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I. Introduction

Coordinating Agency:

- Montana Disaster and Emergency Services (DES)

Primary Agency:

- Montana Department of Public Health and Human Services (DPHHS)

Support Agencies:

- Office of the Governor
- Montana Department of Administration (D of A)
- Montana Department of Agriculture (DOA)
- Montana Department of Environmental Quality (DEQ)
- Montana Fish, Wildlife, & Parks (FWP)
- Montana Department of Labor and Industry (DLI)
- Montana Department of Military Affairs
 - Division of Disaster and Emergency Services (DES)
- Montana Department of Livestock (DOL)
- MHA - An Association of Montana Healthcare Providers
- American Red Cross (ARC)
- Montana Pharmacy Association
- Montana Medical Reserve Corps (MRC)
- Critical Incident Stress Management Program (CISM)
- Montana Voluntary Organizations Active in Disasters (VOAD)
- Others as needed

PURPOSE:

The purpose of the Emergency Support Function (ESF) #8 – Public Health and Medical Services is to provide coordinated assistance to supplement local and/or tribal resources in response to public health and medical care needs following a disaster event.

Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the “at risk” or “special needs” populations described in the Pandemic and All-Hazards Preparedness Act and in the *National Response Framework (NRF)* Glossary, respectively. It includes a population whose members might have medical and other functional needs before, during, and after an incident.

This Annex is a part of the *Montana Emergency Response Framework (MERF)* and the DPHHS *Emergency Operations Plan (EOP)* and is designed to be consistent with, and subordinate to, higher-level plans including the *NRF*.

SCOPE:

The State of Montana ESF #8 provides the mechanism assistance to tribal and local governments and provides for the coordination with federal partners. The areas of concern in a public health or medical services event are:

- Assessment of public health/medical needs
- Health surveillance
- Biological, chemical agents and laboratory diagnostics
- Medical care personnel for surge capacity
- Health/medical/veterinary equipment and supplies
- Patient evacuation
- Patient care
- Medical surge
- Safety and security of drugs, biologics, and medical devices
- Blood and blood products
- Food safety and security
- All-hazard public health and medical consultation, technical assistance, and support
- Behavioral and mental service health care
- Public health and medical information
- Vector control
- Potable water, wastewater, and solid waste disposal
- Emergency Medical Services (EMS)
- Mass fatality management: victim identification, decontaminating remains, and death certificate procedure
- Veterinary medical materials support

II. Situation & Assumptions

SITUATION:

Montana is vulnerable to several natural and man-made hazards that could result in the need for state government agencies to provide assistance to local and tribal government responders. These hazards include, but are not limited to, wildfires, earthquakes, floods, Haz-Mat incidents, communicable disease outbreak or other public health events, and severe weather.

ASSUMPTIONS:

- A significant natural disaster or manmade event that exceeds the response capacities of a local or tribal government might require state or federal public health and medical assistance. In addition to direct assistance, the state might be required to provide leadership and coordination in carrying out emergency response and recovery efforts in the areas of public health and medical issues.

- These events might necessitate relocation of victims into temporary or medical shelters, which would require public health expertise.

Damage to chemical and industrial plants, sewer lines and water distribution systems, and secondary hazards such as fires or chemical plumes, could result in environmental and public health hazards to the surviving population.

- Events involving chemical, biological, and radiological materials will follow the overall Terrorism Annex of the MERF.
- City, county, or tribal DES agencies will notify their respective health and medical partners of emergencies in their jurisdictions.
- Local or tribal public health departments will notify DPHHS of the status of local health emergencies and the need for assistance.
- Local and tribal requests for support will be coordinated through city, county, or tribal Emergency Operations Centers (EOCs).
- City, county, and tribal emergency operation documents and resource lists will describe the relevant medical resources in their jurisdictions. This could include local nursing homes, hospitals, quick response units, ambulance services, morgue locations, and mutual aid agreements for EMS and public health needs.
- The ultimate responsibility for mass care services for citizens rests with the local government. Local and/or tribal planning efforts will include the unique notification, assistance, and support needs of their special needs populations (*see* Emergency Management Planning Guide for Special Needs Populations).

III. Concept of Operation

The DPHHS Director, or designee, leads the ESF #8 response. Herein the Director of DPHHS or designee will be referred to as “executive agent.”

ESF #8, when activated, is coordinated by DES through the State Emergency Coordination Center (SECC) and/or DPHHS Department Operations Center (DOC) Operations Section(s).

Upon notification, DPHHS alerts pre-identified personnel to represent ESF #8 as required for the

- DPHHS Incident Management Team (IMT)
- SECC
- Unified Coordination Group
- Joint Information Center (JIC)
- Other Federal, State, or Tribal operations centers as required by the mission.

In the early stages of an incident, it might not be possible to fully assess the situation and verify the level of assistance required. In such circumstances, DPHHS might provide assistance under its own statutory authorities. (See Section VI Authorities and References)

- The executive agent, through the Public Health and Safety Division, coordinates the Montana ESF#8 preparedness, response and recovery actions. These actions do not alter, impede, or supplant the existing authorities of any department or agency supporting ESF #8.
- During the response period, DPHHS is responsible for the analysis for public health and medical assistance, determining the appropriate level of response based on the needs request, and developing updates and ongoing assessments of public health and medical status.
- During the initial activation, DPHHS will convene communication with local and/or tribal governments requesting state support to discuss the situation and then consults with the proper ESF #8 supporting organizations to determine the appropriate response actions.
- The executive agent shall assume operational control of state emergency public health and medical response assets, as necessary, in the event of a public health emergency.
- ESF #8 support agencies are responsible for maintaining administrative control over their respective response resources after receiving coordinating instructions from DPHHS.
- DPHHS coordinates all ESF #8 response and recovery actions consistent with DPHHS legal authorities, internal policies and procedures (e.g., DPHHS Emergency Operations Plan).

- DPHHS IMT will operate from the DPHHS DOC and/or the SECC. If both the Departments DOC and the SECC are activated, DPHHS will provide an ESF #8 liaison to the SECC.
- All local and tribal public health and medical organizations participating in response operations, including those involved in other ESFs, will report public health and medical event requirements to the ESF #8 representative(s) operating in DPHHS DOC.
- All local and tribal public health and medical organizations participating in response operations, including those involved in other ESFs, will request public health and medical needs through the local/tribal emergency managers to the SECC when activated.
- As the primary agency for ESF #8, DPHHS determines the appropriateness of all requests for release of public health and medical information and is responsible for consulting with and organizing state public health and medical subject matter experts as needed.
- The Joint Information Center (JIC) might be established to coordinate incident related public information, and is authorized to release general public health and response information to the public. When possible, a recognized spokesperson from the public health and medical community (local or tribal) delivers relevant community messages. After consultation with DPHHS, the lead public information officer from other JICs may also release general public health and medical response information.
- DPHHS will coordinate with stakeholders and partners as needed for each occurrence.

IV. Organizations & Assignment of Responsibilities

The following listed agencies are tasked with coordination, primary, or support responsibilities. More specific assignments can be found in relevant detailed emergency Standard Operating Procedures (SOP) that should be developed by each organization. *Agency capabilities are affected by available resources and the size and scope of the incident. The listed tasking will be “as able” depending upon each situation.*

Coordinating Agency

Montana Disaster & Emergency Services

DES is the lead state agency for coordinating state resources and support to local, State, and nongovernmental organization (NGO) entities needing assistance. When requested by State, tribal, or local officials, in coordination with their partner organizations, DES will assist with:

- Activating and managing the SECC
- Coordinating state resources in response & recovery operations
- Contacting and requesting federal resources
- Coordinating relevant training & exercises for state and local agencies

Primary Agency

Montana Department of Health and Human Services

Upon notification of an incident, the appropriate subject matter experts of DPHHS’s Incident Command Advisory Group (ICAG) will evaluate the need, relevance, and level of response. The agency will also consult with the appropriate response partners and stakeholders to support the functional areas listed below.

1. Disease Surveillance: DPHHS, in coordination with other State and local agencies, will enhance existing surveillance systems to monitor the health of the general population and special high-risk populations, carry out field studies and investigations, monitor injury and disease patterns, potential disease outbreaks, and provide technical assistance and consultations on disease and injury prevention and precaution.
2. Laboratory Services: The DPHHS Public Health Laboratory (MPHL) is a member of the National Laboratory Response Network and is responsible for the coordination of all laboratory testing for any emergency response event, including biological/bioterrorism, chemical terrorism, radiological terrorism, food terrorism, outbreaks, and any new emerging disease. They are the liaison for laboratory testing between the State of Montana and the national reference laboratories at the Centers for Disease Control and Prevention (CDC).
3. Medical Personnel: DPHHS initiates the pre-registration and confirmation of medical volunteers’ credentials to support public health and medical activities at the local level

through the Montana Healthcare Mutual Aid System (MHMAS) volunteer registry. Coordination occurs with the local and tribal public health and medical volunteer systems.

4. Medical Equipment and Supplies: in coordination with other state and local agencies, DPHHS requests, receives and distributes the Strategic National Stockpile (SNS) assets for the state to provide medical equipment and supplies, including pharmaceutical and diagnostic materials, to jurisdictions in need. When a veterinary response is required, assets might be requested from the National Veterinary Stockpile, which is managed by USDA Animal and Plant Health Inspection Service (APHIS).
5. Patient Evacuation: DPHHS will assist in coordinating the evacuation of patients to locations where medical care is available. This might include requesting and coordinating the transfer of patients using the National Disaster Medical System (NDMS).
6. Medical Surge: DPHHS, in coordination with appropriate partners, will assist in providing medical surge capacity by activating the HAvBED System to locate specific types of hospital beds available within the state. MDPHHS will assist in the coordination and activation of the Montana Healthcare Mutual Aid System (MHMAS) to provide personnel, equipment and supplies to impacted healthcare facilities.
7. Medical Shelters: DPHHS will provide interface and coordination between federal assets and state, local, or Indian Health Services (IHS) healthcare facilities, response agencies and non – governmental entities as needed.
8. Safety and Security of Human Drugs, Biologics, And Medical Devices: DPHHS will review and respond to the concerns for the safety and security of human drugs, biologics, medical devices, and other products regulated by DPHHS.
9. Food Safety and Security: DPHHS will assess the safety and security of food products intended for human consumption, including integrity of packaging and temperature.
10. Public Health Technical Assistance and Support: DPHHS will assist in the assessment of public health effects resulting from chemical, biological or radioactive agents.
11. Potable Water, Wastewater and Solid Waste Disposal: DPHHS, in coordination with executive agents of ESF #3 – Public Works and Engineering, and ESF #10 – Hazardous Materials Response, as appropriate, can assist in assessing potable water, waste water, solid waste disposal, and other environmental health situations.
12. Mass Fatality and Mortuary Services: DPHHS will provide support for mass fatality and the death certificate processes during mass fatality events.
13. Behavioral Health Care: DPHHS will request assistance from ESF #8 partner organizations and other appropriate partners in assessing the response needs for mental

health and substance abuse, including emotional, psychological, psychological first aid, behavioral, or cognitive limitations requiring assistance or supervision; providing disaster mental health training materials for workers; providing liaison(s) with assessment, training and program development activities undertaken by Federal, State, tribal, or local mental health and substance abuse officials; and providing additional consultation as needed.

Support Agencies

Depending on the type of public health or medical services event, DPHHS might request event specific assistance from the support agencies listed on page 3.

V. Plan Administration

DES, with support from the primary and supporting agencies, will exercise, review, and revise this annex as needed.

COORDINATING INSTRUCTIONS

- This annex is effective immediately upon approval.
- As much as possible, all agencies and organizations involved in the execution of this annex should be organized, equipped, and trained to perform all designated and implied responsibilities contained in this document and its implementing instructions for both response and recovery operations.
- All organizations are responsible for the development and maintenance of their own internal operating and notification procedures. No part of this annex is intended to supplant agency SOPs, plans, or protocols.
- All organizations are responsible for filling any important vacancies, recalling personnel from leave, if appropriate, and alerting those who are absent due to other duties or assignments.
- Personnel designated as representatives to the SECC or DPHHS DOC should make prior arrangements to ensure that their families are provided for in the event of an emergency.

