

# Health and Medical Coordinating Coalitions



## Emergency Support Function 8

**Overview:** Natural and human-caused disasters may result in the need for public health and medical resources, including mental and behavioral health resources. These resources may include facilities, personnel, equipment, and pharmaceutical and other supplies beyond daily operational needs. Local resources in affected areas may be damaged or inaccessible; key public health and medical personnel may be affected by the disaster; and the capacity of local jurisdictions to respond effectively may be overwhelmed. The need for public health and medical resources may far exceed available local and/or state resources to support incident response.

Massachusetts Emergency Support Function (MAESF) 8 provides a framework for coordination and cooperation across state agencies regarding public health and medical, needs, including mental and behavioral health, before, during, and after a disaster or public health emergency in the Commonwealth, including those resulting from an act of terrorism.

**Assumptions:** The activities of MA ESF-8 are governed by the following assumptions:

- Local governments have day to day responsibility to address basic daily public health and medical needs for their residents.
- When an incident occurs, local government will use its own response resources first, supplemented if possible by resources available through mutual aid or private sector contracts. A local government will request state assistance when its ability to respond to the disaster is overwhelmed or is expected to be overwhelmed.
- Local public health and medical resources may be limited in availability during a disaster response or recovery, and demand for resources may quickly overwhelm local public health and medical capabilities for personnel, equipment and supplies.
- Access to impacted areas may be severely limited and reachable only via air or water.
- MAESF-8 responsible agencies maintain emergency operations plans, policies, and procedures.
- Maintaining coordination and situational awareness across MAESF-8 agencies regarding impacts to public health and medical systems and infrastructure and resource needs will be vital to conducting effective prevention, preparedness response, recovery, and mitigation activities.
- Medical triage and transport for victims may be needed to augment local capabilities.
- Coordination of healthcare system surge capacity may be needed.
- Medical re-supply may be needed throughout the disaster area.
- Damage to chemical, nuclear, and industrial plants, sewer lines and water distribution systems, in addition to fires and hazardous materials spills or releases, may cause environmental and public health hazards, contaminating water supplies, air, crops, livestock, and food products.
- Distribution and dispensing of medical countermeasures may be required.

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- A major disaster may produce a large number of casualties and fatalities, and create an urgent need for mental health and crisis counseling for survivors and responders.
- Assistance in maintaining the continuity of public health and medical services, as well as public health surveillance and control measures may be required.
- Disruption of sanitation services and facilities, loss of power, and relocation of large numbers of individuals to emergency shelters may increase the potential for disease and injury.
- The state has resources and expertise that can be used to supplement local response efforts. Federal assistance will be requested to support state and local efforts if an incident exceeds state and local capabilities.
- Depending on the magnitude of the incident, resources from other states or the federal government may not be available for use in Massachusetts during the first 72 hours after the incident occurs.

**Objectives:** The objectives of MAESF 8 are to coordinate resources to support the following public health and medical core functions:

- Assessment of public health and medical needs
- Public health surveillance, investigation, and disease control
- Healthcare system surge capacity
- Coordination with emergency medical services, including but not limited to Ambulance Task Force Mobilization
- Health/medical/veterinary supplies and equipment
- Patient care
- Evacuation of healthcare facilities and/or long term care facilities
- Responder health and safety
- All-hazards public health and medical consultation, technical assistance, and support
- Mental health and crisis counseling
- Behavioral health services
- Medical countermeasures, including but not limited to Strategic National Stockpile receipt, staging, storage, and distribution
- Toxicological assessment
- Public health laboratory services
- Food safety and security
- Safety and security of drugs, biologics, and medical devices
- Vector control
- Public health information and risk communication
- Enforcement of proper sanitation and biohazard control
- Potable water, wastewater processing, and solid waste disposal
- Mass fatality management, victim identification, family assistance, and mortuary services.