

# Washington State Emergency Support Function 8 Annex

May 4, 2015

## Background Information

In 1999, the Centers for Disease Control and Prevention began funding Public Health Preparedness efforts. As recipients of this funding the State of Washington and the Department of Health developed emergency response plans to describe how our organization would respond to emergencies.

Initially these plans were designed to meet federal requirements, but over the years the plans have changed and become more directed at describing various state response capabilities and responses to specific types of threats. The result is a complex set of public health response plans that address a number of different response approaches. With changes in our agency and our concept of operations, we are now working to consolidate these plans to better reflect national standards for emergency response plans, the expectations of our partners, and the needs of our response team members.

In today's All-Hazards Emergency Management framework, the activities of a response are divided into Emergency Support Functions (ESF). ESF number 8 is assigned to public health, medical, and mortuary services. In the vernacular of emergency preparedness and response professionals, this whole body of work is referred to as ESF-8.

The ESF-8 Annex to the State Comprehensive Emergency Management Plan provides the foundation for Public Health, Medical, and Mortuary affairs. This document is part of the State Comprehensive Emergency Management Plan administered by the Washington Military Department under RCW 38.52.030. This plan is not a Department of Health plan but rather, the Department of Health is the lead agency for maintaining this plan.

On May 30th, the Secretary of Health provided final comments on this document and we expect it will be approved within the month.

## Definitions

**Annex-** A part of an emergency response plan that describes a function that an organization must perform during an emergency.

**Appendix-** A part of an emergency response plan that describes what an organization must do in response to a particular kind of hazard.

**Implementing Documents-** The policies and procedures that an organization uses to help direct their resources during an emergency.

**Emergency Response Plan-** A document that describes the activities an organization or group will conduct in an effort to stabilize a crisis affecting their jurisdiction.

**Emergency Coordination Plan-** A document that describes the relationships between organizations and the methods for using those relationships during a crisis.

**Policy-** A statement that establishes the expected course of action for an agency or organization.

**Procedure-** A set of instructions for carrying out an activity.

**Incident Type-** A National Incident Management System compliant approach to categorizing crisis based on set criteria (a Type I incident is the largest and most complex).

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## Organizations involved in the planning effort

Dept. of Enterprise Services	Dept. of Agriculture	Emergency Management Division	Dept. of Social and Health Services
DOH/Office of Radiation Protection	Dept. of Transportation	Dept. of Licensing	Washington State Patrol
DOH/Office of Emergency Prep. and Response	Office of the Attorney General	Washington National Guard	Dept. of Labor and Industries
Dept. of Ecology	DOH/Office of Drinking Water	DOH/Office of Env. Public Health Sciences	Dept. of Fish and Wildlife
DOH/Communicable Disease and Epi.	DOH/Office of the Secretary	Washington State Health Care Authority	Washington State Pharmacy Association

## Purpose of the Washington State ESF-8

Emergency Support Function (ESF) 8 — Public Health and Medical Services provides coordinated procedures, technical assistance, support, and resources to local health jurisdictions, tribes, healthcare coalitions, and military installations following a major disaster or public health emergency. ESF 8 will also support the Department of Health and key response personnel during a state-level public health emergency. ESF 8 resources will be employed when any or all of the following apply:

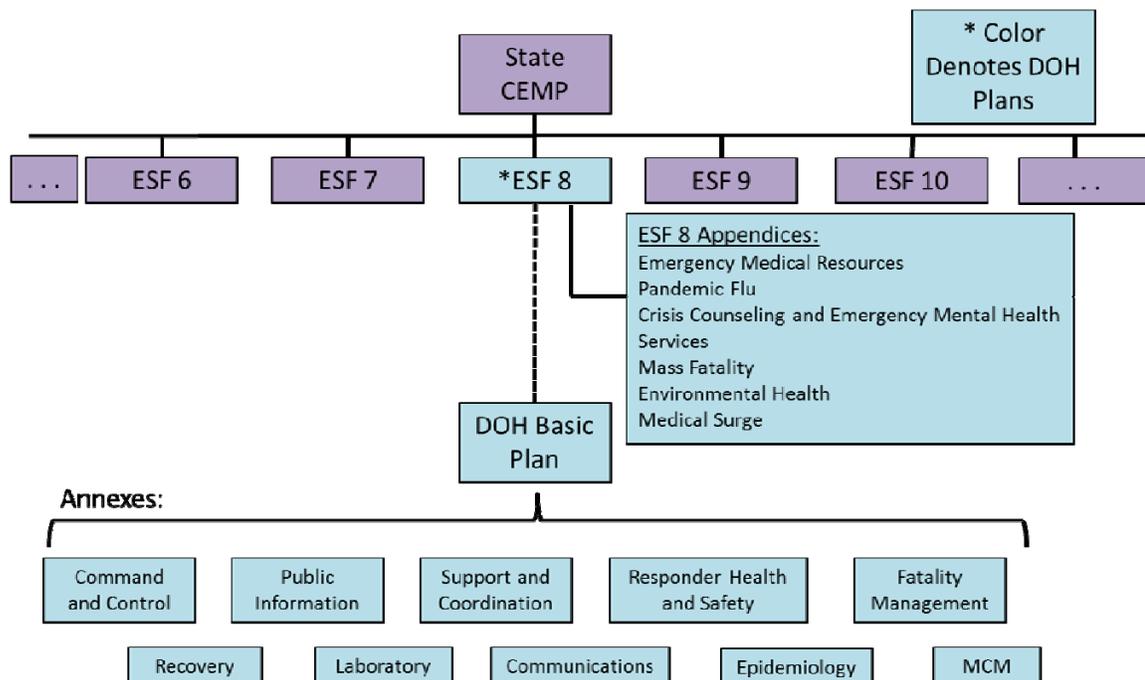
- Local, tribal, healthcare coalition, or military installation resources are insufficient or forecasted to be insufficient to address public health or medical service needs.
- The resources of local public health jurisdictions, tribes, healthcare coalitions, military installations, and/or medical providers are overwhelmed and state assistance is requested by the appropriate authorities.
- Department of Health field response personnel request support during a state-level public health emergency.
- Department of Health Incident Management Team(s) request support during a state-level public health emergency.

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## Structure of the Plan (Big Picture)

The overall plan structure is fully National Incident Management System (NIMS) Compliant and uses language consistent with the Incident Command System (ICS). It also follows a structure based on best practices in crafting Emergency Response Plans (Federal Emergency Management Agency Comprehensive Planning Guide 101). The structure includes a "Basic Plan", "Hazard Specific Appendices", and "Functional Annexes". For the purpose of this discussion we will only discuss the ESF-8 Annex but we will update several other Plans, Annexes, and Appendices over the next several months. The diagram below describes the overall organization and relationships between all of our planning documents.



## Changes to the ESF 8 Annex to the State CEMP

The ESF 8 Annex to the State CEMP was last updated and submitted to EMD in May 2011. Since that time, there have been many foundational and operational changes in the way ESF 8 (led by DOH) responds to incidents. This document has been updated and vetted with all supporting partner agencies and key offices within DOH.

Additional supporting agencies and their roles and responsibilities were added to the ESF 8 Annex including: Dept. of Fish and Wildlife, Dept. of Transportation, Washington State Health Care Authority, and Washington State Pharmacy Association. Their roles and responsibilities are defined in the Scope and Concept of Operations. The ESF8 Scope and Concept of Operations have been revised to include the Incident Command System structure that DOH uses during its responses,

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and which is required by NIMS. This structure includes all established strike teams and task forces ready for deployment. The Policy section now includes a synopsis of all key federal, state, and local policies that govern ESF 8 work. The Planning Assumptions have been updated to account for additional factors that can affect the statewide ESF 8 response. The Concept of Operations now includes a Response Tools section, which describes the systems maintained to monitor and support incident response. The Concept of Operations also includes the following sections: Core Public Health, Medical, and Mortuary Missions; Demobilization and Recovery; and Mitigation Objectives.

These changes were made to the ESF8 Annex in order to describe our agency's role as a response agency and to more concretely outline the roles and responsibilities, policies, and operations that DOH will lead when responding to public health and medical incidents or all-hazards emergencies. The revised ESF8 Annex is also beneficial for partners, as they can better access information about the work all lead and supporting agencies are responsible for- obviously critical for support and coordination activities.

## Overall Conceptual Framework of the ESF-8 Annex

### ESF 8 Coordinator/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 health by:
  - Working with local health departments and local governments, tribes, healthcare coalitions, and military installations to strengthen the state and local governmental partnership for providing public health protection;
  - Developing disease and environmental public health intervention strategies;
  - Providing expert advice to response partners, local and tribal public health officials, healthcare coalitions, military installations, 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, healthcare coalitions, and military installations 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; and
  - Carrying out other related actions as appropriate for the situation, RCW 43.70.020(3).
- The Secretary of Health is authorized to enforce public health laws and rules in accordance with RCW 43.70.130(4).
- Because emergencies and communicable diseases know no boundaries, ESF 8 may need to contact bordering states or provinces with information or for resource assistance using the Pacific Northwest Emergency

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Management Arrangement (PNEMA). PNEMA's Annex B shows the procedures for instituting this arrangement.

- When faced with issues requiring healthcare, public health, or ethics input, the Secretary of Health can call upon key advisory groups- the Washington State Disaster Medical Advisory Committee (DMAC), the Disaster Advisory Group, or the State Emergency Operations Center Policy Room.

## General

Upon notification of a disaster or emergency, the State Emergency Operations Center (SEOC) Alert and Warning Center will notify the DOH Duty Officer, who will communicate with the appropriate DOH response staff.

ESF 8 will conduct assessments and coordinate with the appropriate state and local medical and public health officials and organizations to determine the character and extent of local needs. Assessments will be conducted to outline:

- Incident impact on the local community
- Incident impact on the healthcare infrastructure
- Priorities for rapid response
- Resources that are currently available within the local community
- Network for long-term recovery

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

ESF 8 will fill resource requests in accordance with WAC 118.04 and RCW 38.52.

ESF 8 will lead evaluation and analysis of public health and medical assistance requests and response activities and develop update assessments of the status of medical and public health statewide and in the affected areas.

ESF 8 staff actively participates in the State EOC planning process and provides updated information regarding public health and medical activities.

ESF 8 has the authority to fulfill resource requests or coordinate with other state agencies, non-governmental agencies, bordering states, and federal partners to meet resource needs.

## **Known Limitations of this Plan**

- This is a high-level plan written for describing support and coordination activities that DOH will be asked to lead with other state agencies and organizations. There are multiple policies and procedures that will need to be developed in order to describe all facets of this work.
- This Annex provides a foundation for the agency's Emergency Response Plan (ERP) but is not a substitute for that plan.

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- There is considerable breadth to the Public Health, Medical, and Mortuary Services Mission. So much so, that no succinct plan can fully describe all possible activities.
- Finally, all support and coordination efforts are, by definition, inter-agency. With this, we have great confidence that our partner's agencies will work effectively with us, but there are no guarantees.

## Beyond the ESF-8 Annex

It is also important to note that there are other Emergency Support Functions that the Washington State Department of Health assists in during public health and all-hazards emergencies. These ESFs are listed below:

DOH ESF Support:

- ESF 2 – Telecommunications & Warning
- ESF 5 – Information Analysis & Planning
- ESF 7 – Resource Support
- ESF 9 – Search & Rescue
- ESF 10 – Hazardous Materials
- ESF 11 – Food & Water
- ESF 21 – Recovery
- ESF 23 – Damage Assessment
- ESF 24 – Evacuation & Movement
- ESF 25 – State Animal Response Plan

Additionally, Washington is a "Home Rule" state and the county governments have significant authority and responsibility for providing emergency management and public health services to their communities. At this level, most of Washington's counties take one of several different approaches to filling the ESF-8 role. Additionally, many local health departments have the ability to establish Incident Command Posts to address public health and medical emergencies at a field level. Direct command and control is a distinctly different approach to managing a public health emergency than what occurs in the ESF-8 position at an Emergency Operations Center (EOC). In many cases the county and state EOC will be tasked with providing support and coordination for the Incident Command System at the field level.

## Conclusions- Challenges and Opportunities

In the current Assistant Secretary for Preparedness and Response and Centers for Disease Control guidance, the Public Health Emergency Preparedness and Response work has moved toward building response capabilities for community-wide response and recovery. This is closely aligned with the Department of Health Strategic Plan Goal 1, Objective 2. This also aligns with the overall approach that Washington is taking in building state-wide response capability. By creating a sound state-level ESF-8 Annex, we create a foundation on which all other public health emergency planning efforts can be built.

Moving forward, it will be critical for our agency and our state to test this annex in exercises that provide legitimate tests of the multiple response activities that can fall within Emergency Support Function 8.

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## For Reference

Washington State Comprehensive Emergency Management Plan (CEMP)

National Incident Management System

EMERGENCY OPERATIONS COORDINATION *Capability Definition from Centers for Disease Control Target Capabilities:*

### Capability 3: Emergency Operations Coordination

Definition: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

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