

**U.S. Department of Health and Human Services
Office of the Assistant Secretary for
Preparedness and Response**

**ESF #8
2010 HURRICANE PLAYBOOK**

July 9, 2010



Source: Laboratory for Atmospheres at NASA Goddard Space Flight Center

**United States Department of Health & Human Services
Office of the Assistant Secretary for
Preparedness & Response**

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Section 1

Scenario

2010 Hurricane Season Scenario

Threat Assessment:

National Oceanic Atmospheric Administration
ATLANTIC AND PACIFIC BASIN SEASONAL HURRICANE FORECAST FOR 2010

Atlantic:

14-23 Named Storms

8-14 Hurricanes

3-7 Major Hurricanes

Pacific:

2-3 Named Storms

Planning Assumptions:

1. Probabilities for at least one major (category 3-4-5) hurricane landfall on each of the following coastal areas:
 - a) U.S. East Coast Including Peninsula Florida - 39% (average for last century is 31%)
 - b) Gulf Coast from the Florida Panhandle westward to Brownsville - 38% (average for last century is 30%).
 - c) Above-average major hurricane landfall risk in the Caribbean
 - d) Increased risk of a direct strike from a hurricane/typhoon in the Federal Emergency Management Agency (FEMA) Regions I, II, III, IV, VI, and IX.
2. A major severe weather event making landfall in the United States or its territories could overwhelm State, local, tribal, territorial (SLTT) and private sector emergency response and recovery capabilities and require the sustained deployment of Federal assets under the National Response Framework (NRF).
 - a) Advance warning of severe weather from the National Weather Service could range from mere minutes to over a week.
 - b) Two or more severe tropical storms or hurricanes may make landfall simultaneously or in quick succession, particularly in the Western Atlantic - US East Coast, Gulf of Mexico - US Gulf Coast, the Caribbean - Puerto Rico, and the US Virgin Islands affecting more than one FEMA Region, or other countries requesting support by the Department of State (DOS) simultaneously.
 - c) The interagency Emergency Support Functions (ESF) and support annexes at the national and regional levels will be prepared to support and sustain overall federal coordinating structures established at the National Response Coordination Center (NRCC), Regional Response Coordination Centers (RRCC) and Joint Field Offices (JFO).

- d)** The NRCC and appropriate RRCCs may be activated and operational as soon as the potential for a severe weather event is identified.
- e)** Pre-landfall evacuations of populations along low lying areas are expected to occur with a lower threshold than in previous hurricane seasons.
- f)** The public health and medical infrastructure in some locations of the Gulf Coast region remains in a state of significant compromise as a result of previous hurricane seasons.
- g)** States will partner or participate in all pre-landfall actions.
- h)** SLTTs will be responsible for organizing movement of patients to casualty collection points, local medical facilities, and to designated air marshalling points.
- i)** Decision to evacuate medical patients must be made in adequate time for response assets to get in place. Request for Federally supported aeromedical must be made at least 96 hours before landfall. Within 24 hours of landfall, patient movement becomes hazardous. Medical evacuations (air and ground) will cease 18 hours prior to landfall and operations may resume post-landfall.
- j)** Increased need to support At-risk individuals. At-risk individuals are those who, in addition to their medical needs, have other needs that may interfere with their ability to access or receive medical care. Subsets of "at-risk individuals" include those with special medical needs. Special medical needs populations are defined as those individuals, typically living in the community outside of a medical setting or environment, who need support to maintain an adequate level of health and independence during times of emergency. Included under this category are individuals who before, during, and after an emergency are medically dependent on uninterrupted electricity for therapies, require continual or intermittent medical care/support from a health care professional, or are not self-sufficient with the loss of adequate support from caregivers.
- k)** The Department of Homeland Security/Federal Emergency Management Administration (DHS/FEMA) and supporting Federal departments and agencies may be required to provide national-level support to non-federal and private sector partners in response to a variety of other disasters, emergencies, and events including National Special Security Events (NSSEs), domestic and foreign terrorism, physical and cyber attacks on critical infrastructures and key resources, and national and homeland security emergencies, concurrent with preparing for and responding to a potential or actual severe weather event.
- l)** Public health and medical services include responding to the mental health, behavioral health, and substance abuse needs of incident victims, response workers, and providing veterinary medical care. Health care facilities include mental health and substance abuse treatment facilities.

Scenario

*(Source: Department of Homeland Security, National Preparedness Guidelines,
Scenario 10: Natural Disaster – Major Hurricane; reflects organizational change)*

Casualties	1,000 fatalities, 5,000 hospitalizations
Infrastructure Damage	Buildings destroyed, large amounts of debris
Evacuations/Displaced Persons	1 million evacuated 150,000 seek shelter in safe areas 200,000 homes destroyed 20,000 domestic pets and service animals
Contamination	From hazardous materials, in some areas
Economic Impact	Billions of dollars
Potential for Multiple Events	Yes, seasonal
Recovery Timeline	Months to years

Scenario Overview:

General Description –

Hurricanes are intense tropical weather systems consisting of dangerous winds and torrential rains. Hurricanes often spawn tornadoes and can produce a storm surge of ocean water that can be up to 24 feet at its peak and 50 to 100 miles wide. The most destructive companion of hurricanes is the storm surge.

A typical hurricane is 400 miles in diameter and has an average forward speed of 15 miles per hour (mph) in a range of 0 to 60 mph. The average life span of a hurricane is 9 days in a range of less than 1 day to more than 12 days. Hurricanes' highest wind speeds are 20 to 30 miles from the center. Hurricane force winds cover almost 100 miles, and gale-force winds of 40 mph or more may cover 400 miles in diameter. A fully developed hurricane may tower 10 miles into the atmosphere.

A hurricane is categorized by its sustained wind intensity on a Saffir-Simpson Hurricane Scale that is used to estimate the potential for property damage and flooding. "Major" hurricanes are placed in Categories 3, 4, or 5 with sustained wind intensities between 111 mph to greater than 155 mph. The most dangerous potential storm would be a slow-moving Category 5 hurricane, making landfall in a highly populated area.

The National Hurricane Center (NHC) provides the following description for a Category 5 hurricane:

- Winds are greater than 155 mph (135 knots or 249 kilometers per hour [~ 155 miles]).
- Storm surge is generally greater than 18 feet above normal.
- Complete roof failure occurs on many residences and industrial buildings, as well as severe and extensive window and door damage.
- Mobile homes are completely destroyed.
- Some complete building failures occur with small utility buildings blown over or away.
- Shrubs and trees blow down. All signs blown down.
- Low-lying escape routes are cut by rising water 3 to 5 hours before arrival of the center of the hurricane.
- Major damage occurs to lower floors of all structures located less than 15 feet above sea level and within 500 yards of the shoreline.
- Massive evacuation of residential areas on low ground within 8 to 16 kilometers (5 to 10 miles) of the shoreline may be required.

In this scenario, a Category 5 hurricane hits a major metropolitan area (MMA).

Detailed Scenario –

This scenario represents a Category 5 hurricane that makes landfall at an MMA. Sustained winds are at 160 mph with a storm surge greater than 20 feet above normal. As the storm moves closer to land, massive evacuations are required. Certain low-lying escape routes are inundated by water anywhere from 5 hours before the eye of the hurricane reaches land.

Planning Considerations:

Geographical Consideration/Description –

The overall terrain of the MMA is generally low-lying land with topography ranging from flat to gently rolling hills. The coastal plain extends inland for approximately 100 miles. There are numerous bays, inlets, and rivers within the region.

Timelines/Event Dynamics –

After more than 25 inches of rainfall in the past 4 months, the MMA and the region (to include multiple States) are saturated, and rivers are at above normal levels for this time of the year.

Near the end of July, a tropical storm has developed in the Atlantic. The storm has been gaining strength as it has moved west at 10 mph. After 5 days in the open waters of the Atlantic, on August 11, the tropical storm was upgraded to a hurricane. The NHC warns that there are no steering currents that would cause this hurricane to turn away from making

landfall in the continental United States. The NHC also warns that conditions are favorable for the storm to intensify over the warm Atlantic waters.

By August 15, the hurricane has steadied at dangerous Category 4 level on the Saffir-Simons Hurricane Scale and models indicate a track that includes a possible landfall along the coast adjacent to the MMA on the morning of August 17. Forecasters at the NHC are not sure whether the storm will strengthen or weaken over the next couple of days. Evacuation decisions are made difficult by this unpredictability of the storm's future intensity. The Governor and local officials order the evacuation of tourists and people living in certain designated low-lying areas along the coast.

On August 16, the Governor and local officials have broadened their evacuation orders to include the evacuation of all citizens within 5 to 10 miles of the coast in the areas projected to be within the path of the storm. Over the 2-day period, 1 million people have been ordered to evacuate from MMA and coastal regions. Interstates and other evacuation routes are clogged with extremely heavy traffic.

On the morning of August 17, the hurricane reaches its peak with sustained winds at the inner wall of the eye of the storm recorded at 160 mph. At approximately 9:30 a.m., the eye of the hurricane makes landfall with a direct hit on the MMA and coastal resort towns. The MMA has been hit hard, with over 20 inches of rain since the afternoon of August 15. A storm surge of 20 feet has accompanied the storm. Forward movement of the storm system was slowed down by a strong high-pressure weather pattern. Outer bands of the storm still extend well into the warm waters, thus feeding its destructive center. In the afternoon, the hurricane begins losing strength over land, but continues to be an extremely dangerous and strong storm. The hurricane has spawned tornadoes that have added to its destructive power.

By August 18, the hurricane has moved out of the MMA and surrounding region, but has left a path of destruction in its wake. The storm has now been downgraded to a tropical storm with winds reduced to 60 mph near the barely discernable remnants of an eye. While the storm has weakened, the combinations of already saturated land and high -rain associated with the storm has caused rivers to overflow their banks, and several rivers systems are experiencing record flood levels.

Assumptions –

- Many health care facilities will be unable or unwilling to pull the trigger on early evacuation 96 hours ahead of time due the potential economic impact to the facilities
- SLTT and Federal officials have the benefit of forecasts that predict a major hurricane will make landfall at the MMA. With this information, SLTT officials have time to execute evacuation plans.
- Evacuation routes are not available 5 hours before the storm (surge waters and rainfall block highways leading from the MMA).

- Most of the local fire, police, and other response personnel and officials are victims of the storm and unable to coordinate immediate response resources.
- As result of the storm surge, flooding and wind destruction, some 100,000 disaster victims are not able to immediately return to permanent housing within the MMA.
- SLTT capabilities for triaging and treating casualties in the disaster area are overwhelmed. Most primary medical treatment facilities are damaged or inoperable.
- The port facility is closed completely for 1 month and requires months of work to restore operations. Major airports in the MMA are closed for approximately 10 days.
- The MMA area will be completely without electric power and potable water for the first 10 days following the disaster.
- Food, medicine, gasoline, and other necessities that depend upon ground transportation and other infrastructures are also not readily available for the first 10 days following the disaster.
- Communications systems – including telephones, radios, and cellular systems – are only at 90% capacity for the first week following the storm.
- There is a 10-day disruption of sanitation/sewage services in the MMA.

Mission Areas Activated –

Preparedness:

The NHC and the Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) hold numerous video teleconferences with State and Federal emergency officials and provide them with the latest forecasts. As the storm approaches, SLTT governments are given increasingly accurate forecasts and assessments of possible impacts. The path of the storm is predicted to a high degree of certainty 48 hours prior to landfall. Forecasters have difficulty predicting the intensity of the storm prior to landfall, but urge officials to prepare for the worst.

Federal and State emergency management officials pre-position initial response resources outside of the projected path of the storm.

Emergency Assessment/Diagnosis:

Infrastructure Assessments: Intergovernmental and private sector efforts are underway to assess and analyze the impacts of the disaster on national, regional, and local transportation, communications, power, and other systems. Specific assessments will be made on the condition of highways, bridges, seaports, airports, communications systems, electric grids, dams, water treatment facilities, sewage systems, etc.

Rapid Needs Assessments: Joint Federal/State teams deploy immediately after the storm has cleared to locate areas of highest need and to estimate types of resources that will be immediately required.

Remote Sensing: Remote sensing products and assessments are requested to help determine the extent of the damages.

Modeling: Models are run given the path, size, and intensity of the storm to project damage and to estimate needs.

Search and Rescue Assessment: Immediate emphasis is on assessing needs for rescuing individuals trapped in structures or stranded in floodwaters.

Health and Medical Assessments: ESF #8 has mobilized and deployed an assessment team to the disaster area to assist in determining specific health/medical needs and priorities, including individuals with special medical needs.

Navigation Assessments: The U.S. Coast Guard (USCG) has deployed teams to assess the condition of the port and navigation channels and to identify obstructions to navigation.

Public Health Emergency Management/Response:

The following is a partial list of some of the emergency management/response actions required, e.g., triage, emergency room or hospital decompression, staff augmentation and shelter support, activate/deploy IRCT and ESF#8 LNOs to manage and coordinate ESF#8 activities in the field.

Search and Rescue Operations: There is a need for locating, extricating, and providing on-site medical treatment to victims trapped in collapsed structures. Victims stranded in floodwaters must also be located and extracted.

Mortuary Services and Victim Identification: There is a need for temporary morgue facilities; victim identification by fingerprint, forensic dental, and/or forensic pathology/anthropology methods; and processing, preparation, and disposition of remains.

Medical System Support: Emergency supplemental medical assistance is needed. Transportation of patients to operating facilities is required, e.g., FEMA ambulance contract. Assistance is required to provide emergency restoration to medical facilities.

Debris Clearance and Management: Debris clearance, removal, and disposal operations are needed. Many structures will need to be demolished. Emergency garbage removal support is also required.

Temporary Emergency Power: Temporary emergency power is required at critical facilities.

Transportation Infrastructure Support: There is a need for the construction of temporary access routes in certain areas. Assistance is needed in coordinating alternate transportation

services, such as mass transit systems, to temporarily replace system capacity lost to disaster damage.

Infrastructure Restoration: Support is needed to assist in the restoration of power, communications, transportation, water, wastewater treatment, and other critical infrastructure.

Temporary Roofing: There is a need for temporary roofing assistance for homes and businesses that experienced roof failures and damages.

Vector Control: Measures will need to be taken to control vectors that may thrive in the areas after a catastrophic hurricane.

Law Enforcement Assistance: Support will be required to maintain law and order and to protect private property.

Hazard Mitigation: Support will be required to coordinate the development of plans to execute mitigation efforts that lessen the effects of future disasters. This will include studies to assess flood and coastal erosion and development of intergovernmental plans to mitigate future damages.

Evacuation/Shelter: SLTTs have time to execute evacuation plans. Roads leading from the MMA are overwhelmed, and massive traffic jams hinder the evacuation efforts. Measures will need to be taken to provide for temporary shelter and interim housing. Permanent housing support will also be required.

Veterinary Services: Veterinary services will be required to address veterinary medical and public health needs.

Victim Care -

Medical Assistance: There is a need for emergency medical assistance, which includes health surveillance; medical care personnel; health and medical equipment and supplies; patient movement; in-hospital care; food, drug, and medical device safety; worker health and safety; radiological, chemical, and biological hazards consultation; mental health care; and public health information.

Emergency Food, Water, and Ice: Disaster victims will require assistance in obtaining emergency food, water, and ice.

Sanitary Facilities: Portable/temporary and accessible sanitary facilities will be required to support disaster victims (to include portable toilets and showers).

Protection from Health and Safety Hazards: Support will be required to test and analyze health and safety hazards and implement measures to protect the public.

Recovery/Remediation: Hazardous materials will contaminate many areas, and decontamination and site restoration will be a major challenge.

Implications: The occurrence of a major hurricane in the MMA has caused significant numbers of deaths and injuries, has displaced thousands of people, has caused billions of dollars of property damage, and has greatly impacted the capability SLTT governments to provide the needed response.

Secondary Hazards/Events –

Tornadoes: In addition to the massive destruction caused by the hurricane itself, there are also areas within the MMA and scattered inland areas that have sustained severe damage from tornadoes that were generated by the storm.

Coastal and Inland Flooding: Storm surges and heavy rains have caused catastrophic flooding to low lying areas of the MMA. Rainfall from the hurricane, in combination with earlier storms, causes significant flooding in multiple States along the coast.

Fatalities/Injuries: The catastrophic hurricane has resulted in more than 1,000 fatalities, and 5,000 thousand people have sustained injuries requiring professional treatment. Additionally, carcasses of numerous companion animals, livestock, and wildlife are observed.

Evacuations: Coastal areas adjacent to the MMA were in the midst of a busy summer tourist season, with hotels and seasonal homes filled to near capacity. Tourists and residents in low-lying areas were ordered to evacuate 48 hours prior to projected landfall. Twenty-four hours prior to predicted landfall, officials warned Federal and SLTT officials that the storm could make landfall as a Category 5 storm and that appropriate protective measures for this level storm should be taken. Massive evacuations have been ordered, and evacuation routes have been overwhelmed. As the storm approaches, evacuation routes become inundated or blocked by debris, and evacuation is no longer an option for many of those who waited for the storm to come closer.

Potential Impact on Facilities and Systems –

Flooding: Major portions of the MMA were completely submerged during the height of the storm. Low lying areas within a multi-State area are experiencing floods associated with the record amounts of rainfall associated with the storm.

Structural Damage: Structures in the low-lying areas were inundated when storm surges were at their peak. Many older facilities suffered structural collapse due to the swift influx of water and degradation of the supporting structural base. Newer facilities and structures survived the influx of water, but sustain heavy damage to contents on the lower levels.

Debris Most all shrubbery and trees within the storm's path have been damaged or destroyed, generating massive amounts of debris. This debris is interfering with transportation systems, and there is concern that the debris could become a health, fire, and safety hazard if not addressed in a timely manner. Debris has also been generated from structures destroyed from tornadoes and structures that have been destroyed or damaged by the hurricane. Many structures will need to be demolished.

Shelters: Shelters throughout the region, including co-located shelters for household pets are also filled to capacity. Many of the designated shelters within the path of the storm have been damaged and can no longer provide adequate accommodations for disaster victims.

Search and Rescue: The hurricane and the associated flood and surge waters have trapped hundreds of people in flooded areas. A few individuals have been trapped within destroyed and collapsed structures. Some of the individuals with disabilities may be accompanied by their service animals; many others have domestic pets which provide daily companionship and emotional/psychological support. Flooding associated with the storm has forced many to seek refuge on rooftops, bridges, and other high areas, and these individuals require transportation to safe haven. Until debris is cleared, rescue operations are difficult because much of the area is reachable only by helicopters and boats.

Water, Food, and Ice: All areas are in serious need of drinking water, as water treatment plants have been damaged and are without power. Food is in short supply, since roads are impassable and many of the grocery stores and restaurants sustained damage and are not open. Refrigeration is not available, and there is a large demand for ice to keep food from spoiling.

Sanitation Systems: Sewage treatment plants in the region have been flooded and sustained damage from the storm. It is estimated that the systems will be down for about 10 days.

Homelessness: The hurricane has destroyed and damaged many structures in the path of the highest winds and has left thousands of people homeless. Mobile homes and many small buildings have been completely destroyed. Roofs, windows, and doors of many residences have experienced failure and/or damage. Structures in areas less than 15 feet above sea level and within 500 yards of the shoreline have received flood damage and destruction.

Power: Wind and downed trees have damaged nearly all of the electric transmission lines within the MMA. Power companies are completely overwhelmed and are predicting that it will up to 2 months to provide power to large portions of the service area.

Disease and Illness: Standing water, septic conditions, and vector-transmitted diseases threaten public health. Contaminated water and food has caused illnesses. There is concern that outbreaks of mosquito-borne diseases will be a problem in the future.

Environmental/Health Impacts from Hazardous Materials: Flooded and damaged factories, chemical plants, petrochemical, sewage treatment plants and other facilities in the MMA have suffered severe damage. These facilities threaten the health of citizens, create a hazardous operating environment, and require cleanup and remediation. Hundreds of thousands of gallons of extremely hazardous substances have spilled into the floodwaters, causing an immediate health and environmental risk to victims and responders alike. Flooding waters also contain chemicals and waste from ruined septic systems, businesses, and homes. There is also gasoline, diesel fuel, and oil leaking from underground storage tanks. During the height of the storm, a 95,000-ton tanker was blown off course and struck a bridge, breaching the hull of the vessel, which then began to leak oil into waters adjacent to the MMA.

Business Impacts: Many businesses have experienced damage to buildings and infrastructure. Businesses located less than 15 feet above sea level and within 500 yards of the shoreline have received flooding related damage and destruction. Roofs, windows, and doors of many businesses have failed. Businesses also have been impacted by the lack of infrastructure support and services (transportation, communications, water, electricity, etc.). Many businesses have lost employees and customers as segments of the population have relocated to alternative housing in other areas outside of the MMA.

Military Facilities: Military facilities (naval bases, air force base facilities, army, etc.) in the path of the hurricane are damaged, and assistance is needed to provide for the military community and to reconstitute the facilities.

Flood/Hurricane Protection Works: The 20-foot storm surge has breached and overtopped flood control and hurricane protection works.

Transportation – Highways, Mass Transit, Bridges, Railroads, Airports: Major access roads into the metro area were damaged by floodwaters or are impassable due to the large amounts of debris. Mass transit systems, to include subways, are in disrepair and are lacking power. Railroads and seaports into the metro area are closed due to debris and damage to infrastructure. The major airports are damaged and runways are blocked with debris. A large barge struck and caused severe damage a major bridge that services the MMA. Other bridges that connect from the mainland to coastal resort areas have sustained significant damage.

Port Facility: The port has been adversely affected in its capacity to provide export/import and loading/unloading capabilities. Navigation structures have been temporarily closed and there have been slowdowns in the delivery of goods vital to the economy of the United States. Channel dredging projects will require immediate surveys to assess dredging requirements to restore the channels. There are numerous sunken vessels and other obstructions blocking navigation channels.

Medical Services: Many hospitals and health care services e.g., pharmacies, dialysis units, oncology centers have sustained severe damage and those that are open are overcrowded with at-risk individuals and family members. Backup generators are running out of fuel and hospital officials are searching for alternative locations for patients in need of care. There is a need to transport at-risk individuals with special medical needs to the closest appropriate hospital or other healthcare facility.

Communications Systems: Due to damage and lack of power, communications systems – including telephones, radios, and cellular systems – are only at 90% capacity for the first week following the storm.

Schools/Education Systems: Damage to schools within the MMA is high. Many windows have been blown out or damaged by flying debris. Roof conditions vary, with some schools having lost roofs completely and others having received significant damage. Schools that are not severely damaged are being used as shelters for the disaster victims.

Animals: Thousands of pets, domesticated animals, and wild animals have been displaced, injured or killed. Pets are of particular concern, and the Federal Emergency Management

Agency (FEMA) - Emergency Support Function (ESF) #6 and state animal response teams have reported a high volume of requests for additional resources to meet the pet sheltering and pet-owner reunification resource needs. FEMA and ESF#11 (United States Department of Agriculture (USDA)) officials estimated that 20,000 cows, pigs, and horses have died in flooded rural areas in the region. Triage of carcass disposal is a major concern.

Economic Impact –

There are severe economic repercussions for the whole State and region. The impact of closing the port has national implications. The loss of the petro-chemical supplies could raise prices and increase demand on foreign sources.

Long-Term Health and Social Impacts Issues –

The long-term health issues depend on victims' exposure to toxic chemicals and disease. Long-term environmental issues involve decisions about future land use. Survivors' exposure to traumatic events may result in long-term mental health services stemming from the disaster due to loss of routine services and resources.

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Section 2

Concept of Operation

ESF #8 2010 Hurricane Season Concept of Operations (CONOPS)

1. Purpose:

This document outlines the concept of operations for coordinating Federal public health and medical assets in preparation for, in response to or to recover from threats from severe weather events or hurricanes during the 2010 Atlantic Hurricane Season.

2. Situation:

See Section 1 for an overview of threat situation and assumptions, National Planning Scenario #10 (Hurricane).

3. Mission:

The Department of Health and Human Services (HHS) with the support of its National Response Framework (NRF) Federal Partners will lead all Federal public health and medical support in the United States and its territories to prepare for, respond to, and recover from the effects of the 2010 hurricane season. HHS Operating and Staff Divisions and ESF #8 Partners will provide Federal assets and capabilities to support time-sensitive life-saving, life-sustaining, public health and medical infrastructure, and stabilization missions to supplement SLTT response and recovery capabilities to include but not limited to behavioral health care for both incident victims and response workers, the medical needs of at-risk individuals, and as appropriate, veterinary care.

4. Concept of Operations:

Intent: The Secretary's intent is to: 1) prevent medical hardships caused by disasters by developing policies, plans, and strategies to mitigate the effects of a disaster on the medically fragile; 2) protect the nation's at-risk individuals and healthcare providers by providing medical support, supplies, transportation and personnel to SLTT preparation efforts; 3) respond to a disaster and coordinate Federal operational activities to support SLTT response efforts; and 4) assist SLTT medical and public health transition to recovery efforts.

All response and recovery planning and operational activities will be initiated and executed in compliance with the NRF, National Incident Management System (NIMS), and the HHS ESF #8 Concept of Operations Plan for Public Health and Medical Emergencies, and the FEMA 2010 Federal Interagency Hurricane Concept Plan (CONPLAN). The 2010 hurricane response and recovery planning is focused on developing and coordinating collaborative, interagency and multi-jurisdictional operational activities and capabilities to:

- Save and Sustain Lives
- Ensure Safety and Health of Deployed Personnel
- Ensure the Integrity of the Public health and Medical Infrastructure including HHS Assets

- Maintain Situational Awareness
- Demobilization and Transition to Recovery

ESF #8 response and initial recovery planning and operational activities will consider medical evacuation and shelter-in-place (SIP) options and resources for individuals with medical needs in hospitals, nursing homes, assisted living facilities, at-risk individuals, people with special medical needs, and those dependent upon the assistance of service animals to conduct daily activities.

5. Phases of Support:

The ESF #8 response to a developing hurricane event will occur in three phases, which correspond to the FEMA 2010 CONPLAN. The CONPLAN was developed in accordance with HSPD-8, Annex I, the Integrated Planning System.

The Phases are based on the onset of tropical storm force winds. The onset of tropical storm force winds is referred to as “H” hour. For example, H-120 hours is 120 hours prior to the onset of tropical storm force winds. Landfall “L” is when the eye of the storm reaches land. The phases are as follows:

Phase 0: Steady State.

Phase 1: Prepare (Considered to be from the start of hurricane season to H-72 hours)

Phase 1-a: Normal Operations; (Considered to be up to H-120 hours)

Phase 1-b: Elevated Threat; (Considered to be H-120 hours to H-96 hours)

Phase 1-c: Credible Threat. (Considered to be H-96 to H-72 hours)

Phase 2: Incident and Incident Response (Considered being H-72 to L+120 hours)

Phase 2-a: Initial Response (H-72 to H-24 hours) Presidential Declaration/MA

Phase 2-b: Sustained Response (H-24 to L+120 hours) Presidential Declaration thru Post-Landfall

Phase 3: Post-Incident (Recovery and Mitigation.)

Phase 3-a: Demobilization and Deactivation

Phase 3-b: Recovery and Mitigation

Phases Summary:

Phase 0: Steady State.

The Office of the Assistant Secretary for Preparedness and Response (ASPR) initiatives, policies or strategies to prepare governments and healthcare organizations to reduce evacuation requirements, mitigate any potential effects, and provide for better preparation include the Hospital Preparedness Program (HPP). Current program priority areas include interoperable communication systems, bed tracking, personnel management, fatality management planning and hospital evacuation planning. During the past five years HPP funds have also improved bed and personnel surge capacity, decontamination capabilities, isolation capacity, pharmaceutical supplies, training, education, drills and exercises.

Phase 1: Prepare:

Phase 1-a: Normal Operations; (Considered to be up to H-120 hours)

Phase 1-b: Elevated Threat; (Considered to be H-120 hours to H-96 hours)

Phase 1-c: Credible Threat. (Considered to be H-96 to H-72 hours)

The focus of Phase I is to ensure that the Secretary of HHS, through the Assistant Secretary for Preparedness and Response (ASPR) and the Emergency Management Group (EMG) as well as the ESF #8 partners receive the most current and accurate situational awareness information concerning communications relevant to emerging and potential threats and that ESF #8 response assets are postured to respond in a timely manner. The strategy for Phase I is to closely monitor events and begin review of advance preparations required to facilitate an effective and timely response; and to establish an alert posture for forward deployment and pre-positioning of assets that may be required just prior to and immediately after landfall to expedite a sustained response.

The HHS-EMG and ESF #8 Partners will review the readiness and deployment posture of personnel and resources in preparation to support active and sustainable field response and recovery operations; ensure US Government financial, acquisition, and personnel systems are brought to, and maintained at, the highest state of readiness; establish and maintain required communication and coordination links with other Federal agency representatives to ensure optimal situational awareness and resource visibility in preparation for the anticipated mission and objectives.

The transition from Normal Operations to Elevated Threat is triggered by the receipt of a US Department of Commerce National Oceanic and Atmospheric Administration, National Weather Service/National Hurricane Center/Tropical Prediction Center (USDOC/NOAA/NWS/NHC/TPC) tropical advisory indicating the development of a potentially damaging tropical event (i.e., tropical storm or hurricane).

The Secretary's Operations Center (SOC) will maintain a 24/7 watch and track the NHC advisories. The EMG will review and assess the readiness status of ESF #8 resources in preparation for ESF #8 missions. The EMG will also review and prepare to execute Pre-Scripted Mission Assignments (PSMAs) and ensure all existing interagency agreements and

contract vehicles (with Federal Partners, SLTT agencies, National Voluntary Organizations Active in Disaster (NVOAD) and private sector in the likely impact areas) are available for rapid implementation and execution.

Phase 1-a: Normal Operations. (Considered to be any time up to H-120 hours)

This phase addresses all the actions taken before a severe tropical storm or hurricane makes landfall. This phase transitions from normal operations on the June 1st start of the 2010 hurricane season, through Credible Threat. The priority efforts are focused on awareness, preparedness and protection.

Phase 1-b: Elevated Threat. (Considered to be H-120 hours to H-96 hours):

The next key trigger event is the formal alert notification to the US Government's Federal Executive Branch emergency management community and its SLTT, and private sector partners by FEMA, via the FEMA NRCC to be prepared to activate and deploy at a specific time in support of a major hurricane or tropical storm making landfall in the United States or its territories. FEMA will activate select ESFs to conduct initial incident-specific operational planning. Following receipt of a FEMA notification to assume an alert posture, EMG OPs will issue a Warning Order (alert notification which may include activating the ESF #8 system) to primary and support departments, agencies, team personnel, and support staff that may be required to forward deploy assets, directing them to assume a heightened state of alert in preparation for possible ESF #8 activation and deployment. The Office of Preparedness and Emergency Operations (OPEO) will appoint an Operations Section Chief and direct development of an Operations Order.

EMG LOGs will prepare all equipment sets/caches/kits for transport, activate the Advance Logistics Reception Team (ALRT), and the Logistics Response Assistance Team (LRAT) to work with CDC to prepare Federal Medical Stations (FMS) assets for transport and serve as the logistics advance element for the IRCT. This will include Title 10 DOD aeromedical evacuation patient movement assets that are operating with a valid Mission Assignment and Title 32 DOD aeromedical evacuation patient movement assets that are operating under appropriate State control.

EMG PLANS will review Essential Elements of Information (EEIs), Pre-scripted Mission Assignments (PSMAs), and maintain situational awareness.

Regional Emergency Coordinators (RECs) will coordinate with the state and FEMA region officials in potentially affected areas in order to determine the potential need for ESF#8 support, and review PSMAs.

ESF #8 Team Rosters will be reviewed and teams placed on alert for activation.

HHS EMG will begin daily coordination conference calls with ESF #8 Partners. Assets required immediately may include an IRCT-A.

HHS-EMG will verify readiness status of ESF-response teams and equipment caches – ESF #8, medical, veterinary, public health, behavioral health, at-risk individuals, patient movement and field management teams, including but not limited to:

- Incident Response Coordination Teams (IRCT) – ESF #8 field response command, control and coordination
- Advance Logistics Reception Team (ALRT) – forward deployment for ALRT cache
- ESF #8 Teams – Disaster Medical Assistance Teams (DMATs), Disaster Mortuary Response Teams (DMORTs), National Veterinary Response Teams (NVRTs)
- National Medical Response Teams (NMRTs)
- Rapid Deployment Force (RDF) – medical surge capacity, staff FMS and augmentation at health care facilities.
- Applied Public Health Teams (APHT) public health surge capacity for state department of health
- Mental Health Teams (MHT)
- Federal Medical Station Strike Team (FMS-ST)
- SMEs for At-Risk Individuals (including pediatrics) and Behavioral Health issues
- DOD Aeromedical Evacuation Teams – patient movement

HHS-EMG will begin to review plans to address surge capacity in affected states for anticipated medical requirements (pre-hospital emergency medical assistance, health facility staff augmentation, facility shelter-in-place vs. evacuation options) and public health functions (public health labs, food safety, injury and disease outbreak surveillance and control, environmental health and veterinary support etc.); and monitor and maintain blood and blood products supply through HHS/OSG and the American Association of Blood Banks Interagency Task Force on Domestic Disasters and Acts of Terrorism (AABB TF)

Phase 1-c: Credible Threat. (Considered to be H-96 to H-72)

This stage addresses the actions taken to respond to a specific storm system. Upon receipt of a FEMA/NRCC activation order, HHS-EMG Operations will issue and initial Operations Order to ESF #8 Partners. HHS EMG will participate in FEMA/NRCC conference calls concerning the situation, mission and objectives. HHS EMG will continue daily national ESF #8 conference calls to maintain situational awareness and identify potential issues from States and or Regions.

Efforts in this stage focus on the activation and initial deployment of resources to pre-incident locations. EMG Operations will issue an Execute Order (EXORD). It may be necessary to pre-deploy (stage) and/or pre-position enabling assets prior to declaration of an emergency or major disaster using FEMA surge account funds. Per the FEMA Federal Interagency Hurricane CONPLAN, FEMA and other federal agencies will operate under their own statutory authorities, *funded by the Surge Account*, to pre-position (stage) personnel and resources in locations favorable to providing timely and efficient access to areas of operations. When the Mission Assignment is signed, HHS may stage response assets such as the IRCT-A, Advance Logistics Reception Team (ALRT) and associated cache, ESF #8 personnel, Federal Coordinating Center (FCC) points of contact, and others as appropriate, in order to have teams positioned forward to support pre-landfall patient movement requirements and to begin operations in the affected area as soon as possible after landfall. Additionally, HHS-EMG may begin to lean forward by alerting contractors of potential requirements that may call for private sector support. Following receipt of an approved mission assignment (MA) team members and their associated equipment caches will deploy to their designated mission locations.

The HHS EMG staffing will be increased as necessary and additional liaison officers (LNOs) will be requested from ESF #8 Partners (DOD, VA, ARC, CDC, and EPA etc). ESF #8 regional and field representatives may begin to deploy with FEMA Incident Management Assistance Teams (IMATs, FEMA National/Regional Incident Management Assistance Team (IMAT), State EOCs and Health Departments. HHS-EMG and ESF #8 representatives at RRCC may begin to push and execute PSMAs (as appropriate). Veterinary services may be initiated by NVRT Strike Teams which may be augmented by PHS Commissioned Corps and Veterinary Medical Reserve Corps (VMRC) personnel.

Key actions at this point may include activating the NDMS patient movement system (if needed), preparing to deploy a full IRCT (ESF#8 field command, control and coordination) and further integrating HHS operations with the FEMA Initial Operating Facility (IOF), if established, including preparing to deploy a Senior Health Official (SHO) (if the HHS Secretary deems the event to be large enough to warrant deployment of a SHO), and maintaining situational awareness and readiness of pre-positioned assets. Additionally, if patient movement is to be utilized, it is key that DOD be provided the funding and MAs to fully execute pre-landfall movement.

To anticipate potential requirements for patient movement, HHS will maintain visibility of state evacuation plans, state mandatory evacuation orders, state requests for pre-landfall declarations, and health care facility shelter-in-place and evacuation plans. To be fully prepared to respond to requests to support pre-landfall patient movement efforts through DOD aeromedical evacuation capabilities and VA/DOD FCC support, it may be necessary to stage the following assets and resources: DOD aeromedical evacuation liaison teams, mobile aeromedical staging facilities, patient movement enablers, other ESF #8 Medical Teams, NDMS Strike Teams, and Federal ambulance contract resources for medical transportation.

For landfalls expected Outside of the Continental United States (OCONUS or cross-border landfalls, the HHS-EMG will begin coordination with Department of State and USAID/Office of Foreign Disaster Assistance to support anticipated public health and medical requirements.

HHS-EMG will continue to analyze vulnerability of health care and public health critical infrastructure in expected impact zone, performing pre-impact effects and consequence modeling and simulation analyses. GIS modeling products are triggered and made available by tropical storm advisory and response stage (ASPR Fusion Cell).

HHS will coordinate with FEMA ESF #6 on anticipated requirements to provide medical support for Federal mass evacuation. Some evacuees (who may have a functional need for FEMA transportation support) will present with medical issues that could make an extended evacuation travel time difficult or not manageable by normal means of transportation. Additionally, consideration must be given to the transportation needs of individuals with Service Animals These at-risk individuals will be evaluated and either have their functional need for medical care met (medications, caregiver support etc.) and then be transported with the general population or alternatively be medically evacuated. Evacuees will be evaluated for medical support needs at Reception Processing Sites/Embarkation Sites, Debarkation Sites and Congregate Care Shelters as necessary. Medical support may be provided through HHS medical strike teams (ESF #8 medical response teams augmented by Medical Reserve Corps [MRC] personnel).

Phase 2: Incident and Incident Response Phase (Considered to be H-72 to L+120)

Phase 2-a: .Initial Response (H-72 to H-24) Presidential Declaration/MA

Phase 2-b: Sustained Response (H-24 to L+120) Presidential Declaration thru Post-Landfall

Phase 2-a: Initial Response.

The EMG is at full-staffing (Level 1) with LNOs from ESF #8 partners as required. Efforts in this stage focus on the deployment of ESF #8 resources from pre-incident locations (staged at mobilization site or activated in place) to staging locations. A key trigger event is a Presidential Declaration of a major disaster or emergency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, when landfall of a major hurricane is imminent. FEMA guidance specifies that the evacuation of 100,000 persons or three (3) contiguous counties could trigger a pre-landfall emergency/disaster declaration.

Once a major disaster or emergency declaration has been made under the Stafford Act, and/or a determination has been made that an event is a public health emergency, and a mission assignment is issued, ESF #8 partners will commence providing 24/7 support where needed to save lives, minimize adverse health and medical effects and stabilize the public health and medical infrastructures.

Initial focus will be medical evacuation requirements, caring for and evacuating critical patients out of the affected area to NDMS receiving hospitals... Mass patient movement

includes medical regulating processes and patient transportation systems to evacuate ill or injured patients from a disaster area to facilities where they may receive medical care. The Global Patient Movement Requirements Center (GPMRC) will regulate patients to designated Federal Coordinating Centers. GPMRC passes the validated requirements to 618 TACC (618th Tanker Airlift Control Center.). 618 TACC coordinates aeromedical evacuation to the appropriate offload airfield.

HHS-EMG may establish a Patient Movement Coordinating Group, under the Operations Section Chief, in the EMG to liaison with, DOD, VA and Department of Transportation (DOT); with participation from the American Red Cross (ARC) and SLTT agencies to move patients by air or by ground from locally operated points of embarkation/ aeromedical marshalling points to medical facilities outside the anticipated impact area.

The Federal Ambulance Contract will be activated to support patient movement and based on validated state plan requirements for ambulance (ground, air, para-transit vehicles).

Under the provisions of the Americans with Disabilities Act (ADA), individuals with a disability should have access to their service animals at all times. Service animals are defined as animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets. Transportation of a service animal is authorized without charge when accompanying the handler who is otherwise authorized for transportation

If individuals with a disability are evacuated by DOD, DOD personnel will make every effort to ensure individuals with disabilities are not separated from their service animal.

The service animal must be properly harnessed or leashed or otherwise in the control of the handler. To avoid creating a safety hazard, the service animal should not occupy the aisle. The service animal shall be permitted to accompany his handler in all areas in which persons without disabilities are normally allowed to go. Proper sanitation is the responsibility of the handler and must be maintained at all times.

The service animal may be removed from the premises if the animal is out of control and the owner does not take effective action to control the animal, or the animal poses a direct threat to the health or safety of others.

DOD is required to make reasonable accommodations to provide care and food for a service animal and provide a location for the animal to relieve itself.

International transportation of service animals shall be subject to established country quarantine procedures. Should it be necessary to detain the service animal pending determination of his admissibility, the handler shall have the opportunity to make provisions for appropriate holding facilities satisfactory to the cognizant quarantine officer. The handler shall bear the expense of such animal detention facility, including

necessary examinations and vaccinations, and other expenses incurred due to the service animal accompanying the handler.

Situational awareness of hospitals and other health care facilities in the expected impact zone will be updated at regular intervals to determine capability to continue operations (power, water, debris) or whether rescue operations are required. Impact analysis will be refined at 24, 12, 8 and 4 hours. HHS may request support from United States Army Corps of Engineers (USACE) ESF #3 and FEMA.

Title 10 DOD aeromedical evacuation patient movement assets will be staged after receiving a valid Mission Assignment and Title 32 aeromedical evacuation patient movement assets will be staged with appropriate orders from the applicable State.

HHS medical and veterinary strike teams may be tasked to support medical requirements related to FEMA Federal mass evacuation at reception processing, embarkation and debarkation sites and Federal congregate care shelters. Additionally, they may be called upon to support DOD Disaster Aeromedical Staging Facilities (DASF) at the designated points of embarkation.

When tropical storm force winds hit landfall, there will be a complete hold on all patient movement operations until the storm passes; aeromedical operations will depend on wind speeds. A shelter-in-place assessment of medical facilities with patients remaining in the area of impact will be conducted

DOD will ensure our personnel that support the DASF are moved to safety as part of their operational movement. Patient movement will resume post-landfall as required by damage to the health care infrastructure in the impacted area.

HHS-EMG will initially coordinate deployed ESF #8 assets in the field (e.g., security at set-up location and ESF #8 response teams), until the IRCT-A/IRCT is functionally ready to assume control

HHS-EMG may activate the Emergency Prescription and Medical Equipment Assistance Program (EPAP) capability (as appropriate) to administer and provide a national network of pharmacies and sufficient personnel to address evacuee emergency prescription requirements under a mission assignment. In a sustained response, eligible evacuees will be provided essential pharmaceutical and Durable Medical Equipment (DME) written prescription assistance limited to a one-time 30-day supply to treat an acute condition, to replace maintenance prescription drugs (including psychotropics) or medical equipment lost as direct result of the declared emergency or as a secondary result of loss or damage caused while in transit from the emergency site to a designated shelter facility (in coordination with FEMA).

Phase 2-b: Sustained Response.

After the hurricane makes landfall, accurate public health and medical status assessments are necessary for the EMG and ESF #8 Support Agencies to plan for and sustain public health and medical response operations, to anticipate the need for follow-on personnel,

supplies and equipment, and to provide other pertinent information as required to facilitate the response. HHS EMG will support the HHS Secretary's determination and execution of a public health emergency declaration as necessary. Patient movement operations may begin in certain states/regions depending on the level of the incident or will resume as required. HHS will coordinate the return of patients moved or transported by the ESF #8.

During sustained response and recovery, the SOC will maintain comprehensive situational awareness of the national-level domestic operating picture as well as the specific incident or incidents in order for them to make informed operational employment and resource allocation decisions.

The IRCT is fully functional, coordinating ESF #8 missions in the field. Upon deployment of an IRCT, CDC deploys (when appropriate) a CDC liaison appropriate for the response to the IRCT. The CDC liaison will support the IRCT leader with reach back capability to CDC EOC for technical assistance from within CDC. The CDC Public Health Team Lead will report to the IRCT Operations Section Chief. Requirements for augmentation personnel will be assessed by EMG.

ESF #8 representatives will support FEMA JFO and Rapid Needs Assessment (RNA) Teams post-landfall to identify public health hazards (e.g., food safety, water quality, waste water and solid waste disposal, vector control and other environmental health support).

ESF #8 fatality management assets (HHS, DOD, VA) may be deployed in support of state mortuary operations, if required.

The IRCT will deploy staged FMS and associated personnel (FMS ST, RDF, VA, etc.) as required.

HHS CDC/Office of Force Readiness and Deployment (CDC/OFRD) may provide public health technical assistance to state health departments in the surveillance and investigation of disease outbreaks, injury and illness and provide support to address identified public health concerns.

HHS ABC/Substance Abuse and Mental Health Services Administration (ABC/SAMHSA) may provide behavioral health technical assistance to State Mental Health Authorities (SMHA) and State Disaster Mental Health Coordinators (SDMHC) to assess the need for and facilitate the provision of federal behavioral health assets to include Crisis Counseling Program funding.

HHS (FDA) will conduct inspections and damage assessments of FDA regulated facilities and products (Human Drugs, Biologics, Medical Devices, Human Food, Animal Food, and Veterinary Drugs). FDA may provide support to states and local agencies in inspecting and conducting damage assessments of retail food establishments and pharmacies in impacted areas. Safety and security of the food supply will be assessed in coordination with USDA Food Safety Inspection Service (FSIS) and EPA

HHS will provide accessible (Section 508 compliant) hurricane and public health risk communication messages and advisories specific to impacted communities. These materials will support state and local risk communication efforts and support FEMA ESF #15 and the Joint Information Center messaging for press releases.

Phase 3: Post-Incident:

Phase 3-a: Demobilization and Deactivation

Phase 3-b: Recovery and Mitigation

Phase 3-a: Demobilization and Deactivation

The demobilization and deactivation phase, and the associated procedures, processes, practices, and protocols is triggered when sufficient progress has been made in restoring functionality to the impacted area and that the critical life- and economy-sustaining critical infrastructures are able to support safe reentry and repopulation. The demobilization and deactivation of a specific response asset is initiated when its specific task or mission assignment is complete or when it is determined by the state/FEMA the magnitude of the event no longer warrants continued use of the specific federal asset.. At the direction of the Federal Coordinating Officer (FCO) the various planning sections develop a scaleable demobilization and deactivation plan for the release of appropriate components. These demobilization plans will be forwarded to EMG Operations to review and approve as appropriate – issuing the Demobilization Order. Release of resources will be coordinated through the daily ops/log call and transition to OPEO Operations will occur once in transit by bus/van or on an airline returning to their final destination. As the need for full-time interagency coordination at the JFO ceases, the IRCT plans for selective release of federal medical resources, demobilization, deactivation, and closeout. Federal agencies then work directly with their grantees from their regional or HQ offices to administer and monitor individual recovery programs, support, and technical services. The IRCT will be scaled down to a level that ensures continued visibility on the execution of longer-term mission assignments and to maintain situational awareness of ongoing response operations. The HHS-EMG may scale down operations commensurate with field activities or the operational tempo of the NRCC.

As response operations begin to diminish, Incident Commanders demobilize Federal agencies from their respective operations. The IRCT may remain operational at reduced staffing to maintain continued visibility on the execution of longer term mission assignments and maintain situational awareness to support additional response operations.

When the Federal response effort is deactivated, specific procedures for deactivation will be followed to ensure proper record keeping and handling of contracts as well as recovery of deployed equipment, materials, and medical records. Demobilization and deactivation activities are planned, coordinated, and executed to ensure that Federal, SLTT, and private sector response and recovery personnel are maintained at the highest state of readiness commensurate with operational field response and recovery operations.

These activities are also planned to ensure that a smooth and transparent transition to long-term recovery can be sustained. Demobilization and deactivation activities ensure that the appropriate government jurisdictions, and private sector components, under local government regulation and oversight, resume direct authority for operations and administration as soon as effectively possible.

HHS-SAMSHA may administer and support Crisis Counseling Program (CCP) grants to States for disaster-related behavioral health needs in coordination with FEMA as necessary.

Requirements for long-term post-event health surveillance or investigation will be determined and continued assistance to States regarding surveillance and monitoring efforts of disaster-related illness in the affected area may be necessary. Responsibility for managing these activities will transition back to the HHS Regional Office Staff.

Phase 3-b: Recovery and Mitigation

Recovery. HHS may continue providing technical expertise or guidance to SLTT authorities as they rebuild their public health and medical infrastructures. In this role HHS supports ESF #14. The goal is to effect a smooth and transparent transition to long-term recovery. The Office of Public Health Science (OPHS) has the lead for recovery and the Regional Health Administrators (RHAs) are the action officers. The Regional Health Administrators (RHAs) work with the Regional advisory council (RAC) and other relevant OPDIV and STAFFDIV representatives as appropriate (convening a recovery group). The lead REC from the region and the Administration for Children and Families (ACF) regional administrator are key players in the transition from response to recovery. Depending on the nature of the recovery issues other OPDIV and STAFFDIV may be involved.

LOGISTICS:

- A.) HHS and ESF #8 Support Agencies** will use the structures and processes described in National Incident Management System (NIMS) to sustain ESF #8 deployed resources. HHS will coordinate medical and non-medical logistics support with FEMA Logistics. FEMA Logistics will be expected to provide support and facilities management at FEMA managed sites such as the Joint Field Office (JFO), marshalling mobilization sites, advance staging bases, and base camps. Examples of the support include lodging, food, local ground transportation, fuel, potable water, site security, etc.

- B.) The IRCT Logistics Section** will provide and coordinate all logistical support activities with the appropriate FEMA logistics section for the current phase of staging or response, e.g., RRCC, regional IMAT, JFO, and Area Field Office.

6. COMMAND, CONTROL, COORDINATION:

The Secretary, HHS is responsible for interagency coordination of the public health and medical response under ESF #8. All public health and medical response efforts will be coordinated for the Secretary by the ASPR. Operations in preparation for, or in response to, a public health or medical emergency are managed and coordinated by the Emergency Management Group (EMG) under the direction of the ASPR. The EMG will typically operate out of the HHS Secretary's Operations Center (SOC) in Washington, DC, but may relocate to designated alternate facilities. The EMG organizational structure has its foundation in the Incident Command System (ICS) structure with Operations, Planning, Logistics, and Administration / Finance Sections; but remains flexible in order to accommodate the functional requirements of headquarters and ESF operations. The Deputy Assistant Secretary/Director, for Preparedness and Emergency Operations (DASOPEO) (or his or her designee) is designated as the EMG Manager.

At the field level, HHS operational actions are coordinated through the ESF #8 Lead and the IRCT. In accordance with ICS concepts, the response operations of teams and personnel from ESF #8 partners and HHS divisions are coordinated through the Operations Section of the IRCT. The IRCT coordinates HHS actions into the larger Federal response via liaisons at the Federal JFO, Regional Response Coordination Center (RRCC), or the Regional IMAT location as appropriate. One member of the IRCT will be designated as the ESF #8 lead at the JFO, RRCC or regional IMAT. The liaisons are integrated into the JFO organizational structure and relay assignments to the IRCT, and information back to the EMG via the ESF #8 Lead and the IRCT. It is through these liaisons that HHS fulfills its role in the integrated Federal response by processing and executing FEMA MAs.

Note: The IRCT-Advance (IRCT-A) teams are pre-designated regional teams, designed to set up initial response operations and provide rapid situational assessments up through the EMG at HHS headquarters. Utilizing their established contacts with SLTT officials, they can help determine the level and type of Federal public health, medical and human services support and follow-on resources that may be required and requested. An IRCT-A is prepared to rapidly deploy and conduct operations up to the first 72 hours of response; after which, they will be augmented by the full IRCT. The Regional Emergency Coordinators (RECs) serve as the lead for their regional IRCT-As.

In large scale or complex response operations, a Senior Health Official (SHO) will deploy to function as the Secretary's representative in the field. When deployed, the SHO is the liaison to the DHS Principal Federal Official (PFO) for public health and medical issues. The SHO provides high-level strategic planning for public health and medical services.

**United States Department of Health & Human Services
Office of the Assistant Secretary for
Preparedness & Response**

**ESF #8
2010 HURRICANE PLAYBOOK**

Section 3

Actions & Issues

Introduction

These preparedness and response action steps complement the ESF #8 Hurricane Concept of Operations and provide decision support for coordinating and/or managing the Federal public health and medical assets required prior to and in the aftermath of a hurricane or tropical storm making landfall in the United States or its territories. It allows for a fully scalable approach for directing support operations that provide assistance to SLTT authorities in responding to and initiating the recovery from a major tropical storm or hurricane.

This playbook only highlights key actions and decision points and is not intended to be a comprehensive list of actions required in response to a hurricane landfall.

Phasing of Support: The ESF #8 Response to a developing hurricane event will occur in three phases, which correspond to the FEMA 2010 Federal Interagency Hurricane Concept Plan (CONPLAN). The CONPLAN was developed in accordance with HSPD-8, Annex I, the Integrated Planning System.

The Phases are as follows:

Phase 0: Steady State.

Phase 1: Prepare: (Considered to be from the start of hurricane season up to H-72)

Phase 1a: Normal Operations; (Considered to be up to H-120)

Phase 1b: Elevated Threat; (Considered to be H-120 hours to H-96 hours)

Phase 1c: Credible Threat. (Considered to be H-96 to H-72)

Phase 2: Incident and Incident Response (Considered being H-72 to L+120)

Phase 2-a.: Initial Response (H-72 to H-24) Presidential Declaration/MA

Phase 2-b. Sustained Response (H-24 to L+120) Presidential Declaration thru Post-Landfall

Phase 3. Post-Incident (Recovery and Mitigation.)

Structure of Action Steps : The following table of action steps is organized by response phase and stage. Each stage is further segmented by functional area:

- A.) Planning and Coordination;
- B.) Healthcare, Emergency Response, and At-Risk Individuals;
- C.) Pharmaceuticals, Medical Supplies and Equipment;
- D.) Patient movement, and
- E.) Communication and Outreach

The ESF #8 Hurricane Response Trigger Events are highlighted in blue, the ESF #8 strategies are highlighted in purple.

Phase 0 – Steady State
Continuously prior to event
Trigger Event 1: Beginning 2010 Hurricane Season - June 1, 2010 – November 30, 2010

ESF #8 Strategy: Closely Monitor Events and Begin Review of Advance Preparations Required to Facilitate an Effective and Timely Response

Normal Operations: HHS Secretary’s Operations Center (SOC) continually collects, analyzes and disseminates intelligence and information to allow the ASPR and DASOPEO to anticipate requirements and to react effectively.

Actions/Issues	Lead Agency/ Supporting Agency
A. Planning and Coordination	
1. ASPR initiatives, policies or strategies to prepare governments and healthcare organizations to reduce evacuation requirements, mitigate any potential affects, and provide for better preparation.	ASPR/OPEO
2. SLTT initiatives strategies to prepare governments and healthcare organizations to reduce evacuation requirements, mitigate any potential affects, and provide for better preparation are: Regional Program initiatives or plans to prepare governments and healthcare organizations to reduce evacuation requirements, mitigate any potential affects, and provide for better preparation.	SLTT Entities
3. Gap Analysis	RECs
4. Review and revise playbook based on FEMA CONPLAN	OPP

Phase 1 –Prepare

(From the start of hurricane season up to H-72)

Trigger Event 1: Beginning 2010 Hurricane Season - June 1, 2010 – November 30, 2010

Trigger Event 2: NOAA/NHC Tropical Storm Advisory indicating development of potentially damaging tropical event

Trigger Event 3: Formal Alert notification from FEMA/NRCC

ESF #8 Strategy: Closely Monitor Events and Begin Review of Advance Preparations Required to Facilitate an Effective and Timely Response

Phase 1-a: Normal Operations

(Up to H-120)

Trigger: NOAA/NHC Tropical Storm Advisory

Actions/Issues	Lead Agency/ Supporting Agency
A. Planning and Coordination	
1. Establish contact through the National Operations Center/National Response Coordination Center (NRCC) to maintain a heightened state of situational awareness	OPEO/SOC
2. Review and validate ESF #8 Hurricane Playbook	OPEO
3. Review and validate ESF #8 Essential Elements of Information (EEl)s, information collection strategies and methodologies, and related decision points	ASPR’s Fusion Cell/All
4. Ensure financial and acquisition personnel and systems are brought to and maintained at the highest state of readiness	HHS/ASPR/ASAM DOD/VA/FEMA
5. Ensure Pre-Scripted Mission Assignments (PSMAs) and existing interagency and contractual vehicles are available for rapid implementation and execution	OPEO
6. Review emergency personnel rosters and equipment in support of active and sustainable field response and recovery operations	All
7. Establish and maintain required communication and coordination links via normal communication channels with ESF #8 Partners and Regional and State counterparts	All

**Phase 1-a: Normal Operations
(Up to H-120)
Trigger: NOAA/NHC Tropical Storm Advisory**

Actions/Issues	Lead Agency/ Supporting Agency
8. Establish and maintain additional lines of communication and coordination with non-collocated command, control and coordination entities (e.g., White House Situation Room, Homeland Security Council)	OPEO/SOC
9. Review MOUs, MOAs and Mutual Aid Agreements with emergency management agencies, SLTT and other organizations in the potentially affected areas.	All
10. Review plans to address surge capacity for medical functions such as: a.) Health care facility staff augmentation b.) Shelter in place vs. evacuation for health care facilities in path of storm c.) Special requirements for treating the aging and pediatric patients	OPEO-EMG/AOA/ABC
11. Send, as requested by DHS and FEMA, pre-identified representatives, authorized to coordinate and make decisions, to multi-agency and multi-jurisdictional groups.	HHS/DOD/VA/DOT/ ARC
12. Test Government Emergency Telecommunications System (GETS) accounts and cards for landline and cellular telephones; ensure that appropriate interagency Telecommunications Service Priorities (TSP) and Wireless Service Priorities (WSP) actions are coordinated and ready for immediate post-incident implementation and execution	HHS/DOD/VA/DOT/ ARC/CDC/FDA
13. Initiate testing of communications systems, i.e. Video Teleconference (VTC), emergency contact communications, and cascading call-down lists	All

**Phase 1-a: Normal Operations
(Up to H-120)
Trigger: NOAA/NHC Tropical Storm Advisory**

Actions/Issues	Lead Agency/ Supporting Agency
14. Direct rostered personnel to prepare for deployment by reviewing all deployment requirements, procedures and practices and review alert, activation, and deployment standard operating procedures, practices, and protocols	All
15. Initiate information and data collection, analysis, and assessment based on available quantitative data and derived from the Hurricane Incident Essential Elements of Information Collection Plan	All
16. Determine preliminary staffing augmentation to IMAT, RNA	OPEO/REC/IRCT
17. Identify and verify key US Government executive structure and incident management structure contacts	OPEO/OPS
18. Identify any specific medical materiel required for CDC/DSNS response to hurricanes and natural disasters and put regulatory mechanisms in place, if necessary, for the use of the materiel during the emergency.	HHS/CDC/DSNS/FDA
19. Activate ESF #8 hurricane response planning for coordinated and parallel planning IAP development.	OPEO Plans/All
20. Include requirements of at-risk individuals in incident action plan	OPEO/PLANS/ABC/ACF OD/OCR
21. Update situational awareness and ensure visibility of the common operating picture is maintained in (HSIN) and WebEOC	OPEO/SOC
22. Begin GIS Modeling/Gap Analysis	SOC/Fusion
23. Verify readiness of logistics requirements	OPEO/LOG
24. Prepare to send planning rep to FEMA NRCC Interagency Planning Group Meetings	OPEO/Plans

**Phase 1-a: Normal Operations
(Up to H-120)
Trigger: NOAA/NHC Tropical Storm Advisory**

Actions/Issues	Lead Agency/ Supporting Agency
B. Healthcare, Emergency Response, and At-Risk	
1. Verify response posture of ESF #8 (all-inclusive)	OPEO
2. Issue Warning Order to ESF#8 response Teams (ESF #8, Rapid Deployment Force (RDF), Applied Public Health (APHT), Mental Health (MHT), At-Risk SMEs, Incident Response Coordination (IRCT), Advance Logistics Reception Team (ALRT) and external agencies).	EMG/OPEO/OFRD
3. Verify response posture of ESF #8 (equipment/caches/personnel)	CDC/NDMS/ASPR-LOG/ OFRD/MRC/ESAR-VHP
4. Issue advisories as appropriate to CDC/Division of Strategic National Stockpile (CDC/DSNS) for possible CDC/DSNS FMS-ST deployment	CDC/DSNS
5. Determine availability of personnel for deployment to staff FMS	OPEO/OFRD VA/DOD
6. Predetermine logistics hubs for early forward placement of FMS equipment/supply sets	OPEO/LOG CDC/DSNS
7. Develop deployment plan for use during contra-flow evacuation	EMG/DOT
8. Alert and ascertain preparedness for laboratories in Laboratory Response Network (LRN) (includes SLTT, Federal public health labs, and 25 DOD labs) and impacted states' veterinary diagnostic laboratories. Verify readiness status of Public Health laboratories in the potentially affected areas and address the key public health issues: <ul style="list-style-type: none"> a.) Operational status b.) Contingency Planning/Continuity of Operations for communications, transport of specimens, testing and staffing 	CDC/DOD

**Phase 1-a: Normal Operations
(Up to H-120)
Trigger: NOAA/NHC Tropical Storm Advisory**

Actions/Issues	Lead Agency/ Supporting Agency
<ul style="list-style-type: none"> c.) Surge capacity planning d.) Testing water samples for potable water 	
9. Monitor the Health Alert Network (HAN)	CDC
10. Determine procedures for uncompensated medical care	OPEO/CMS
11. Identify medical and public health staff or other civilians as needed to augment medical and veterinary facilities and mass care shelters.	OPEO/OFRD/ OPDIVs/ ARC
12. Address any special requirements for treating the aging and pediatric patients.	OPEO-EMG/AOA/ABC
C. Surveillance, Investigation, and Protective Health Measures	
1. Ascertain preparedness status of laboratories with select agents	CDC
2. Verify Public Health surge teams readiness for deployment (Public Health RNA Team, Veterinary RNA Team etc.)	CDC
3. Verify that public health and veterinary RNA surveillance tools and personnel are ready for deployment and implementation.	CDC
4. Verify readiness of public health surveillance teams	CDC
5. Review public health preparedness messages	CDC
D. Pharmaceuticals, Medical Supplies and Equipment	
1. Verify readiness status of ESF #8 Response, assets, caches.	OPEO-LOGS
2. Ascertain the status of vaccination supplies in the potentially affected areas.	CDC/EOC

**Phase 1-a: Normal Operations
(Up to H-120)
Trigger: NOAA/NHC Tropical Storm Advisory**

Actions/Issues	Lead Agency/ Supporting Agency
3. Ascertain the status of essential medical material including materials for special and emergency at-risk population needs and identify gaps.	OPEO/LOG/ABC
4. Ascertain the status of blood supplies in the potentially affected areas.	ASPR/OPHS/AABBTF
5. Ascertain need to request pharmaceuticals, medical supplies, and equipment from foreign countries. As appropriate, request needed resources through the International Assistance System (IAS).	EMG/DOS/USAID FEMA HHS/OGHA
E. Patient movement	
1. Identify and coordinate potential receiving, distribution, transportation and coordination of network system	HHS/DOT/ DOD/VA/FEMA
2. Identify and coordinate patient movement and enablers	HHS/ESF #8/DOT/ DOD/VA/FEMA
3. Identify and synchronize planning with evacuation management jurisdictions.	HHS/FEMA/ DOT/DOD
4. Identify and coordinate with States JFO/IRCT to pre-identify and prioritize potential evacuation routes, patient transport routes and patient tracking.	OPEO/OPS/ OPEO PLANS
5. Identify and coordinate public health, medical and support needs for at-risk population movement.	FEMA/ ACF/ABC/ OPEO/ OD/OCR/
6. Alert ESF #8 Federal Coordinating Centers (FCC) to be prepared to begin bed counts.	HHS/VA/DOD
7. Coordinate with the National Guard Bureau for potential evacuation support.	HHS/NGB
8. Alert Contractor of the Federal Medical Ambulance Contract. Do gap analysis. Anticipate State needs.	HHS/FEMA

**Phase 1-a: Normal Operations
(Up to H-120)
Trigger: NOAA/NHC Tropical Storm Advisory**

Actions/Issues	Lead Agency/ Supporting Agency
F. Communications and Outreach	
1. Coordinate public health messages through PAO communication channels	CDC/ASPA/ASPR
2. Review and update Health Alert Network advisories and other risk communications information	CDC/HHS-ASPA
3. Review FDA guidance to regulated industry and public health and public service messages related to safety of FDA-regulated products – food, medication, medical devices, blood, and pet food.	FDA/AABB TF
4. Coordinate public health messages with foreign governments if the affected areas are OCONUS, near national borders or in cross-border areas.	EMG/DOS/USAID/ HHS-OGHA
5. Review and update information on HHS and CDC’s websites covering hurricane preparedness, response, injury prevention, cleanup activities, etc.	ASPA/CDC
6. Address and communicate special public health risks and precautions for managing the public health threats due to oil contamination caused by tidal and storm surge	ASPR/EMG
7. Review messages to hospitals regarding canceling elective surgeries.	ASPR/OPHS

Phase 1b: Elevated Threat
(Approximately: H-120 (5 days) to H-96 (4 days))
Trigger: Formal Alert notification from FEMA/NRCC

Actions/Issues	Lead Agency/ Supporting Agency
A. Planning and Coordination	
<p>1. Upon receipt of the NOC/NRCC Operations Order: (Alert Notification)</p> <ul style="list-style-type: none"> a.) Perform assigned tasks commensurate with non-emergency position descriptions and operate within respective organization assignments. b.) Maintain situational awareness and visibility of the common operating picture (COP) presented by the NHC Tropical Advisories and the HSIN Federal Operations portal. c.) Prepare and distribute situation and spot reports using HSIN d.) Review the current alert posture and readiness of emergency personnel and teams, to include equipment and facilities <ul style="list-style-type: none"> (1) Update pre-deployment checklists (medical, physical, legal, etc...) and rosters. (2) Ensure personnel skill set list is matched with appropriate training. (3) Identify administrative and logistical deployment requirements. (4) Review standard operating procedures (SOP), practices, protocols and processes. (5) Verify equipment lists and “fly-away” kits are on-hand, complete and available for deployment. e.) Be prepared to activate and deploy resources when directed. 	<p>ASPR/EMG Incident Manager/SOC CDC/EOC</p>

Phase 1b: Elevated Threat
(Approximately: H-120 (5 days) to H-96 (4 days))
Trigger: Formal Alert notification from FEMA/NRCC

Actions/Issues	Lead Agency/ Supporting Agency
<p>f.) Initiate contacts with Federal, Regional, SLTT officials to include private sector representatives in accordance with statutory authorities</p> <p>g.) Alert and possibly Activate NDMS.</p>	
2. Ensure that the HHS Secretary is notified of the threat and is receiving regular updates.	ASPR
3. Increase EMG activation level to correspond with NRCC	OPEO
4. Alert OPDIVs and STAFFDIVs	OPEO
5. Alert ESF #8 Partners	OPEO
6. Issue EMG LNO request to ESF #8 Partners to be prepared to (BPT) staff SOC/HHS-EMG	OPEO
7. Review staffing of EMG for potential augmentation	OPEO
8. Activate the IRCT-A to support applicable mission	EMG
9. Lead scheduled National ESF #8 Video Teleconferences to maintain situational awareness and to identify potential issues from the States and/or Regions	EMG Incident Manager
10. Participate in video teleconferences and other conference calls with DHS/FEMA and ESF # 8 partners concerning the situation, mission, and objectives	All
11. Map projected path established by National Weather Service/National Hurricane Center and impact on public health & medical infrastructure. Initiate pre-landfall geo-spatial imaging	SOC/Fusion

Phase 1b: Elevated Threat
(Approximately: H-120 (5 days) to H-96 (4 days))
Trigger: Formal Alert notification from FEMA/NRCC

Actions/Issues	Lead Agency/ Supporting Agency
12. Check on status of FEMA Surge Account funding	EMG/A&F
13. Perform pre-impact analysis of the likely consequences on the public health, at-risk and medical critical infrastructures.	EMG Plans/OD/ ACF
14. Activate logistics infrastructure. a.) Identifies field lodging support for teams/personnel as required b.) Be prepared to provide all non-medical logistics support	DHS/FEMA EMG/LOG
15. Verify ability of FEMA logistics to assist ESF#8 logistics requirements	DHS/FEMA/ LOG EMG/LOG
16. Notify CDC of likely locations for deployment of FMS and ESF #8 assets.	EMG/ CDC/DSNS
17. Continue ESF #8 hurricane response planning for coordinated and parallel planning Incident Coordination Plan (ICP) development.	EMG Plans/ All
18. Provide clear guidance to CDC/DSNS for number of FMS(s) required, deployment timeframe for FMS and other materials.	OPEO/EMG
19. Identify HHS staff in potentially affected areas and follow up with health and safety checks	HHS/OPDIVs
20. Establish contact with coordinators of state-based volunteer registries.	EMG Plans/ESAR-VHP
21. Alert Medical Reserve Corps (MRC) units in the forecasted strike zone through OCV/MRC communication mechanisms.	MRC

Phase 1b: Elevated Threat
(Approximately: H-120 (5 days) to H-96 (4 days))
Trigger: Formal Alert notification from FEMA/NRCC

Actions/Issues	Lead Agency/ Supporting Agency
22. Review/Update Incident Response Coordination Team (IRCT) Roster	OPEO/OPS
23. Roster advance elements (IRCT-A); Plan to move ALRT/LRAT; roster DMAT to support applicable mission task force(s). FEMA rosters IMAT.	HHS/FEMA/VA/ DOD
24. Begin capturing after-action comments	All
25. Alert pre-rostered teams (RDF, Public Health, Mental Health, NDMS, IRCT, interagency ESF#8 teams) for possible deployment. Does not indicate formally putting ESF #8 on alert.	OPEO OPS/ OPEO PLANS/ OFRD
26. Alert HHS Senior Health Officials (SHO)	ASPR/OPEO
B. Healthcare, Emergency Response, and At-Risk	
1. Alert CDC's EOC for heightened readiness posture.	EMG
2. Place resources (FMS, equipment caches and supplies etc) in alert posture and prepare for deployment	EMG/CDC/ALL
3. Pre-determine potential requirements for DOD or VA for staffing medical resources (e.g., FMS and augmentation health care facilities)	EMG-OPS/PLANS/ ALL
4. Alert medical and public health staff or other civilians as needed to augment Medical and Mass Care Shelters	OPEO/OFRD/ OPDIVs/ OCV-MRC/ARC
5. Work with IMAT-A and IMAT and RRCC/NRCC to pre-identify requirements which enable medical and veterinary personnel to provide support	OPEO/OPS-OPEO PLANS

Phase 1b: Elevated Threat
(Approximately: H-120 (5 days) to H-96 (4 days))
Trigger: Formal Alert notification from FEMA/NRCC

Actions/Issues	Lead Agency/ Supporting Agency
C. Surveillance, Investigation, and Protective Health Measures	
1. Ascertain the status of vaccination requirements in the potentially affected areas.	CDC/EMG-LOG
2. Alert HHS OPDIVs with regard to potential deployments for response ops (e.g., Epidemiological, Food Inspection, Sanitation, Veterinary etc.)	EMG
3. Work with regional or National IMAT and RRCC/NRCC to identify potential personnel required to enable ESF #8 to identify public health hazards (e.g. food safety, water quality, waste disposal, vector control, hygiene, and any environmental health support)	OPEO/CDC/ FDA/IHS DOD
4. Refine plans for at-risk individuals	
5. Refine plans to ensure provision of appropriate behavioral health services.	OPEO/OPS/PLANS ABC/OD/ ACF/ OCR
D. Pharmaceuticals, Medical Supplies and Equipment	
1. Notify OPEO –Logistics to begin preparations to load resources (FMS, equipment caches and supplies) for possible deployment.	EMG-LOG CDC/DSNS
2. Work with regional or National IMAT, and RRCC/NRCC to identify and prioritize assembly areas of pre-deployment of medical supplies to strategic locations	OPEO/OPS- PLANS- LOG
3. Pre-identify and prioritize assembly areas of pre-deployment of medical supplies to strategic locations	OPEO/OPS- PLANS – LOG/ DOD/VA

Phase 1b: Elevated Threat
(Approximately: H-120 (5 days) to H-96 (4 days))
Trigger: Formal Alert notification from FEMA/NRCC

Actions/Issues	Lead Agency/ Supporting Agency
<p>4. Work with regional or National IMAT and RRCC/NRCC to pre-identify any potential DOD requirements to provide military medical logistics support (medical equipment/supplies, medical diagnostics/blood products)</p>	OPEO/OPS- PLANS – LOG/DOD LNO
E. Patient Evacuation	
<p>1. Work with regional or National IMAT and RRCC/NRCC to pre-identify potential evacuation routes, patient transport routes, and patient tracking requirements</p>	OPEO/OPS- PLANS
<p>2. Continue coordination with States to identify contra-flow, potential evacuation routes, patient transport routes</p>	IRCT-A/DOT /DOD/VA ESF #8/
<p>3. Request DOD assistance to prepare to provide support for the evacuation of seriously ill or injured patients to pre-identified locations.</p>	HHS/ESF #8/DOD
<p>4. “FEMA requests DOD aeromedical evacuation resources in coordination with ESF #8 EMG to place Joint Patient Movement Teams, Aeromedical Evacuation (AE) personnel and equipment on be prepared to deploy status</p>	DHS/FEMA DOD/EMG
<p>5. Alert Ambulance contract for medical transportation (ground, air and para-transit ambulances)</p>	FEMA/HHS/OPEO-OPS/ESF #8
<p>6. Notify American Association of Blood Banks Task Force on Domestic Disasters and Acts of Terrorism (AABB Task Force) of locations to which seriously ill or injured patients will be evacuated in case blood products are needed</p>	EMG/OPHS – blood safety

Phase 1b: Elevated Threat
(Approximately: H-120 (5 days) to H-96 (4 days))
Trigger: Formal Alert notification from FEMA/NRCC

Actions/Issues	Lead Agency/ Supporting Agency
F. Communications and Outreach	
1. Ensure ongoing coordination with the SLTTs health authorities	ASPA/CDC/RHA
2. Schedule and conduct a situation briefing for ESF partners and OPDIVS/STAFFDIVS	EMG ALL
3. Invite delegates from the affected SLTT to participate in ESF #8 Conference Calls as appropriate.	EMG

**Phase 1-c: Credible Threat
(H-96 (4 days) to H-72 (3 days))
Trigger: Receipt of FEMA/NRCC Operation Order for Activation of ESF #8**

Actions/Issues	Lead Agency/ Supporting Agency
A. Planning and Coordination	
<p>1. Increase EMG Staffing level to include selected liaisons and specialties</p> <ul style="list-style-type: none"> a.) Expand Ops, Planning, Log, and SME cells as required b.) Initiate Administration/Finance section if not already activated c.) Request LNO from ESF #8 partners as required (e.g., DOT, DOD, VA, DHS/FEMA, ARC) 	ASPR
<p>2. Operations Section</p> <ul style="list-style-type: none"> a.) Issue initial Operations Order b.) Continue daily HHS-EMG ESF #8 Coordination call c.) Prepare to Deploy IRCT d.) Prepare to deploy SHO if needed e.) Prepare and possibly deploy ALRT and initial response forces (2 DMATs and associated caches) f.) VMAT Strike Team and cache g.) Alert advance elements of applicable mission task force(s) h.) Prepare to deploy rostered teams (RDF, APHT, MHT, IRCT-A, At-Risk subject matter specialists and DOD patient movement enabling teams) 	EMG-OPS EMG-LOG OFRD Fusion

**Phase 1-c: Credible Threat
(H-96 (4 days) to H-72 (3 days))
Trigger: Receipt of FEMA/NRCC Operation Order for Activation of ESF #8**

Actions/Issues	Lead Agency/ Supporting Agency
<ul style="list-style-type: none"> i.) Begin to execute PSMA's (as appropriate) in coordination with FEMA Mission Assignment Coordinators RRCC/NRCC j.) Begin to produce GIS modeling of potential impact area of storm track 	
<p>3. Planning Section</p> <ul style="list-style-type: none"> a.) Prepare Incident Coordination Plan and assure plans are coordinated with ESF #8 support agencies, OP/DIVs/Staff DIVs and States. b.) Analyze vulnerability of key resources, critical infrastructure in the expected impact zone. 	EMG Plans/CIP
<p>4. Logistics Section</p> <ul style="list-style-type: none"> a.) Coordinate non-medical support with FEMA b.) Refine medical supply concept support plan. 	EMG LOG/DHS/FEMA EMG LOG/DOD
<p>5. Administration and Finance</p> <ul style="list-style-type: none"> a.) Be prepared to develop RFA cost estimates b.) BPT to track MA expenditures 	EMG A&F
<p>6. Upon receipt of the NOC/NRCC Operations Order Amendment,</p> <ul style="list-style-type: none"> a.) Staff the ESF #8 desk at the NRCC as required b.) Update situational awareness and ensure visibility of the common operating picture is maintained. 	EMG ALL

**Phase 1-c: Credible Threat
(H-96 (4 days) to H-72 (3 days))
Trigger: Receipt of FEMA/NRCC Operation Order for Activation of ESF #8**

Actions/Issues	Lead Agency/ Supporting Agency
<ul style="list-style-type: none"> c.) Ensure that all essential functions can be performed and all related services can be provided following landfall. d.) Initiate incident-specific information and data collection, analysis, and assessment. e.) Perform pre-impact effects and consequences modeling and simulation analysis on the geography, demographics and population, and critical infrastructures. f.) Ensure appropriate departmental and agency financial and acquisition personnel and systems are brought to and maintained at the highest state of readiness. g.) Confirm essential communication and coordination links with Other Federal Agencies (OFA) and State partners to ensure optimal information sharing, and a common understanding of the expected mission and objectives. h.) Initiate tests of emergency contact communications, cascading call-down lists and TTY devices. i.) Initiate video teleconferences and other conference calls within ESF #8 emergency management community concerning the situation, mission and objectives j.) Confirm lines of communication and coordination with non-located command, control coordination entities. k.) Senior managers test GETS cards l.) Confirm all essential Telecommunications Service Priorities (TSP) and Wireless Service Priorities (WSP) actions are coordinated and ready for immediate post-incident implementation and execution. 	

**Phase 1-c: Credible Threat
(H-96 (4 days) to H-72 (3 days))
Trigger: Receipt of FEMA/NRCC Operation Order for Activation of ESF #8**

Actions/Issues	Lead Agency/ Supporting Agency
<p>m.) Continue to review and validate internal and interagency senior officials’ “playbooks” and “checklists” including.</p> <ul style="list-style-type: none"> (1) Essential Elements of Information (EEI) (2) Information collection requirements and capabilities (3) Information analysis and intelligence procedures (4) Reporting requirements (5) Initial response requirements post-landfall <p>n.) Prepare to execute Pre-Scripted Mission Assignments (PSMAs) and ensure existing interagency and contractual vehicles are available for rapid implementation and execution</p>	
7. Continue to map projected path of tropical storm as established by National Weather Service, National Hurricane Center. (Continue pre-landfall GIS mapping)	EMG
8. Review pre-impact analyses of the likely consequences to the public health, medical and at-risk critical infrastructures	EMG
9. Verify readiness of rostered personnel teams, including PHS and ESF #8.	EMG – OPS/A&F
10. Provide all ESF #8 partners (HHS and non-HHS) with specific reporting/requesting guidance for entry into the area of operations.	EMG OPS
11. Prepare supplies and equipment packages (logistics support) for all ESF #8 HHS teams / personnel (note that CDC supports FMS).	OPEO/LOG CDC/DSNS/ALL

**Phase 1-c: Credible Threat
(H-96 (4 days) to H-72 (3 days))
Trigger: Receipt of FEMA/NRCC Operation Order for Activation of ESF #8**

Actions/Issues	Lead Agency/ Supporting Agency
12. Determine which FCCs will be activated for patient movement	EMG/DOD/VA
13. Activate ESF #8 patient movement as appropriate.	OPEO/OPS
14. Maintain situational awareness of patient movement flow	ESF #8/DOD/VA
15. Activate the American Association of Blood Banks Interagency Task Force on Domestic Disasters and Acts of Terrorism (AABB) to assess the current blood supply levels throughout the country.	HHS/OPHS
16. Coordinate with AABB Task Force to identify supply levels at the supporting healthcare, critical infrastructure and key resources for the incident. Activate supply distribution plans for affected region(s).	HHS/OPHS
17. Obtain approval for AABB Task Force coordinated public information assistance announcement re: the adequacy and safety of the nation's blood supply.	HHS/OPHS
18. Activate HAvBED system to track hospital bed capacity	EMG/Fusion/SOC
19. Stage/Deploy assets to pre-incident locations as necessary (under surge account funding): ALRT Cache, ESF #8 personnel, Federal Coordinating Center (FCC) points of contact, and others as appropriate. It is imperative that the ALRT and LRAT is moved first and in place to receive additional assets listed here and elsewhere.	EMG-OPS EMG-LOG
B. Health Care, Emergency response, and At-Risk	
1. Maintain alert CDC's EOC for heightened readiness posture.	EMG

**Phase 1-c: Credible Threat
(H-96 (4 days) to H-72 (3 days))
Trigger: Receipt of FEMA/NRCC Operation Order for Activation of ESF #8**

Actions/Issues	Lead Agency/ Supporting Agency
2. Retain resources (FMS, equipment caches and supplies etc) in alert posture and prepare for deployment	EMG/CDC/ALL
3. Continue to pre-determine potential requirements for DOD or VA for staffing medical resources (e.g., FMS and augmentation health care facilities)	EMG-OPS/PLANS/ ALL
4. Keep medical and public health staff or other civilians on alert as needed to augment Medical and Mass Care Shelters	OPEO/OFRD/ OPDIVs/ OCV-MRC/ARC
5. Continue to work with regional/national IMAT and RRCC/NRCC to pre-identify requirements which enable medical and veterinary personnel to provide support	OPEO/OPS-OPEO PLANS
C. Surveillance, Investigation, and Protective Health Measures	
1. Continue to ascertain the status of vaccination requirements in the potentially affected areas.	CDC/EMG-LOG
2. Keep HHS OPDIVs alerted with regard to potential deployments for response ops (e.g., Epidemiological, Food Inspection, Sanitation, Veterinary etc.)	EMG
3. Continue to work with regional/national IMAT and RRCC/NRCC to identify potential personnel required to help ESF #8 assess public health hazards (e.g. food and water safety, waste disposal, vector control, other environmental threats)	OPEO/CDC/ FDA/IHS DOD
D. Pharmaceuticals, Medical Supplies and Equipment	
1. Continue OPEO –Logistics preparations to load resources (FMS, equipment caches and supplies) for possible deployment.	EMG-LOG CDC/DSNS

**Phase 1-c: Credible Threat
(H-96 (4 days) to H-72 (3 days))
Trigger: Receipt of FEMA/NRCC Operation Order for Activation of ESF #8**

Actions/Issues	Lead Agency/ Supporting Agency
2. Continue to work with regional / National IMAT and RRCC/NRCC to identify and prioritize assembly areas of pre-deployed of medical supplies to strategic locations	OPEO/OPS- PLANS- LOG
3. Continue to pre-identify and prioritize assembly areas of pre-deployment of medical supplies to strategic locations	OPEO/OPS- PLANS – LOG/ DOD/VA
4. Continue to work with regional or National IMAT and RRCC/NRCC to pre-identify any potential DOD requirements to provide military medical logistics support (medical equipment/supplies, medical diagnostics/blood products)	OPEO/OPS- PLANS – LOG/DOD LNO
5. Ascertain need to request approved or cleared pharmaceuticals, medical supplies, and equipment from foreign countries. As appropriate, request needed resources through the International Assistance System (IAS). Address steps to be taken to determine U.S. regulatory status of any donated product).	EMG/DOS/USAID FEMA HHS/OGHA/FDA
E. Patient Evacuation	
1. Continue to work with regional or National IMAT and RRCC/NRCC to pre-identify potential evacuation routes, patient transport routes, and patient tracking via (Joint Patient Assessment Tracking System) JPATS requirements	OPEO/OPS- PLANS
2. Continue coordination with States to identify contra-flow, potential evacuation routes, patient transport routes	IRCT-A/DOT /DOD/VA ESF #8/
3. Retain DOD assistance to prepare to provide support for the evacuation of seriously ill or injured patients to pre-identified locations.	HHS/ESF #8/DOD

**Phase 1-c: Credible Threat
(H-96 (4 days) to H-72 (3 days))
Trigger: Receipt of FEMA/NRCC Operation Order for Activation of ESF #8**

Actions/Issues	Lead Agency/ Supporting Agency
4. FEMA continues to coordinate with DOD aeromedical evacuation resources and with ESF #8 EMG to place Joint Patient Movement Teams, Aeromedical Evacuation (AE) personnel and equipment on “be prepared to deploy status”	DHS/FEMA DOD/EMG
5. Monitor alert status of the Ambulance contract for medical transportation (ground, air and para-transit ambulances)	FEMA/HHS/OPEO- OPS/ESF #8
6. Keep the American Association of Blood Banks Task Force on Domestic Disasters and Acts of Terrorism (AABB Task Force) informed of locations to which seriously ill or injured patients will be evacuated in case blood products are needed	EMG/OPHS – blood safety
F. Communications and Outreach	
1. Continue to ensure ongoing coordination with the SLTT health authorities	ASPA/CDC/RHA
2. Continue situation briefing(s) for ESF partners and OPDIVS/STAFFDIVS	EMG, ALL
3. Invite delegates from the affected SLTT to participate in ESF #8 Conference Calls.	EMG

**Phase 2 – Incident and Incident Response
(H-72 (4 days) thru L+120 (5 days))**

Trigger Event 5: Presidential Emergency or Major Disaster Declaration under the Robert T. Stafford Disaster Relief Act and FEMA issues Mission Assignment to Deploy

ESF #8 Strategy: Rapidly Deploy ESF #8 Assets to Assist SLTT Officials by Providing Assistance Where Needed in Saving Lives, Minimizing Adverse Health and Medical Effects, and Stabilizing Public Health, Medical and At-Risk Infrastructure

**Phase 2-a – Initial Response
(H-72 (3 days) to H-24 (1 day))**

Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy

Actions/Issues	Lead Agency/ Supporting Agency
1. Increase EMG activation level to full staffing (Level 3)	EMG Managers
2. Initiate deployment actions for appropriate ESF #8 Regional and State resources <ul style="list-style-type: none"> a.) Provide representative for Regional IMAT (usually the Regional Emergency Coordinator) b.) Provide representative to State EOC and or Health Department. c.) Staff the ESF #8 desks in the NRCC and RRCC according to ICS requirements 	EMG
3. Deploy LRAT and ALRT Cache and initial response force package (including 2 DMATs and 8 caches)	EMG
4. Deploy SHO to JFO (if Secretary determines event is large enough to warrant)	HHS Secretary/ASPR/EMG
5. Deploy IRCT(s) including SMEs if necessary, including Reps to State EOCs, etc.	EMG

**Phase 2-a – Initial Response
(H-72 (3 days) to H-24 (1 day))
Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy**

Actions/Issues	Lead Agency/ Supporting Agency
6. Activate NDMS response teams,	
7. Stage/deploy public health, medical, veterinary, behavioral health and at-risk personnel assets as needed	HHS/DOD/VA/ABC
8. Stage/deploy NDMS teams and equipment caches to forward to staging locations	OPEO-LOG
9. Coordinate medical support requirements at mass care shelters	HHS/ABC/ARC /ACF
10. Coordinate with the potentially affected states to stage FMS and advance personnel to set-up and install – FMS ST)	OPEO/IRCT/CDC/JFO/ARC CDC/DSNS/OFRD
11. Develop more detailed impact analysis 24 hours prior to an event that further defines the impact area based on detailed models. This analysis is refined on a 12, 8, and 4-hour basis, as determined by updated data.	EMG PLANS/ SOC/RECS
12. Validate communications infrastructure	EMG LOG-IT
13. Deploy ESF#8 formulary items as directed	CDC/DSNS/OFRD
14. Alert VA to be prepared to provide health and medical logistics/supply support via National Acquisition Center (NAC).	EMG- LOG/VA
15. Support pre-landfall patient movement efforts, if initiated. Deploy AE components as required to support MA.	EMG/DOD
16. Deploy other logistics assets for ESF #8 NDMS teams/personnel to staging locations	EMG-LOG

**Phase 2-a – Initial Response
(H-72 (3 days) to H-24 (1 day))
Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy**

Actions/Issues	Lead Agency/ Supporting Agency
17. Determine Security Requirements for ESF #8 assets in coordination with ESF #13 U.S. Dept. of Justice	EMG-OPS/USDOJ
18. Stage rostered teams (OFRD, NDMS, other ESF #8 personnel) to designated FEMA logistics bases	EMG/OSG/CDC/FDA/ ABC/ACF/AOA
19. Verify security/destruction of select agent hazardous materials in the immediate pre-landfall period.	CDC
20. Activate the Ambulance contract for medical transportation (ground, air and para-transit ambulances)	EMG/FEMA
21. Develop a scaleable demobilization and deactivation plan for the release of appropriate ESF #8 components. A draft HHS demobilization plan is available on the SOC Portal OPEO/PLANS/Shared Documents	ALL

**Phase 2-b- Sustained Response
(H-24 (1 days) to L+120 (5 days))
Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy**

Actions/Issues	Lead Agency/ Supporting Agency
A. Planning and Coordination	
1. Coordinate rapid needs assessments with FEMA (public health, medical and at-risk infrastructure)	EMG
2. Determine need for Public Health Emergency and Social Security Act Section 1135 Waivers.	Secretary HHS
3. Make necessary adjustments to pre-scripted Mission Assignments (MAs)	EMG/A&F
4. Update situational awareness of hospital and healthcare infrastructure facilities (including power, water and debris) in the expected impact zone. Determine capability to continue operations, or whether rescue operations are required.	EMG
5. Review damage assessments and consult with FEMA regarding whether activation of ESF #14 is required.	EMG/ FEMA recovery LNO
6. Develop common operating picture for long-term recovery and establish a transition to recovery plan.	OPHS
7. Produce ongoing and accurate public health, medical, veterinary, and at-risk status assessments post-landfall, including status of at-risk population and service animals	EMG/ /SOC/ ALL
8. Prior to Phase III, as situation warrants, begin ESF #8 redeployment/recovery/transition planning	EMG/CDC/DSNS

**Phase 2-b- Sustained Response
(H-24 (1 days) to L+120 (5 days))
Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy**

Actions/Issues	Lead Agency/ Supporting Agency
9. Capture after-action comments	ALL
B. Healthcare, Emergency Response, and At-Risk	
1. Deploy additional ESF #8 and PHS assets as required	EMG/OFRD
2. Deploy staged personnel in accordance with Mission Assignments <ul style="list-style-type: none"> a.) Additional IRCT personnel as needed b.) RDF, APHT, Mental Health, Veterinary, At-Risk Teams and SMEs c.) LNOs d.) VA and DOD 	EMG/OFRD/VA/DOD
3. Implement necessary measures for at-risk persons with need for additional support(s)	EMG/OD/ACF/OCR/OPEO- /At-Risk
4. Assess the need to use the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP).	EMG /OPEO ESAR VHP
5. Assess need for Federal-level activation of OVMRC members	EMG/OPHS/OCVMRC
6. Receive, process, track and sub-task (as needed) MAs	EMG A&F
7. Enter affected area and commence providing 24/7 support to SLTT authorities	IRCT/All
8. Conduct and maintain Situational Awareness reporting	IRCT/SOC/EMG

**Phase 2-b- Sustained Response
(H-24 (1 days) to L+120 (5 days))
Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy**

Actions/Issues	Lead Agency/ Supporting Agency
9. Deploy medical, public health, mental health, at- risk staff or other civilians as needed to augment Mass Care Shelters	EMG/All
10. Determine if medical mass care procedures are required.	EMG/All
11. Deploy assets in support of fatality management as requested.	EMG/VA
12. Determine health and safety of deployed ESF #8 personnel in affected areas.	EMG/IRCT Safety Officer
13. Augment shelter in place facilities as required to sustain operations	EMG
14. Deploy veterinary medical team component to support working animals	NDMS/NVRT
C. Surveillance, Investigation, and Protective Health Measures	EMG
1. Monitor available surveillance data (i.e., BioSense, Emergency Management and Response (EMR), HAvBED).	EMG/Fusion
2. Identify surveillance gaps and refer to IRCT	EMG/Fusion
3. Produce EMR Report at regular intervals when EMR data are available	EMG/Fusion
4. Identify general population health exposure assessment gaps and refer to OPHS	EMG/Fusion
5. Collect data from HRSA, ACF and, SAMHSA supported grantees. a.) Impact on HRSA, ACF, and SAMHSA funded services (Community Health Centers, Ryan White HIV/AIDS Clinics, Healthy Start Programs)	HRSA/ ACF / SAMHSA/AoA/NIH

**Phase 2-b- Sustained Response
(H-24 (1 days) to L+120 (5 days))
Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy**

Actions/Issues	Lead Agency/ Supporting Agency
<p>b.) Resources needed/future services</p> <p>c.) Grantee/HRSA, ACF, AoA and SAMHSA attempts to address problem</p>	
6. Reach out to state epidemiologists to determine if assistance is needed	EMG/CDC- coordinated with IRCT
7. Assist states with surveillance for outbreak/reports of abnormal disease or disease rates and “pockets” of at-risk population in the affected areas, including the community, medical facilities, and shelters.	CDC- coordinated with IRCT/OCR
8. Assist states through direct or technical assistance in the collection and analysis of data from injury, illness and mortality surveillance activities	CDC- coordinated with IRCT
9. Provide ESF #8 staff to supplement state efforts to address identified public health issues/concerns	CDC- coordinated with IRCT
10. Conduct inspections and assess damage to FDA-regulated industry <u>and products</u> in impacted areas <u>and determine impact on supply of critically needed medical products. (i.e. medical products and infant formula)</u>	FDA- coordinated with IRCT
11. Provide technical assistance or subject matter expertise to states related to FDA-regulated products (food, drug, medical device and biologics safety) and conduct assessment of food retail establishments in impacted area.	FDA- coordinated with IRCT
12. Assist states with collection and/or analysis of FDA-regulated product samples <u>from retail food establishments and pharmacies</u>	FDA- coordinated with IRCT

**Phase 2-b- Sustained Response
(H-24 (1 days) to L+120 (5 days))
Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy**

Actions/Issues	Lead Agency/ Supporting Agency
13. Conduct assessment of food retail establishments and pharmacies in impacted area	FDA coordinated with IRCT
14. Conduct increased surveillance, detection and review of all adverse event reports related to FDA-regulated products used as part of the response to the emergency	FDA- coordinated with IRCT
15. Assist States with surveillance efforts to determine product integrity of pharmaceuticals and medical supplies/equipment in aftermath of incident.	FDA- coordinated with IRCT
16. Coordinate with SLTT environmental health departments to ascertain need for technical assistance, consultation, and support	CDC- coordinated with IRCT
17. Conduct vector surveillance and be prepared to coordinate vector control measures (e.g. aerial spraying).	CDC- coordinated with IRCT
D. Pharmaceuticals, Medical Supplies and Equipment	
1. Provide real time requirements for new pharmacy, medical supplies, and equipment to OPEO/LOGS	IRCT LOGS
2. As situation warrants, begin OPEO redeployment/recovery/transition planning	EMG Plans/CDC/DSNS
3. Activate Emergency Prescription Assistance Program (EPAP), if required.	IRCT/LOGS
4. FDA will coordinate the response to any drug shortages created by damage to manufacturing facilities	FDA

**Phase 2-b- Sustained Response
(H-24 (1 days) to L+120 (5 days))
Trigger: Presidential Emergency or Major Disaster Declaration and FEMA issues Mission Assignment to deploy**

Actions/Issues	Lead Agency/ Supporting Agency
E. Patient movement	
1. Review and adjust patient movement plans with ESF #8 partners.	EMG/DOT/ DOD/ VA/ OD
2. When tropical storm force winds hit landfall, complete/hold on all patient movement operations until storm passes. Conduct last shelter-in-place assessment of medical facilities with patients remaining.	EMG/DOD/DOT/VA/ FEMA
3. Post-landfall resume patient movement (as required).	EMG/DOD/DOT/VA/FEMA
4. Assist coordination of movement of service animals in coordination with ESF#11.	EMG/USDA/DOD/NDMS
5. HHS Service Assess Teams (SAT) will facilitate the return of patients or the remains of patients to their originating hospitals, medical facilities, homes/ communities	EMG SAT
F. Communications and Outreach	
1. Continue situation briefing/conference calls for ESF partners and OPDIVS/STAFFDIVS	ALL
2. Coordinate communications efforts with SLTT Public Health Departments as well as affected foreign governments (for OCONUS or cross-border incidents).	ASPA/CDC/FDA/DOS/JIC

Phase 3 – Post-Incident -Recovery

Trigger Event 6: Unified Command determines that sufficient progress has been made in restoring minimal functionality to affected area and that life- and economy-sustaining critical infrastructures are able to support reentry and repopulation

ESF #8 Strategy: To Effect a Smooth and Transparent Transition to Long-Term Recovery

**Phase 3-a –
Post-Incident - Recovery**

Actions/Issues	Lead Agency/ Supporting Agency
A. Planning and Coordination	
1. Determine with FEMA and local authorities that sufficient progress has been made in restoring minimal functionality to affected and impacted area and that the medical and public health infrastructures are able to support reentry and repopulation.	EMG/DHS
2. At the direction of the JFO/NRCC, implement demobilization and deactivation plan for the release of appropriate ESF #8 components.	ALL
3. Scale IRCT to reduced staffing to ensure (a) continued visibility on the execution of longer term Mission Assignments and (b) maintain situational awareness to support additional response operations.	EMG
4. Complete draft of after-action report	ALL
5. Demobilize and deactivate specific response assets when this specific task or Mission Assignment is completed or when it is determined the magnitude of the event does not warrant continued use of the asset	EMG/DHS/FEMA
6. Scale down HHS-EMG operations commensurate with field activities including all LNOs	EMG

**Phase 3-a –
Post-Incident - Recovery**

Actions/Issues	Lead Agency/ Supporting Agency
7. As ESF #8 assets demobilize, prepare for the orderly transfer to recovery with OPHS as lead with RHAs as action officers.	EMG/OPHS
8. OPHS designates the appropriate RHA to serve as the Regional Coordinator	OPHS
9. Provide briefings on public health and medical sector needs to Chamber’s Business Civic Leadership Center (BCLC), top 20 donors, NGOs, and non-profits that contribute/support our sector. Schedule subsequent briefings as necessary.	OPHS HHS-IGA/RD
10. Transition back to OPDIVs/STAFFDIVs, implementing actions under their own authority.	ALL
11. Coordinate with IRCT and ESF#8 supporting agencies, the demobilization of ESF#8 resources when all operational objectives contained in the Incident Coordination Plan have been met or affected State, or DHS determines that resources are no longer needed.	EMG-OPEO
12. Address any special recovery requirements for the aging and pediatric populations	OPEO EMG/AOA/ABC
B. Healthcare, Emergency Response, and At-Risk	
1. Transition response to SLTT authorities	ALL
2. Demobilize personnel as required in accordance with MA completion	ALL
3. Transition to routine operations for OPDIVs as appropriate.	EMG
C. Surveillance, Investigation, and Protective Health Measures	
1. Determine requirements for long-term post-event surveillance or investigation.	CDC

**Phase 3-a –
Post-Incident - Recovery**

Actions/Issues	Lead Agency/ Supporting Agency
2. Continue assistance to States regarding surveillance efforts including outbreak reports of abnormal disease/injury or disease/injury rates in the affected areas and surveillance of at-risk individuals.	CDC//OD/ACF/SAMHSA OCR
3. Continue to coordinate with SLTT environmental health department to ascertain ongoing and/or anticipated need for technical assistance, consultation, and support	ALL
4. Continue to monitor worker safety and physical and mental health	EMG/CDC-NIOSH/OSHA
5. Continue inspections and assessments of FDA regulated industry and products and work with states as needed to assess retail food establishments and pharmacies in impacted areas	FDA
6. Continue to assist states through collection and/or analysis of FDA-regulated product samples.	FDA
7. Continue to provide states technical assistance or subject matter expertise related to FDA-regulated products food, drug, medical device and biologics safety; water safety as it affects FDA-regulated products; informed consent; clinical trials	FDA
8. Conduct increased surveillance, detection and review of all adverse event reports related to FDA-regulated products used as part of the response to the emergency	FDA
D. Pharmaceuticals, Medical Supplies and Equipment	
1. Establish procedures for follow on shipments of necessary pharmaceuticals, medical supplies, and equipment to affected area.	EMG/DHS/FEMA
2. Inventory and return non-essential equipment for reconstitution	ALL

**Phase 3-a –
Post-Incident - Recovery**

Actions/Issues	Lead Agency/ Supporting Agency
3. Continue to assist states as needed with surveillance efforts to determine product integrity	FDA
E. Patient movement	
1. HHS Service Assess Teams (SAT) will continue to facilitate the return of patients or the remains of patients to their originating hospitals, medical facilities, homes/ communities.	EMG SAT
F. Communications and Outreach	
1. Continue situation briefing/conference calls for ESF partners and OPDIVS/STAFFDIVS until demobilization complete.	HHS-EMG
2. Continue coordination with State Health Officials until demobilization.	IRCT
3. Address and communicate special public health risks and precautions for managing the public health threats due to oil contamination caused by tidal and storm surge	ASPR EMG

**United States Department of Health & Human Services
Office of the Assistant Secretary for
Preparedness & Response**

**ESF #8
2010 HURRICANE PLAYBOOK**

Section 4

Pre-Scripted Mission Assignments (PSMAs)

ESF #8 Prescribed Mission Assignments to HHS from FEMA

HHS has nineteen (19) ESF #8 pre-scripted mission assignments in place with FEMA which provide mutually agreed upon language to expedite deployment of response assets and allow HHS to be proactive in moving personnel and equipment/supplies in anticipation of a declaration:

- Public Health Services
- Medical Care and Support
- FMS – Federal Medical Stations
- Personnel Augmentation at Existing Health Care Facilities
- ESF #8 Patient movement
- ESF #8 (includes DMAT, NVRT, DMORT)
- Food and Product Safety Inspection
- Worker Health and Safety
- Behavioral Health Care
- Environmental Health –Hazard Identification and Control Measures
- Mortuary Operations Assistance – non-ESF #8
- Veterinary Medical Support (Non-ESF #8)
- Incident Response Coordination Team (IRCT)
- Emergency Prescription Assistance and Medical Equipment Replacement Program (EPAP) Technical Assistance
- Activation to NRCC (Pre-declaration)
- Activation to RRCC (Pre-Declaration)
- Activation to NRCC (Post-declaration)
- Activation to RRCC (Post-Declaration)

The following ESF #8 Pre-Scripted Sub-Tasks represent potential requirements that may be sub-tasks by HHS to ESF #8 Federal Partners and HHS operating and staff divisions.

ESF #8 Pre-Scripted Sub-Tasks 2010

DHS/FEMA

1. Establish and operate a shelter collocated with a Federal Medical Station at (location) from (Start Date to (End Date) to support non-medical care givers and family members accompanying patients being treated at the FMS.

DHS/Coast Guard

1. Request Coast Guard provide all weather rotary wing aircraft lift support from *[Location Name]* to *[Location Name]*. Capability must provide all weather, all terrain patient movement, search and rescue, hospital ship lifeline missions, forward surgical team transport, medical logistics re-supply, medical personnel movement, and disaster/humanitarian relief support.

DHS/FEMA/LOG

1. Provide, all non-medical logistic and base operating support for deployed medical personnel and support personnel to include food, shelter, fuel, ground transportation, and line item resupply for (location) from (Start Date) to (End Date).
2. Provide a National Medical Resupply system to ESF #8 assets within one week following the deployment of the first FMS or ESF #8 asset. A system will be established in the affected area to insure the capability to fill requisitions within 24 hours of receipt.
3. Provide *[Base/Location Name]* as a FEMA MOB center to support forward distribution of supplies / equipment to affected area. Provide billeting (barracks facilities are acceptable) and life support, to include meals and hygiene facilities, for *[Number]* personnel; marshalling area for up to *[Number]* trucks and trailers; *[Number]* sq. feet of covered storage; office and desks space for *[Number]* personnel; and Materiel Handling Equipment (MHE)/lift capability to offload (type of supplies/equipment) from (type vehicles/aircraft).
4. Provide (base name) as an Operational Staging Area to support forward distribution of supplies / equipment to affected area. Provide marshalling area for up to *[Number]* trucks and trailers; *[Number]* sq. feet of covered storage; and Materiel Handling Equipment (MHE)/lift capability to offload *[type of supplies/equipment]* from *[type vehicles/aircraft]*.
5. Provide capability to conduct fuel distribution operations at *[Number]* different points. Each point must provide the capacity to issue *[Number]* gallons of diesel fuel and/or *[Number]* gallons of unleaded gasoline. Fuel points must have appropriate nozzles to provide retail re-supply to first responders and commercial ground vehicles. Points must be operational *[date/time]* at *[Location Name]*.
6. Establish and operate *[Number]* Distribution centers for issue of emergency relief supplies for *[Number]* days.

DOJ

1. Provide security/police officers to furnish 24 hour security for Federal Medical Stations and medical base operating camps at (location) from (Start date) to (End Date).
2. Provide police escorts for medical ground transportation, medical personnel teams, medical re-supply shipments, and points of medical evacuation at departure and receiving hubs.
3. Provide security/police officers embedded with deployed Disaster Medical Assistance Teams (DMATs) to secure operations.

DOL

1. Request monitoring of occupational health effects and injury to ensure the safety of federal responders providing or rendering assistance at (Location) from (Start Date) to (End Date).

VA

1. Request VA [augment the staffing of a Federal Medical Station, to include the following quantities and types of medical personnel: (X#) of (specify types of physicians), (X#) of (specify types of registered nurses), (X#) of LPNs, and (X#) of (specify types of other ancillary or support personnel) to support patient care at [Location Name] from (Start date) to End Date). Request that VA identify available personnel within 24 hours, and coordinate transportation so ensure that these personnel arrive at [Location Name] within 48 hours.
2. Request VA staff and operate a Federal Medical Station, to include the following quantities and types of medical personnel: (X#) of (specify types of physicians), (X#) of (specify types of registered nurses), (X#) of LPNs, and (X#) of (specify types of other ancillary or support personnel) to support patient care at [Location Name] from (Start date) to End Date). Request that VA identify available personnel within 24 hours, and coordinate transportation so ensure that these personnel arrive at [Location Name] within 48 hours.
3. Request VA provide (X#) VA Medical Center (VAMC) beds to care for (X#) displaced patients from (Start Date) to (End Date). Request that VA identify and report available VAMC beds within 18 hours.
4. Request VA provide assistance for procurement of medical items. Support to include arranging for transportation and shipping from source to [Location Name]. Request that VA process the request through the VA National Acquisition Center (NAC) within 18 hours.
5. Request VA provide and staff available mobile health clinics to provide primary medical care for (X#) of patients at (Location) from (Start Date) to End Date). Request that VA identify available mobile health clinics within 24 hours, and coordinate their movement to ensure that these assets arrive at [Location Name] within 48 hours.
6. Request VA activates FCCs in FEMA region(s) X, Y and Z. NDMS Patient Reception and Definitive Care will be accomplished in accordance with the most current Federal Coordinating Center Guide.

7. FCC patient reception plans are to be implemented within 6 hours, including alert of patient reception teams (PRT). Preparations are to be made to receive patients within 2 hours of notification of incoming patient movement missions. All activated FCCs are authorized reimbursement of up to \$30,000 per FCC for expenses related to preparations for patient reception. Those FCCs that are notified of incoming missions necessitating PRT utilization are authorized reimbursement of up to \$250,000 per FCC for expenses relating to the receipt, triage, disposition, tracking and transportation of patients.

CDC

1. Deploy epidemiological surveillance teams to monitor conditions with local and state authorities. Objective is to provide guidance and implement procedures to reduce the possibility of disease outbreaks
2. Deploy NIOSH personnel to assist affected area(s) and make recommendations to improve the capability. Provide assistance to this requirement for a period not to exceed 60 days. .
3. Deploy personnel to provide technical support and expertise in the characterization of complex, unknown, and multiple-contaminant worker exposures.
4. Deploy Federal Medical Stations, in 250 bed configuration with medical supplies to support non-acute, non-surgical, non-traumatic, non-chronic patients for a period of no less than 72 hours. Establish medical resupply system.
5. Deploy epidemiological teams in support of local and state authorities to monitor health care facilities. Working with local authorities determine current status of health care facilities to conduct out patient treatment, inpatient treatment and surgical care. Assist the facility and make recommendations to improve the capability. Provide assistance for this requirement for no less than 60 days.
6. Deploy environmental health teams, in coordination with Indian Health Service and OFRD environmental teams, to evaluate environmental conditions in the affected area. Provide consultation and recommendations to improve the situation to return the area to normal, precautions to consider, information to the public on potential hazards. Work in collaboration with local authorities and the LFA EPA. (chemical, radiation, sanitation, water quality, solid waste disposal)
7. Deploy surveillance teams to conduct vector surveillance and make recommendations to local authorities for vector control measures and techniques. Be prepared to coordinate aerial spraying. Be prepared to conduct pre spraying and post spraying interviews.
8. Deploy Strategic National Stockpile (ESF #8) assets and supporting personnel.
9. Deploy epidemiology/surveillance teams to assess the public health consequences of the natural disaster, including risk assessment and available resources.
10. Support NVRT veterinary surveillance teams for ESF-6 and ESF-11 authorities to evaluate, make recommendations and provide assistance to temporary shelters and existing veterinary

clinical care facilities. Determine if existing veterinary facilities are able to conduct routine out-patient and in-patient treatment and surgical care. Assist the facilities and make recommendations to improve the capability. Provide assistance to this requirement for a period not to exceed 60 days.

11. Support NVRT veterinary public health surveillance teams to determine and report event-related morbidity, mortality, and environmental exposures of service and companion animals to the local Incident Command, and make recommendations for treatment and mitigation.

FDA

To augment SLTT staff, FDA investigators (consumer safety officers) will be deployed to:

1. Perform inspections of establishments serving food at retail for conformance to appropriate food safety standards. Such establishments may include restaurants, school and hospital cafeterias; day care center food service establishments, temporary shelters, among others. This additional staff is requested to begin these activities on/about <date>; completion is expected to occur on/about <date>.
2. Perform sample collections of human and/or animal foods, human and/or animal drugs, biologics and medical devices for subsequent analyses. This additional staff is requested to begin these activities on/about <date>; completion is expected to occur on/about <date>.
3. Perform inspections of pharmacies /other establishments offering human and animal drugs, biologics and medical devices at retail to assist in assuring such drugs, biologics and medical devices have been stored under appropriate conditions and are fit for use. This additional staff is requested to begin activities on/about <date>; and expected to end on/about <date>
4. Analyze samples of foods, drugs, cosmetics and/or medical devices for attributes, as necessary, to assist in providing assurance that these commodities are fit for use. We request these analyses take place in FDA fixed site and/or mobile laboratories with staff and facilities available to begin these activities on <date>; completion is expected to occur on <date>.
5. Conduct assessments (field tests) of facilities where diagnostic x-ray and mammography equipment are installed, to help assure the equipment is operating within acceptable radiation emission limits. This additional staff is requested to begin these activities on/about <date>; completion is expected to occur on/about <date>.
6. Address issues that impact whether human and/or animal drugs, biologics, human and/or animal foods, and medical devices are appropriate for use; and/or to provide guidance on what steps, if any, may be employed to restore human and/or animal drugs, biologics, human and/or animal foods and medical devices to a condition whereby they would be fit for use. We request this expertise begin on <date>; completion is expected to occur on/about <date>.
7. Provide training in food safety preparation, handling and storage to volunteers and/or other appropriate disaster response personnel. This additional staff is requested to begin this training on/about <date>; completion is expected to occur on/about <date>.

8. Conduct inspections of establishments which prepare, pack or hold, human and/or animal food, human and/or animal drugs, biologics, cosmetics and/or medical devices to help to assure such commodities are safe, effective and/or otherwise fit for use. This additional staff is requested to begin training on <date>; completion is expected to occur on/about <date>.
9. Deploy teams to make recommendations and provide assistance to reestablish water systems in the affected area..

IHS

The Indian Health Service (IHS) has a requirement to support the National Response Plan “Tribal Annex” with personnel to address public health and medical support for the American Indian/Native Alaskan (AI/NA). To create the capability IHS will request Agency personnel to act as Liaison Officers at the Regional Response Coordination Centers (RRCC) and the Joint Field Office (JFO) location as appropriate. This additional staff is requested to begin these activities on/about <date>; completion is expected to occur on/about <date>.

1. IHS will have a requirement to open existing Mobilization Centers (Nashville and Albuquerque) with personnel and prepare for the deployment of IHS Teams to support the AI/AN Community and other non-tribal communities. This additional staff is requested to begin these activities on/about <date>; completion is expected to occur on/about <date>.
2. IHS will pre-stage Rapid Needs Assessment Team and Primary Care Task Force personnel in an effort to provide immediate engagement in the necessary response efforts in the AI/AN Community and other non-tribal communities. This additional staff is requested to begin these activities on/about <date>; completion is expected to occur on/about <date>.

DOD

1. Assistance Requested: Hurricane Season 2010 Support – Patient Transport and Strategic Airlift (Rotary Wing medevac/lift support)

Personnel and lift are required (date)_____ at (location)_____ for (number)_____ days to (location)_____.

DOD should be prepared to provide the capability to provide all weather, all terrain evacuation, shore to ship capability, medical personnel movement, medical logistics re-supply, medical regulating, and support to disaster assistance/humanitarian relief operations for an estimated _____(number) personnel.

Personnel will work in (uniform type)_____. All protective clothing, if required, and equipment will be provided by _____(Agency/Department).

2. Assistance Requested: Hurricane Season 2010 Support – Patient Transport and Airlift (Coordination, Medical Regulating and Tracking Support)

Personnel and vehicles are required (date)_____ at (location)_____ for _____ (number) days to (location)_____.

DOD should be prepared to provide the capability to move _____(number) personnel by ground transportation with accompanying medical attendants to move and anticipated _____(number) of casualties.

3. Assistance Requested: Hurricane Season 2010 Support – Patient Transport and Strategic Airlift (Coordination, Medical Regulating and Tracking Support)

Personnel and are required (date)_____ at (location)_____ for _____ (number) days to (location)_____.

DOD should be prepared to provide the capability to coordinate lift-bed planning in support of all patient movement, provide medical regulating assistance, provide assistance in tracking the movement of all patient movement utilizing TRAC2ES to move _____(number) patients/casualties from (location)_____ to (location).

4. Assistance Requested: Hurricane Season 2010 Support – Surge Medical Capability and Installation Support to Civilian Agencies

Provide DOD medical personnel augmentation to support staffing of a Federal Medical Station for _____-(description of type of medical capability) approximately _____(number of personnel) and are required (date)_____ for (number)_____ days to (location)_____.

Provide a DOD Installation in the vicinity of (location)_____ to serve as a federal logistical staging area and mobilization center, beginning (date)_____ for (number)_____ days, until (date)_____.

5. Assistance Requested: Hurricane Season 2010 Support – Surge Medical Capability Support to Civilian Agencies

Provide DOD personnel augmentation capability for _____ (type of capability – i.e., surgical, medical, nursing, respiratory, mental health) support specifically, in support of approximately _____ (number of personnel), _____(minimum type of personnel) and are required (date)_____ for (number)_____ days to (location) _____.

6. Assistance Requested: Hurricane Season 2010 Support – Mortuary Affairs/Fatality Management Support

Provide DOD personnel capability for victim identification in support of the recovery and identification of remains, _____-(description of specific type of capability/personnel) approximately _____ (number of personnel), and are required (date)_____ for (number)_____ days to (location)_____.

7. Assistance Requested: Hurricane Season 2010 Support – Blood Supply/Distribution Support

Provide blood banking/distribution/supply capability to (Facility/ies) as required from (Start Date) to (End Date).

8. Assistance Requested: Hurricane Season 2010 Support – Vector Control.

Provide vector control capability including aerial spraying (location) as required from (Start Date) to (End Date).

**U.S. Department of Health and Human Services
Office of the Assistant Secretary for
Preparedness and Response**

**ESF #8
2010 Hurricane Playbook**

Section 5

Essential Elements of Information

ESF #8 Incident Manager (IM) Hurricane Information Collection Plan

This is a template for a hurricane response Information Collection Plan (ICP). It is designed to provide a reference document for the Emergency Management Group (EMG) Information Cell when collecting information regarding hurricane response. It is not designed to be used “as is” and must be modified to obtain the maximum benefit. EEIs should be added or deleted to the ICP for each operational period depending on the specific circumstances and phase of response. The two broad categories of EEIs to be collected are “Incident Specific EEIs” and “ESF #8 Functional Element EEIs”. The “Incident Specific EEIs” are designed to provide the Incident Manager (IM) situational awareness of the incident. The “ESF #8 Functional Element EEIs” are taken from the National Response Plan and are designed to provide the IM the information necessary to be appraised of the status of each of the functional areas of ESF #8 response that he/she is responsible for.

The Information Cell is responsible for completion of the matrix with the assistance of the Department/Agency (D/A) or OPDIV/STAFFDIV identified to provide input. It is preferable to distribute the plan prior to the start of the next operational period to allow providing agencies and elements planning and acquisition time.

Instructions for Completion of ESF #8 Essential Elements of Information (EEI) Worksheet for Hurricanes:

Note: Prior to distributing the ICP, the Information Cell should select the EEIs that are to be collected for the Operating Period specified.

Column 1. EEI Number – the reference number assigned to each EEI to be collected.

Column 2. Essential Element of Information – The category/functional element of data to be collected.

Column 3. Specific Information Required – The question to be answered or data to be provided by Department/Agency (D/A) or OPDIV/STAFFDIV identified in Column 4.

Column 4. Data Collector (s) – The Department/Agency (D/A) or OPDIV/STAFFDIV responsible for providing the requested information to the Information Cell.

Column 5. Data Source(s) – To be completed by the Data Collector. The source used by the data collector. Specify the name of report, providing agency, etc.

Column 6. Deliverable Mechanism – To be completed by Data Collector. Specify how the requested information will be provided (e.g., D/A Situation Report, e-mail, phone call, posted to WebEOC or HSIN, etc.)

Column 7. Suspense/Frequency of Providing Data to Emergency Management Group – To be completed prior to distribution (i.e. NLT 0700 hours, as required)

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
1.	Hurricane Forecast and Related Information	What is the projected location, time and storm strength at landfall, to include surge model?	ASPR (SOC Watch Officers) POC: SOC Watch Officers	NOAA	WebEOC, e-mail, phone	
2.	Hurricane Forecast and Related Information	What is the anticipated duration of inclement weather in the potentially affected area(s)?	ASPR (SOC Watch Officers) POC: SOC Watch Officers	FEMA	WebEOC, e-mail	
3.	Hurricane Forecast and Related Information	What is the forecast for further inclement weather?	ASPR (SOC Watch Officers) POC: SOC Watch Officers	NOAA	WebEOC, e-mail	
4.	Planning Coordination	Has a Joint Field Office been established?	ASPR (Operations) POC: EMG Ops	FEMA	E-mail, Web-EOC Phone, or other	
5.	Planning and Coordination	What response elements (if any) have deployed, including regional IMAT, Human Services Assessment Teams, etc.?	ASPR (Operations) POC: EMG Ops	FEMA	E-mail, Web-EOC Phone, or other	
6.	Staging Bases	When will DHS/FEMA identify staging bases?	ASPR (Operations)	FEMA	E-mail, Web-EOC Phone, or	

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
			POC: EMG Ops		other	
7.	Staging Bases	Where are the pre-staging bases?	ASPR (Operations) POC: EMG Ops	FEMA	E-mail, Web-EOC Phone, or other	
8.	Logistical Support	When will DHS/FEMA provide all non-medical logistical support to deploying federal partner personnel/teams?	ASPR (Logistics) POC : EMG Logs	ESF#8 Logistics Chief in JFO	Email/in person	
9.	Logistical Support	Is DOD assistance available to provide installation support for Federal medical capabilities? <ul style="list-style-type: none"> • What are the base operating support requirements for the type of Federal medical capabilities that the Primary Agency projects will be utilizing at DOD installations? • What are the requirements for personnel lodging and sustainment (meals, etc.) 	DOD		E-mail, Web-EOC Phone, or other	
10.	Logistical Support	What staging areas are being used by Federal responders?	ASPR (Logistics) POC : EMG Logs	FEMA	E-mail, Web-EOC Phone, or other	

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
11.	Logistical Support	What systems are in place to distribute necessary supplies, equipment and support for infrastructure deficits?	ASPR (Logistics) POC : EMG Logs	Quarter Master Inventory System	WebEOC	
12.	Transportation	Is DOD assistance available to provide bulk transport support for medical supplies/equipment and personnel?	DOD		E-mail, Web-EOC Phone, or other	
13.	Transportation	What is the status of transportation (assets and routes, including air, ground and rail)?	DOT POC:		E-mail, Web-EOC Phone, or other	
14.	Communications	Have communications been established with the JIC and State EOCs?	ASPA and EMG Ops POC: EMG Public Affairs	PAO and RECs	E-mail, Web-EOC Phone, or other	
15.	Assessment of Public Health/ Medical/Human Services Needs	What is the status of critical infrastructure in the affected area(s) (i.e. hospitals, urgent care facilities, EMS service, SLTT public health departments, mental health clinics and social service agencies)	IRCT, CIP, SOC, CDC POC: SOC		E-mail, Web-EOC Phone, or other	
16.	Assessment of Public Health/ Medical/Human Services Needs	What health services, including mental and behavioral health, are available? Where?	IRCT, CDC, CIP POC: SOC		E-mail, Web-EOC Phone, or other	

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
17.	Assessment of Public Health/ Medical/ Human Services Needs	What is the status of environmental assessments (i.e., air and water quality, etc.)?	CDC POC: EOC Operations Support Branch		E-mail, Web-EOC Phone, or other	
18.	Assessment of Public Health/Medical/ Human Services Needs	What is the status of sheltering efforts? Locations?	IRCT,ARC POC: ESF #6 desk NRCC or SOC	ARC (for congregate living); State (for at-risk/ special needs populations) National Sheltering System gives location/ address of shelters, operational status and capacity	E-mail, Web-EOC Phone, or other	
19.	Assessment of Public Health/Medical/ Human Services Needs	What damage has occurred in the affected area (including injuries/fatalities)?	IRCT, Regional IMAT POC:		E-mail, Web-EOC Phone, or other	
20.	Assessment of Public Health/Medical/	What assistance have state officials requested from CDC, e.g., technical assistance, grant	CDC EOC, IRCT POC:		E-mail, Web-EOC Phone, or other	

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
	Human Services Needs	guidance, vector control, public health messaging?				
21.	Assessment of Public Health/Medical/ Human Services Needs	What is the status of SLTT public health public communication channels and technologies, including TTY and alternate formats, and services for persons with limited English proficiency? Have essential services been restored? Status of progress?	IRCT POC:		E-mail, Web-EOC Phone, or other	
22.	Assessment of Public Health/Medical/ Human Services Needs	What is the SLTT policy for allowing citizens to return home?	IRCT POC:		E-mail, Web-EOC Phone, or other	
23.	Assessment of Public Health/Medical/ Human Services Needs	What percent of displaced residents have returned home and what percentage of those require medical support or services (e.g., home health care)?	IRCT POC:		E-mail, Web-EOC Phone, or other	
24.	Health Surveillance	What are the illness and injury surveillance needs and capabilities of the potentially affected state(s)?	CDC POC: EOC Operations Support Branch		E-mail, Web-EOC Phone, or other	
25.	Health	Have there been any	CDC		E-mail, Web-	

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
	Surveillance	outbreaks/reports of abnormal diseases or disease rates?	POC: EOC Operations Support Branch		EOC Phone, or other	
26.	Health Surveillance	Have outbreaks/reports of abnormal disease/injury or disease/injury rates been restored to pre-event levels?	CDC POC: EOC Operations Support Branch		E-mail, Web-EOC Phone, or other	
27.	Medical Care Personnel	What is the status of deploying personnel physical and mental health screening and availability of crisis counseling, vaccinations, immunizations, and other drug preventatives that may be needed?	OFRD,CDC, ESF #8, ASPR, FOH, FDA, HIS POC:		E-mail, Web-EOC Phone, or other	
28.	Medical Care Personnel	What capabilities by specialty will be required? (as an example for FMS)	ASPR (Planning) POC: EMG Plans	RNA, MNAT, IRCT	IAP, E-mail, Web-EOC	
29.	Health/Medical Equipment and Supplies	Are ESF #8 assets being pre-positioned; and if so, where are the intended sites?	ASPR (Logistics), CDC POC : EMG Logs		E-mail, Web-EOC Phone, or other	
30.	Health/Medical Equipment and Supplies	Does the potentially affected state(s) have adequate vaccination/immunization supplies? (or what percentage of the population can be covered?)	CDC POC: EOC Operations Support Branch		E-mail, Web-EOC Phone, or other	
31.	Health/Medical Equipment and	What is the projected requirement for medical supplies/	ASPR (Logistics), IRCT POC : EMG Logs		E-mail, Web-EOC Phone, or	

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
	Supplies	pharmaceuticals?			other	
32.	Health/Medical Equipment and Supplies	Is DOD assistance available to provide critical medical resource logistics and distribution support?	DOD		E-mail, Web-EOC Phone, or other	
33.	Health/Medical Equipment and Supplies	What is the Federal plan for distribution and allocation of medical supplies to include main and alternate supply points and supporting terminals to be used or considered?	ASPR (Logistics) POC : EMG Logs	CDC/ESF #8	WebEOC – MA Subtask	
34.	Health/Medical Equipment and Supplies	What are the Federal recommended levels of supply? And critical replenishment points?	ASPR (Logistics) POC : EMG Logs	FEMA Mob Centers	TBD	
35.	Health/Medical Equipment and Supplies	What are the recommended procedures for Federal use and local acquisition of supplies and services?	ASPR (Logistics) POC : EMG Logs	Contracting Officer	WebEOC ICS Form	
36.	Patient movement	Will DOD permit the use of TRAC2ES and the GPMRC to monitor and track all patient movements (air, sea, and ground), including movement of at-risk individuals?	DOD			

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
37.	Patient movement	How far in advance will the determination for mandatory evacuation of the possible evacuation impact area be made?	ASPR (Planning) or IRCT POC: EMG Plans or Appropriate IRCT email address	NRCC Liaison, RRCC Liaison	ICP for EMG or IAP for IRCT, Web-EOC e-mail, Phone, or other	
38.	Patient movement	What measures are SLTT officials taking to accommodate inbound relief traffic in light of possible evacuation route (counter flow)?	DOT POC			
39.	Patient movement	Have evacuation/relocation sites been identified?	ASPR (Planning) POC: EMG Plans	NRCC Liaison, RRCC Liaison	IAP, Web-EOC, e-mail, Phone, or other	
40.	Patient movement	Will Federal assistance be needed to evacuate patients in nursing home/assisted living facilities?	ASPR (Planning) POC: EMG Plans	RNA	IAP, Web-EOC, e-mail, Phone, or other	
41.	Patient movement	What is the projected requirement for the pre- and post-hospitalization regulating of patients (including at-risk), in order to integrate patients with transportation assets and definitive care facilities?	ASPR (Planning, ABC) POC: EMG Plans	RNA	IAP, Web-EOC, e-mail, Phone, or other	
42.	Patient movement	Is DOD assistance available to provide patient transport/strategic	DOD		E-mail, Web-EOC Phone, or	

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
		lift capability support? And movement into definitive care (hospitals)?			other	
43.	Patient movement	What is the projected requirement for aeromedical evacuation (ambulatory and non-ambulatory), including at-risk population?	ASPR (Planning) POC: EMG Plans	RNA	IAP,Web-EOC , e-mail, Phone, or other	
44.	Patient movement	What is the projected requirement for ground movement of patients, including at-risk individuals?	ASPR (Planning) POC: EMG Plans	RNA	IAP,Web-EOC , e-mail, Phone, or other	
45.	Patient Care	Will FEMA establish mass care shelters in designated mobilization bases to care for non-medical attendants and family members of patients under the care of HHS Federal Medical Stations?	ASPR (Planning and Logistics) POC: EMG Plans		IAP,Web-EOC , e-mail, Phone, or other	
46.	Patient Care	Is there a requirement for medical personnel to support Urban Search and Research Teams at staging areas and on missions (e.g., DMAT)?	ASPR (Planning) POC: EMG Plans		IAP,Web-EOC , e-mail, Phone, or other	
47.	Patient Care	What is the hospital surge capacity in the anticipated path of the storm? Does it include at-risk needs?	ASPR (Planning) POC: EMG Plans			

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
48.	Patient Care	What is the ESF #8 bed availability? Does it include at-risk needs?	DOD		NDMS bed count or HAvBED report	
49.	Patient Care	What is the status of Federal programs and health and medical facilities in the affected area?	VA, DOD, HIS, HRSA, SAMSHA DOD			
50.	Patient Care	What are the safety and health recommendations for facilities that cannot be evacuated (if requested by the state)	CMS POC:	See Regional Analysis and Louisiana Recovery Plan for facilities sheltering in place		
51.	Patient Care	Is DOD assistance available to provide medical surge capability support?	DOD			
52.	Patient Care	What is the non-ESF #8 bed status in the affected and surrounding areas, including at-risk population needs?	IRCT, CIP POC:			
53.	Patient Care	What is the status of each FMS: occupied beds, vacant/available beds, supplies & equipment, patient contacts and capacity for	IRCT POC:		Sitrep	

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
		at-risk individuals since last report?				
54.	Blood and Blood Products	What is the projected requirement for blood product support?	ARC, AABBTf, DOD POC: AABBTf DOD			
55.	Safety /Security of Human Drugs, Biologics, Medical Devices, Human food, Animal Food, and Veterinary Drugs	What is the status of safety and security of human drugs, biologics, medical devices, human food, animal food, and veterinary drugs in the affected area?	FDA POC: FDA EOC			
56.	Safety /Security of Human Drugs, Biologics, Medical Devices, Human food, Animal Food, and Veterinary Drugs	What number of FDA-regulated establishments (food, feed, drugs, medical devices, cosmetics) require inspectional follow-up by FDA?	FDA POC: FDA EOC			
57.	Human and Animal Food Safety, Pharmaceuticals	What assistance have state officials requested from FDA, e.g., inspectional assistance, technical expertise, product sampling, and laboratory analysis?	IRCT, FDA POC: FDA EOC			

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
58.	Safety /Security of Human Drugs, Biologics, Medical Devices, Human Food, Animal Food, and Veterinary Drugs	What is the status of the affected companies/facilities manufacturing or distributing Human Drugs, Biologics, Medical Devices, Human Food, Animal Food, and Veterinary Drugs in the impacted area?	FDA POC: FDA EOC			
59.	Worker Health/Safety	Are sufficient procedures in place to monitor the physical and mental health and well-being of emergency workers; perform field investigations and studies to address worker health and safety issues; and provide technical assistance and consultation on worker health and safety measures and precautions?	DOL, CDC/NIOSH, ASPR (ABC) POC:			
60.	All-hazard Public Health and Medical Consultation, Technical Assistance and Support	Have assessments of all hazards been accomplished in the affected area?	CDC POC: EOC Operations Support Branch			
61.	Behavioral Health Care	What is the plan to ensure behavioral health force protection	POC: ASPR (ABC)	CMO, ASPR/ABC,		

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
		for HHS responders (e.g., orientation, educational materials, support in theater, end-of-mission re-entry support, and follow-up)?		IRCT, FOH		
62.	Behavioral Health Care	Has the potentially affected state(s) determined status of in-patient behavioral health facilities? Are there any plans for evacuation?	POC: SAMHSA			
63.	Behavioral Health Care	What behavioral health assets can HHS OPDIVS and ESF#8 partners roster and deploy?	OFRD, EMG Ops, ASPR (ABC) POC:	HHS OPDIVS		
64.	Behavioral Health Care	What are the State's capabilities for behavioral health care (e.g., personnel, disaster behavioral health/psychological support, treatment, psychotropic medication)?	POC: ASPR (ABC), SAMHSA	ASPR/ABC, SAMHSA		
65.	Behavioral Health Care	What is the status of the need for behavioral health support to the FMS: diagnoses, occupied beds, vacant/available beds, types and amounts of psychotropics used, and patient contacts since last report?	POC: IRCT	for consultation and technical assistance, ASPR (ABC) – NDMS		
66.	Behavioral	What is the status of behavioral	POC: EMG	SAMHSA,		

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
	Health Care	healthcare infrastructure (e.g. hospitals, clinics, bed capacity and availability, etc.)?"		ASPR/ABC/EMG/IRCT		
67.	Behavioral Health Care	What behavioral health care response elements (if any) have deployed, including IRCT, regional IMAT, etc.?	ASPR (Operations,ABC) POC: EMG Ops	OFRD, ESF #8, IRCT	E-mail, Web-EOC Phone, or other	
68.	Behavioral Health Care	What is the plan for transitioning behavioral health care back to the SLTT communities?	POC: ASPR-ABC	SAMHSA/ ASPR ABC for consultation/ assistance/ ASH		
69.	Behavioral Health Care	What is the current Common Operating Picture on federal behavioral health assets deployed in support of HHS' ESF#8	POC: EMG	ASPR (ABC)/IRCT/ CMO		
70.	Behavioral Health Care	What is the state(s) plan on applying for FEMA crisis counseling grants? What state(s) need assistance?	POC: SMAHSA	SAMHSA		
71.	Behavioral Health Care	What is the forecasted need for behavioral health care resources over the next 72 hrs – 1 week?	POC: EMG	ASPR/ABC, SAMHSA		
72.	Public Health and Medical	Has pre-event planning included the preparation and distribution	CDC, ASPA, ASPR (ABC)			

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
	Information	strategy for safety messages in print, alternative formats and PSAs for radio/TV, including use of sign language interpreters and other non-English languages (e.g., safe use of generators to prevent CO poisoning; driving hazards due to traffic signals not working, use of ladders on weakened buildings, etc.)?	POC: ASPA			
73.	Vector Control	Is there a threat from vector-borne disease?	CDC POC: EOC Ops Support Branch			
74.	Vector Control	Is vector control assistance needed?	IRCT, CDC, DOD DOD			
75.	Potable Water, Wastewater and Solid Waste Disposal	What is current status of potable water within the damaged area?	EPA/FDA/NCEH POC: EOC Operations Support Branch			
76.	Potable Water. Wastewater and Solid Waste Disposal	Have environmental conditions (i.e. water supply, ground contamination) been restored to pre-event levels?	IRCT, EPA/FDA/NCEH POC:			
77.	Victim Identification/ Mortuary	Is assistance required and available to provide mortuary affairs and victim identification	IRCT, ESF #8, DOD DOD			

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
	Services	support?				
78.	Victim Identification/ Mortuary Services	Are additional support services (e.g., crisis counseling and social services) available for surviving family members?	IRCT, ESF #8 POC:	Human Services Rep to EMG		
79.	Human Services	What are the numbers and types of populations affected by the hurricane with medical and/or functional needs?	IRCT POC:			
80.	Assessment of Public Health/ Medical/ Human Services Needs	What social services are available? Where?	ASPR POC:	Human Services Rep to EMG		
81.	Human Services	What assets are available to assist ESF #6 assess medical care needs in mass care shelters?	IRCT POC:			
82.	Assessment of Veterinary Medical requirements	What requirements for veterinary preventive medical needs have been identified at evacuation/extrication points?	NDMS/NVRT			
83.	Assessment of Veterinary Medical requirements	What is the status of animal sheltering efforts and subsequent clinical support?	NDMS/NVRT			

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
84.	Assessment of Veterinary Medical requirements	What are the clinical support requirements for Search and Rescue Canines	NDMS/NVRT			
85.	Assessment of Veterinary Medical requirements	What is the status of the local veterinary infrastructure?	NDMS/NVRT			
86.	Assessment of Veterinary Medical requirements	Are there reports of outbreaks of disease, illness and/or zoonotic disease in animals?	NDMS/NVRT			
87.	Assessment of Veterinary Medical requirements	What are the requirements for Service Animal support?	NDMS/NVRT			
88.	Assessment of Veterinary Medical requirements	Where are Veterinary assets positioned?	NDMS/NVRT			
89.	Assessment of Veterinary Medical requirements	Have veterinary assets received adequate initial supplies and are mechanisms in place for re-supply?	NDMS/NVRT			
90.	Assessment of Veterinary	Is FEMA ESF#6/USDA Mass Care available to provide non-	NDMS/NVRT			

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
	Medical requirements	medical technical support for animal transport and sheltering?				
91.	Assessment of Veterinary Medical requirements	Are patients accompanied by Service Animals being accommodated accordingly during movement?	NDMS/NVRT			
92.	Assessment of Veterinary Medical requirements	Are procedures in place to monitor/record animal bite incidents & provide follow-up clinical/administrative management?	NDMS/NVRT :			
93.	Assessment of Veterinary Medical requirements	Has the therapeutic value of the human-animal bond been given consideration as a psycho-social support tool for those in the response environment?	NDMS/NVRT :			
94.	Assessment of Veterinary Medical requirements	What does the state need from the Federal government for veterinary services? At what frequency are these needs reassessed?	NDMS/NVRT l:			
95.	Assessment of Veterinary Medical requirements	What are the requirements for veterinary IRCT, assessment, strike team components and/or full teams?	NDMS/NVRT :			
96.	Assessment of Veterinary	What assets are available to assist ESF-6?	NDMS/NVRT			

EEI # (1)	Essential Element of Information (2)	Specific Information Required (3)	Data Collector(s) (4)	Data Source(s) (5)	Deliverable Mechanism (6)	Suspense/ Frequency of Providing Data EMG (7)
	Medical requirements					
97.	Assessment of Veterinary Medical requirements	What assets are available to assist ESF-9?	NDMS/NVRT :			
98.	Assessment of Veterinary Medical requirements	What assets are available to assist ESF-11?	NDMS/NVRT			

**U.S. Department of Health and Human Services
Office of the Assistant Secretary for
Preparedness and Response**

**ESF #8
2010 Hurricane Playbook**

Section 6

Initial Intake and Assessment Tool

The Office of the Assistant Secretary for Preparedness and Response (ASPR), in collaboration with the American Red Cross, developed a [web-based training](#) on the Initial Intake and Assessment Tool, which was created and designed to help emergency shelter staff determine the most appropriate setting for an individual during a disaster. This can be found at <http://www.hhs.gov/aspr/opeco/abc/initialintakeassessment.html>.

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Date/Time: _____ Shelter Name/City/State: _____ DRO Name/#: _____

Family Last Name: _____

Primary language spoken in home: _____ Does the family need language assistance/interpreter?: _____

Names/ages/genders of all family members present: _____

If alone and under 18, location of next of kin/parent/guardian: _____ If unknown, notify shelter manager & interviewer initial here: _____

Home Address: _____

Client Contact Number: _____ Interviewer Name (print name): _____

INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now ?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.



STOP HERE!



REFER to: HS Yes No DMH Yes No Interviewer Initial _____

DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP

ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEARING			
	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT			
	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING			
	Circle	Ask all questions in category.	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION			
	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to Interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to Interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/ DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(h)(5).

The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

**U.S. Department of Health and Human Services
Office of the Assistant Secretary for
Preparedness and Response**

**ESF #8
2010 Hurricane Playbook**

Section 7

Critical Infrastructure Operational Checklist

**Critical Infrastructure Protection Program
Incident Response Checklist**

Incident Name _____

Pre-incident/24-Hour checklist	Timeline	Status (RYG)	Completed By	Date Completed
Verify user ID/passwords and access to: EMG E-mail (emgcip@hhs.gov)	T-96			
HSIN	T-96			
Critical Sectors	T-96			
ESF #8	T-96			
FedOps	T-96			
Emergency Management	T-96			
Icav	T-96			
InSIGHT	T-96			
Palenterra	T-96			
PHAST	T-96			
RxResponse	T-96			
SOC Portal	T-96			
WebEOC	T-96			
Upload CIP Operational Checklist to CIP section of the SOC Portal	T-96			
Setup Incident Specific area on HSIN-CS-HPH Portal				
Notify HPH Partners that the area has been established and the current plan of action for information sharing initiatives	T-96			
Nationally/internationally significant infrastructure				
Compare potentially affected area with Tier ½ list (CLASSIFIED)	T-72			
Compare potentially affected area with CFDI list (CLASSIFIED)	T-72			
Determine potential effects secondary to interdependencies	T-72			
Regionally/locally significant infrastructure				
Determine categories of infrastructure of concern	T-72			

Pre-incident/24-Hour checklist	Timeline	Status (RYG)	Completed By	Date Completed
Provide list of categories to Fusion Cell and GIS (fusion@hhs.gov)	T-72			
Review PHAST Database for listed assets	T-72			
Determine potential effects secondary to interdependencies	T-72			
HHS owned/operated facilities throughout the US				
Contact ASAM for a database run of HHS owned/operated assets	T-72			
Request should include File ID, OPDIV/STAFFDIV, Status, Record Type, Subtype, File Name, Address, City, County, State, Postal Code, Gross SF, # of Occupants, Mission Dependency, Utilization, and Ownership	T-72			
Determine the impact, if any, to these facilities	T-72			
Insert number of facilities and number of HHS personnel affected into HHS SITREP. Provide a copy of the list to the Fusion Cell and GIS staff (fusion@hhs.gov)	T-72			
Determine potential effects secondary to interdependencies	T-72			
Determine cascading effects	T-72			
Planning				
Develop CIP shift rotation based upon current/proposed operational periods	T-72			
Provide pertinent CIP related information to planning personnel as requested	T-72			
Maintenance				
Monitor changes in the affected zone and reassess interdependencies and cascading effects	T-48/24/Daily			
Provide updates to WebEOC (submission times based upon operational requirements)	Daily			
Provide updates to InSIGHT by 0300 and 1500 daily, once initiated by the NICC	Daily			
Monitor for changes in impact to assets/systems in	Daily			

Pre-incident/24-Hour checklist	Timeline	Status (RYG)	Completed By	Date Completed
the affected area				
Participate in HHS SOC ESF #8 Conference Call (at least once per operational period)	Daily			
Participate in FEMA VTC Conference Calls (at least once per operational period)	Daily			
Participate in NICC Conference call (Daily at 1100)	Daily			
Participate in HPH Sector Conference Call (Daily at 1000)	Daily			
Information Sharing				
E-mail Reports via HSIN Listserv				
NICC Daily O/S	As Released			
NICC ExSum	As Released			
NICC SITREP	As Released			
DHS SPOT REP	As Released			
DHS NOC Reporting	As Released			
Posting to HSIN-CS Portal (Incident Specific Area)				
HHS SITREP	As Released			
HHS SPOT REP	As Released			
HHS GIS Products (As approved by Operations)	As Released			

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Section 8

Public Health & Medical Oil Spill Impact

This page under development

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Section 9

Glossary of Acronyms

Glossary of Acronyms

Acronym	Definition
AABB TF	American Association of Blood Banks Task Force on Domestic Disaster and Terrorism
ABC	At-Risk Individuals, Behavioral Health, and Human Services Coordination
ADD	Administration on Development Disabilities
ACF	Administration for Children and Families
AE	Aeromedical Evacuation
AELT	Aeromedical Evacuation Liaison Team
AHRQ	Agency for Healthcare Research and Quality
ARC	American Red Cross
ASH	Assistant Secretary for Health
ASL	Assistant Secretary for Legislation
ASPA	Assistant Secretary for Public Affairs
ASPR	Assistant Secretary for Preparedness and Response
BPT	Be Prepared to
CBP	Customs and Border Protection
CCP	Crisis Counseling Assistance and Training Program
CDC	Centers for Disease Control and Prevention
CIP	Critical Infrastructure Program
CERCLA	Comprehensive Environmental Response Cleanup Liability Act
C-MIST	Communications, Medical Care, Independence, Supervision, Transportation
CMS	Centers for Medicare and Medicaid Services
COP	Common Operating (Operational) Picture
(DASF)	Disaster Aeromedical Staging Facilities
DASPEO	Deputy Secretary Preparedness Emergency Operations
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOD	Department of Defense
DOS	Department of State

Acronym	Definition
DOT	Department of Transportation
DPA	Defense Protection Act
DPP	Division of Preparedness Planning
DPMU	Disaster Portable Morgue Unit
DSNS	Division of Strategic National Stockpile
EMAC	Emergency Management Assistance Compact
EMG	Emergency Management Group
EMR	Electronic Medical record
EMS	Emergency Medical System
EMT	Emergency Medical Technician
EMTALA	Emergency Medical Treatment and Labor Act
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
EXORD	Execute Order
ESF	Emergency Support Function
FCC	Federal Coordinating Center
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FMS	Federal Medical Station
FMS-ST	Federal Medical Station Strike Team
FIRST	Federal Incident Response Team
HAN	Health Alert Network
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
HSAS	Homeland Security Alert System
HSC	Homeland Security Council
HSIN	Homeland Security Information Network
HSPD	Homeland Security Presidential Directive
IAC	Interagency Advisory Council

Acronym	Definition
IAP	Incident Action Plan
ICE	Immigration and Customs Enforcement
ICP	Incident Coordination Plan
ICS	Incident Command System
ICU	Intensive Care Unit
IGA	Office of Intergovernmental Affairs
IMAT	Incident Management Assistance Team (2 National and one in each region)
HIS	Indian Health Service
IRCT	Incident Response Coordination Team
IRCT-A	Incident Response Coordination Team –Advance
JFO	Joint Field Office
JIC	Joint Information Center
JPAT	Joint Patient Assessment and Tracking System
L	Hurricane Landfall (Days)
LFA	Lead Federal Agency
LRAT	Logistics Response Assistance Team
MMA	Major Metropolitan Area
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MTF	Mission Task Force
NECH	National Center for Environmental Health
NVRT	National Veterinary Response Team
NMDS	National Disaster Medical System
NICCL	National Incident Communications Conference Line
NIH	National Institute of Health
NIMS	National Incident Management System
NOAA	National Oceanic and Atmospheric Administration
NVOAD	National Voluntary Organizations Active in Disaster
NRCC	National Response Coordination Center

Acronym	Definition
NRF	National Response Framework
OCONUS	Outside Continental United States
OCR	Office for Civil Rights
OD	Office on Disability
OEM	Office of Emergency Management
OCV	Office of Civilian Volunteers
OCVMRC	Office of Civilian Volunteers Medical Reserve Corps
OFRD	Office of Force Readiness Deployment
OGC	Office of the General Counsel
OGHA	Office of Global Health Affairs
OMCP	Office of Mass Casualty Planning
OMSPH	Office of Medicine, Science and Public Health
OPDIV	Operating Division
OPHS	Office of Public Health Science
OSHA	Occupational Safety and Health Administration
OSG	Office of the Surgeon General
PFO	Principal Federal Official
PAO	Public Affairs Office
PHS CC	Public Health Service Commissioned Corps
PPE	Personal Protective Equipment
PEO	Preparedness Emergency Operations
RD	Regional Director
REC	Regional Emergency Coordinator
RHA	Regional Health Administrator
RNA	Rapid Needs Assessment
RRCC	Regional Response Coordination Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SCHIP	State Children's Health Insurance Program
SECDEF	Secretary of Defense

Acronym	Definition
SHO	Senior Health Official
SLTT	State, Local, Tribal, and Territorial
SME	Subject Matter Expert
SOC	Secretary's Operations Center
SSAG	Stockpile Services Advance Group
TSA	Transportation and Security Agency
U.S.	United States
USACE	United States Army Corps of Engineers
USAID	United States Agency for International Development
USCG	United States Coast Guard
USDA	United States Department of Agriculture
USFWS	United States Fish and Wildlife Service
USPHS	United States Public Health Service
USG	United States Government
VA	Department of Veterans Affairs
VTC	Video Teleconference