EMERGENCY SUPPORT FUNCTION #8

HEALTH AND MEDICAL SERVICES ANNEX

PRIMARY AGENCY: Department of Health and Human Services
U.S. Public Health Service

SUPPORT AGENCIES: Department of Agriculture
Department of Defense
Department of Justice
Department of Transportation
Department of Veterans Affairs
Agency for International Development
American Red Cross
Environmental Protection Agency
Federal Emergency Management Agency
General Services Administration
National Communications System
U.S. Postal Service

I. INTRODUCTION

A. Purpose

The purpose of this Emergency Support Function (ESF) is to provide United States Government coordinated assistance to supplement State and local resources in response to public health and medical care needs following a significant natural disaster or man-made event. Assistance provided under ESF #8 - Health and Medical Services, is directed by the Department of Health and Human Services (HHS) through its Executive Agent, the Assistant Secretary for Health (ASH), who heads the United States Public Health Service (PHS). Resources will be furnished when State and local resources are overwhelmed and medical and/or public health assistance is requested from the Federal Government.

B. Scope

ESF #8 involves supplemental assistance to State and local governments in identifying and meeting the health and medical needs of victims of a major emergency or disaster. This support is categorized in the following functional areas:

1. Assessment of health/medical needs;
2. Health surveillance;
3. Medical care personnel;
4. Health/medical equipment and supplies;
5. Patient evacuation;
6. In-hospital care;
7. Food/drug/medical device safety;
8. Worker health/safety;
9. Radiological Hazards;
10. Chemical Hazards;
11. Biological Hazards;
12. Mental health;
13. Public health information;
14. Vector control;
15. Potable water/wastewater and solid waste disposal; and
16. Victim identification/mortuary services.

The PHS in its primary agency role for ESF #8, directs the provision of United States Government provided health and medical assistance to fulfill the requirements identified by the affected State/local authorities having jurisdiction. Included in ESF #8 is overall public health response, and the triage, treatment and transportation of victims of the disaster, and the evacuation of patients out of the disaster area, as needed, into a network of Military Services, Veterans Affairs, and pre-enrolled non-Federal hospitals located in the major metropolitan areas of the United States. The intent of ESF #8 is to supplement and assist the State/local governments affected by the disaster by utilizing resources primarily available from the following sources:

1. Resources available within HHS from PHS, Administration on Children and Families, Social Security Administration, Health Care Financing Administration, and the Administration on Aging.

2. Supporting departments and agencies to ESF #8.

3. Resources are available from the National Disaster Medical System (NDMS). NDMS is a nationwide medical mutual aid network between the Federal and non-

Federal sectors that includes medical response, patient evacuation, and definitive medical care. At the Federal-level, it is a partnership between HHS, Department of Defense (DOD), Department of Veterans Affairs (VA), and the Federal Emergency Management Agency (FEMA).

4. Specific non-Federal sources such as major pharmaceutical suppliers, hospital supply vendors, the National Funeral Directors Association, certain international disaster response organizations, Department of Health and Welfare Canada (HWC), etc.

II. POLICIES

A. ESF #8 will be implemented upon the appropriate State-level request for assistance following the occurrence of a significant natural disaster or man-made event and determination has been made that a Federal response is warranted.

B. The ASH, HHS/PHS, is responsible for activating and directing the activities for ESF #8. The lead policy official for ESF #8 supporting the ASH is the Deputy Assistant Secretary for Health (DASH). The Office of the Assistant Secretary for Health/Office of Emergency Preparedness (OASH/OEP) is the action agent and is responsible for coordinating the implementation of ESF #8 and providing staff support to the HHS policy officials. The PHS Regional Health Administrator (RHA) is the operating agent and is responsible for directing Regional ESF #8 activities.

C. The colocated National HHS Emergency Operating Center (EOC)/NDMS Operations Support Center (OSC) (HHSEOC/NDMSOSC) will provide liaison between the Federal Government Headquarters and appropriate Regional officials in the response structure at the disaster scene for the coordination of Federal health and medical assistance to meet the requirements of the situation. The HHSEOC/NDMSOSC will coordinate and facilitate the overall ESF #8 response.

D. In accordance with assignment of responsibilities in ESF #8, and further tasking by the primary agency, each support organization participating under ESF #8 will contribute to the overall response but will retain full control over its own resources and personnel.

E. ESF #8 is the primary source of public health and medical response/information for all Federal officials involved in response operations.

F. All national and regional organizations (including other ESFs) participating in response operations will report public health and medical requirements to their counterpart level (national or regional) of ESF #8.

G. ESF #8 will not release medical information on individual patients to the general public to ensure patient confidentiality protection.

H. Appropriate information on casualties/patients will be provided to the American Red Cross (ARC) for inclusion in the Disaster Welfare Information (DWI) System for access by the public.

I. Requests for recurring reports of specific types of medical and public health information will be submitted to ESF #8 as soon as information requirements are identified to enable ESF #8 to develop and implement procedures for providing those recurring Situation Reports (SITREPS).

J. The primary Joint Information Center (JIC), established in support of the Federal Response Plan, hereafter referred to as the Plan, will be authorized to release general medical and public health response information to the public. Other JICs may also release general medical and public health response information at the discretion of the Federal Coordinating Officer's (FCO's) Lead Public Affairs Officer.

III. SITUATION

A. Disaster Condition

A significant natural disaster or man-made event that overwhelms the affected State would necessitate both Federal public health and medical care assistance. For example, casualty estimates for a major earthquake could range from 12,000 to more than 200,000, depending on population density, quality of building construction, and the location, time, magnitude and duration of the earthquake. The sudden onset of such a large number of victims would stress a State medical system necessitating time-critical assistance from the Federal government. Such a natural disaster would also pose certain public health threats, including problems related to food, vectors, water, wastewater, solid waste, and mental health effects.

Hospitals, nursing homes, pharmacies and other medical/health care facilities may be severely structurally damaged or destroyed. Those facilities which survive with little or no structural damage may be rendered unusable or only partially usable because of a lack of utilities (power, water, sewer), because staff are unable to report for duty due to personal injuries and/or damage/disruption of communication and transportation systems. Medical and health care facilities which remain in operation and have the necessary utilities and staff will probably be overwhelmed by the "walking wounded" and seriously injured victims who are transported there in the immediate aftermath of the occurrence. In the face of massive increases in demand and the damage sustained, medical supplies (including pharmaceuticals)

and equipment will probably be in short supply. Most health care facilities usually maintain only a small inventory stock to meet their short term normal patient load needs. Disruptions in local communications and transportation systems could prevent timely resupply.

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

Although other disasters such as hurricanes, floods, etc., may not generate the casualty volume of a major earthquake, there will be a noticeable emphasis on relocation, shelters, vector control, and returning water, wastewater, and solid waste facilities to operation.

A major emergency resulting from an explosion or toxic gas release could occur that might not damage the local medical system. However, such an event could produce a large concentration of specialized injuries that could overwhelm the State and local medical system.

B. Planning Assumptions

1. Resources within the affected disaster area will be inadequate to clear casualties from the scene or treat them in local hospitals. Additional mobilized Federal capabilities will urgently be needed to supplement and assist State and local governments to triage, and treat casualties in the disaster area and then transport them to the closest appropriate hospital or other health care facility. Additionally, medical resupply will be needed throughout the disaster area. In a major disaster, operational necessity will probably require the further transportation of patients, probably by air, to the nearest metropolitan areas with sufficient concentrations of available hospital beds where patient needs can be matched with the necessary definitive medical care.

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 exposure to hazardous chemicals, and contaminated water supplies, crops, livestock, and food products.

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

4. Assistance in maintaining the continuity of health and medical services will be required.

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

IV. CONCEPT OF OPERATIONS

A. General

Upon notification of a significant natural disaster or man-made event, PHS (as lead agency) will alert the National ESF #8 Crisis Action Team (CAT) to assemble in the HHS EOC in the Parklawn Building in Rockville, Md. The ASH, DASH, PHS Agency Emergency Coordinators (AECs), and appropriate PHS RHAs and HHS Regional Directors (RDs) will be notified.

The ASH will direct the activities of ESF #8 and will activate the NDMS as needed.

Pre-identified personnel will be alerted to meet requirements for representing ESF #8 on the:

1. Catastrophic Disaster Response Group (CDRG) at FEMA Headquarters;
2. Emergency Support Team (EST) at FEMA Headquarters;
3. National ESF #8 Emergency Response Team (ERT);
4. Regional ESF #8 EOC;
5. Regional Operations Center (ROC) at the FEMA Regional Office; and
6. Advance Element of the Emergency Response Team (ERT-A).

All support agencies/organizations will be notified and tasked to provide 24-hour representation as necessary. Each support agency/organization is responsible for insuring that sufficient program staff is available to support the HHSEOC/NDMSOSC and to carry out the activities tasked to their agency/organization on a continuous basis. Individuals representing agencies/organizations who are staffing the HHSEOC/NDMSOSC will have extensive knowledge of the resources and capabilities of their respective agencies/organizations and have access to the appropriate authority for committing such resources during the activation.

National ESF #8 will provide liaison and long distance high frequency radio support to Regional ESF #8 to facilitate direct communications between Regional ESF #8 and National ESF #8. The National ESF #8 ERT will be deployed as necessary to assist Regional ESF #8 in establishing and maintaining effective coordination within the disaster area.

Regional ESF #8 will be established and will maintain coordination with the 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 written requests.

Regional ESF #8 will be supported by the regional Joint Medical Mobilization Office (JMMO) or other entity designated by the DOD Defense Coordinating Officer (DCO) to coordinate civil authority requests for military resource support within the disaster area. Regional ESF #8 will also be assisted by those other support agencies as contained in the Regional ESF #8 appendices.

Regional ESF #8 will utilize locally available health and medical resources to the extent possible to meet the needs identified by State/local authorities. National ESF #8 will meet the additional requirements primarily from pre-arranged sources from throughout the United States and Canada.

Throughout the response period, ESF #8 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 from appropriate State authorities for medical and public health assistance will be assumed to be valid. Upon receiving conflicting or questionable requests, ESF #8 will attempt to confirm the actual need. ESF #8 will maintain accurate and extensive logs to support after-action reports and other documentation of the disaster conditions.

ESF #8 will develop and provide medical and public health situation reports to the CDRG, EST, the FCO's Reports Officer, the primary JIC, and organizations with a need for recurring reports of specific types of information including other ESFs, Federal agencies, and the State upon request. Information will be disseminated by all available means including FAX, telephone, radio, memoranda, display charts and maps, and verbal reports at meetings and briefings.

B. Organization

1. National-Level Response Support Structure

ESF #8 response will be activated and directed by the ASH/HHS/PHS. The HHSEOC will become operational, and upon activation of NDMS, the NDMSOSC will also become operational and these centers will co-locate at the OASH/OEP facility in Rockville, Md. The HHSEOC/NDMSOSC will consist of a core of Federal agencies which will be supplemented by other national-level organizations, governmental and private, as the situation

dictates. During the initial activation the principal core staff will consist of a pre-designated PHS CAT and the following officials or their representatives:

a. ASH/HHS/PHS;

b. Assistant Secretary of Defense (Health Affairs), DOD;

c. Chief Medical Director, Veterans Health Administration (VHA), VA; and

d. Director, FEMA.

Additional supporting agencies and organizations will be alerted and will either be tasked to provide a representative to the HHSEOC/NDMSOSC or to provide a representative who will be immediately available via telecommunications means (telephone, FAX, conference calls, etc.) to provide support.

PHS will identify and provide representatives to represent both HHS/PHS and National ESF #8 on the CDRG and the FEMA EST. PHS also will dispatch as needed, emergency response coordinators and the National ESF #8 ERT to the disaster area to support the lead RHA having responsibility for the Regional ESF #8.

Coordination of ESF #8 will be centralized at the HHSEOC/NDMSOSC.

As needed, special advisory groups of health/medical subject matter experts will be assembled and consulted by National ESF #8.

2. Regional-Level Response Structure

a. The RHA is the lead for the Regional ESF #8 health and medical response and will establish a Regional ESF #8 EOC and will provide administrative support to the regional response activities. The HHS RD will assist the RHA by coordinating human services support required from the other HHS operating divisions located within the Region.

b. The lead of Regional ESF #8 will represent ESF #8 in its dealings with the FCO and will maintain liaison with the FCO, the appropriate State/local health and medical officials, National ESF #8, and the HHS RD.

c. Regional ESF #8 will have appropriate representatives available to rapidly deploy with the FEMA Advance Element of the Emergency Response Team to the affected State's EOC or other designated location.

d. Regional ESF #8 will have appropriate representative(s) present or available by telephone or radio at the Regional ESF #8 EOC, and additionally at the FEMA ROC and/or the FEMA Disaster Field Office (DFO) as required by the FCO on a 24-hour basis for the duration of the emergency response period. Other representatives of the lead/support agencies will be available to staff the ROC and/or the DFO upon request of the lead of Regional ESF #8.

C. Notification

1. Upon the occurrence of a potential major natural disaster or man-made event, FEMA Headquarters will notify the ESF #8 action agent (OASH/OEP). The affected FEMA Region will notify the PHS RHA. There are a number of ways ESF #8 could initially be notified by FEMA. This notification would probably be made via telephone, FAX, or digital pagers. Such notification could be to: advise of the potential disaster; convene the CDRG; request an ESF #8 representative to deploy as a regional ERT member; establish the EST at FEMA Headquarters; or to pass a request from regional or State officials requesting activation of NDMS.

2. OASH/OEP will notify the ASH and request activation of ESF #8. OASH/OEP will alert their CAT that will notify the lead of Regional ESF #8 by telephone or radio, if possible. If the RHA or his/her appropriate representative cannot be contacted, the HHS RD will be notified and requested to advise the Regional ESF #8 lead. If the HHS RD cannot be contacted, the ESF #8 lead of an adjacent region will be contacted and requested to assist in notifying and establishing the Regional ESF #8 in the disaster area.

3. The OASH/OEP CAT also will notify all other National ESF #8 members by the most expeditious communication method.

4. Upon notification, ESF #8 members will notify their parent agencies/organizations. ESF #8 members will report to the appropriate location(s) as directed (such as HHSEOC/NDMSOSC, FEMA Headquarters, etc.) and Regional ESF #8 members will report to the appropriate location(s) as directed (such as the ROC or DFO).

D. Response Actions

1. Initial Actions Following Potential Catastrophic Disaster

The HHSEOC will become operational within 2 hours of notification. Until the Regional ESF #8 becomes operational, the collection, analysis, and dissemination of requests for medical and public health assistance will be the responsibility of National ESF #8 with the assistance of the PHS region. Upon declaration by the RHA that the Regional ESF #8 EOC

is operational, the major responsibilities for requests for medical and public health assistance will be transferred to Regional ESF #8. National ESF #8 will conduct the following actions while bringing ESF #8 to a fully operational status.

a. Upon notification of the occurrence of a potential major emergency or disaster, the lead of National ESF #8 (the ASH) will request PHS and support agencies/organizations to initiate action immediately to identify and report the potential need for Federal health and medical support to the affected disaster area in the following functional areas:

(1) Assessment of Health/Medical Needs

Lead PHS Agency: OASH/OEP-NDMS: An assessment team will be mobilized and deployed to the disaster area to assist in determining specific health/medical needs and priorities. The assessment team composition will be jointly determined by the action agent and the operating agent based on the type and location of the emergency.

(2) Health Surveillance

Lead PHS Agency: Centers for Disease Control: Assist in establishing surveillance systems to monitor the general population and special high-risk population segments; carry out field studies and investigations; monitor injury and disease patterns and potential disease outbreaks; and provide technical assistance and consultations on disease and injury control measures and precautions.

(3) Medical Care Personnel

Lead PHS Agency: OASH/OEP-NDMS: Provide Disaster Medical Assistance Teams (DMATs) to assist in providing care for ill or injured victims at the site of a disaster or emergency. DMATs can provide triage, medical or surgical stabilization, and continued monitoring and care of patients until they can be evacuated to locations where they will receive definitive medical care. Specialty DMATs can also be deployed to address mass burn injuries, pediatric trauma, chemical injury or contamination, etc. In addition to DMATs, active duty, reserve, and National Guard medical units for casualty clearing/staging and other missions will be deployed as needed. Individual clinical health and medical care specialists may be provided to assist State and local personnel.

(4) Health/Medical Equipment and Supplies

Lead PHS Agency: OASH/OEP-NDMS: Provide health and medical equipment and supplies, including pharmaceutical, biologic products, and blood and blood

products in support of NDMS DMAT operations and for restocking health and medical care facilities in areas affected by major disasters or emergencies

(5) Patient Evacuation

Lead PHS Agency: OASH/OEP-NDMS: Provide for movement of seriously ill or injured patients from the area affected by a major disaster or emergency to locations where definitive medical care is available. NDMS patient movement will primarily be accomplished utilizing fixed wing aeromedical evacuation (AE) resources of the DOD; however, other transportation modes may be used, as circumstances warrant.

(6) In-Hospital Care

Lead PHS Agency: OASH/OEP-NDMS: Provide definitive medical care to victims who become seriously ill or injured as a result of a major domestic disaster or emergency. For this purpose, the NDMS has established and maintains a nationwide network of over 105,000 voluntarily pre-committed non-Federal acute care hospital beds in the 107 largest United States metropolitan areas.

(7) Food/Drug/Medical Device Safety

Lead PHS Agency: Food and Drug Administration: Assure the safety and efficacy of regulated food, drug, biologic products, and medical devices following major disasters or emergencies. Arrange for seizure, removal, and/or destruction of contaminated or unsafe products.

(8) Worker Health/Safety

Lead PHS Agency: Centers for Disease Control: Assist in monitoring health and well-being of emergency workers; perform field investigations and studies addressing worker health and safety issues; and provide technical assistance and consultation on worker health and safety measures and precautions.

(9) Radiological Hazards

Lead PHS Agency: Centers for Disease Control: Assist in assessing health and medical effects of radiological exposure on the general population and on high-risk population groups; conduct field investigations, including collection and analysis of relevant samples; advise on protective actions related to direct human and animal exposure, and on indirect exposure through radiologically contaminated food, drugs, water supply, and other

media; and provide technical assistance and consultation on medical treatment of radiologically injured victims.

(10) Chemical Hazards

Lead PHS Agency: Centers for Disease Control: Assist in assessing health and medical effects of chemical exposure on the general public and on high-risk population groups; conduct field investigations, including collection and laboratory analysis of relevant samples; advise on protective actions related to direct human and animal exposure and on indirect exposure through chemically contaminated food, drugs, water supplies, and other media; and provide technical assistance and consultations on medical treatment of chemically injured victims.

(11) Biological Hazards

Lead PHS Agency: Centers for Disease Control: Assist in assessing health and medical effects of exposure to biologic agents on the general population and on high-risk population groups; conduct field investigations, including the collection and laboratory analysis of relevant samples; advise on protective actions related to direct human and animal exposure, and on indirect exposure through biologic agent contamination of food, drugs, water supplies, and other media; and provide technical assistance and consultations on medical treatment of victims injured by biologic agents.

(12) Mental Health

Lead PHS Agency: Alcohol, Drug Abuse, and Mental Health Administration: Assist in assessing mental health needs; provide mental health training materials for disaster workers; assist in arranging training for mental health outreach workers; assess adequacy of applications for Federal crisis counseling grant funds; address worker stress issues and needs through a variety of mechanisms.

(13) Public Health Information

Lead PHS Agency: Centers for Disease Control: Assist by providing public health and disease and injury control and prevention information that can be transmitted to members of the general public who are located in or near areas affected by a major disaster or emergency.

(14) Vector Control

Lead PHS Agency: Centers for Disease Control: Assist in assessing the threat of vector-borne diseases following major disasters or emergencies; conduct field investigations, including the collection and laboratory analysis of relevant samples; provide vector control equipment and supplies; provide technical assistance and consultation on protective actions regarding vector-borne diseases; and provide technical assistance and consultation on medical treatment of victims of vector-borne diseases.

(15) Potable Water/Wastewater and Solid Waste Disposal

Lead PHS Agency: Indian Health Service: Assist in assessing potable water and wastewater/solid waste disposal issues; conduct field investigations, including collection and laboratory analysis of relevant samples; provide water purification and wastewater/solid waste disposal equipment and supplies; and provide technical assistance and consultation on potable water and wastewater/solid waste disposal issues.

(16) Victim Identification/Mortuary Services

Lead PHS Agency: OASH/OEP-NDMS: Assist in providing victim identification and mortuary services, including NDMS Disaster Mortuary Services Teams (DMORTs); temporary morgue facilities; victim identification utilizing latent fingerprint, forensic dental, and/or forensic pathology/anthropology methods; processing, preparation, and disposition of remains.

b. National ESF #8 will also initiate through the appropriate command and control systems, as necessary, the following actions to alert certain elements of the health and medical system to either respond or be prepared to respond if needed:

(1) Alert and deploy National ESF #8 representative(s) to National EST at FEMA Headquarters in Washington, DC;

(2) Alert National ESF #8 representative(s) to be on "stand-by" to deploy to the disaster area as a member of the National ESF #8 ERT;

(3) Alert and deploy National ESF #8 Emergency Response Coordinator(s) (ERC) to the disaster area to provide liaison and support to Regional ESF #8. ERCs will be self-contained as much as possible (tents, sleeping bags, food, etc.) and will provide some long distance high frequency radio communications support for direct connectivity between the Regional and National ESF #8;

(4) Request PHS/OEP to alert NDMS DMATS on a "stand-by" basis;

(5) Through its DOD representative, alert Armed Services Medical Regulating Office (ASMRO) to prepare to receive hospital bed availability reports. ASMRO will establish an appropriate reporting window;

(6) Through VA, DOD representatives, and appropriate VA and Services command and control systems, alert local NDMS Federal Coordinating Centers (FCCs) to obtain bed availability reports from the participating non-Federal hospitals and report bed status to ASMRO;

(7) Alert PHS Supply Service Center, Defense Logistics Agency (DLA), HWC and other pre-identified sources of medical supplies to be on a "stand-by" basis;

(8) Alert national-level transportation and communications support agencies/organizations to be on a "stand-by" basis;

(9) Determine from ESF #5 - Information and Planning, the geographic area affected by the disaster and also obtain weather information for the disaster area including present conditions, the 24-hour forecast, and the long-range forecast; and

(10) Request that PHS/National Institutes of Mental Health (NIMH) initiate action to implement mental health support activities.

c. National ESF #8 primary and support agency/organization members will report to the HHSEOC/NDMSOSC and convene within 2 hours following notification. Alternatively, ESF #8 members may be directed to report to their usual offices within 2 hours and thereafter maintain continuous telephone communication with National ESF #8.

d. The NDMSOSC DOD representative will activate the national-level DOD support network as required. This alerting may include, but not be limited to: Department of the Army, the Directorate of Military Support (DOMS); the Surgeons General of the Army, Navy, and Air Force; the United States Transportation Command (USTRANSCOM); the Air Mobility Command (AMC); the National Guard Bureau (NGB); ASMRO; Forces Command (FORSCOM); the United States Atlantic Command (USLANTCOM); the United States Pacific Command (USPACOM); the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS); the Medical Readiness Division, Office of the Joint Chiefs of Staff (J-4/JCS): and other appropriate DOD components. DOMS, in coordination

with the Services and JCS executive agents (ie., HQUSAF/SG for ASMRO) will in turn, notify service FCCs and other Service components as appropriate.

2. Continuing Actions

a. Situation Assessment

The National ESF #8 staff will continuously acquire and assess information about the disaster situation. The staff will continue to attempt to identify the nature and extent of health and medical problems, and establish appropriate monitoring and surveillance of the situation to obtain valid ongoing information. National ESF #8 will primarily rely on information from the disaster area that is furnished by Regional ESF #8. Other sources of information may include National ESF #8 support agencies/organizations; various Federal officials in the disaster area; State health officials; State Emergency Medical Services (EMS) authorities; State disaster authorities; or the responsible jurisdiction in charge of the disaster scene. Also, information may be acquired from Federal officials outside of the disaster area such as local NDMS FCCs, FEMA Regional Offices, and PHS Regional Offices.

In the early stages of a disaster response, it may not be possible to fully assess the situation and verify the need for the level of assistance that is being requested. In such circumstances, it shall be the responsibility of National ESF #8 and Regional ESF #8 to collectively decide whether to authorize assistance. Every attempt shall be made to verify the need before providing assistance. However, it may be necessary to proceed with assistance on a limited basis before verifications are obtained. In such a situation, the ESF #8 will use common sense, be flexible, and responsive to meeting perceived time critical needs.

Because of the potential complexity of the health and medical response issues/situations, conditions may require special advisory groups of subject matter experts to be assembled by National ESF #8 to review health/medical intelligence information and to advise on specific strategies to employ to most appropriately manage and respond to a specific situation.

b. Activation of Health/Medical Response Teams

By direction of the ASH, health personnel/teams from PHS will be deployed as needed and appropriate medical and public health (including environmental health) assistance will be provided. NDMS DMAT teams will be activated and deployed as needed. PHS/OEP will respond to the direction by arranging for alerting, activation, appointment to Federal status (where appropriate) and deployment of NDMS DMATs. The PHS/OEP representative also will coordinate with other NDMSOSC agency representatives who will arrange for the necessary transportation and logistic support for the DMATs. DMATs may be activated for