coordination
- Body Recovery
 - Morgue Operations
 - Family Assistance Centers
 - Data Management

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.

Continuing Actions

Situation Assessment: The DOH IMT and ESF 8 representatives at the SEOC review and assess public health and medical information about the disaster. Staff works to identify the nature and extent of public health and medical issues and needs. ESF 8 representatives work collaboratively to establish appropriate monitoring and surveillance activities as required and provide essential information and recommendations. 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 Sharing: The DOH IMT and ESF 8 representatives at the SEOC collect and share relevant health response information with any partner that needs information necessary to save lives and stabilize the incident.

Coordination of Requests for Medical Transportation: Local transportation requirements will be handled by local authorities. If it is determined by ESF 8 representatives 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.

Support Agencies

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 the area of 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 provided for under an interagency agreement with DOH.
Department of Fish and Wildlife	Assist in the area of animal-borne diseases that may be transmitted to humans.
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	<ul style="list-style-type: none"> • 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.

<p>Department of Social and Health Services</p>	<ul style="list-style-type: none"> • Lead state agency for behavioral health issues as provided for in state law and in agency plans, policies, procedures, and practices. Collaborates with partners around behavioral health issues when outside the scope provided for in state law and in agency plans, policies, procedures, and practices. • Administer institutions that may be impacted by or available to support in an emergency.
<p>Department of Transportation</p>	<ul style="list-style-type: none"> • Assist in the area of route and load planning when moving medical countermeasures to or from the DOH RSS.
<p>Military Department</p>	<ul style="list-style-type: none"> • The Emergency Management Division supports ESF 8 representatives during activation. • The 10th Civil Support Team, Washington National Guard 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).
<p>Washington State Health Care Authority</p>	<ul style="list-style-type: none"> • 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.
<p>Washington State Patrol</p>	<ul style="list-style-type: none"> • 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.
<p>Washington State Pharmacy Association</p>	<ul style="list-style-type: none"> • 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.

Demobilization and Recovery

- 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.
- Support long-term monitoring of the population's health status.
- Support efforts to restore primary care systems in local communities and assure medical providers are operating in safe environments.
- Seek financial reimbursement from the responsible party.
- Support health and medical components of essential service centers or recovery centers.

Mitigation Objectives

- Strengthen surveillance to prevent disease outbreaks.
- Provide health promotion activities to residents to mitigate the spread of disease.
- 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.
- Utilize geographical information systems and resource management data to identify vulnerable populations and critical infrastructure.
- Stockpile critical medical supplies, equipment, and pharmaceuticals in strategic locations throughout Washington.
- Develop and implement corrective action reports and improvement plans based on exercises and real incidents/events to improve preparedness plans.

Supporting Appendices

- Department of Health Emergency Response Basic Plan
- 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