



#8 Public Health & Medical Services

State Emergency Support Function Annex

Hawai'i Emergency Management Agency

January 2022

STATE OF HAWAII
EMERGENCY
OPERATIONS PLAN



SESF #8 TASKED AGENCIES

State Emergency Support Function (SESF) Primary Agency:

Hawai'i Department of Health (HDOH)

State Support Agency:

Department of Human Services (DHS)

State Non-Profit and Private Sector Support Agencies:

American Red Cross

Hawai'i Funeral & Cemetery Association (HFCA)

Hawai'i Healthcare Emergency Management (HHEM)

Federal ESF Coordinating Agency:

U.S. Department of Health and Human Services (DHHS) – Office of the Assistant Secretary for Preparedness and Response (ASPR)

Federal ESF Primary Agency:

U.S. Department of Health and Human Services (DHHS) – U.S. Centers for Disease Control and Prevention (CDC)

County ESF Primary Agency:

(Note: Not every county uses an ESF structure to organize their Emergency Operations Centers. For counties that do not use the ESF structure, the agency listed serves in a role that is equivalent to an ESF Primary Agency.)

Hawai'i County: Hawai'i District Health Office

Maui County: Maui District Health Office

City and County of Honolulu: Department of the Medical Examiner

Kauai County: Kauai District Health Office



RECORD OF CHANGES

The SESF #8 Public Health & Medical Services is responsible for the #8 Public Health & Medical Services State Emergency Support Function Annex and is authorized to make changes in coordination with the HI-EMA Operations Branch. All updates to the #8 Public Health & Medical Services State Emergency Support Function Annex will be tracked and recorded in the following table to ensure the most recent version is disseminated and implemented. This annex will be reviewed on a biennial basis and after every incident where SESF #8 was activated.

Change Number	Date of Change	Section Changed	Summary of Change
1	1/2022	Record of Changes	Record of Changes verbiage and signatory block added
2			
3			
4			
5			
6			
7			

Luke Meyers
HI-EMA Administrator

Date Jan 27, 2022

David Lopez
HI-EMA Executive Officer

Date Jan 26, 2022

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Date Jan 24, 2022



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1. INTRODUCTION

1.1 PURPOSE

1. The purpose of this Annex is to:
 - a. Define the activities that fall within the scope of State Emergency Support Function (SESF) #8 Public Health & Medical Services
 - b. Identify the agencies with responsibilities under this SESF
 - c. Describe how tasked agencies will coordinate to execute missions assigned to the SESF during an emergency or disaster

1.2 SCOPE

1. Activities within the scope of SESF #8 include the following:
 - a. Coordinating, mobilizing, and directing statewide health, medical, and mortuary response during disasters
 - b. Supporting local assessment and identification of public health and medical needs in impacted regions
 - c. Supporting, monitoring, investigating, and controlling potential and known public health threats through disease, environmental, and injury surveillance
 - d. Providing rapid detection, characterization, analytical testing, data reporting, investigative support, and laboratory networking to address actual or potential exposures to all hazards
 - e. Coordinating with local public health and medical officials to move patients within the state or to locations outside the state in support of optimal healthcare surge during disasters
 - f. Supporting the mobilization of crisis intervention and behavioral health services following disasters
2. This Annex applies to all hazards that impact the state of Hawai`i.



2. SITUATION AND ASSUMPTIONS

2.1 SITUATION OVERVIEW

1. The Hawai'i Department of Health (HDOH) in Honolulu maintains District Health Offices on neighbor islands and has no county equivalent public health agency. HDOH District Health Offices provide county level assistance but remain part of HDOH's organizational structure.
2. Counties serve as the lead for fatality management; HDOH oversees vital statistics record management and is responsible for issuing certified records of death as well as disposition of dead body permits for fatality management.
3. Following a disaster or emergency, 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.
4. The need for public health and medical resources may far exceed available local and/or state resources to support incident response.

2.2 ASSUMPTIONS

1. SESF #8 planning is based on the following assumptions:
 - a. Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because staff are unable to report for any duty as a result of personal injuries or damage to communications and transportation systems.
 - b. SESF #8 agencies may provide assistance in pre-incident evacuation, as needed, to affected patients/clients when pre-established plans for health care institutions have failed.
 - c. Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment such as dialysis may have difficulty obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.
 - d. Medical and health facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the "walking wounded" and seriously injured victims transported to facilities in the aftermath of a disaster.
 - e. Public and private medical, health, and mortuary services resources will be available for use during emergency situations; however, local resources may be adversely impacted by the emergency.
 - f. There will likely be low hospital bed availability during a disaster or emergency. Hospitals may routinely operate at over 90% capacity.
 - g. Statewide, there is limited storage and mortuary services capacity for fatalities.
 - h. Impacts to public health will continue after the subsidence of the initial impacts of a disaster or emergency incident.



3. ROLES AND RESPONSIBILITIES

1. The following section outlines the roles and responsibilities assigned to state agencies and community partners to ensure SESF #8 activities are performed in a coordinated, efficient, and effective manner.
2. This document does not relieve tasked agencies of the responsibility for emergency planning; agency plans should adequately provide for the capability to implement the actions identified below.

3.1 GENERAL DUTIES OF ALL SESF #8 AGENCIES

1. All agencies assigned to SESF #8 are responsible for the following, in addition to the agency-specific duties listed later in this section.

BEFORE AN INCIDENT

1. Designate primary and alternate SESF #8 representatives, who shall be responsible for coordinating with internal department stakeholders, the State Emergency Operations Center (SEOC) and other SESF #8 agencies to ensure successful execution of duties assigned in this Annex. Notify HI-EMA of any changes to assigned contacts.
2. Maintain this Annex and conduct joint planning to further develop, document and refine procedures and processes for interagency coordination of SESF activities.
3. Participate in SESF #8 meetings, training, and exercises.
4. Maintain internal agency readiness to execute SESF duties assigned in this Annex. Ensure SESF responsibilities are addressed in agency plans, sufficient agency personnel are assigned and trained to support the SESF, required resources are identified and contingency contracts or mutual aid plans are in place to address gaps.
5. Identify contingency contracts with vendors for services or equipment that may be required to execute the department’s SESF #8 duties during an emergency.

DURING AN INCIDENT

1. Coordinate with other SESF #8 agencies and the SEOC to fulfill requests for assistance or information. Coordinate actions with counties, other SESFs or federal ESFs as appropriate.
2. Activate, assign, and track department resources to fulfill SESF mission assignments. Ensure financial and property accountability for agency resources used in support of SESF #8.
3. Provide situational awareness of SESF #8 activities to the SEOC.
4. Represent the SESF at the SEOC and other incident sites as requested.

3.2 SESF PRIMARY AGENCY

1. The Hawai`i Department of Health (HDOH) serves as the Primary Agency for SESF #8.



- 2. Primary Agencies, as defined by the **HI-EOP**, have significant authorities, roles, resources, or capabilities for functional areas the SESF oversees. Primary Agencies serve as the principal contact for HI-EMA on issues related to the SESF and provide overall management of both preparedness and response activities.
- 3. SESF Primary Agencies have additional responsibilities related to management of SESF activities.

BEFORE AN INCIDENT

- a. Coordinate SESF preparedness activities, including convening quarterly planning meetings and ensuring SESF #8 participation in applicable trainings and exercises.
- b. Lead the development, review, and refinement of SESF #8 plans, procedural guides, job aids and/or other written resources to document operational processes and procedures.

DURING AN INCIDENT

- a. Notify Support Agencies when SESF #8 is activated by the SEOC.
 - b. Notify Support Agencies when the SESF is activated by the SEOC and provide a representative to the SEOC during activation hours.
 - c. Prioritize requests for SESF #8 assistance using incident objectives and work with Support Agencies to identify and direct required resources.
 - d. Provide SESF #8 information to *SESF #5 Information and Planning* to include in Situation Reports, Incident Action Plans (IAPs) and other products as requested.
 - e. Provide updates to the SEOC on the status of SESF mission assignments. Notify the SEOC Operations Section if the SESF is unable to fulfill assigned missions.
4. The following are agency-specific duties of the SESF #8 Primary Agency that are in addition to the general duties outlined above and in [Section 3.1 General Duties of all SESF #8 Agencies](#).

Primary Agency	Agency Functions
Hawai`i Department of Health (HDOH)	<ul style="list-style-type: none"> 1. Communicate and share plans and information across agencies with public health and medical responsibilities. 2. Identify potential emergency public health risks and issues, and collaborate to develop or recommend protocols, procedures, and policies to prevent or mitigate their impacts. 3. Pre-position available response resources when it is apparent that state public health and medical resources will be required. 4. Direct, coordinate, and integrate the state’s overall efforts for providing medical, public health, substance abuse services, and mental health assistance to affected areas. 5. Coordinate the mobilization and deployment of medical resources with SESF #8 Support Agencies. 6. Direct the activation and deployment of Kalawao Rescue (HHEM’s All Hazards Disaster Medical Response and Recovery Team) and Hawai`i Medical Reserve Corps (MRC).



Primary Agency	Agency Functions
	<ol style="list-style-type: none"> 7. Support Hawai`i Healthcare Emergency Management (HHEM) coalition evacuation and/or relocation of patients and victims, when deemed appropriate. 8. Monitor the safety of food, drugs, biologic products, and medical devices and arrange for the seizure and disposal of contaminated or unsafe products. 9. Monitor public health and medical infrastructure. Maintain situational awareness on threats or impacts to public health and medical infrastructure. 10. Test air, potable water sources, and near-shore waters for hazards or contamination and issue appropriate warnings and restrictions. 11. Coordinate and manage activation, receipt, staging, storage, and distribution of the Strategic National Stockpile (SNS) and medical countermeasures (MCM). 12. Coordinate any waiver of rules and regulations regarding requirements for licensed professional medical personnel to provide alternate standards of care during a disaster. 13. Regularly re-assess priorities and strategies to meet the most critical public health and medical needs based on incident priorities as described in the SEOC Situational Reports (SitReps). 14. Coordinate technical assistance requests with the Centers for Disease Control and Prevention, US Department of Health and Human Services Assistant Secretary for Preparedness and Response, and other agencies as appropriate.

3.3 SUPPORT AGENCIES

1. Support Agencies, as defined by the **HI-EOP**, have specific capabilities, expertise or resources that can assist Primary Agencies in executing missions assigned to the SESF by the SEOC.
2. The following are specific responsibilities for the Support Agencies for SESF #8 that *are in addition to the general duties of all SESF #8 agencies* listed in **Section 3.1 General Duties of All SESF #8 Agencies**.

3.3.1 STATE SUPPORT AGENCIES

Support Agency	Agency Functions
Department of Human Services (DHS)	<ol style="list-style-type: none"> 1. Assist in coordinating access to health services for persons enrolled in Medicare/Medicaid. Provide assistance with Medicaid applications. 2. Through the Funeral Payments Program, provide assistance toward funeral home or crematory expenses for eligible cases. 3. Assist populations with access and functional needs in accessing medical care.



3.3.2 PRIVATE SECTOR AND NON-PROFIT SUPPORT AGENCIES

Support Agency	Support Agency Functions
American Red Cross	<ol style="list-style-type: none"> 1. Upon request, assist in establishing, coordinating, and managing the states sheltering missions to include supporting medical and mental health needs. 2. Provide emergency first aid consisting of basic first aid and referral to appropriate medical personnel and facilities, supportive counseling, and health care for minor illnesses and injuries to incident victims in mass care shelters, the JFO, selected incident cleanup areas, and other sites deemed necessary by the primary agency. 3. Provide supportive counseling for family members of the dead, for the injured and for others affected by the incident. 4. Assist community health personnel, as available. 5. Provide available personnel to assist with health services, administrative, and logistics support. 6. Provide blood products from the mainland. 7. Refers all concerns regarding animal health care, safety, or welfare to Hawai'i Veterinary Medical Association contact(s) in the disaster area. These contact people are veterinarians affiliated with national, state, county, or local veterinary associations. 8. Provide durable medical equipment as resources allow.
Hawai'i Funeral & Cemetery Association (HFCA)	<ol style="list-style-type: none"> 1. Upon request, provide a disaster area with resources ranging from fatality specialists to mortuary supplies depending on the scope of the disaster. 2. Coordinate with the Department of Human Services to provide funeral accommodations for affected populations. 3. Coordinate resources to assist in scene response and recovery of decedents, victim identification, family assistance, victim decontamination, and mortuary and cemetery services. 4. Support disaster mortuary services, including Incident Morgue sites. 5. Track incident-related deaths resulting from emergencies and disasters.
Hawai'i Healthcare Emergency Management (HHEM)	<ol style="list-style-type: none"> 1. Provide alerts, notifications, and situational awareness updates to healthcare coalition 2. Provide and manage an integrated emergency healthcare coalition communication system and platform. 3. Provide, manage, and coordinate information sharing that includes bed availability, healthcare essential function status, requests for assistance, significant events, media draft releases, etc. 4. Coordinate and support healthcare emergency response and recovery operations during major emergencies and disasters. Inform local and state partners of activities, conditions, and gaps. 5. Deploy, manage, and direct healthcare coalition disaster medical response and recovery and support teams



Support Agency	Support Agency Functions
	<ol style="list-style-type: none">6. Coordinate and support evacuation and/or relocation of patients and victims7. Coordinate, manage, direct and support healthcare coalition logistical needs and requests for personnel, medical resources, etc.8. In coordination with HDOH, mobilize healthcare delivery systems such as acute care modules, field hospitals, and alternative care sites.9. Provide information on availability of ambulatory service resources, medical supplies, pharmaceuticals, and equipment at facilities within HHEM network, to ascertain the need for SESF #8 to request deployment of federal assets, including but not limited to the Strategic National Stockpile (SNS).10. Implement patient tracking system and support associated family reunification processes as needed for a Mass Casualty Incident (MCI).



4. CONCEPT OF OPERATIONS

4.1 GENERAL

1. HDOH is the Primary Agency for SESF #8 and leads preparedness and response activities in coordination with Support Agencies.
2. SESF #8 will be activated by the State Emergency Operations Center (SEOC) when a public health and/or medical need is expected or has occurred due to an emergency incident. All SESF #8 agencies will assign personnel to monitor and support activities during the activation.
3. The Primary Agency will be notified by the SEOC when the SESF #8 is activated. The Primary Agency is responsible for notifying Support Agencies. If a SESF representative cannot be reached, that agency's emergency management officer (EMO) should be contacted to request an alternate point of contact. A list of current contacts is maintained in the 'State Contact List' section of WebEOC.
4. When state public health and medical services support is required, the Director of Health deploys HDOH emergency support function (SESF) representatives, as needed, to the SEOC and may activate the HDOH Department Operations Center (DOC). The HDOH EMO serves as an agency representative to the SEOC and may fulfill the role of a special health advisor to the HI-EMA Administrator.

4.2 KEY ACTIONS

4.2.1 PREPAREDNESS

1. SESF #8 agencies work together in the preparedness phase to ensure readiness to readiness to implement effective and efficient response and recovery activities within the scope of SESF #8.
2. Preparedness activities for SESF #8 include:
 - a. Developing, reviewing, and refining SESF #8 plans and procedural guides that address specific operational processes and procedures.
 - b. Ensuring adequate levels of training for personnel that will support SESF #8 during a disaster.
 - c. Participating in exercises to test, refine and validate SESF #8 procedures.
 - d. Developing, reviewing, refining, and maintaining lists of all resources under the control of agencies listed in this plan that can support the execution of SESF #8 duties.



4.2.2 RESPONSE

4.2.2.1 INITIAL RESPONSE ACTIONS

1. Immediately upon notification of a threatened or occurring incident, consideration is given by ESF #8 toward:
 - a. Providing appropriate representation at the SEOC.
 - b. Managing and coordinating public health and medical service activities, including health/epidemiological surveillance and investigation, disease containment, emergency medical service operations, laboratory analytical and diagnostic services, etc.
 - c. Coordinating and obtaining resources.
 - d. Providing personnel, equipment, and supplies in support of District Health Offices (DHOs) involved in public health and medical response.
 - e. Obtaining needed resources through private contractors, suppliers, and vendors.
 - f. Ensuring appropriate all-hazard incident-specific briefings and trainings are conducted prior to deployment.
 - g. Obtaining, maintaining, and providing incident situation and damage assessment information through established procedures.
 - h. Coordinating incident resource needs and identifying and resolving issues related to resource shortages or ordering.

4.2.2.2 ONGOING RESPONSE AND INITIAL RECOVERY ACTIONS

1. In addition to continuing the above initial activities, as appropriate and required, #8 provides ongoing coordination of the following activities during the response:
 - a. Public health laboratory testing.
 - b. Public health surveillance and epidemiological investigation.
 - c. Medical countermeasure dispensing.
 - d. Medical materiel management and distribution.
 - e. Non-pharmaceutical interventions.
 - f. Issuance of public health information and warning.
 - g. Fatality management.
 - h. Medical surge capacity.
 - i. Healthcare system and community recovery.
 - j. Air and water quality monitoring.
 - k. Sanitation.



- l. Vector control.
- m. Disease prevention.
- n. Mental/behavioral health services.
- o. Guidance and support services for persons with access and functional needs.

4.2.3 LONG-TERM RECOVERY

1. As the incident transitions to longer term recovery, SESF #8 will deactivate. The decision to deactivate SESF #8 will be made by the Operations Section Chief.
2. Following large or particularly complex disasters, the Governor may appoint a State Disaster Recovery Coordinator (SDRC) to manage state support of county reconstruction efforts. Agencies that are part of SESF #8 may be assigned responsibilities for supporting this type of long-term recovery effort, but those duties are separate from and outside the scope of SESF #8.

4.2.4 MITIGATION

1. All SESF #8 agencies will take the following steps to support hazard mitigation, as applicable:
 - a. Providing input into updates of the ***State of Hawai`i Hazard Mitigation Plan***
 - b. Identifying, supporting and/or implementing mitigation measures related to SESF #8 contained in the plan.

4.3 DIRECTION, CONTROL, AND COORDINATION

4.3.1 DIRECTION AND CONTROL

1. The SEOC serves as the central location for interagency coordination and decision-making for state emergency operations, including all activities associated with SESF #8.
2. SESF #8 is part of the Operations Section in the SEOC organizational structure.
3. Activities of SESF #8 Support Agencies are, in general, coordinated by the SESF #8 Primary Agency.

4.3.2 COORDINATION AMONG SESF #8 AGENCIES

1. The SESF #8 representative in the SEOC coordinates SESF #8 responses to RFAs and RFIs. The request is evaluated and assigned to the SESF #8 agency most likely to have the requested capability or information. Information on the status of the request must be entered in WebEOC by the tasked SESF #8 agency.
2. SESF #8 agencies not present in the SEOC will ensure a SESF #8 contact is identified and available to respond to inquiries from the SEOC during activation hours.
3. When SESF #8 is activated, the SESF #8 Primary Agency will organize a daily SESF #8 conference call to share information and confirm internal coordination procedures. If federal agencies have been activated to support the incident, this call should include the federal #8 Primary Agency.



4.3.3 COORDINATION WITH OTHER SESFS

1. It is anticipated that SESF #8 will coordinate with other SESFs on the following:
 - a. **SESF # 3 PUBLIC WORKS AND ENGINEERING:** Support debris removal with adherence to health codes/regulations to clear access to critical healthcare facilities, and restore critical infrastructure (i.e. water, sewage, and electricity) to support the continuity of operations of primary healthcare facilities
 - b. **SESF #6 MASS CARE, EMERGENCY ASSISTANCE, HOUSING, AND HUMAN SERVICES:** Coordinate with SESF #8 for health and medical support of shelter operations and monitoring food/water supply.
 - c. **SESF #7 LOGISTICS MANAGEMENT AND RESOURCE SUPPORT:** Support healthcare sector supply and resource coordination.
 - d. **SESF # 11 AGRICULTURE AND NATURAL RESOURCES:** Support for zoonotic disease surveillance and response, if necessary.
 - e. **SESF #15 EXTERNAL AFFAIRS:** Coordinate messaging to the general public regarding public health and medical services.
 - f. **SESF #20 MILITARY SUPPORT:** All requests for Department of Defense – Hawai'i National Guard (HING) support will be made via SESF #20.

4.3.4 COORDINATION WITH COUNTY EOCs

1. Each jurisdiction within the state is responsible for its own requirements. Only when local and mutual aid resources are exhausted or projected to be exhausted, or the required capability does not exist at the local level, may the jurisdiction request assistance from the state.
2. HDOH maintains District Health Offices (DHOs) within Hawai'i County, Maui County and Kauai County. During the incident of an emergency that requires SESF #8 activation, HDOH liaisons will be deployed to County EOCs, and a HDOH representative will be deployed to the City & County of Honolulu EOC to assist in coordination efforts with each county.
3. DHO staff deployed to county EOCs may submit requests for assistance (RFAs) directly to the HDOH DOC for RFAs for which HDOH maintains sole jurisdictional authority.
4. RFAs and RFIs from healthcare facilities across the state will be coordinated through the Hawai'i Healthcare Emergency Management (HHEM) Coalition.

4.3.5 COORDINATION WITH FEDERAL PARTNERS

1. If federal ESF #8 is activated in response to, or in anticipation of, a presidential disaster declaration, SESF #8 will establish contact with the federal ESF Coordinating Agency and ensure daily coordination for the duration of the activation. The Department of Health and Human Services (DHHS) is the federal agency with primary responsibility for federal ESF #8.
2. Within DHHS, SESF #8 may need to coordinate with the U.S. Centers for Disease Control and Prevention (CDC), and the Office of the Assistant Secretary for Preparedness and Response (ASPR).
3. Coordination will primarily occur at the SEOC, Initial Operating Facility (IOF), or Joint Field Office (JFO).



4.3.6 TASK FORCES

1. Task forces may be stood up during an incident to address major response activities that require coordination across different levels of government and/or involve multiple state and federal ESFs.
2. SESF #8 will be part of the following task forces if they are stood up during an incident:
 - a. State Shelter Task Force



5. AUTHORITIES AND REFERENCES

5.1 STATE LAWS, REGULATIONS AND DIRECTIVES

1. Hawai'i Revised Statutes Chapter 127A – Emergency Management
2. Hawai'i Revised Statutes Chapter 128D – Environmental Response Law
3. Hawai'i Revised Statutes Chapter 321 – Department of Health
4. Hawai'i Revised Statutes Chapter 325 – Infectious and Communicable Diseases
5. Hawai'i Revised Statutes Chapter 328 – Food, Drugs, and Cosmetics
6. Hawai'i Revised Statutes Chapter 328C – Donation of Pharmaceuticals and Health Care Supplies
7. Hawai'i Revised Statutes Chapter 338 – Vital Statistics
8. Hawai'i Revised Statutes Chapter 340E – Safe Drinking Water
9. Administrative Directive No. 15-01 – Emergency Management Preparedness Policies for Departments

5.2 FEDERAL LAWS, REGULATIONS, AND DIRECTIVES

1. Disaster Relief Act of 1974, Public Law 93-288, as amended
2. Public Law 100-707 – Robert T. Stafford Disaster Relieve and Emergency Assistance Act
3. Americans with Disabilities Act of 1990, as amended