

Appendix C – Excerpt from National Response Plan, Emergency Support Function #8

Source: US Department of Homeland Security. 2004. National Response Plan. Washington, DC, Department of Homeland Security available at www.dhs.gov/xlibrary/assets/NRP_FullText.pdf

Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, local and tribal resources in response to public health and medical care needs for potential or actual Incidents of National Significance and/or during a developing potential health and medical situation.

ESF #8 is coordinated by the Secretary of the Department of Health and Human Services (HHS) principally through the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP).

ESF #8 resources can be activated through the Robert T. Stafford Act or the Public Health Service Act (pending the availability of funds) for the purposes of Federal-to-Federal support or in accordance with the memorandum for Federal mutual aid included in the National Response Plan (NRP) Financial Management Support Annex.

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

- Assessment of public health/medical needs (including behavioral health);
- Public health surveillance;
- Medical care personnel; and
- Medical equipment and supplies.

As the primary agency for ESF #8, HHS coordinates the provision of Federal health and medical assistance to fulfill the requirements identified by the affected State, local and tribal authorities. ESF #8 uses resources primarily available from:

- HHS, including the Operating Divisions and Regional Offices;
- The Department of Homeland Security (DHS); and
- Other ESF #8 support agencies and organizations.

ESF #8 continuously acquires and assesses information on the incident. The staff continues to identify the nature and extent of public health and medical problems, and establishes appropriate monitoring and public surveillance. Other sources of information may include:

- ESF #8 support agencies and organizations;
- Various Federal officials in the incident area;
- State health, agricultural or animal health officials;
- State emergency medical services authorities;
- Tribal officials;

- State incident management authorities; and
- Officials of the responsible jurisdiction in charge of the disaster scene.

Because of the potential complexity of the public health and medical response, conditions may require ESF #8 subject-matter experts to review public health and medical information and advise on specific strategies to manage and respond to a specific situation most appropriately.

Activation of Health/Medical Response Teams: Assets internal to HHS are deployed directly as part of the ESF #8 response. Public health and medical personnel and teams provided by ESF #8 organizations are requested by HHS and deployed by the respective organizations to provide appropriate public health and medical assistance.

Coordination of Requests for Medical Transportation: In a major public health or medical emergency, local transportation assets may not be sufficient to meet the demand. State or tribal requests for Federal medical transportation assistance are executed by ESF #8 in coordination with ESF #1 (Transportation)

Coordination for Obtaining, Assembling and Delivering Medical Equipment and Supplies to the Incident Area: Representatives of HHS, DHS, the Department of Veterans Affairs (VA), the Department of Defense (DOD), the Department of Transportation (DOT), and the General Services Administration (GSA) coordinate arrangements for the procurement and transportation of medical equipment and supplies.

Communications: ESF #8 establishes communications necessary to coordinate Federal public health and medical assistance effectively.

Information Requests: Requests for information may be received at ESF #8 from various sources, such as the media and the general public, and are referred to ESF #15 (External Affairs) for action and response.

After-Action Reports: HHS, on completion of the incident, prepares a summary after-action report. The after-action report identifies key problems, indicates how they were solved, and makes recommendations for improving response operations. ESF #8 organizations assist in the preparation of the after-action report.

In the event State and local emergency medical services resources are overwhelmed, the Emergency Response Team ESF #9 Urban Search and Rescue leader, in conjunction with the Joint Management Team leader and JMT Medical Unit Leader, coordinate with field representatives of ESF #8 – Public Health and Medical Services to develop procedures for the transfer of victims extricated from collapsed structures to Disaster Medical Assistance Teams (DMATs) for stabilization and transport to definitive medical care locations.

[Source: National Response Plan, 2004]