EMERGENCY SUPPORT FUNCTION 8 – HEALTH, MEDICAL AND MORTUARY SERVICES

CEMP - ANNEX IV DOCUMENTATION

signature	7/9/21
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Note: This Emergency Support Functions (ESF) is part Annex IV of the Comprehensive Emergency Management Plan (CEMP) and this version includes the 2021 revision. Public Health – Seattle & King County acts as the current ESF Coordinator and collaborated with many partners for respective input.

Public Health
Seattle & King County

ESF 8 BASIC PLAN

Health, Medical and Mortuary Services

Version 14.1, March 2021

Updated March 21, 2021

Record of Changes

Change No.	Change Description	Date Entered	Posted By
11	Revised plan to reflect Area Command/MAC Protocols and other updates	August 2008	M. Loehr Preparedness Dir. Public Health
11.1	Revisions to improve consistency with King County CEMP	October 2008	A. Jaffe-Doty Response Planner Public Health
11.2	Added discussion of tribal boundaries, location of document, and additional language regarding vulnerable populations.	March 2010	H. Kite Response Planner Public Health
11.3	Revisions to reflect lessons learned in the H1N1 influenza activations.	May 2010	M. Loehr Preparedness Dir. Public Health
11.4	Revisions to reflect new King County demographic information, incorporate lessons learned in recent activations, and align with King County Healthcare System Emergency Response Plan	September 2012	A Jaffe-Doty Response Planner Public Health
12	Revisions to reflect departure transition of Northwest Healthcare Response Network to independent organizational status.	February 2015	A. Kelmore Response Planning Manager Public Health
13	Plan review	January 2017	A. Kelmore Response Planning Manager Public Health
14	Revisions to reflect new Centers for Disease Control standards and guidelines	January 2018	A. Kelmore Response Planning Manager Public Health
14.1	Revisions to improve consistency with City of Seattle CEMP	March 2021	N. Solari Response Planning Manager Public Health

Contents

1. Purpose

The purpose of Emergency Support Function 8 – Health, Medical and Mortuary Services (ESF 8) is to provide for the direction, coordination and mobilization of health and medical resources, information and personnel during emergencies and disasters.

2. Scope

This plan is an attachment to the King County, Washington, Comprehensive Emergency Management Plan. It is also an attachment to the City of Seattle Comprehensive Emergency Operations Plan. Health, medical and mortuary services provided in the community every day that fall under the scope of ESF 8 during emergencies include public health, health information, inpatient services, outpatient services, home health services, pharmaceutical dispensing, behavioral health services, clinical case management, mortuary services, pre-hospital services, and emergency medical services within King County, Washington.

This plan adopts an all hazards approach to coordinating disaster mitigation, preparedness, response and recovery for public health, medical providers and support service organizations in King County. Activities within the scope of ESF 8 include:
- Assessing and identifying public health and medical needs
- Organizing, mobilizing, coordinating, and directing health, medical and mortuary services during disasters
- Coordinating the distribution of health information during a disaster
- Coordinating care for the sick and injured
- Coordinating medical and environmental surveillance and monitoring activities, including responder safety
- Coordinating the surveillance for, investigating the causes for, and treatment of diseases
- Implementing measures to prevent the spread of disease or environmental contamination
- Coordinating the recovery of fatalities, conducting forensic investigations, and determining the cause and manner of death for decedents under the jurisdiction of the KCMEO
- Establishing and maintaining effective and reliable means of communication with health services agencies, healthcare providers, support agencies, emergency operations centers, community based organizations, the general public, and the media
- Establishing partnerships and coordinating response to ensure that all aspects of the response service the entire community, with special considerations for equity concerns
- Coordinating and supporting crisis intervention and behavioral health services during and following emergencies and disasters
- Coordinating the health and medical system's transition from normal operations to surge operations and back
- Implementing strategies to conserve or procure additional resources necessary for the delivery of health, medical, and mortuary services

Public Health – Seattle & King County (Public Health), along with other ESF 8 partners, will activate this and additional emergency response plans and protocols when an emergency or disaster occurs or is imminent and requires a coordinated, regional response of health and medical agencies.

3. Situation Overview

King County Washington is the 14th most populous county in the US, with 2.01 million people. It accounts for 28.6 percent of Washington State's population, and as the largest population center in the State poses many opportunities and challenges for emergency response. The County includes Seattle, 38 other incorporated cities, 120 special purpose district, two tribal nations, over 700 elected officials and 19 school districts. Geographically the county is 2,134 square miles.

3.1 Population[1]

In King County, we have people and communities that are among the healthiest and longest living in the world. However, this experience is not universal, and where people live, how much they earn, and the color of their skin are major predictors of life experiences and the chances of living well and thriving. Significant numbers of people in King County have been left behind as demographics have shifted, and the region now experiences some of the greatest inequities among large US metropolitan areas. When comparing outcomes by census tracks (lowest and highest 10 percent), life expectancy ranges from 74 years to 87 years, smoking ranges from 5 percent to 20 percent, and frequent mental distress ranges from four percent to 14 percent. Reasons for this disproportionality related to health and human services provision include inequitable access to services; a lack of services that meet the needs of all individuals, families, and communities; the historical underrepresentation of important voices in policymaking that determines how and where health and human services are delivered; and imbalances in numerous determinants of equity – from housing to jobs – that lead to worse outcomes for some communities.

Housing affordability and homelessness crises are worsening King County. Low-income renters make up 70 percent of King County households earning less than 50 percent of the King County's median household income (less than $43,400 for a family of four) and face the greatest risk of housing instability.

Climate change impacts, like longer and more frequent heat events and urban flooding, are more likely to occur where low-income communities and communities of color are may be disproportionately impacted. Lower income populations have fewer resources to mitigate impacts resulting from increased flooding and heat events like home insulation, air conditioned flood proofing. Language can also be a barrier to information on flood and storm disaster preparedness.

While accounting for populations suffering from health inequities, the ESF 8 response must be prepared to address the needs of many specific populations including immigrants, children (requiring pediatric care), those who are medically dependent or medically compromised, people who are physically or developmentally disabled, people who are chemical and alcohol dependent, people who are homeless and those who need behavioral health services.

3.2 Hazard and Vulnerability Analysis

Public Health's Hazard Identification and Vulnerability Analysis (last updated in 2014) identifies the following hazards as posing the greatest risks to the region's health in terms of frequency and impact:
- ▪ Severe weather (windstorm, snow/ice, excessive heat)

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[1] Population information excerpted from the King County Equity and Social Justice Strategic Plan 2016-2022, available at http://your.kingcounty.gov/dnrp/library/dnrp-directors-office/equity-social-justice/201609-ESJ-SP-FULL.pdf

- Active Shooter
- Cyber Incidents
- Disease Outbreaks (influenza)
- Earthquakes
- Fires
- Flooding / Atmospheric River
- Terrorism (mass violence, bioterrorism)
- Transport Incidents
- Water Shortages

Additionally, the Regional Healthcare Hazard Vulnerability Assessment prepared by the Northwest Healthcare Response Network, identifies the following hazards as posing the greatest risks to the region's health in terms of frequency and impact:
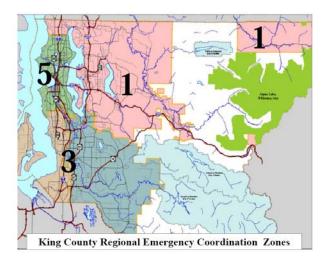
- Earthquake
- Geomagnetic Storm
- Health (epidemic, pandemic)
- Power Outage (Regional)
- Severe Weather (Storm)
- Technology Threats
- Terrorism (Small)
- Terrorism (Large)
- Volcano

Each type of disaster has potential health impacts, including illness, injury, death, psychological trauma, exposure to environmental hazards, disruption of the region's healthcare system, and others. Within the context of all-hazards planning, Public Health places special attention on preparing for those events that pose the greatest risk as measured by frequency and impact.

3.3 Emergency Management Zones

Preparedness activities in King County are organized into three emergency coordination zones, each having a lead agency for cross-functional coordination. Zone 1 encompasses the Eastside and north King County, Zone 3 encompasses the southern section of King County (south of Interstate 90, and Zone 5 consists of the City of Seattle. Preparedness activities specific to ESF 8 incorporate the emergency management zone concept to ensure consistency with response partners. ESF 8-specific information is shared with Zone Coordinators to ensure that emergency managers throughout the county receive the same messaging and updates.

Figure 1: King County Regional Emergency Coordination Zones

King County Regional Emergency Coordination Zones

3.4 The Healthcare Community

Healthcare in King County is complex, multi-faceted, and ever changing in terms of facilities and bed numbers. The facility numbers provided below are current as of this plan writing.

Hospitals: King County has a total of 24 hospitals and three stand-alone emergency departments. Of these, there is a pediatric hospital, three psychiatric hospitals, and a Veteran's Administration hospital. King County has nine designated trauma hospitals, which are a part of the Central EMS and Trauma Region, one of eight trauma regions in Washington State. These include one Level I adult and pediatric regional trauma center (Harborview Medical Center).

Emergency Medical Services: The hospitals in King County are served by a complex network of Emergency Medical Service providers within the Central Region including 31 municipal fire department Basic Life Support agencies, six paramedic Advance Life Support providers, one primary air ambulance service (Airlift Northwest), and two private ambulance companies (American Medical Response and Tri-Med), which augment ambulance transport services.

Ambulatory Care: Ambulatory care clinics in King County provide a wide range of services including: medical care, dental care, outpatient surgery, urgent care, behavioral health, pediatric care, specialty care services, transfusion services, dialysis, diagnostic services, and imaging services. There are 23 dialysis facilities in King County, and 33 Federally Qualified Community Health Centers. In addition, there are 10 Public Health Centers throughout King County.

In-Home Services: In-home services encompass several disciplines which provide medical, spiritual and non-medical assistance in the home, including Home Health, Home Care, and Hospice Services.. Medicare funded Home Care services are coordinated county-wide through the City of Seattle Aging and Disabilities Services.

Long Term Care: Long-Term Care facilities in King County vary greatly in the types and amount of care provided to the residents/patients. There are 60 nursing home facilities in King County that

provide the highest level of care, including 24-hour supervised nursing care. There are also numerous Boarding Homes (Assisted Living) and over 800 [2]Adult Family Homes in King County.

Behavioral Health: Behavioral health services include inpatient and outpatient mental health services and substance abuse services. The public mental health system services are coordinated through the King County Behavioral Health Organizations (BHO), which is administered by the Behavioral Health and Recovery Division (BHRD) in the King County Department of Community and Human Services (DCHS). The BHO includes 35 directly contracted providers and over 30 subcontracted providers that offer a range of services for adults and children. In addition, MCHADS administers the public system for substance abuse and chemical dependency treatment.

Ancillary Services: Ancillary Services can include a wide range of services during an emergency that are not included in the above groups but support the ESF 8 response. Ancillary services might include blood services, poison center services, cancer services, respiratory services, laboratory services, or others. In addition:
- Pharmacies: Provide mass dispensing of medications
- Nurse triage lines: Respond to questions from the public and relieve stress on healthcare providers
- Veterinarians: Report relevant diseases and work with Environmental Health
- Dentists: Receive guidance during disease outbreaks and share with staff
- Death care industry: Assist with mass fatality response

4 Planning Assumptions

- The Local Health Officer (LHO) may implement such measures as necessary to protect the public's health as authorized by state law.
- ESF 8 agencies – which encompass all types of providers listed above – will commit resources and expertise as needed to address health and medical consequences of emergencies and disasters.
- Public demand for health information and health and medical services will increase during disasters.
- Public health emergencies may require implementation of public health measures to contain and control communicable diseases or spread of environmental hazards.
- The availability of emergency response and healthcare resources and personnel may be limited.
- Public health emergencies may also impact neighboring counties and health departments thereby limiting the availability of mutual aid.
- The ability to mobilize and operate temporary facilities, such as medication centers and temporary morgues, will depend upon the ability to mobilize and transport staff and supplies and may take multiple days and may require additional support, depending on the situation.
- The capability of local jurisdictions to coordinate local response activities and fulfill non-medical resource requests from ESF 8 agencies varies.
- Routine emergency medical services may not be accessible through 911 dispatch centers, and even when available, services may be delayed due to regional impacts.

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[2] Updated facilities numbers for nursing homes, assisted living and adult family homes can be found at WA Dept. Social and Human Social Services' website, https://www.dshs.wa.gov/altsa/residential-care-services/long-term-care-residential-options

- Health consequences of emergencies may necessitate mass dispensation of medications or vaccinations to the public.
- A public health emergency may require the triage and treatment of large numbers of individuals, which will have a direct impact on healthcare facilities.
- Most healthcare organizations will have plans in place to manage critical functions for a minimum of 96 hours.[3]
- Per Centers for Medicare & Medicaid Services (CMS) healthcare facilities participating in Medicare and Medicaid will have plans to ensure patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters.
- Many healthcare organizations/systems operate regionally, requiring close coordination with other county jurisdictions and the Washington State Department of Health.
- The implementation of effective response strategies may rely on partners over whom Public Health has no legal authority, and limit the ability of local agencies to mitigate disaster impacts
- Infrastructure impacts such as damage to bridges or road closures may limit the ability to transport staff, patients, and supplies through the region.
- Access to essential infrastructure, goods and services, such as food, water, power and medical supplies may be limited or nonexistent.
- Policies that were implemented without a focus on equitable impacts may create unintended consequences during an emergency response.
- Preparedness, response, and recovery efforts must incorporate and address the unique needs and circumstances of vulnerable populations that are economically disadvantaged, homeless, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), have special medical needs, experience cultural or geographic isolation, or are vulnerable due to age, as well as those of incarcerated persons. Therefore, specific measures will be taken to ensure that these populations will have access to information and health services.
- Populations that face barriers in meeting their basic needs (such as food or housing) on a daily basis are more likely to be disproportionately impacted by a disaster or emergency event and the time it takes to recover will be longer for these populations than for less vulnerable populations.

5. Concept of Operations

5.1 Overview

Incident response will be guided by the ESF 8 Basic Plan and annexes, Health and Medical Area Command (HMAC) manual, as well as the response plans of supporting agencies, which are all consistent with the National Response Framework (NRF) and will follow the Incident Command System (ICS).[4]

ESF 8 agencies will collaborate with local, state, tribal, and federal governmental agencies, as well as local community based organizations to assure an effective and efficient response. A primary partner in the success of an ESF 8 response is the Northwest Healthcare Response Network (NWHRN); which is the non-profit organization that leads regional healthcare collaboration to effectively respond to and recover from emergencies and disasters. Together, Public Health and the NWHRN will coordinate with healthcare, emergency management and response agencies in providing assistance to community recovery efforts.

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[3] Healthcare organizations are not required to stockpile resources for 96 hours of operations.

[4] Refer to the *List of Supporting Annexes and Documents* at the end of this plan for a full list of ESF 8 plans and annexes.

Public Health will leverage the powers and duties of the local health officer as stated in RCW 70.05.070 to take such actions as necessary to maintain the health of the public.

5.2 Activation

To facilitate an ESF 8 response, Public Health will activate this plan and other annexes as necessary, along with the needed staff to implement the plan guidance. Detailed operational protocols for activating and managing HMAC are maintained in the Health and Medical Area Command Procedures Manual (Logistics Section). The below table outlines the activation levels and components.

Table 1: Activation Levels

Level	Name	Components
3	Normal Operations / Steady State	▪ Activities that are normal for the EOC (HMAC) when no incident or specific risk or hazard has been identified ▪ Routine watch and warning activities if the EOC (HMAC) normally houses this function
2	Enhanced Steady State / Partial Activation	▪ Certain EOC (HMAC) team members/organizations are activated to monitor a credible threat, risk, or hazard and/or to support the response to a new and potentially evolving incident
1	Full Activation	▪ EOC (HMAC) team is activated, including personnel from all assisting agencies, to support the response to a major incident or credible threat

Triggers and Indicators
The main trigger for activation is when the response to an incident would be best served by using ICS. Specifically this includes:
- incidents where multiple Public Health divisions should be working together under shared objectives (e.g. disease outbreak)
- incidents where multiple disciplines should be communicating regularly and providing input on operations (e.g. earthquake)
- smaller-scale incidents where regular staffing models do not allow adequate attention be paid to the incident

Additionally, individual hazard-specific annexes include more specific triggers for activation (e.g. number of fatalities for a mass fatality or family assistance response).

This decision may also be influenced by pre-event indicators that suggest an increased possibility for the need for ICS, including:
- Scheduled events that could result in mass casualty incidents (e.g. parades or sporting events)

- National emerging issues affecting other parts of the country that may make their way to King County (e.g. flu or other disease outbreaks)
- Local challenges that have not yet risen to emergency status (e.g. bed capacity concerns during influenza season that are not impacting patient care)

Authority
HMAC may be activated by:
- The Public Health Director or their designee;
- The Local Health Officer or their designee; or
- The Preparedness Director or their designee.

In addition, certain Annexes may require the input of other individuals (e.g., the Chief Medical Examiner on the Mass Fatality and Family Assistance Operations plan) prior to activation.

5.3 Notification

The primary point of notification for any incident is likely to be either the Public Health Duty Officer or the NWHRN Duty Officer. The Disaster Medical Control Center or the Public Health Communicable Disease Duty Officer may also be contacted first, and are asked to alert Public Health and the Network as well. If the incident requires an ESF 8 response, each Duty Officer will notify the other.

Once the decision is made to activate, Public Health will make the following notifications before or as close to the start of HMAC activation as possible:
- Preparedness Section Manager
- Chief of Staff
- Public Health Director
- Local Health Officer

Other incidents may require the notification of:
- Assistant Director, BHRD, Department of Community and Human Services
- King County Medical Examiner
- King County Medic One Medical Director

Public Health relies on the NWHRN to notify the appropriate healthcare partners of an ESF 8 response.

In-person notification will be employed during business hours if possible. The next choice is phone. Because of the urgency of establishing HMAC, e-mail will only be used to notify those who are being alerted for informational purposes. Alert King County, WASECURES, or Outlook may also be used for notifications to other partners, such as neighboring health jurisdictions or the Washington State Department of Health. Contact information is updated quarterly, or more frequently if there are known changes in responsible parties. (See HMAC Procedures Manual).

6. Command and Control

Public Health, under the legal authority of the Local Health Officer, will establish and lead an appropriate incident command structure during emergencies and disasters. The specific command

structure established for a given incident may vary depending on the type of incident, threat and risk posed, jurisdictions involved, suspected criminal activity, and legal responsibilities and authorities of participating agencies. This command structure is inclusive and complementary to the incident command systems and leadership structures in place within ESF 8 response partners to manage organization-specific incidents and activities.

ESF 8 response partners in King County will follow the NIMS in its entirety using the Incident Command System (ICS) principles as mandated in RCW 38.52.070, and will strive to incorporate the National Incident Management System (NIMS) into all plans, protocols, and training.

Public Health will activate Health and Medical Area Command (HMAC) and the NWHRN will activate the Healthcare Emergency Coordination Center (HECC), as appropriate, to establish overall health and medical response and recovery objectives, coordinate incident information with ESF 8 agencies, and manage the acquisition and use of medical resources. Healthcare organizations may activate their internal incident command system and coordinate with the HMAC and the HECC. Any incident managed under HMAC will likely require coordination of emergency response efforts across jurisdictions and agencies; therefore, a decision to activate HMAC will also serve as a decision to activate the ESF 8 plan.

While most incidents will be managed via HMAC and the HECC, there may be times when Unified Command is necessary. Public Health, NWHRN, EMS, law enforcement, the medical examiner, and healthcare agencies may be identified as participants within a unified command and Joint Information Center during multi-agency incidents, and will identify and train staff to serve as needed. Unified Health and Medical Area Command will be responsible for establishing a common set of objectives and strategies in a single Incident Action Plan. An example of an incident requiring the establishment of Unified Command is an incident scene involving potential contamination with a biological agent with Public Health as the lead health agency, the FBI and local law enforcement leading the criminal investigation, and local fire agencies directing the hazardous materials response. Other agencies with responsibilities or jurisdiction may become part of Unified Health and Medical Area Command as needed.

HMAC serves as the single coordination point for the overall ESF 8 response, and sets the overall strategy and priorities for the health and medical response, allocates critical resources, ensures that response activities are properly managed, objectives are met, and policy decisions are implemented. This is all done is close coordination with the HECC. Based on the hazards, vulnerability and complexity that may affect the continuity and response of healthcare operations in King County, HMAC is the incident management structure that will most often be used to manage ESF 8 activities during emergencies and disasters.

As the coordinating center for the ESF 8 response, HMAC is either directly responsible for or responsible for ensuring the following:
- Establishing health and medical incident related objectives and priorities in close coordination with ESF-8 partners
- Maintaining situational awareness regarding health impacts (in consultation with the HECC), casualties and fatalities
- Collecting and reporting the situational status for ESF 8 partners

- Deploying ESF 8 Liaisons to field command locations, local EOCs (including the King County Regional Emergency Coordination and Communication Center) and other operational settings for enhanced coordination
- Supporting the HECC in facilitating medical resource requests from ESF 8 partners, and coordinating with local and state emergency management partners as needed
- Facilitating access to non-medical resources and services by ESF 8 agencies when the NWHRN and local EOCs are unable to respond
- Collaborating with local EOCs who provide logistical support for mass care shelters, alternate care systems, medication centers, mortuary operations, family assistance centers, and other field response locations
- Implementing community containment measures to limit the spread of disease
- Implementing the ESF 8 Response Plan

6.1 Staffing

Public Health Preparedness staff are responsible for initially staffing HMAC during an activation, and can fill multiple roles within ICS. At a minimum, HMAC will fill the roles of:
- Area Commander
- Liaison Officer
- Safety Officer
- Public Information Officer (PIO)
- Planning Section Chief
- Operations Section Chief
- Logistics Section Chief
- Finance and Administration Chief

Any incident considered activated will have at least seven individuals assigned to HMAC; the Area Commander will request additional roles be filled as the incident expands. Should the need expand beyond the staff available, Public Health divisions have provided staff to fill various roles, across three different shifts, allowing for sustained operations. This staffing list can be found in the HMAC Manual, HMAC Staffing Roles. These individuals are generally referred to as responders as defined in the Workforce Mobilization Annex to this Plan.

6.2 Planning

Under ICS, planning sections collect, analyze, document and disseminate incident information to support operational decision making across ESF 8. The official ESF 8 Incident Action Plan will be created by HMAC, as will the official ESF 8 situation reports. However, these items will be created in collaboration with partner agencies (KCMEO, EMS, and the NWHRN). The HECC, EMS and individual healthcare organizations will develop their own planning documentation, including IAPs, snapshot reports, and situation reports (among other products), which will inform the larger ESF 8 planning documentation.

For each operational period, partners in ESF 8 will individually develop operational objectives for the area of operation. For example, the HECC will develop operational objectives for the healthcare systems, which will inform the overall ESF 8 operational objectives. HMAC will work with partner agencies whenever possible to develop overarching objectives and consistent planning schedules for the ESF 8 response. Additionally, each organization/agency may develop internal operational objectives to guide their own response. Situational awareness information may be gathered actively

(through surveys or conference calls) or passively (through regional situation reports, briefings, press, and social media). Throughout the incident, HMAC will convene ESF 8 partners whenever possible, via conference call, webinar, or video conference call to coordinate operational objective and planning areas.

ESF 8 Operational Objectives and an Incident Action Plan will be created for each operational period, analyzing circumstances that may affect response and recovery efforts beyond the current operational period. This may also include information on HMAC and ESF 8 partner activation status, any city, regional or partner situation reports, and identified areas of concern with the King County Office of Emergency Management (KCOEM), or (if activated) the King County Regional Emergency Coordination and Communication Center (KC ECC).

At the start of the activation, this section (either via a dedicated Demobilization Unit or as an additional duty performed by general staff) will identify possible demobilization triggers as outlined in the Demobilization Plan Template of the HMAC Procedures Manual.

Every field operation connected to HMAC will include the following planning section functions: prepare field IAP; put together issues to be addressed in demobilization plan; connect with HMAC Planning Section on information sharing; manage documentation; collect and package site-specific information for daily briefings; check staff in and out; facilitate on-scene tactical planning.

6.3 Operations

During incident response, ESF 8 addresses or investigates health hazards and their immediate consequences, and works to stabilize events and restore normal conditions. HMAC will coordinate with partner agencies (EMS, HECC) that are responsible for their own operations but will inform larger ESF 8 operations. Within HMAC, the Operations Section coordinates the deployment of Public Health resources and carries out the operational objectives established by the Area Commander, in close coordination with the partner agencies. HMAC operations may also be established to support the HECC with healthcare facility evacuation (see Long Term Care Mutual Aid Plan for Evacuation and Resources/Assets and Hospital Evacuation Mutual Aid Plan). Within the Operations section are multiple branches representing critical health response functions:

- External Operations (reports to Deputy Operations Section Chief)
  - Fatality Management Branch
    - Family assistance center
    - Death investigation
    - Morgue
  - Mass Care Group
    - Alternate care systems
    - Support to mass care shelters
    - Isolation and quarantine patient support
    - Population radiation screening
  - Medical Countermeasure Group
    - Biological incident response (medication centers, pharmacies, mass vaccinations)
    - Chemical incident response (Chempack mobilization and coordination)
    - Resource shortage response (pandemic flu antivirals, ventilators, vaccine)

- Radiological incident response (radiation countermeasures such as potassium iodide)
- Natural disaster response (tetanus shots for flooding, N95 masks for wildfires, water filters for lead removal, etc.)
  - o Patient Tracking
- Internal Operations (reports to Operations Section Chief)
  - o Public Information Contact Center
  - o Biosurveillance Group
    - CD Epi Team
    - EH Team
  - o Behavioral Health Branch
  - o Continuity of Operations Branch

6.4 Finance & Administration

Under ICS, the Finance and Administration Section is responsible for identifying and addressing administrative issues, including projecting and documenting response costs and financial impacts associated with the incident, particularly those that may be eligible for reimbursement. Within HMAC, activities that this section will lead include:

- Procurement
- Finance: time and cost tracking

Within field command structures embedded in the ESF 8 response, the Finance & Administration section will be responsible for serving as a liaison on compensation / claims issues from the site, timekeeping, if Public Health Activation Center is not activated.

6.5 Logistics

The Logistics Section coordinates resource support and services to ESF 8 responders and provides medical logistics support for ESF 8 response partners, local business partners, local federal agencies and governmental partners throughout King County. It also mobilizes department staff and volunteers as needed to support response efforts. Specifically, the Logistics section addresses transportation and communications issues, assessment and support for response facilities, communication and IT systems support, and coordination with local vendors and suppliers to support medical resource needs. The Section Chief works closely with Operations and Finance to ensure sufficient resources are acquired, staged and transported where needed. The Section also handles volunteer/workforce management functions such as credentialing and verification of responders.

HMAC will prioritize and manage medical resources in support of the regional health and medical response, with the HECC taking primary responsibility for initial coordination medical and non-medical resource requests from healthcare organizations. If resource needs cannot be met locally through local mutual aid, via resources coordinated through the HECC, or from city emergency operations centers, HMAC will request assistance from the King County ECC.

The HMAC Logistics Section will prioritize, acquire, stage, transport, dispense, track and demobilize resources and personnel in support of King County ESF 8 response partners. It will document resource requests, track inventories, track personnel and communicate resource priorities as defined

by the Health and Medical Area Commander and the Multi-Agency Coordinating Group (MAC). Healthcare agencies will initially request medical resource support through the HECC, and request non-medical logistical support from the HECC or their local EOC. HMAC Logistics is available to support the HECC in meeting the medical and non-medical needs of healthcare agencies, as needed.

Within field command structures embedded in the ESF 8 response and connected to HMAC, the Logistics Section will be responsible for coordinating on-scene facility issues, assuring communications capability, monitoring inventory levels and submitting resupply requests to HMAC, coordinating staff and client transportation (where appropriate), coordinating medical care to responders, erecting and maintaining signage, and distributing food to clients and responders.

A substantial number of mutual aid agreements and memoranda of understanding support implementation of this plan. A full list of ESF 8 Mutual Aid Agreements (MAAs) and Memoranda of Understanding (MOUs) maintained by Public Health can be found in the HMAC Procedures Manual. Other ESF 8 partner agency MAAs and MOUs are available by contacting those agencies directly.

6.6 Public Information and Communications

ESF 8 Joint Information System

HMAC will activate the health and medical Joint Information System (JIS) as needed during health events to coordinate the content and timing for release of accurate and consistent health and medical information to the public, media, and ESF 8 community response partners. The JIS will connect public information officers in Public Health with counterparts in ESF 8 primary and support agencies, including the HECC, healthcare PIOs, local EOCs and the Washington Department of Health.

When an incident with possible impacts to public health and healthcare occurs, ESF 8 partners should anticipate high demand for information from the media. Accurate, clear and coordinated risk communication messaging to the public will help preserve human life and health.

Public Health will be the primary expert source of public information regarding health, medical, mortuary and environmental health response to emergencies and disasters in King County. Public Health will play a central role in communicating to the local population about the risks associated with the emergency in a credible, simple and ongoing manner as well as provide instruction as to what actions the public can take to protect and aid themselves and others.

Public Health will also work with Joint Information Center(s) in the Seattle EOC and King County RCECC and with appropriate response partners to coordinate all releases of health information to the public. A Public Information Contact Center may be activated to support the information needs of the public and may be coordinated with 211.

In all cases, communications will seek to:
- Rapidly provide accurate, consistent, and comprehensive information about public health emergencies to partners, policy makers, Public Health staff, media, public, and other stakeholders through effective use of communication strategies and risk communication principles

- Build and maintain confidence in ESF 8 partners and their ability to effectively respond to and manage public health emergencies
- Direct the development and dissemination of health messages to the public, media, response partners, and community based organizations and ensure coordination of communications with appropriate federal, state, local, and internal partners, including Public Health system, healthcare, tribal and local governments, emergency service providers, and other appropriate agencies and organizations
- Inform elected officials and tribal leaders of policy decisions made by the MAC and relevant response actions taken by the ESF 8 partners? during disasters with public health consequences
- Provide accessible information to diverse audiences, including: parents/children, elderly, English-limited, disabled, deaf and hard-of-hearing, visually impaired, and other special needs groups
- Activate the Community Communications Network (CCN) during emergencies to provide public health and related information to community based organizations (CBO) and healthcare providers serving vulnerable populations and to receive incident information from CBOs
- Provide ongoing sources of public information which may include website, mainstream and ethnic news media, social media, call center, recorded information line, community partners, flyering and fact sheets
- Mitigate rumors and inaccuracies as quickly as possible

6.7 Decision-Making

In ICS, decision-making structures and processes are important for effective and efficient problem-solving during emergencies. Day-to-day and during an emergency, the Local Health Officer (LHO) has authority for making policy decisions and implementing measures to protect the health of the community. During emergencies, structures exist to gather information from King County ESF 8 partners, including EMS, KCMEO and healthcare, to support policy-level decision-making by the LHO.

In a King County-specific event, HMAC will serve as coordinator for health-related decision-making. This work also involves the Healthcare Executive Response Committee (HERC), which will serve as the central point of contact for the local health officer to reach healthcare leadership, and working with EMS and the MEO to coordinate and inform regional decision-making. For events affecting several counties, WA DOH will have a coordination role.

6.8 Multi-Agency Coordination Group (MAC Group)

HMAC will convene the Multi-Agency Coordination Group for King County-specific events. The Multi-Agency Coordination Group (MAC) may be activated in conjunction with the incident command structure to establish overall policy direction and priorities for the health, medical and mortuary response across King County. When activated, the MAC Group will include the following participants:
- Local Health Officer as the authorized decision maker
- Healthcare Executive Response Committee
- Emergency Medical System Medical Directors for King County and Seattle
- Medical Examiner
- Other representatives as the situation warrants

The role of the MAC Group is to provide structure and direction for inter-organizational decision making during emergencies. Specifically, MAC Group members will advise the LHO on policy level decisions that may be needed regarding:

- Medical resource availability and the need to request state or federal assistance
- Prioritization of medical resources when rationing may be needed
- Timing and scope of healthcare system surge plan activation
- Timing and scope of community containment measures
- Extent and timing of changes to medical system, behavioral health system, or fatality management system practices (i.e. standards of care, burial services) to maintain optimal care under the circumstances of a disaster
- Coordinate with and brief elected officials and response partners as needed regarding health and medical impacts, status of the response and decisions made by the MAC

6.9 Clinical Policy Advisory

To support healthcare and public health operations and decision-making in the event of a large disaster, Local Health Officers (LHOs) may require assistance from clinical healthcare providers and healthcare executives to make informed decisions regarding healthcare practice, resources, and changes to routine standards of care. To serve in this regional advisory capacity the NWHRN, in partnership with Public Health), administers a group of clinical providers, the Disaster Clinical Advisory Committee (DCAC), as well as the HERC (a group of healthcare executives). The DCAC is comprised of specialists in areas relevant to clinical management during all types of disasters. The HERC is comprised of designated executive representatives from NWHRN healthcare member organizations and local public health departments.

The DCAC may be activated to support the following areas:

1. Support situational awareness through critical evaluation of information provided by the Northwest Healthcare Response Network (NWHRN) and local health departments during an event related to the following:
   - Healthcare system capacity and capability
   - Clinical features and severity of illness
   - Provider and treatment resources available within the healthcare system

2. Provide technical support and policy guidance to the LHOs and the HERC on the following:
   - Critical resource thresholds and need for proactive measures to sustain healthcare system functionality
   - Recommendations and/or guidance for resource acquisition (e.g. Strategic National Stockpile, commercial purchase), allocation and utilization
   - Recommendations for implementation of contingency or to crisis standards of care strategies, based on available information
   - Interpretation of federal and state guidance for adoption by King and Pierce County healthcare organizations
   - Activation of a regional triage team as needed to assist healthcare facilities with implementation of triage protocol
   - Development, modification, or application of regional clinical protocols and triage algorithms.

3. Provide clinical and technical guidance to healthcare organizations on the following:
   - Implementation of institutional and regional triage procedures and recommendations to ensure consistency with regional and state guidance
   - Development or modification of clinical protocols
   - Implementation of other relevant public health recommendations

The Healthcare Executive Response Committee (HERC) may be activated to support the following areas:
   - Participate in and represent Network members in the executive coordination groups, led by local health officers, across King and Pierce counties to provide input and recommendations on incident-related health policy decisions or activities.
   - As needed, advise public officials on emergency healthcare policy matters.
   - Serve as executive contact and liaison for member organizations to address policy or operational issues warranting executive input or action.

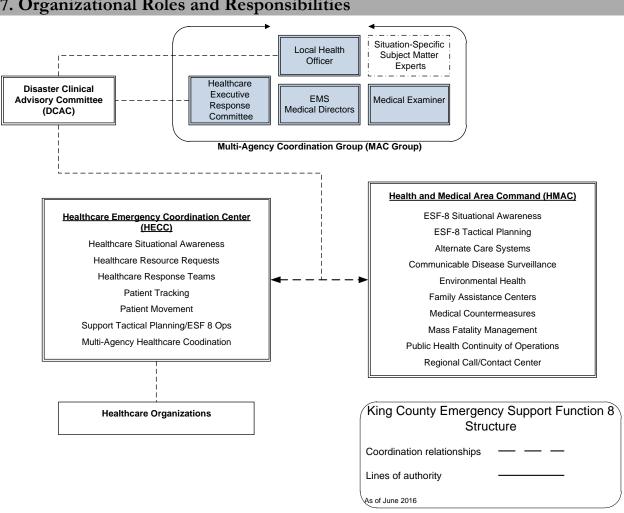## 6.10 Other Incident Command Roles for ESF8 Agencies

ESF 8 functions will also be staffed in the Seattle EOC and the King County RC ECC and other emergency operations centers as needed. ESF 8 support agencies may also be requested to serve as liaisons within HMAC or to an Incident Commander (usually a Fire Department or Law Enforcement agency) at a site-specific incident command post, or as technical advisors during incidents that include health and medical consequences.

For a site-specific or non-health led incident, Incident Command may be established at an EOC or incident site and Public Health, NWHRN, healthcare and EMS agencies may serve as the lead for the health and medical response within the Operations Section, or staff other Incident Command Sections as needed.

6.11 Procedures

ESF 8 primary and support agencies develop and maintain their individual activation and response protocols (see Supporting Annexes and Support Documents for partner agency plans and regional plans).
   - Procedures for mobilizing specific ESF 8 capabilities (PICC, mass fatality response, medical countermeasure dispensing, disaster behavioral health response) are contained in the ESF 8 plan annexes and supporting documents
   - Procedures for activating Mutual Aid Agreements and other Memoranda of Understanding are embedded in the individual agreements

7. Organizational Roles and Responsibilities

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                                          ┌──────────────┐  ┌ ─ ─ ─ ─ ─ ─ ┐
                                          │ Local Health │   Situation-Specific
                                          │   Officer    │  │ Subject Matter │
                                          └──────────────┘    Experts
                             ┌──────────────┐            └ ─ ─ ─ ─ ─ ─ ┘
  ┌─────────────────┐        │  Healthcare  │  ┌──────────────┐  ┌──────────────┐
  │ Disaster Clinical│       │  Executive   │  │     EMS      │  │   Medical    │
  │ Advisory Committee│      │  Response    │  │ Medical Directors│ Examiner    │
  │     (DCAC)       │        │  Committee   │  └──────────────┘  └──────────────┘
  └─────────────────┘        └──────────────┘
                        Multi-Agency Coordination Group (MAC Group)
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Multi-Agency Coordination Group (MAC Group)

Healthcare Emergency Coordination Center (HECC)

Healthcare Situational Awareness

Healthcare Resource Requests

Healthcare Response Teams

Patient Tracking

Patient Movement

Support Tactical Planning/ESF 8 Ops

Multi-Agency Healthcare Coodination

Health and Medical Area Command (HMAC)

ESF-8 Situational Awareness

ESF-8 Tactical Planning

Alternate Care Systems

Communicable Disease Surveillance

Environmental Health

Family Assistance Centers

Medical Countermeasures

Mass Fatality Management

Public Health Continuity of Operations

Regional Call/Contact Center

Healthcare Organizations

King County Emergency Support Function 8 Structure

Coordination relationships — — —

Lines of authority ————

As of June 2016

The above chart is meant to provide a quick visual of how the major ESF 8 partners interact

7.1 Lead Agency: Public Health Seattle & King County (Public Health)

Division	Responsibilities
Overall	• Provide leadership and direction in responding to health and medical emergencies across King County consistent with the authority of the Local Health Officer • Activate HMAC, Joint Information System, and the MAC Group as appropriate • Staff jurisdictional EOCs as needed and establish and maintain ongoing communication with response partners • Maintain 24 / 7 Duty Officer program • Conduct county-wide surveillance to track the spread of disease and its impact on the community

Division	Responsibilities
Health and Medical Area Command	• Assess the health and medical impacts and potential consequences posed by emergencies and determine appropriate courses of action • Direct and manage medical surge capabilities in coordination with the HECC and healthcare facilities. • Manage and direct the mobilization of medical volunteers • Support the healthcare system's planning and response efforts for medical surge capacity and alternate care systems ▪ Support ESF 8 agencies with implementing crisis standards of care ▪ Support environmental health response efforts, including food safety and debris management ▪ Implement local medication distribution and dispensing strategies directed by the Local Health Officer ▪ Coordinate with the HECC to compile and receive information on healthcare system resources and capacity and patient tracking as needed ▪ Support communicable disease and epidemiology response efforts, including implementing community containment measures to limit the spread of disease. ▪ Ration or prioritize the use of medical supplies that may be in short supply ▪ Manage the health and medical Joint Information System to ensure consistent, accurate health messaging across King County in coordination with the HECC ▪ Address disaster behavioral health needs in concert with the King County Department of Community and Human Services and the American Red Cross. ▪ Coordinate with the HECC to activate and facilitate discussions among members of the ESF 8 Multi-Agency Coordinating Group ▪ Oversee mass fatality operations • Oversee a family assistance center opened in support of a mass fatality incident • Direct and manage regional isolation, quarantine, and other control measures • Direct and manage mass vaccination and antibiotic dispensing operations • Coordinate requests for medical resources • Activate the Public Health Information Contact Center • Provide technical assistance, in coordination with WA DOH, to ESF 8 partners for radiological events • Collect and monitor situational awareness regarding impacts to vulnerable and at-risk communities

Division	Responsibilities
Communicable Disease, Epidemiology and Immunization	• Provide epidemiological surveillance, case investigation, and follow-up to control infectious disease • Establish and maintain surveillance systems to monitor health and medical conditions in the community, conduct field investigations, provide health, medical and environmental consultation, and develop appropriate prevention strategies • Provide medical advice and treatment protocols regarding communicable diseases and other biological hazards to EMS, hospitals, and healthcare providers • Coordinate and provide laboratory services for identification of biological samples • Coordinate and provide emergency health services including communicable disease control and immunizations • Make decisions regarding the need for individual and group isolation and quarantine and provide clinical oversight of isolation and quarantine operations • Establish clinical protocols for mass vaccination and chemoprophylaxis • Work with the Public Health PIO to develop and disseminate risk communication messages to the public concerning communicable disease transmission and surveillance, vaccine safety, and other related issues
EMS and Medic One	• Operate Advanced Life Support capabilities through Zone 3 (South King County) • Facilitate sharing and collecting of incident information with regional EMS agencies • Coordinate regional implementation of local health officer policy decisions impacting EMS standards of care
Environmental Health	• Provide health guidance and support mass feeding facilities and non-medical mass care shelters • Provider for food safety and public messaging • Provide guidance on hazardous materials • Provider guidance radiation (in support of State DOH response) • Oversee in-site septic systems and provider guidance to utilities public sewer • Provide for guidance on management of solid waste • Provide for vector control and zoonotic disease • Conduct building assessment for re-occupancy, as needed

Division	Responsibilities
King County Medical Examiner's Office	- Through the Office of Vital Statistics, coordinate with local funeral directors and KCMEO regarding the filing of death certificates and issuing of cremation / burial transit permits for fatalities - Through KCMEO, track incident related deaths resulting from emergencies and disasters - Manage disaster related human remains

7.2 Primary Agencies

All ESF8 Primary Organizations

The daily role of these organizations includes providing health and medical services.

- Activate organizational emergency response plans to manage emergency events
- Cooperate with Public Health in monitoring, surveillance and reporting activities
- Advise HMAC on policy issues that may arise during emergencies and disasters
- Share information on facility capacity, pharmaceutical and medical resource updates, and overall situational assessment as requested by HMAC
- Coordinate with HECC to request medical resources, conduct impact assessments, and distribute medical resources
- Activate and support regional medical evacuation, surge, and resource sharing plans as appropriate
- Collaborate with Public Health Public Information Officer through the JIS on developing and releasing health information to the public
- Coordinate directly with local EOCs for non-medical equipment, supply or service needs
- Train staff to organizational preparedness and response priorities. Participate in regional exercises testing plans and skill levels while interfacing with response partners throughout the region

Organization	Responsibilities

Disaster Medical Coordination Center (DMCC)	• Maintain voice and data communications with regional hospitals
	• Coordinate patient distribution with EMS and local hospitals in the event of a mass casualty event, or event that may overwhelm the hospital system
	• Notify Public Health and NWHRN Duty Officers of emergencies impacting the hospital and healthcare system and identify:
	  ○ Nature of the emergency or problem
	  ○ Projected number of patients, if known
	  ○ Hospital status or needs
	• Activate emergency bed counts via 800MHz radio and phone when a mass casualty incident or other system wide emergency has occurred (if not handled by the HECC)
	• Through HMAC, request activation of the National Disaster Medical System (NDMS) to evacuate patients out of King County, as needed

Healthcare Organizations (includes ambulatory care, home health, blood centers, dialysis providers, palliative care and hospice providers)	• Provide medical care for their patients in coordination with local and regional response plans and partners. • Provide situational awareness information and contact information to the HECC and other regional partners • Coordinate with the local DMCC to assist in patient placement, if applicable • Provide resource requests (medical and non-medical) to the HECC • Report all reportable conditions to Public Health – Seattle & King County, Communicable Disease Epidemiology and Immunization Program • Provide information to inform any regional patient tracking processes

Organization	Responsibilities
King County Department of Community and Human Services and Other Mental Health and Substance Abuse Providers	• Coordinate with Public Health, Seattle Human Services Department, and mass care agencies across King County to address the human services and behavioral health needs of disaster victims • Coordinate the delivery of community behavioral health services and crisis response consistent with the King County Disaster Behavioral Health Response Plan • Provide involuntary detention services for persons who suffer from reactions to the disaster, as staffing allows • Coordinate with the King County Chapter of American Red Cross regarding the provision of disaster behavioral health services • Support contracting agencies that provide behavioral health, substance abuse and inpatient psychiatric services to maximize continuity of care • Collaborate with Public Health and ESF 8 JIS for consistent messaging to behavioral health providers and the public • Coordinate with licensed opioid substitution providers to create and support regional continuity of care plans
Long-Term Care Providers (Nursing Homes/Skilled Nursing Facilities, Assisted Living Facilities, Adult Family Homes)	• Notify HECC of emergencies impacting long term care communities • Develop facility emergency plans, to include facility evacuation as a component • Cooperate with and support other long-term care organizations as needed
Northwest Healthcare Response Network	• Coordinate the gathering, analysis and distribution of healthcare situational awareness information • Support medical and non-medical resource requests and mutual aid for local healthcare organizations • Coordinate regional patient tracking • Coordinate the sharing of knowledge and information with and between healthcare organizations, Public Health, and partners during a response • Administer, in close coordination with Public Health partners, the HERC and DCAC to provide policy and clinical recommendations to the LHO.
Pharmacies and Private Dispensing Partners	• Activate dispensing plans as necessary when notified by PHSKC • Coordinate the release of public information and messaging with Public Health

Organization	Responsibilities
Public & Private Emergency Medical Service (EMS) Providers	• The King County Fire Chiefs will coordinate private and public EMS basic and advanced life support response during emergencies and disasters • The ESF 4 Fire Coordinator within the Emergency Services Branch at the King County ECC will coordinate county-wide EMS resource mobilization • Provide initial patient assessment, treatment, triage and transport of ill or injured patients to hospitals or other points of care • Utilize the King County Multiple Casualty Incident Plan to prioritize treatment and transport of patients from multiple casualty incidents. DMCC will identify the designated hospital able to receive injured patients. • Support planning for and responding to evacuations of healthcare facilities in coordination with the DMCC, HECC, and HMAC • Report fatalities to the King County Medical Examiner before moving or transporting fatalities from an incident site in accordance with RCW 68.050
Tribal Nations	• Coordinate with HMAC for resource needs consistent with other Ambulatory Care clinics

Support Agencies

These organizations may or may not provide health and medical services on a daily basis, but may have a role in an ESF 8 response depending on the circumstances.

Local	Amateur Radio Medical Services Team City Emergency Management County Office of Emergency Management Department of Transportation Human Services Agencies Law Enforcement Metro Parks Departments
State	Airlift Northwest Department of Health
Federal	Centers for Disease Control Health and Human Services (NDMS, DMAT, DMORT)
Non-Profit	Crisis Clinic / 2-1-1 Organizations serving vulnerable and at-risk populations Washington Poison Center
Private Organizations	Medical Supply Companies Mortuary Service Providers

5.2 Emergency Preparedness Cycle

ESF 8 agencies coordinate and support prevention, preparedness, response, recovery, and mitigation activities among health, medical, and mortuary service stakeholders within the authorities and resource limitations of ESF 8 agencies.

Public Health, as the lead agency for ESF 8 response, engages in distinct activities at each phase of the emergency preparedness cycle in order to prevent, minimize the impacts of, or promote rapid recovery from disasters or emergencies. Partner response agencies are encouraged to do the same.

- *Preparedness*: Pre-incident coordination and planning activities conducted by Public Health in the Preparedness phase include developing operational and tactical plans, training and exercising, and conducting vulnerability assessments. This phase also includes ongoing health protection activities such as provider education, and food and water safety assurance, and building partnerships with partner agencies.

- *Prevention and Mitigation*: Public Health activities in the Prevention and Mitigation phase attempt to prevent hazards from developing into disasters, or to reduce the effects of disasters when they occur. Activities include communicable disease surveillance, investigation, vaccination and community containment; environmental health protective actions such as vector control, environmental sampling, and food product embargoes; and development of medical stockpiles.

- *Response*: Public Health activities in the response phases are event specific, aligned with the responsibilities outlined in this plan.

- *Recovery*: The recovery phase of an event begins when major operations are complete and need for regional public health and medical support is minimized. Recovery activities, under Recovery Support Function 3, can include coordinating public health and medical activities for community recovery with ESF 8 partner organizations.

8. ESF Interactions

ESF 1: Transportation
- Work with healthcare partners to map critical transportation routes for the delivery of healthcare services and resources, to be used in regional transportation planning and emergency response

ESF 2: Communications
- No role

ESF 3: Public Works & Engineering
- Assess the health impacts of wastewater spills and overflows
- Support healthcare operations

ESF 4: Firefighting
- Support via EMS.

- Advise on PPE requirements in some situations
- Coordinate to support patient movement

ESF 5: Emergency Management
- Activation of ESF 8 to support health, medical and mortuary response

ESF 6: Mass Care, Emergency Assistance, Housing and Human Services
- Coordinate and provide public health technical assistance for mass care operations

ESF 7: Resources Support
- Work with Public Health and the NWHRN to identify medical and non-medical resources to support healthcare

ESF 8: Public Health, Medical & Mortuary Services
- Public Health is the county lead

ESF 9: Urban Search and Rescue
- Support transportation to medical appointments

ESF 10: Hazardous Materials Response
- Follow appropriate reporting procedures for any hazardous materials incident
- Authorize testing of suspected bio-terrorism samples by DOH Lab
- Assess potential impacts of incident to food and water supply sources
- Provide or secure Environmental Health support to Incident Command
- Provide or secure consultation and regulatory oversight of any proposed temporary locations where contaminated debris/materials may be located pending final disposal

ESF 11: Agriculture & Natural Resources
- Provide food and drinking water safety consultation and disease prevention information to providers of emergency mass food and water distribution
- Evaluate mass food and water distribution and preparation centers to assure proper sanitation/safe food handling practices
- Formulate and distribute food and drinking water safety communications to the public
- Investigate possible food and water borne illness and zoonotic disease outbreaks

ESF 12: Energy
- Support healthcare operations

ESF 13: Public Safety and Security
- Support healthcare operations

ESF 14: Long-term Community Recovery and Mitigation
- Provide input on long-term recovery planning and mitigation

ESF 15: External Affairs

- Provide public messaging on issues with a health, medical or mortuary impact

9. Training & Exercises

Public Health – Seattle & King County and ESF 8 partners will coordinate and manage health and medical training and exercise opportunities for public health and ESF 8 responders. Training and exercises relevant to each healthcare discipline will be pursued and offered at a regional level to facilitate networking and continuity. Training and exercises will support personnel who have response roles to ensure they are comfortable performing their role in an emergency. Testing and validating equipment and procedures through training and exercises are important to ensure readiness.

Preparedness training and exercises will comply with federal, state and local funding and grant requirements, including NIMS and HSEEP requirements. After-action reports and improvement plans from exercises and real-world events provide a basis for training topics and curricula.

1.   Training Goal: Achieve consistent, relevant training throughout the region in a multidisciplinary environment to provide staff with the skills needed for response to all emergencies.

2.   Exercise Goal: Test and validate plans and capabilities through a progressive exercise program from a whole community approach.

10. Plan Development and Maintenance

A number of changes have been made to the ESF 8 plan since its inception based on additional research, evolution of capabilities, real-world experience, and post-incident analysis.

This ESF 8 document will be reviewed and updated by the lead and primary agencies at least every three years and as needed following emergency responses and exercises. The review process will be:
- Public Health will initiate review and draft changes
- Public Health will share the plan with partner organizations for review and input
- Following review by response partners necessary modifications will be made and a copy will be provided to Public Health Staff, Seattle Office of Emergency Management, and King County Office of Emergency Management (and others as requested)
- ESF 8 organizations will share the updated plan internally with leadership and appropriate staff
- The Local Health Officer and Public Health Director will be briefed on plan updates
- The plan will be submitted to DOH

This document is an external plan as defined by the City of Seattle Emergency Management Program Planning Policy and follows the maintenance process, which includes a method and schedule for evaluation and revision, as described therein. The document is housed in electronic format on the Public Health Preparedness Section's SharePoint site, as well as with the King County Office of Emergency Management. Hard copies are kept in the Public Health Section Manager's office, and at the King County RCECC.

Briefings to ESF 8 partners will provide opportunities to share updates to the ESF 8 plan and supporting annexes and lessons learned from exercises and real-world events.

11. References

- King County Comprehensive Emergency Management Plan, December 2013
- King County Multiple Casualty Incident Response Plan
- Central Region EMS and Trauma Council Communication Plan
- ARES/Medical Services Team Plan
- Regional Coordination Framework (RCF) for Disasters and Planned Events
- Public Health Hazard Inventory and Vulnerability Analysis (HIVA), 2014

12. Authorities

- 42 USC 264   Public Health and Welfare
- RCW 18.39   Funeral Directors, Embalmers, Establishments
- RCW 18.71   Physician's Trained Mobile Intensive Care Paramedic
- RCW 18.73   Emergency Medical Technicians, Transport vehicles
- RCW 36.39   Assistance and Relief
- RCW 43.20   State Board of Health
- RCW 68.50   Human Remains
- RCW 68.52   Public Cemeteries and Morgues
- RCW 70.02   Medical Records
- RCW 70.05   Local Health Departments, Boards, Officers
- RCW 70.58   Vital Statistics
- RCW 70.168   State-wide Trauma Care System
- WAC 246-100 Communicable Diseases
- WAC 246-500 Handling of Human Remains
- WAC 308-48   Funeral Directors and Embalmers
- King County Code 1.28
- King County Code 2.26
- King County Code 12.52
- Seattle Municipal Code 3.15
- Seattle Municipal Code 10.02
- Seattle Municipal Code 10.26

13. Supporting Annexes and Procedural Documents

- Alternate Care Facilities plan
- Biowatch Response plan
- Business Continuity plan
- Communicable Disease and Epidemiology plan
- Disaster Behavioral Health Plan
- Duty Office Protocols
- Emergency Communications Plan Public Health – Seattle & King County Business Continuity Plan
- Emergency Medical Services Infectious Disease Response Plan
- Environmental Health Emergency Response Plan

- Health and Medical Area Command Procedures Manual
- Isolation and Quarantine plan
- Mass Fatality and Family Assistance Operations Response plan
- Medical Countermeasures plan
- Mutual Aid Development Plan
- Pandemic Flu plan
- Public Health Activation Center plan
- Public Information Contact Center plan
- Seattle / King County Multiple Casualty Incident Plan
- Risk Communication plan
- Regional Healthcare System Emergency Response plan
  - Regional Hospital Evacuation Plan
  - Regional Long-Term Care Evacuation Plan
  - Regional Acute Infectious Disease Response Plan
  - Regional Healthcare Situational Awareness Procedure
  - Regional Scarce Resource Management and Crisis Standards of Care Concept of Operations
  - Regional Patient Tracking Concept of Operations
- USPS Biohazard Detection System Activation Procedure
- Vulnerable Populations Response plan
- Workforce Mobilization plan
- Winter Weather Medical Transport Plan