

## RESOURCE SUPPORT ANNEX

### EMERGENCY SUPPORT FUNCTION #7

#### I. INTRODUCTION

##### A. Purpose

The purpose of this ESF is to provide logistical/resource support following a catastrophic earthquake.

##### B. Scope

This ESF involves the provision of logistical and resource support to Federal organizations during the immediate response phase of a catastrophic earthquake. This includes emergency relief supplies, space, office equipment, office supplies, telecommunications, contracting services, transportation services (in coordination with ESF #1, Transportation), and personnel required to support immediate response activities. It also provides for logistical support for requirements not specifically identified in the other ESF including, but not limited to, stocks surplus to the needs of the Federal Government. This ESF also addresses the effort and activity necessary to evaluate, locate, procure, and provide essential materiel resources.

#### II. POLICIES

A. In accordance with assigned responsibilities and upon implementation of the Plan (which includes appropriate Fund Citation), the logistical community will provide logistical assistance to the affected areas.

B. Support agencies will furnish resources to support ESF requirements. Such support by the agencies will be terminated at the earliest practical time.

C. Supplies and equipment will be provided from current Federal stocks or, if necessary, from commercial sources. Supplies to be used will not be stockpiled for the purposes of this ESF.

D. The GSA's implementation of this ESF will be the mechanism through which it provides support activity to all other ESF.

E. All procurements will be made in accordance with current Federal laws and regulations under the provision of "unusual and compelling urgency" authority. GSA is the central procurement authority for the Federal Government. All procurement actions made at the request of Federal agencies in support of this plan will be in accordance with GSA's statutory

and administrative requirements and will be accomplished using the appropriate FEMA fund citation/reimbursement procedures, etc.

F. The provision of the logistical support necessary to establish the response capacity of Federal agencies will be the major element in the execution of this ESF.

### III. SITUATION

#### A. Disaster Condition

Any earthquake, regardless of intensity, is a geographically isolated incident. While there is a likelihood that regional productive capability to respond will be crippled severely and may, under extreme conditions, be nonexistent in the areas surrounding the epicenter, the remaining productive capacity of the Nation will remain intact, assuring the provision of logistical support to response operations. The Federal logistical community has the capacity to meet most foreseeable logistical requirements. There will be shortages of a wide variety of supplies necessary for emergency population survival such as cots, sheets, blankets, pillows, pillowcases, tents for temporary shelter, and plastic and paper items for mass feeding.

#### B. Planning Assumptions

1. Implementation of this plan will occur during peacetime. If the United States is involved in a significant military operation, the logistical community will be devoted to supporting it and allocation of available resources will be required of the Economic Resources Board (ERB).

2. Federal requirements will be met from resources outside the disaster area and all local resources will be claimed by the State in support of response operations.

3. Transport of resources will require a staging area. National Guard or military bases will be available for use, and adequate facilities will be available for materiel handling.

4. Federal warehouses belonging to the logistical agencies within the designated area will suffer major structural damage. Supplies contained in these warehouses will be inaccessible during initial postdisaster operations but will be available at a later date as debris is cleared.

5. All requested logistical resource support will be required for the immediate relief operations; e.g., initial savings of lives and life support.

#### IV. CONCEPT OF OPERATIONS

##### A. General

The nationwide capabilities of the logistical community will be committed through logistical operations centers at the national and regional levels. The primary determination of logistical/resources needs are the operational elements at the regional level. Requests for logistical/resources needs will flow upward through and be controlled by logistical control centers at the regional and national levels. The determination of materials and other resources needed to meet operational needs will be made by the logistical centers. The primary source of equipment materials, supplies, and personnel shall be from existing Federal resources. Support which cannot be provided from Federal resources will be secured through direct procurement.

##### B. Organization

###### 1. National-Level Response Support Structure

a. The national ESF will operate under the direction of the Federal Supply Service (FSS) Emergency Coordinator (EC), GSA.

b. The national ESF logistical operations center will be located in the GSA Emergency Operations Center (EOC), at room B-306, 18th and F Streets N.W., Washington, DC.

c. Upon notification of implementation of the Plan, the FSS EC will determine which of the ESF support agencies will be required to make personnel available to be present at the EOC and which will be required to remain available on telephone standby. Support agency representatives on telephone standby will remain available to report immediately to the EOC upon notification by the ESF head for the duration of the emergency response period.

d. The EC will represent the ESF in its dealings with the Catastrophic Disaster Responsive Group (CDRG) and will maintain liaison with the regional ESF and other interested parties.

e. GSA Central Office will provide administrative support to the ESF.

###### 2. Regional-Level Response Structure

a. GSA will appoint the regional ESF head upon notification of implementation of the Plan.

b. The GSA Regional Administrator or Regional EC will appoint one or more Federal Emergency Support Coordinator(s), if needed, to coordinate the provision of ESF logistical support at the DFO(s).

c. The regional logistical operations center will be located in the DFO.

d. The agencies supporting this ESF will have a representative present at the DFO on a 24-hour (12-hour shifts) basis for the duration of the emergency response period.

e. GSA will provide administrative support for the regional ESF.

### C. Notification

1. The national ESF leader will be notified by FEMA. The ESF leader will notify all support agencies.

2. The national ESF leader will notify the head of the affected regional ESF by any means necessary. If the national ESF leader encounters difficulties in providing information to the affected regional official, he/she will notify FEMA of the difficulty and request assistance. The national ESF leader will also notify selected GSA regional officials of the need to be prepared to provide support as required.

3. Upon notification:

- (1) All national ESF support agency personnel will notify their parent agencies and await instructions from the FSS EC before reporting to the GSA EOC.
- (2) All regional ESF support agency personnel will notify their parent agencies and report to the DFO.

### D. Response Actions

#### 1. Initial Actions

a. GSA, or authorized representative, within 2 hours after notification will:

- (1) Activate the national and regional ESF as required, ensuring all internal GSA parties, Regional Administrator, applicable Assistant Regional Administrators, etc. are fully informed of developments; and

(2) Appoint one or more Federal Emergency Support Coordinators.

b. The national ESF will provide logistical support to Federal agencies engaged in the disaster response as requirements are identified until the regional ESF is operational.

c. The REC will dispatch the ESF team and assume control of logistical operations supporting the Federal response.

d. The appropriate regions contacted to augment will deploy and control the logistical operations until the affected region can assume responsibility.

e. The GSA Regional Administrator or authorized representative will:

- (1) Establish a team in accordance with this ESF to provide support at the disaster scene;
- (2) Acquire space for the DFO;
- (3) Provide communications to the DFO in coordination with ESF #2, Communications;
- (4) Provide office furniture, equipment, and supplies to equip the DFO; and
- (5) Ensure that the DFO is operational within 6 to 12 hours of Plan implementation.

2. Continuing Actions

From the time of initial operations and throughout the immediate response period (approximately, but not limited to, 30 days), this ESF will provide logistical/resource support in accordance with its charged responsibilities. The following procedures will be used to provide, control, and account for goods and services.

a. Upon notification of space requirements, the ESF will determine, through the Regional Space Management Division, the availability of suitable space in federally owned or leased buildings.

b. When space in federally owned or existing leased buildings is not available, the FEMA RD or FCO will be notified by the ESF, which will then arrange with the Regional Space Management Division to assist in locating suitable space elsewhere.

c. Communications capability will be provided by the method and quantity deemed appropriate by the Regional Emergency

Communications Coordinator (RECC) in conformance with the Plan for Communications support in Emergencies and Major Disasters. (See ESF #2, Communications.)

d. This ESF, in coordination with ESF #1, Transportation, will determine the number and types of vehicles required to support the disaster response effort. The ESF will notify the Regional Director, Federal Supply Service Bureau orally, with a memorandum to follow.

e. Motor equipment shall be provided from the following sources:

- (1) Equipment owned by Federal agencies that may be reassigned to the Federal disaster operation,
- (2) Federal supply schedule contractors, and
- (3) Other commercial sources.

f. The ESF will determine the appropriateness of the types of vehicles and equipment provided to satisfy the identified requirement.

g. All required office furniture and equipment will be provided from Federal inventories or commercial sources, to equip promptly all emergency facilities. The method of acquisition will be determined by GSA.

h. Office supplies and other expendables will be provided from Federal stores, supply centers, stock, or other Government sources and commercial sources. If from commercial sources, Blanket Purchasing Agreements (BPA) will be negotiated with commercial vendors in the local area whenever possible to expedite purchases.

i. Procurement support for the full range of logistical requirements of the agencies participating in the disaster response effort will be provided using GSA, Defense Logistics Agency (DLA), and other agencies' contracting resources as required.

j. The ESF will make the necessary arrangement for "rapid turn-around" printing, photographic reproduction, layouts, blueprints, forms and formats, and other graphics as required.

k. The ESF will make available technical advisors in the areas of procurement, storage, and transportation as well as engineering advisory services in connection with damage surveys, appraisals, and building demolitions or repair, etc.

l. The ESF will determine the availability of and provide supplies stocked in distribution facilities, national defense stockpile, and customer supply centers, when and if immediately available.

m. The ESF will provide contract guard services to augment Federal security activities.

n. In addition to the above-enumerated services, the ESF also shall provide other logistical services, including assisting in the restoration of interrupted public utilities services; the loan of excess Federal personal property; preliminary damage assessments; and other services as needed and requested by the FCO.

## V. RESPONSIBILITIES

### A. Primary Agency: General Services Administration

1. The GSA Emergency Coordinator will be responsible for providing, directing, and coordinating logistical/resource operations.

2. Federal response for logistical/resource support will be provided through this ESF. The GSA Regional Emergency Coordinator will be responsible for the following.

a. Locate, procure, and issue to other Federal agencies resources for use in emergency operations as are necessary to support the Federal emergency response or to promote public safety.

b. Coordinate the loan of excess Federal personal property and its return to the holding agency after use, the donation of Federal surplus personal property, and the provision of preliminary logistic-related damage assessments.

c. Locate and coordinate the use of available space for disaster coordination and care activities.

d. Coordinate and determine the availability of and provide consumable nonedible supplies stocked in distribution facilities and customer supply centers when available.

e. Procure needed stocks from vendors or suppliers when GSA items are not readily available.

f. Provide motor equipment and transportation services in coordination with the Department of Transportation, and in conformance with its responsibilities for the implementation of emergency-related functions to include the prioritization and/or allocation of all or part of the civil transportation resource and related ESF #1 responsibilities.

## B. Support Agencies

### 1. Department of Defense

a. Provide available space, furniture, equipment, supplies, transportation, and personnel as may be required for emergency logistical support operations.

b. Provide backup support for those consumable supplies available through DLA and provide supplemental personnel and equipment needed for distribution of those supplies.

c. Provide available staging areas outside the disaster area as requested.

### 2. Department of Energy

Provide personnel, materials, and equipment as may be required and available for emergency logistical support. Coordinate with industrial executives to assist in meeting critical fuel, lubricant, and electrical power needs unable to be met by the State or Department of Defense actions.

### 3. Department of Health and Human Services

Assist in locating and obtaining alternate sources of medical personnel, health services, facilities, and supplies and act as agent for distribution of the resources.

### 4. Department of Justice

a. Provide technical support, advice, personnel, and equipment available to the Federal Bureau of Investigation's disaster squads, to assist in identification of deceased victims.

b. Provide State and local governments legal advice concerning the identification of the dead.

### 5. Department of Transportation

Determine the location and scheduling of motor carriers required for the movement of emergency supplies into and within the disaster area.

### 6. Federal Emergency Management Agency

Act as liaison in the provision of logistical support to Federal, State, and local governments.



7. National Communications System

Provide Federal emergency communications within the disaster area to ensure passage of requirements to the logistical agency having support responsibility.

8. Office of Personnel Management

Identify, locate, and, if necessary, recruit personnel needed to support disaster operations, after appropriate coordination with GSA.

9. Veterans Administration

Assist in providing medical supplies and other medical services.

VI. RESOURCES REQUIREMENTS

A. Specific requirements for each of the ESF and the resources required for them will be developed during the regional planning process following estimates of the potential demand.

B. Each supporting agency will provide the procurement personnel necessary to establish logistical operations effectively at the national and regional levels.

C. Other resources required by this ESF shall be established in coordination with supporting agencies.

VII. REFERENCES

A. The Federal Property and Administrative Services Act of 1949.

B. The Defense Production Act of 1950.

C. GSA/FEMA Memorandum of Understanding, GSA Orders, and DOD regulations governing DOD civil assistance.

VIII. TERMS AND DEFINITIONS

A. Economic Resources Board

The Federal interagency organization convened to adjudicate conflicting claims for the distribution of vital resources for defense and essential civil needs during a major national emergency.

B. Federal Emergency Support Coordinator

The Federal Emergency Support Coordinator (FESC) is the principal point of contact between GSA and FEMA for the establishment of logistical support priorities, allocation of GSA resources, and the coordination of the delivery of all GSA services, equipment, and materials except that pertaining to telecommunications. The FESC, with appropriate GSA support staff as determined by the FESC, shall normally be located at the DFO. However, at the discretion of the FCO, logistical support may be provided from an already established GSA office provided that such support is not delayed. The FESC serves until released by the FCO.

C. Regional Emergency Coordinator

The GSA Regional Emergency Coordinator (REC) or a designated alternate is the regional point of contact for FEMA alerts and requests for assistance.

## HEALTH AND MEDICAL SERVICES ANNEX

### EMERGENCY SUPPORT FUNCTION #8

#### I. INTRODUCTION

##### A. Purpose

The purpose of this ESF is to provide assistance and to supplement State and local resources in response to public health and medical care needs following a catastrophic earthquake. Assistance provided under this ESF will be furnished when State and local resources are overwhelmed and medical and public health aid is requested.

##### B. Scope

This ESF involves supplemental assistance to State and local resources in triage, evacuation, and medical treatment of victims within the disaster area. It also includes the application of medical and surgical procedures by trained professional and technical personnel to individuals injured as a result of the event. Treatment may include hospitalization and out-patient care. The ESF also involves the obtainment and provision to Federal, State, and local governments and volunteer organizations of supplemental nursing and medical supplies, including but not limited to those stocks surplus to the needs of the Federal Government. Additionally, the ESF involves Federal actions to support State and local governmental response to public health threats (water, sanitation, human and animal remains, disease control, and environmental pollution).

The National Disaster Medical System (NDMS) provides the framework for the application of emergency medical services under this ESF. The NDMS is currently under development and will not be fully operational until 1988. The Public Health Service, in its primary agency role for this ESF, will coordinate the provision of emergency medical services using the NDMS as it becomes operational, and relying on other available procedures and resources for their provision in the interim.

#### II. POLICIES

A. This ESF will be implemented upon a State-level request for assistance following occurrence of a catastrophic earthquake and determination that a Federal response is warranted.

B. Activation of certain responsibilities performed by this ESF will take place only upon request of an authorized State emergency management, health, or emergency medical services official.

C. In accordance with assignment of responsibilities in this ESF, and further taskings by the primary agency, Federal departments and agencies participating in this ESF will contribute to the overall response but will retain full direction and control of their respective resources.

D. This ESF is the primary source of medical response information for all Federal officials involved in response operations.

E. All national and regional organizations (including other ESFs) participating in response operations will report medical and public health requirements to their counterpart level (national or regional) of this ESF.

F. This ESF will not release medical information on individual patients to the general public.

G. The primary Joint Information Center (JIC) will be authorized to release general medical and public health response information to the public. Other JICs may also release general medical and public response information at the discretion of the FCO's Lead Public Affairs Officer.

H. Requests for recurring reports of specific types of medical and public health information will be submitted to this ESF as soon as information requirements are identified to enable the ESF to develop and implement procedures for providing those recurring reports.

### III. SITUATION

#### A. Disaster Condition

A major catastrophic earthquake would necessitate both public health and medical services assistance. Casualty estimates for a major earthquake could range from 12,000 to more than 200,000, depending on the location and time of the earthquake. Such a large number of patients would be much greater than a State medical system could handle adequately. Such an event could also pose certain public health threats, mental health effects, and effects on food and water supplies.

Medical and health facilities and resources would not escape the effects of a major earthquake. Hospitals, nursing homes, and other medical care facilities may be severely structurally damaged or destroyed. Those facilities which survive with little or no structural damage may be unusable or only partially usable because of lack of utilities (power, water, sewer), or because staff are unable to report for duty because of personal injuries and/or damage/disruption of communication and transportation systems. Finally, medical and health care facilities which do survive undamaged, and have the necessary utilities and staff, will probably be overwhelmed by the "walking wounded" and the seriously injured victims who are rescued and transported there in the immediate aftermath of the occurrence. In the face of massive increases in demand, medical supplies

(including pharmaceuticals) and equipment may be in short supply, since most facilities do not maintain more than a 2-3 day stock, and disruptions in local communications and transportation systems could prevent timely resupply.

Uninjured persons who require daily medications such as insulin, antihypertensive drugs, digitalis, etc. may have difficulty in obtaining them because of damage/destruction of normal supply locations and general shortages within the disaster area.

#### B. Planning Assumptions

1. Resources within the affected area will be inadequate to clear casualties from the scene or treat them in local hospitals. Additional mobilized Federal capabilities will be needed to supplement State and local resources to triage and stabilize casualties at the disaster site and then transport them, preferably by air, to the nearest metropolitan areas with large concentrations of available hospitals beds.

2. Damage to chemical and industrial plants, sewer lines, and water distribution systems and secondary hazards such as fires will result in toxic environmental and public health hazards to the surviving population and response personnel including airborne exposure to hazardous chemicals, contaminated water supplies, crops, livestock, and food products.

3. The damage and destruction of a catastrophic earthquake will produce urgent needs for mental health crisis counseling for disaster victims and response personnel.

#### IV. CONCEPT OF OPERATIONS

##### A. General

This ESF will respond to supplement State and local medical care resources utilizing the National Disaster Medical System (NDMS) as it becomes operational. The NDMS will include:

- (1) A nationwide network of non-Federal hospital beds which have been voluntarily precommitted to provide definitive medical care for victims of major disasters and emergencies;
- (2) A medical response element, consisting of Disaster Medical Assistance Teams (DMATs) and medical supplies and equipment; and
- (3) A transportation system for movement of medical response personnel and materiel into the affected area and for evacuation of injured victims to the nearest unaffected locations where pre-committed NDMS hospital beds are available.

In the interim, while the NDMS is being fully established, organized Federal medical response to a catastrophic earthquake, or other major disaster, resulting in mass casualties would be:

- (1) Primary and support agency management structure of this ESF;
- (2) Active duty medical units of the armed services;
- (3) Military aeromedical evacuation assets;
- (4) Non-Federal acute care hospital beds which are part of the NDMS; and
- (5) Resources and capabilities of each of the Federal agencies as identified in Section V, Responsibilities.

This ESF will also provide, upon request, technical expertise and guidance to State and local officials on public health issues resulting from a catastrophic earthquake.

Participating departments and agencies will coordinate their activities through designated representatives to the ESF. Representatives of the ESF will also maintain close coordination with representatives of their agencies on other ESFs during the course of response operations.

The regional ESF will also establish and maintain coordination with appropriate State medical and public health officials and organizations to obtain current medical and public health assistance requests. It is anticipated that most requests will be made by telephone, radio, or face-to-face conversations rather than by formally submitted written requests.

Throughout the response period, the ESF will evaluate and analyze medical and public health assistance requests and responses, and develop and update assessments of medical and public health status. All requests for medical and public health assistance will be assumed to be valid. Upon receiving conflicting or questionable requests, the ESF will attempt to confirm the actual need. The ESF will maintain accurate and extensive logs (e.g., reports, records of conversations, etc.) to support after-action reports and other documentation of the disaster conditions.

The ESF will disseminate medical and public health response information to the Catastrophic Disaster Response Group (CDRG), the FCO's Reports Officer, the primary JIC, and organizations with requests for recurring reports of specific types of information to other ESFs, Federal agencies, and the State upon request. Information will be disseminated by all available means including telephone, radio, memoranda, display charts and maps, and verbal reports at meetings and briefings.

## B. Organization

### 1. National-Level Response Support Structure

The National Disaster Medical Operating Center (NDMOC) will be activated by the Assistant Secretary for Health, Department of Health and Human Services (DHHS)/Public Health Service (PHS), at the PHS Headquarters in Rockville, Maryland. Representatives of the PHS, FEMA, Department of Defense (DOD), Veterans Administration (VA), and other appropriate Federal departments and agencies; the American Red Cross (ARC); and other national and professional organizations will be represented in the operations center. The NDMOC will coordinate Federal resources in response to requests for health and medical care assistance in the disaster area. Communications will be maintained with FEMA headquarters, the State Emergency Medical Coordinator, the FCO at the disaster site, the DOD Armed Services Medical Regulating Office (ASMRO), and local NDMS Coordinating Centers.

The control function associated with the movement of casualties throughout the Nation to available hospital beds will be managed by the ASMRO. This office will receive reports from NDMS Coordinating Centers on the availability of hospital beds. It then will coordinate the movement of military and/or civil aircraft in the evacuation of patients from the disaster area to other locations for further care.

### 2. Regional-Level Response Structure

a. The PHS Regional Health Administrator will serve as the head of the regional ESF and will provide the ESF with administrative support.

b. The head of the regional ESF will represent the ESF in its dealings with the FCO and will maintain liaison with the FCO, the State Emergency Medical Coordinator, and the head of the national ESF.

c. The core members of the regional ESF will have a representative present at the DFO on a 24-hour basis for the duration of the emergency response period. Upon being released from the core, the remote members will have a representative immediately available by telephone or radio on a 24-hour basis for the duration of the emergency response period. Representatives of the remote members will be available to join the core agencies at the DFO upon request of the head of the regional ESF.

## C. Notification

1. Upon occurrence of a potentially catastrophic earthquake, FEMA will notify the NDMS Duty Officer. The NDMS Duty Officer will notify all other ESF members by telephone.

2. The NDMS Duty Officer also will notify the head of the regional ESF by telephone or radio, if possible. If the head of the regional ESF cannot be contacted, the NDMS Duty Officer will notify the DHHS Regional Director (RD) and request that the regional ESF head be notified. If the DHHS RD cannot be contacted, the NDMS Duty Officer will notify the ESF head of an adjacent region and request his/her assistance in notifying and establishing the regional ESF.

3. Upon notification, ESF members will notify their parent agencies. National-level ESF members will report to the NDMOC and regional ESF members will report to the DFO.

#### D. Response Actions

##### 1. Initial Actions

The NDMOC will become operational within 2 hours of notification. Until the DFO becomes operational, the collection, analysis, and dissemination of requests for medical and public health assistance will be the responsibility of the national ESF with the assistance of the DHHS region. Upon declaration by the FCO that the DFO is operational (several hours after notification), the major responsibilities for requests for medical and public health assistance will be transferred to the regional ESF. The national ESF will conduct the actions discussed below while bringing the ESF to a fully operational status.

a. Upon notification of the occurrence of a potentially catastrophic earthquake, the head of the national ESF will request responsible agencies to initiate action immediately to identify and report:

- (1) Boundaries of the disaster area and numbers and locations of seriously injured victims;
- (2) Areas of potential public health risk because of secondary hazards; e.g., toxic chemical or biological releases, radiological contamination, etc.;
- (3) Availability of NDMS hospital beds;
- (4) Availability and deployment status of DMATs; and
- (5) Availability of national-level communications and logistic support (including transportation).

b. ESF members will go to the NDMOC and convene within 2 hours following notification. Alternatively, ESF members may report to their usual offices within 2 hours and thereafter maintain continuous telephone communication with the NDMOC.



c. Upon arrival at the ESF's location at the NDMOC, members of the national ESF will initiate the following concurrent actions:

- (1) Determine the status of communications required by the ESF and request assistance from the Communications ESF as required;
- (2) Determine from the Damage Information ESF the location of the epicenter of the earthquake and possible areas of damage;
- (3) Confirm the alerting of members of the national and regional ESF staffs required to travel to the disaster area;
- (4) Contact the DHHS region and obtain an initial estimate of numbers and locations of casualties and the extent of damage to health care facilities in the affected area;
- (5) Obtain the current weather report for the disaster area from the Damage Information ESF including present conditions, the 24-hour forecast, and the long-range forecast; and
- (6) Begin assessments of available information to determine the status of:
  - (a) Possible public health hazards; e.g., nuclear reactors, nuclear and chemical waste sites, etc.; and
  - (b) Necessary resources for coping with the impacts of the disaster; e.g., hospitals, DMATs logistical support, etc.

## 2. Continuing Actions

Upon becoming fully operational and throughout the response period, the ESF will carry out the actions summarized below.

a. Receive and collate requests for medical and public health assistance from the regional ESF and other sources. Maintain current estimates of the nature, scope, and locations of significant numbers of casualties and public health threats.

b. Assess the need for verification of requests for assistance and request member agencies to identify assets for needed verification.

c. Receive and coordinate requests for medical and public health assistance and responses thereto. Upon receiving each request, the ESF will validate it with the CDRG or FCO and coordinate the response with the agencies possessing the necessary assets. Movement of medical response assets into the affected area will be coordinated with the regional ESF and, if required, the Transportation ESF.

d. Provide reports to the CDRG, the FCO's Reports Officer, the primary JIC, and other governmental organizations with requests for recurring reports of specific types of information. These reports will be submitted as updated information becomes available. Hard copies of reports will be maintained by the ESF for after-action reports and for other documentation. Copies of significant reports received or disseminated by each level (national and regional) of the ESF will be provided to the other level of the ESF.

e. Maintain close coordination with the FCO and CDRG to share current information and to ensure the scope and format of ESF reports support operational requirements.

f. Provide information upon request to Federal agencies, the State, and other ESF.

g. Maintain accurate and complete logs and other records of response information; e.g., reports, records of conversations, notes, etc.

#### E. Intra-State Actions

The regional and national ESFs will collaborate with the identified State Emergency Medical Coordinator, whose functions include:

- (1) Assessment of number of casualties,
- (2) Initial care and stabilization,
- (3) Coordination of incoming medical assistance,
- (4) Intraregional evacuation and sorting of patients,
- (5) Preparation of casualties for evacuation from the region, and
- (6) Transportation of patients to aeromedical evacuation site(s).

#### F. Local NDMS Coordinating Centers

A Federal hospital and/or specified civilian hospitals in each designated metropolitan area of the United States will function as a local NDMS Coordinating Center. The Center will coordinate the reception of patients evacuated from the disaster area and mobilize local emergency medical resources, including transportation, communications, and facilities. In conjunction with local facilities, organizations, and governmental jurisdictions, the Coordinating Center will establish policies and procedures for receiving, sorting, and transporting medical evacuees to facilities in the designated metropolitan area.

G. NDMS Participating Hospitals

Patients will be sent to participating NDMS hospitals for definitive inpatient care.

V. RESPONSIBILITIES

A. Primary Agency: Department of Health and Human Services

1. Coordinate and integrate the overall Federal efforts to provide medical and public health assistance to the affected area.

2. Direct the activation of the NDMOC immediately upon notification of the occurrence of a potentially catastrophic earthquake.

3. Direct the activation and deployment of medical personnel and medical supplies and equipment in response to requests for national medical response.

B. Support Agencies

1. Department of Defense

a. Alert NDMS Patient Reception Areas (VA and DHHS) and obtain hospital bed availability reports through the (ASMRO).

b. In coordination with the Department of Transportation (DOT), evacuate patients, as required, from disaster areas to NDMS Patient Reception Areas.

c. In coordination with DOT, transport medical personnel, supplies, and equipment into the disaster area.

d. Provide logistical support to medical personnel.

e. Provide active duty military medical units for casualty clearing and/or aeromedical evacuation mission assignments.

f. Coordinate patient reception in NDMS area where military hospitals serve as local NDMS Coordinating Centers.

g. Provide military medical personnel to assist the PHS in activities for protection of public health (food and water, sanitation, disease control, and environmental health).

h. Provide available DOD medical supplies for distribution to mass care centers and first aid stations being operated for disaster victims.

i. Provide available emergency medical services (EMS) to disaster victims in support of State and local governmental EMS within the disaster area. Such services may include triage, medical treatment, and

the utilization of surviving DOD medical facilities to the extent of their capabilities.

2. Department of Transportation

a. Assist in identifying and arranging for utilization of all types of transportation, such as air, rail, marine, and motor vehicle.

b. Provide supplemental medical assistance from DOT resources subject to DOT statutory requirements.

3. American Red Cross

a. Provide blood and blood products, including donor systems, through regional blood centers.

b. Recruit volunteer health services personnel to supplement medical and nursing resources in various settings and provide first aid support to mass care shelters and aid stations.

c. Provide health services personnel to care for families of the dead and injured.

d. Provide health services and other personnel to assist with the evacuation of victims from nursing homes and hospitals.

e. Provide financial assistance for required medical and nursing care for disaster patients unable to meet this need.

f. Acquaint families with available health resources and services and make appropriate referrals.

g. Establish and staff temporary infirmaries to supplement local health facilities when the need is agreed upon and when requested by appropriate authorities.

h. Furnish additional emergency medical and hospital supplies, services, and personnel in accordance with existing regulations and agreements.

i. Recruit personnel to supplement medical nursing staffs in epidemics and assist public health officials with mass immunization programs.

j. At the request of appropriate public health officials, provide blood products used in situations involving actual or potential hepatitis outbreaks.

k. Provide first aid, crisis counseling support, and medicine for minor illnesses and injuries to disaster victims. Utilize available volunteer personnel to staff and operate emergency aid stations at ARC-operated shelters, ARC disaster field offices, selected disaster clean-up areas, and any other sites as may be deemed necessary within the disaster area.

l. Distribute first aid and nursing-type medical supplies for the treatment of minor injuries and illnesses.

m. Coordinate the health and medical services efforts of other volunteer organizations.

#### 4. Federal Emergency Management Agency

Assist in establishing priorities for application of emergency medical services.

#### 5. US Army Corps of Engineers

Provide technical assistance, equipment, and supplies as required in support of DHHS/PHS to accomplish temporary restoration of damaged public utilities affecting public health.

#### 6. Veterans Administration

a. Coordinate patient reception in NDMS areas where VA medical centers serve as local NDMS Coordinating Centers.

b. Provide available EMS to disaster victims in support of State and local governmental EMS within the disaster area. Such services may include triage, medical treatment, and the utilization of surviving VA medical facilities to the extent of their capability.

c. Provide available medical supplies for distribution to mass care centers and first aid stations being operated for disaster victims. Provide medical personnel to assist in EMS operations.

### VI. RESOURCE REQUIREMENTS

#### A. Assets Critical for Initial 12 hours

The most critical requirements during the initial 12 hours will be medical response personnel, necessary medical supplies and equipment, transportation, logistic and administrative support, and communications systems.

The principal requirements will be:

1. DMATs: preorganized, equipped, and trained civilian teams consisting of physicians, nurses, and medical technicians which can be rapidly activated and deployed in the disaster area to assist State and local resources in providing medical care under field conditions (casualty clearing) and in-patient care during medical evacuation (casualty staging). Some active duty and/or reserve military medical units might also be provided for these purposes. (Note: Civilian DMATs are currently being organized in several major metropolitan areas but none, as yet, have the equipment necessary for field operations. Major national efforts on DMAT development were initiated in December 1986.) Prior to development of DMATs, full reliance will be placed on available active duty and/or Reserve Component military medical units to perform these activities.

2. Medical supplies and equipment (including pharmaceuticals and biologic products) necessary to replace those damaged or destroyed by the disaster, those necessary for DMAT operations, and those needed by health and medical care providers in the affected area in order to meet increased demand following the disaster.

3. Transportation systems, including:

- (1) Aircraft for transport of incoming medical response personnel and supplies and equipment;
- (2) Ground transportation for deployment of incoming assets within the affected area;
- (3) Ground transportation and rotary wing aircraft for movement of casualties within the affected area;
- (4) Fixed wing short, medium, and long-range aircraft for patient evacuation from the affected area;
- (5) Ground transportation and rotary wing aircraft for patient distribution within NDMS Patient Reception Areas; and
- (6) Aircraft for retrograde transport of medical response personnel and equipment following deactivation.

4. Logistic and administrative support, including:

- (1) One or more representatives of each ESF agency located at each ESF (national and regional);
- (2) Qualified personnel to establish, maintain, and operate communications systems;
- (3) Clerical support personnel at each ESF level;

- (4) Reference materials including directories, maps, etc. necessary for coordination of medical and public health response.
- (5) Office facilities adequate for operation of national- and regional-level ESFs on a 24-hour basis.

5. Communications systems, including:

- (1) Dedicated voice and data communications systems connecting the national and regional ESFs, ASMRO, and local NDMS Coordinating Centers;
- (2) Voice communications systems with DMAT sponsors;
- (3) Intraregional voice communications systems connecting national, regional, State, and local officials involved in immediate medical response operations; and
- (4) Communications required to support casualty clearing, aeromedical staging, and patient evacuation and reception operations.

B. Assets Required for Continuing Operations

The assets required for the initial 12 hours will also be required for the remainder of the response period. Requirements may be modified (increased or decreased) depending on verification of initial requests for assistance, confirmation of casualty and damage estimates and locations, and the time required for medical and public health response. Significant aftershocks or the discovery of previously undetected damaged or hazardous conditions could also modify medical and public health response requirements. Some significant public health and mental health assistance will probably be required following the response period and well into the recovery and restoration phases.

VII. REFERENCES

- A. National Disaster Medical System Design, July 13, 1983.
- B. "Potential Public Health Threats Following Major Catastrophes," June 9, 1983, CDC.
- C. "Range of Public Health Considerations in Major Emergencies," June 9, 1983, CDC.
- D. "Facts on the National Disaster Medical System," May 31, 1984, (Revised, August 1986)
- E. "National Disaster Medical System - Coordinating Center Guide," March 1985

F. "National Disaster Medical System - Disaster Medical Assistance Team Organization Guide," March 1985 (Revised July 1986)

G. "The Public Health Consequences of Disasters," Centers for Disease Control/PHS, April 1986

#### VIII. TERMS AND DEFINITIONS

A. ASMRO: Armed Services Medical Regulating Office; an Air Force Office at Scott AFB that regulates the evacuation of casualties worldwide.

B. NDMS: National Disaster Medical System.

C. NDMOC: National Disaster Medical Operations Center; the NDMS control center operating in Rockville, Maryland, and alternate sites as required.

D. DMAT: Disaster Medical Assistance Teams.

E. Clearing: Receiving, sorting, stabilizing, and holding casualties until transporting to definitive care becomes available.

F. Staging: Receiving, sorting, holding, and redispaching casualties while in transport status.

G. Triage: Sorting of casualties into priority groups for treatment or transport.

H. SEMC: State Emergency Medical Coordination.