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1 Introduction

1.1 Purpose
Emergency Support Function (ESF) 8 describes how the State of Oregon will coordinate plans, procedures, and resources to support health and medical care during a time of emergency and/or a developing potential health and medical situation.

1.2 Scope
Activities encompassed within the scope of ESF 8 include:

- Support local assessment and identification of public health and medical needs in impacted jurisdictions and implement plans to address those needs.
- Coordinate and support stabilization of the public health and medical system in impacted jurisdictions.
- Support sheltering of persons with medical needs.
- Monitor and coordinate resources to support care and movement of persons with medical needs in impacted areas.
- Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.
- Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin.
- Develop, disseminate, and coordinate accurate and timely public health and medical information.
ESF 8. Health and Medical

- Monitor need for and coordinate resources to support fatality management services.
- Monitor need for and coordinate resources to support disaster behavioral health services.
- Support responder safety and health needs.
- Provide public health and medical technical assistance and support

1.3 Related Functions
ESF 8 often works closely with other State ESFs as a part of coordinated response and recovery activities. The following ESFs support health and medical related to activities:

- **ESF 1 – Transportation.** Support transportation of medical resources to impacted areas.
- **ESF 6 – Mass Care.** Coordinate with ESF 8 for health and medical support to shelter operations.
- **ESF 9 – Search and Rescue.** Coordinate medical care for disaster victims.
- **ESF 10 – Hazardous Materials.** Provide for decontamination and medical of disaster victims contaminated by hazardous materials.
- **ESF 11 – Food and Water.** Provide for the safety of the food and water supply.

2 Situation and Assumptions

2.1 Situation
Oregon is faced with a number of hazards that may require health and medical support. Considerations that should be taken into account when planning for and implementing ESF 8 activities include:

- Hazards may result in mass casualties or fatalities, disruption of food and/or water distribution and utility services; loss of water supply, wastewater, and solid waste disposal services; and other situations that could create potential health hazards or serious health risks.
- One of the primary concerns of public health officials is disease control. This involves the prevention, detection, and control of disease-causing agents; maintaining safe water and food sources; and continuation of wastewater disposal under disaster conditions.
Disaster and mass-casualty incidents take many forms. Proper emergency medical response must be structured to provide optimum resource application without total abandonment of day-to-day responsibilities.

Large scale morgue and remains disposal is a significant issue for communities of any size.

2.2 Assumptions
ESF 8 is based on the following planning assumptions:

- Emergencies and disasters may occur without warning at any time of day or night, and may cause mass casualties.

- Use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.

- Emergency health and medical services should be an extension of normal duties. Health/medical care will be adjusted to the size and type of disaster.

- Public and private medical, health, and mortuary services resources will be available for use during emergency situations; however, local resources may be adversely impacted by the emergency.

- Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and access and functional needs populations may be damaged or destroyed in major emergency situations.

- If hospitals and nursing homes are damaged, it may be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.

- Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because staff are unable to report for duty as a result of personal injuries or damage to communications and transportation systems.

- Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the “walking wounded” and seriously injured victims transported to facilities in the aftermath of a disaster.

- Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment such as dialysis,
may have difficulty obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.

- In a major catastrophic event (including, but not limited to, epidemics, pandemics, and bioterrorism attacks), medical resources may be insufficient to meet demand, specialized equipment and/or treatment materials may be unavailable, and transportation assets may also be restricted due to contamination. No emergency plan can ensure the provision of adequate resources in such circumstances.

- Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.

- Damage to chemical plants, sewer lines and water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.

- The public may require guidance on how to avoid health hazards caused by the disaster or arising from its effects.

- Some types of emergency situations, such as earthquakes, hurricanes, and floods, may affect a large geographic area, making it difficult to obtain mutual aid from the usual sources.

- The damage and destruction caused by a natural or technological event may produce urgent needs for mental health crisis counseling for victims and emergency responders.

- Emergency responders, victims, and others affected by emergency situations may experience stress, anxiety, and other physical and psychological symptoms that may adversely affect their daily lives. In some cases, disaster mental health services may be needed during response operations.

### 3 Roles and Responsibilities

The following section outlines the roles and responsibilities assigned to state agencies and community partners to ensure ESF 8 activities are performed in an efficient and effective manner to support response and recovery. This document does not relieve tasked agencies with the responsibility for emergency planning and agency plans should adequately provide for the capability to implement the actions identified below.
3.1 Primary Agency
The primary agency for ESF 8 is the Oregon Health Authority (OHA). The OHA is responsible for the following overarching coordination activities:

- Coordinate regular review and update of the ESF 8 annex with supporting agencies.
- Facilitate collaborative planning to ensure state capability to support ESF 8 activities.
- Provide a representative to the State ECC, when requested, to support ESF 8 activities.
- Facilitate transition to recovery.

3.1.1 Oregon Health Authority
OHA is responsible for protecting the public health of all Oregonians and is responsible for the state’s public health emergency preparedness programs. Key ESF 8 responsibilities for OHA include:

- **Health Security Preparedness & Response Program (HSPRP)** improves public health preparedness capacity by ensuring coordination among tribes, local, regional, State and Federal agencies and private health care partners before, during and after emergency events where the public’s health is an issue.

- **The Health Security & Response Program Planning and Evaluation section** manages the training of public health, hospital, and other relevant partners in various aspects of preventing and responding to public health emergencies. It also manages the emergency exercise program for public health response.

- **Epidemiology and Surveillance Program** is responsible for the identification, investigation, and prevention of diseases caused by infectious agents. This program conducts disease surveillance; collects and analyzes surveillance data; publishes public health recommendations; develops disease prevention, preparedness and response guidelines; and investigates and helps control disease outbreaks.

- **Acute and Communicable Disease Prevention Program** provides epidemiologic and clinical expertise and guidance to the Incident Commander and develops guidance on disease related risks.

- **Public Health Laboratory** serves as a level 3 bio-safety facility for biological clinical and unknown environmental sample testing (human
chemical testing is provided by stat public health labs in Alaska, Washington and Idaho).

- Provides biological confirmatory testing, and chemical specimen collection and specimen referral guidance to Oregon Sentinel Laboratory Response Network (LRN) laboratories.

- Local health departments and the health care community (on submission of samples remove this in brackets) during an event.

- Works cooperatively with CDC.

- Manages the Oregon Laboratory Response Network that supports environmental and human testing of unknown biological and chemical threat agents.

- Provides confirmatory laboratory testing on human clinical specimens.

- On implementation, OSPHL’s Laboratory Information Management System (LIMS) allows:
  - Client health departments, laboratories and providers to submit laboratory requests directly;
  - Communications with clients through a dedicated messaging system;
  - Health officials to streamline the access and correlation of laboratory data throughout the state for outbreak investigation; and
  - Phase 2 (spring of 2012) will allow laboratory results to be directly input into Electronic Medical Record (EMR) systems.

- **Emergency Medical Services (EMS) Section** develops situational awareness of EMS resources; communicates with EMS providers; and coordinates realignment of EMS resources during a surge event. They coordinate statewide trauma system planning, ambulance service area planning, and develops standards for ambulance personnel and emergency medical technicians.

- **Office of Environmental Public Health (OEPH)** assures statewide control of environmental hazards through drinking water protection, radiation protection, environmental toxicology and epidemiology programs and regulation of food, pool and lodging facilities.
Drinking Water Program administers and enforces drinking water quality standards for public water systems. It provides guidance on prevention of and response to water system contamination.

- Radiation Protective Service provides radiation monitoring expertise and is the state’s primary radiological response organization. It also provides radiation monitoring training to local government emergency response agencies.

- Environmental Toxicology Section protects the health and safety of the public from environmental hazards.

### 3.2 Support Agencies

Supporting agencies contribute to the overall accomplishment of the mission of the ESF. Not every support agency will have input to, or responsibility for, the accomplishment of every mission assigned to the ESF.

#### 3.2.1 Department of Administrative Services

DAS is the central administrative agency for the state and is a key partner in ensuring efficient delivery of state services. Key ESF 8 responsibilities for DAS include:

- Provide resource support (locating, purchasing and delivery of resources) to support the ESF 8 mission during or following an incident in the state of Oregon which requires a coordinated State response.

#### 3.2.2 Oregon Department of Agriculture

ODA is responsible for ensuring food safety and providing consumer protection, protecting and promoting the state’s agricultural system. Key ESF 8 responsibilities for ODA include:

- Provide technical support to public health matters for incidents consistent with the Advisory Team for environment, food and health.

- Assist with coordination, control and eradication of outbreak of highly contagious zoonotic disease that affects humans.

- Assure food safety and security in coordination with other agencies, as appropriate.

- Coordinate with agencies for the disposal of animal carcasses resulting from disease.

- The Food Safety Program’s team of field inspectors and staff license and inspect all facets of the food processing and distribution system, except restaurants, to ensure that food is safe for distribution and consumption.
3.2.3 Oregon Department of Corrections
ODC is responsible for the state’s correctional institutions including care and feeding of the prison population. Key ESF 8 responsibilities for ODC include:

- Provide warehouse support, storage of outdoor supplies, and staging of equipment and personnel.
- Provide personnel for warehouse operations in support of the Strategic National Stockpile, to include refrigeration and freezer support.
- Assist with the provision of security at warehouse and staging areas.

3.2.4 Oregon Department of Fish and Wildlife
ODFW is responsible for protecting the state’s fish and wildlife and their habitats. Key ESF 8 responsibilities for ODFW include:

- Assist ODA with control and eradication of an outbreak of a highly contagious or economically devastating animal/zoonotic disease.

3.2.5 Oregon Department of Human Services
ODHS is the principal human services agency for the state including services for those Oregonians who are least able to help themselves. ODHS provides services for low-income Oregonians, seniors, persons with disabilities, and other populations with special needs. Key ESF 8 responsibilities for ODHS include:

- Assist populations with access and functional needs in accessing medical care.

3.2.6 Oregon Department of Transportation
ODOT is responsible for maintenance of the state’s transportation system. Key ESF 8 responsibilities for ODOT include:

- Provide transportation (ground & air) support for the Strategic National Stockpile, to include refrigeration support.
- Provide transportation of public health & medical supplies.
- Provide storage area of outdoor supplies, and staging of equipment and personnel.

3.2.7 Oregon Military Department
OMD’s purpose is to administer, house, equip and train the Oregon National Guard to support the Governor during unrest or natural disaster. Key ESF 8 responsibilities for OMD include:
ESF 8. Health and Medical

- Provide available National Guard medical units, when authorized and necessary to provide support.

- Perform casualty clearing/staging and other missions as needed including aero-medical evacuation and medical treatment.

- Provide support or direct care based on ESF 8 missions. Guard units are trained and equipped to provide medical care.

- Can provide available logistical support to public health/medical response operations.

3.2.8 Oregon Occupational Safety and Health Division

The Occupational Safety and Health Division’s mission is to advance and improve workplace safety and the health of all workers in Oregon. Key ESF 8 responsibilities for the Occupational Safety and Health Division include:

- Coordinate and perform the actions identified within the Worker Safety & Health Support Annex of the National Response Framework, or state equivalent; provide occupational safety and health technical support to other state and local entities; assess responder safety and health resource needs.

3.3 Adjunct Agency

Adjunct agencies are organizations that may not be part of state government but have direct role in the function.

3.3.1 American Red Cross

Within the State of Oregon, the American Red Cross has five chapters that provide program and services. ARC can expand its operations as a disaster requires. During a disaster ARC may assist ESF 8 in the following activities:

- Upon request, assist in establishing, coordinating, and managing the states sheltering missions to include supporting medical and mental health needs.

- Provide emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, supportive counseling, and health care for minor illnesses and injuries to incident victims in mass care shelters, the JFO, selected incident cleanup areas, and other sites deemed necessary by the primary agency.

- Provide supportive counseling for family members of the dead, for the injured, and for others affected by the incident.

- Acquaint families with available health resources and services, and makes appropriate referrals.
ESF 8. Health and Medical

- Refers all concerns regarding animal health care, safety, or welfare to American Veterinary Medical Association contact(s) in the disaster area. These contact people are veterinarians affiliated with national, State, county, or local veterinary associations.

- Support reunification efforts through its “Safe and Well” website and in coordination with government entities as appropriate.

- Support emergency medical needs on site.

4 Concept of Operations

4.1 General

The State of Oregon Emergency Operations Plan, including ESF 8, is developed under the authority of Oregon Revised Statutes Chapter 401 which assigns responsibility for the emergency services system within the State of Oregon to the Governor (ORS 401.035). The Governor has delegated the responsibility for coordination of the state’s emergency program, including coordination of recovery planning activities to the Oregon Military Department, Office of Emergency Management (OEM; ORS 401.052). OEM, in turn, has assigned responsibility for coordination of the implementation of ESF 8 to the primary and supporting agencies identified above.

Additionally, Executive Order (EO)-14-XX establishes a Disaster Management Framework to facilitate Oregon’s response and recovery actions and provides a flexible instrument for execution of prudent policy and decision-making. The EO establishes the Governor’s Disaster Cabinet and Economic Recovery Councils that will serve as the policy making body during a large scale or catastrophic disaster in Oregon.

All ESF 8 activities will be performed in a manner that is consistent with the National Incident Management System and the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

4.2 Activation

When a disaster occurs that results in a Governor’s declaration, the OEM Executive Duty Officer will activate the State ECC and establish communications with leadership and ascertain initial size up to determine an ECC staffing plan and set up operational periods. If the incident requires significant coordination of communications activities, a notification will be made to OHA requesting activation of ESF 8. OHA will coordinate with supporting agencies to assess and report current capabilities to the ECC and will activate Agency Operations Centers as appropriate. OHA and supporting agencies may be requested to send a representative to staff the ECC and facilitate ESF 8 activities.
4.3 **ECC Operations**

When ESF 8 is staffed in the ECC, the ESF representative will be responsible for the following:

- Serve as a liaison with supporting agencies and community partners.
- Provide a primary entry point for situational information related to health and medical care needs.
- Share situation status updates related to communications with ESF 5, Information and Planning, to inform development of the Situation Report.
- Participate in, and provide ESF-specific reports for, ECC briefings including Disaster Cabinet and Economic Recovery briefings.
- Assist in development and communication of ESF 8 actions to tasked agencies.
- Monitor ongoing ESF 8 actions.
- Share ESF 8 information with ESF 14, Public Information, to ensure consistent public messaging.
- Coordinate ESF 8 staffing to ensure the function can be staffed across operational periods.

4.4 **Transition to Recovery**

Intermediate- and long-term recovery activities are guided by the State of Oregon Recovery Plan. In the event of a large-scale or catastrophic incident, the Governor may appoint a State Disaster Recovery Coordinator (SDRC) to facilitate state recovery activities and the longer-term aspects of restoration of health and medical care, coordination may be tasked to State Recovery Function (SRF) 3, Health Services. The coordinating agency for SRF 3 is the OHA. The SDRC and the State Coordinating Officer (SCO) are responsible for agreeing on the timing of transition from response (ESF 8) to recovery (SRF 3).

*See the Oregon State Recovery Plan for additional information.*

5 **ESF Development and Maintenance**

OHA will be responsible for coordinating regular review and maintenance of this ESF Annex. Each primary and supporting agency will be responsible for developing plans and procedures that address assigned tasks.

6 **Appendices**

- Appendix A – ESF 8 Plans and Resources
- Appendix B – ESF 8 Work Plan
## ESF 8 Work Plan

Last Updated: 12/1/2014

<table>
<thead>
<tr>
<th>Action</th>
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<th>Point of Contact</th>
<th>Priority</th>
<th>Timeline</th>
<th>Status</th>
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<td>To be completed</td>
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Appendix B  ESF 8 Resources

State

- County and State Agency Health and Medical Annexes
- State of Oregon Cascadia Subduction Zone Catastrophic Earthquake and Tsunami Operations Plan
- Pandemic Influenza Emergency Management Plan
- Oregon Behavioral Health All Hazard Response Plan

Federal

- National Response Framework, ESF 8 – Public Health and Medical Services