MISSISSIPPI COMPREHENSIVE EMERGENCY MANAGEMENT PLAN (CEMP)

ESF #8 Public Health and Medical Services Annex

Coordinating Agency

Mississippi State Department of Health (MSDH)

Primary Agencies

Mississippi State Department of Health (MSDH)
University of Mississippi Medical Center (UMMC)

Support Agencies

Mississippi Board of Animal Health (MBAH)
Mississippi Board of Pharmacy (MBOP)
Mississippi Institutions of Higher Learning (IHL)
Mississippi Department of Agriculture and Commerce (MDAC)
Mississippi Department of Education (MDE)
Mississippi Department of Environmental Quality (MDEQ)
Mississippi Department of Human Services (MDHS)
Mississippi Emergency Management Agency (MEMA)
Mississippi Department of Mental Health (DMH)
Mississippi Department of Public Safety (MDPS)
Mississippi Department of Rehabilitation Services (MDRS)
Mississippi Division Of Medicaid (DOM)
Mississippi Military Department (MMD)/ Mississippi National Guard (MSNG)

Mississippi Community College Board (MCCB)
Mississippi State Board of Medical Licensure (MSBML)
Mississippi Board of Nursing (MSBON)
Mississippi State Medical Examiner's Office (OCME)
Mississippi State Fire Academy (MSFA)
Mississippi Veterinary Medical Association (MVMA)
Other State Hospitals

Private Sector Support Agencies

Mississippi Blood Services
Network 8 Incorporated
The Salvation Army (SA)

Federal Coordinating and Primary Agency

Department of Health and Human Services (HHS)

Federal Support Agencies

Department of Agriculture (USDA)
Department of Commerce (DOC)
Department of Defense (DOD)
Department of Energy (DOE)
Department of Homeland Security (DHS)
Department of the Interior (DOI)
Department of Justice (DOJ)
Department of Labor (DOL)
Department of State (DOS)
Department of Transportation (DOL)
Department of Veteran's Affairs (VA)
Environmental Protection Agency (EPA)

General Service Administration (GSA)
US Agency for International Development
   (USAID)
United States Postal Service (USPS)
American Red Cross (ARC)

1. INTRODUCTION. Emergency Support Function (ESF) #8 Public Health and Medical Services Annex supports local, state, and tribal entities, voluntary organizations, non-governmental organizations, and the private sector in managing public health and medical systems and infrastructure during domestic threats or in response to actual or potential incidents.

   a. Purpose. The purpose of this ESF #8 Annex is to provide and maintain public health and medical services for the support of response and recovery missions following an emergency or a major disaster.

ESF #8 provides state assistance and coordinates local resources in response to public health and disaster medical care needs. State agencies and health organizations will provide and coordinate services and resources including, but not limited to, emergency medical treatment and prevention, inspection of food, potable water, and onsite wastewater disposal, emergency mortuary service and mass fatality management, patient rehabilitation, vector and disease control, disease surveillance, and the restoration of health and medical infrastructure.

The success of this effort requires the coordination, pooling, and networking of both available and obtainable public health and medical services resources provided by federal and state agencies, local government entities, voluntary organizations, or other providers.

The term "obtainable" means other necessary resources that must be acquired through contract, lease, purchase, mutual aid agreements, or otherwise from outside the inventory or control of participating agencies. These resources may be in such forms as facilities, personnel, equipment, materials, supplies, consulting services, technical assistance, or others.

   b. Scope. This Annex is used to respond to incidents where a threatened or actual incident exceeds local response capabilities. It is also to be used when Mississippi's capabilities are exceeded and federal government response is requested.

The following activities are within the scope of ESF #8:

   (1) Support local assessment and identification of public health and medical services needs.

(2) Coordinate, support stabilization, and re-establishment of the public health and medical system.

(3) Support sheltering of persons with medical needs.

(4) Monitor and coordinate resources to support the care and movement of persons with medical needs.

(5) Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures, and non-medical interventions.

(6) Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin. Develop, disseminate, and coordinate accurate and timely public health and medical information.

(7) Monitor the need for and coordinate resources to support fatality management services.

(8) Monitor the need for and coordinate resources to support disaster behavioral health services.

(9) Support responder safety and health needs.

(10) Provide public health and medical technical assistance and support.

(11) Emergency Medical Services.

(12) Environmental health monitoring and response.

(13) Veterinary medical support.

If local public health and medical systems capabilities or resources become overwhelmed and unable to meet emergency or major disaster needs, ESF #8 will be activated to support those affected. This support will be provided in accordance with the State Comprehensive Emergency Management Plan (CEMP) and the National Response Framework (NRF).

If federal ESF #8 is activated to assist local, state, tribal governments, the primary agency for overall coordination of federal resources is the Department of Health and Human Services (HHS).

2. RELATIONSHIP TO THE WHOLE COMMUNITY. This section describes how ESF #8 relates to other elements of the whole community.

a. **Local, State, and Tribal Governments**. Primary responsibility for managing incidents involving public health and medical systems usually rests with local, state, and tribal authorities and the private sector, which own and operate most public health and medical systems resources. As such, a federal response must acknowledge local, state, tribal public health and medical systems policies, authorities, and plans that manage and prioritize the movement of relief personnel, patients, and supplies during emergencies. ESF #8 can deploy public health and medical assets to assist as needed.

In a major public health or medical emergency, demand for public health and medical resources may exceed local, state, and tribal capability. State and tribal jurisdictions may request assistance through the Emergency Management Assistance Compact (EMAC) or request federal assistance, which may be executed with or without a Stafford Act declaration. When possible, a recognized spokesperson from the affected public health and medical community (local, state, and tribal) delivers relevant health messages.

b. **Private Sector/Non-Governmental Organizations.** The private sector owns or operates a large proportion of public health and medical systems resources and is a partner or lead for rapidly restoring health and medical-related services. Private-sector mutual aid and assistance networks facilitate the sharing of resources to support response. ESF #8 augments the support provided by the private healthcare sector when requested by local and tribal governments.

ESF #8 organizations work closely with the private sector (e.g., regulated industries, academic institutions, trade organizations, advocacy groups), volunteer organizations (e.g., faith-based and neighborhood partnerships), and local and state agencies to coordinate ESF #8 response resources. ESF #8 organizations recognize that leveraging resources from these organizations and individuals with shared interests allows ESF #8 to accomplish its mission in the least burdensome ways and most beneficial to the American public. This concept enhances the resilience of healthcare systems to deliver coordinated and effective care during public health emergencies and mass casualty events.

Non-governmental organizations, including community-based organizations, are essential partners in recruiting and supporting health professional volunteers and providing medical and counseling services to victims and their families.

3. CORE CAPABILITIES AND ACTIONS. This section outlines the ESF roles aligned to core capabilities. The following table lists the Response core capability that ESF #8 most directly supports, along with the related ESF #8 action. Though not listed in the table, all ESFs, including

ESF #8, support the Core Capabilities of Planning, Operational Coordination, and Public Information and Warning:

Core Capability	ESF #8 – Public Health and Medical Systems
Public Information and Warning	• Coordinates the federal public health and medical messaging with jurisdictional officials. • Continuously acquires and assesses information on the incident. Sources of information may include state incident response authorities, officials of the responsible jurisdiction in charge of the disaster scene, and ESF #8 support departments, agencies, and organizations. • Provides public health, behavioral health, disease, and injury prevention information that can be transmitted to the public and responders in or near affected areas in languages and formats that are understandable to individuals with limited English proficiency and individuals with disabilities and others with access functional needs. • Supports a Joint Information Center in releasing general medical and public health response information to the public.
Critical Transportation (Patient Movement)	• Transports seriously ill or injured patients and medical needs populations from casualty collection points in the impacted area to designated reception facilities. • Coordinates the Federal response in support of emergency triage and pre-hospital treatment, patient tracking, distribution, and patient return. This effort is coordinated with Federal and local, state, and tribal emergency medical services officials. • Provides support for evacuating seriously ill or injured patients through the National Disaster Medical System (NDMS), an interagency partnership between HHS, the Department of Homeland Security (DHS), the Department of Defense (DOD), and the Federal Emergency Management Agency (FEMA), via the National Ambulance Contract. Support may include providing transportation assets, operating and staffing NDMS patient collection points (e.g., aerial ports of embarkation), and the Department of Veterans Affairs (VA) establishing Federal Coordinating Centers that conduct patient reception at ports of debarkation (e.g., aerial ports of debarkation). Federal support may also include processing and tracking patient movement from collection points to reception facilities.

Core Capability	ESF #8 – Public Health and Medical Systems
Critical Transportation (Patient Movement) cont.	Note: DOD is responsible for regulating and tracking patients transported on DOD assets to appropriate treatment facilities (e.g., NDMS hospitals).
Environmental Response/Health and Safety	• Supports the Worker Safety and Health Support Annex, provides technical assistance and conducts exposure assessments and risk management to control hazards for response workers and the public.
Fatality Management Services	• Assists jurisdictional medico-legal authorities and law enforcement agencies in the tracking and documenting of human remains and associated personal effects, reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains (when indicated and possible). • Establish temporary morgue facilities determining the cause and manner of death. • Collect ante mortem data in a compassionate and culturally competent fashion from authorized individuals. • Perform postmortem data collection and documentation. Identify human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, Deoxyribonucleic Acid (DNA) samples). • Prepare, process, and return human remains and personal effects to the authorized person(s) when possible. • Provide technical assistance and consultation on fatality management and mortuary affairs. If caskets are displaced, ESF #8 assists in identifying the human remains, recasketing, and reburial in public cemeteries. • May provide support to families of victims during the victim identification mortuary process.
Mass Care Services	• Provide technical expertise and guidance on the public health issues of the medical need's population. • Assist with applications for Federal benefits sponsored by the Department of Health and Human Services (HHS) and ensure continuity of assistance services in affected states and states hosting relocated populations. • Provide support for the provision of case management and advocacy services.

Core Capability	ESF #8 – Public Health and Medical Systems
Mass Care Services cont.	• Provide support for human and/or veterinary mass care sheltering as resources are available.
Public and Private Services and Resources	Blood and Tissues: • Monitors and ensures the safety, availability, and logistical requirements of blood and tissues. This includes the ability of the existing supply chain resources to meet the manufacturing, testing, storage, and distribution of these products. Food Safety, Security, and Defense: • In coordination with ESF #11 (Agriculture and Natural Resources), may task HHS components and request assistance from other ESF #8 partner organizations to ensure the safety, security, and defense of federally regulated foods. Agriculture Safety and Security: • In coordination with ESF #11, may task ESF #8 components to ensure the health, safety, and security of food-producing animals, animal feed, and therapeutics. ESF #8 may also provide federal veterinary assistance to ESF #11. Support will include addressing zoonotic diseases and caring for research animals as needed and able to do so.
Public Health and Medical Services	Health, Medical, and Veterinary Equipment and Supplies: • Arranges for the procurement and transportation of equipment, supplies, diagnostic supplies, radiation detecting devices, and countermeasures, including assets from the Strategic National Stockpile, in support of immediate public health, medical and veterinary response operations. Health Surveillance: • Use existing all-hazards surveillance systems to monitor the health of the general and medical needs population and that of response workers and identify emerging trends related to the disaster. • Carry out field studies and investigations. • Monitor injury and disease patterns and potential disease outbreaks, behavioral health concerns, and blood and tissue supply levels.

Core Capability	ESF #8 – Public Health and Medical Systems
Public Health and Medical Services cont.	• Provide technical assistance and consultations on disease and injury prevention and precautions. • Provides support to laboratory diagnostics. Medical Surge: • Provides support for triage, patient treatment, and patient movement. • Provides clinical public health and medical care specialists from the NDMS, U.S. Public Health Service (PHS), VA, and DOD to fill local, state, and tribal health professional needs. • Engages civilian volunteers through the Emergency System for Advance Registration of Volunteer Health Professionals, volunteer Federal employees, and the Medical Reserve Corps to fill local, state, and tribal health professional needs. Patient Care: • Provides resources to support pre-hospital triage and treatment, inpatient hospital care, outpatient services, behavioral healthcare, medical-needs sheltering, pharmacy services, and dental care to victims or those who suffer from chronic illnesses. • Assists with isolation and quarantine measures and with point of distribution operations (mass prophylaxis and vaccination). • Ensures appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, where applicable. Assessment of Public Health/Medical Needs: • Supports national or regional teams to assess public health and medical needs. This function includes the assessment of the healthcare system/facility infrastructure. Safety and Security of Drugs, Biologics, and Medical Devices: • During the response, provides advice to private industry regarding the safety and efficacy of drugs, biologics (including blood, tissues, and vaccines), medical devices (including radiation emitting and screening devices), and other products that may have been compromised during an incident and are HHS regulated products.

Core Capability	ESF #8 – Public Health and Medical Systems
Public Health and Medical Services cont.	All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support: • Assesses public health and medical effects resulting from all hazards. Such tasks may include assessing the general population, children, disabilities, and others with access and functional needs. • Conduct field investigations, including collection and analysis of relevant samples. • Provide advice on protective actions related to direct human and animal exposure and indirect exposure through contaminated food, drugs, water supply, and other media. • Provide technical assistance and consultation on medical treatment, screening, and decontamination of injured or contaminated individuals. • Provide for disaster-related health and behavior health needs through direct services and/or referrals as necessary. Vector Control: • Assesses the threat of vector-borne diseases. • Conduct field investigations, including the collection and laboratory analysis of relevant samples. • Provide vector control equipment and supplies. • Provide technical assistance and consultation on protective actions regarding vector-borne diseases. • Provide technical assistance and consultation on medical treatment of victims of vector-borne diseases. Public Health Aspects of Potable Water/Wastewater and Solid Waste: • Assists in assessing potable water, wastewater, solid waste disposal, and other environmental health issues related to public health in establishments holding, preparing, and/or serving food, drugs, or medical devices at retail and medical facilities, as well as examining and responding to public health effects from contaminated water. • Conduct field investigations, including collection and laboratory analysis of relevant samples. • Provide equipment and supplies as needed.

Core Capability	ESF #8 – Public Health and Medical Systems
Public Health and Medical Services cont.	• Provide technical assistance and consultation.
Other (Veterinary Medical Support)	• Provide veterinary public health technical support through HHS National Veterinary Response Teams, veterinary officers of the PHS. The National Veterinary Response Teams are the primary federal resource for treating ill or injured pets, service animals, working animals, laboratory animals, and livestock. Under its statutory authority, HHS can manage and conduct animal responses to zoonotic diseases to protect human health. • For livestock or poultry diseases exotic to the United States that are either not or only mildly zoonotic, supports the Mississippi Board of Animal Health (MBAH) and United States Department of Agriculture (USDA) and its authority to manage a foreign animal disease response.

4. POLICIES.

a. Through the State Emergency Operations Center (SEOC), the Mississippi Emergency Management Agency (MEMA) will maintain overall direction, control, and coordination of the response and recovery efforts through coordination with all participating agencies to include federal agencies tasked by FEMA.

b. The Mississippi State Department of Health (MSDH) is the coordinating agency for ESF #8. MSDH will appoint an Emergency Coordinating Officer (ECO) to work with MEMA, other local, state, tribal, and federal agencies in an emergency public health and medical services capacity through the SEOC.

c. ESF #8 Coordinator will coordinate with all appropriate agencies/departments and organizations to ensure operational readiness in time of emergency.

d. The MSDH coordinates the state ESF #8 preparedness, response, and recovery actions in accordance with the MSDH Concept of Operations and the Mississippi Health Response Team (MHRT) plans. These actions do not alter or impede the existing authorities of any department or agency supporting ESF #8.

e. The MSDH will establish the Public Health Command/Coordination Center (PHCC) as needed to support SEOC operations and/or forward support cells.

f. The PHCC facilitates the overall Mississippi ESF #8 response. As necessary during activations, the PHCC will liaise with other agencies.

g. All local and state organizations and other ESFs participating in response operations report public health and medical requirements to their functional counterpart in ESF #8.

h. General medical and public health response information will be released to the public through ESF #15 (External Affairs) after consultation with the MSDH Public Information Officer (PIO) at the PHCC. When possible, a recognized spokesperson from the public health and medical community will deliver relevant community messages.

i. To ensure necessary patient confidentiality, the release of medical information by ESF #8 will be made in accordance with applicable laws. When established, inquiries about patients are managed by the MSDH in coordination with the Joint Information Center (JIC). (See the ESF #15 Annex for more details.)

j. Individuals in all counties of the state can receive mental health services (i.e., crisis counseling) through the Regional Mental Health Center system. In a disaster, the center serving the region where the disaster occurred will have the primary role in providing services.

k. In the event of a zoonotic or animal disease outbreak in coordination with ESF #11, public information may be released after consultation with the Mississippi Department of Agriculture and Commerce (MDAC), MBAH, and the MSDH.

l. As the coordinating agency for ESF #8, MSDH determines the appropriateness of all requests for public health, medical, and death information.

m. All state licensing boards will verify the official credentials of out-of-state practitioners. The PHCC will oversee this activity through the Mississippi Responder Management System.

n. MSDH, as the coordinating agency for ESF #8, is responsible for consulting with and organizing state public health and medical subject-matter experts, as needed.

o. All MSDH deployed field personnel or units are subordinate to the PHCC and will maintain contact with the PHCC.

p. MSDH will coordinate and manage the deployment of State Medical Response System (SMRS) assets as directed by mission tasks.

q. Responsible parties at all healthcare facilities must keep the PHCC advised of unmet needs, and the PHCC will advise the SEOC through its liaison.

r. Mutual Aid Agreements.

(1) Statewide Mutual Aid Compact. If an emergency incapacitates local emergency medical and/or health and medical services, or if the magnitude of the emergency exceeds local medical resources, requests can be made through the Statewide Mutual Aid Compact (SMAC) to other participants for resources.

(2) Emergency Management Assistance Compact. Requests for emergency medical and/or health and medical service resources obtained from EMAC or SMAC will be directed to the MEMA SEOC Operations Section for execution. The EMAC states that persons holding licenses, certificates, or other permits issued by a party state for professional, mechanical, or other skills, shall be deemed licensed, certified, or permitted by the requesting state to render aid involving such skills.

(3) In accordance with Section 33-15-14(2)(a)(viii), MS Code of 1972, annotated, all agencies with ESF # 8 responsibilities will ensure that they have standard operating procedures in place to enable them to perform appropriate levels of health and medical mitigation, preparedness, response, and recovery.

s. The MSDH ECO will coordinate from the SEOC or virtually, incident-dependent. However, a catastrophic event may require establishing an additional forward coordination element at a facility near the impacted area.

t. State public health and medical services planning will consider county, and municipal public health and medical services policies and plans used to control the movement of relief personnel, equipment, and supplies, as well as locally established priorities for determining precedence of movement.

u. State agencies should coordinate all transportation movements with ESF #1 (Transportation) and ESF #5 (Emergency Management) to ensure the orderly flow of resources.

5. CONCEPT OF OPERATIONS.

a. Assumptions.

(1) Existing state telecommunications infrastructure will provide the primary means for state government communications.

(2) Communication systems post-event will most likely be limited or inoperable.

(3) Primary agencies and support agencies will perform tasks under their authority, as applicable, in addition to missions received under the authority of MEMA.

(4) Medical resources and services may be overwhelmed or unavailable during a disaster or emergency.

(5) Some disasters may generate casualty loads beyond the treatment capabilities of local emergency medical services and healthcare systems.

(6) Damage to chemical and industrial plants, sewer lines, and water systems, combined with secondary hazards such as fires, will result in toxic environmental and public health hazards to the surviving population and response personnel.

(7) Disruption of sanitation services and facilities, loss of power, and the massing of people in shelters may increase the potential for disease and injuries.

(8) The damage and destruction of a catastrophic event will produce urgent needs for mental health crisis counseling for disaster victims and response personnel.

(9) In a catastrophic event, the need for emergency mortuary services and victim identification will be paramount.

(10) Decisions to evacuate and whom to evacuate are local/state decisions.

(11) All patient movements on the ground will be coordinated with general population evacuation processes.

(12) During a catastrophic event, healthcare facilities may lose significant operational capacity. The facilities may be at or above capacity before the event.

(13) Hospitals and other healthcare facilities may receive a surge in citizens with medical needs, long-term care patient transfers, and citizens with other medical concerns prior to an event (if there is pre-event notice).

(14) Hospitals and other healthcare facilities may receive a surge in citizens who have medical injuries, who are experiencing an exacerbation of medical conditions or have other medical concerns post-event.

(15) During events that provide no notice, all pre-event actions (i.e., warnings or evacuations) will begin immediately post-event.

(16) A major disaster could have detrimental effects on the animal population. This, in turn, could seriously harm the economy and the environment.

(17) Most emergencies and disasters involve damage to property to some extent. Roads, bridges, public utility systems, public and private buildings, homes, and other facilities will have to be inspected, either cleared for use, reinforced, quarantined, or demolished to ensure safety.

(18) Before requesting EMAC or federal assets, all available local, private, semi-private, and state resources will be deployed through SMAC to the maximum extent possible.

(19) State or federal assistance may be required to identify and deploy resources from outside the affected area to ensure a timely, efficient, and effective response and recovery.

(20) Numerous volunteering entities, both governmental and non-governmental, may mobilize personnel, supplies, and equipment to affected areas with neither coordination nor communication with the SEOC or deployed elements.

b. General Operations.

(1) MEMA will keep all responsible agencies informed of impending conditions (incident developments, weather, hazardous materials, or other events) that would cause them to assume a readiness posture for activating the SEOC for possible deployment to a forward area of operation or other activity.

(2) When ESF #8 is activated, ESF #5 and other appropriate support ESFs will be activated to support the event. ESF #8 will continually assess and develop action plans for ESF #5 to ensure all supporting agencies function appropriately and in a coordinated manner.

(3) ESF #8 is organized similar to the Incident Command System (ICS) to provide incident assessment, planning, procurement, deployment, and support operations to the SEOC, MEMA Area Coordinators (ACs), and local emergency management to assure a timely and appropriate response to an emergency/disaster situation.

(4) Procedural protocols and plans for disaster response activities are developed to govern staff operation at the SEOC, PHCC, and in the field. Periodic training is also conducted to enhance effectiveness.

(5) MSDH will maintain liaison and coordinate/manage reporting of local, state, tribal, and federal stakeholders related to public health and medical facilities.

(6) Throughout the response and recovery periods, ESF #8 will evaluate and analyze information regarding medical, health, and public health assistance requests for a response, develop and update assessments of medical and public health status in the impact area, and do contingency planning to meet anticipated demands.

(7) When activated, ESF #8 will manage and coordinate state health and medical resources from the PHCC and coordinate their response with the SEOC.

(8) When an event is focused on a specific type of response mode (e.g., hospital evacuation, radiological problem), the position and functions of the PHCC Operations Section Chief (OSC) will be assumed by an appropriate person with expertise pertinent to the event.

(9) Upon request by the local government, ESF #8 will be operational by acquiring state health and medical resources in support of local hospitals. In addition, local ESF #8 representatives will request through their local Emergency Management Agency (EMA) Director for state resources, if needed, who will, in turn, contact the SEOC for assistance.

(10) Members representing ESF #8, primary or support agencies, are expected to have extensive knowledge of the resources and capabilities of their respective organizations and have access to the appropriate authority for committing such resources during the activation.

(11) Public health and medical experts from regional and federal ESF #8 organizations are consulted for risk analysis, evaluation, and support.

(12) In the early stages of an incident, it may not be possible to fully assess the situation and verify the level of assistance required. In such circumstances, MSDH may assist under its statutory authorities. In these cases, every reasonable attempt is made to verify the need before assisting.

(13) All agencies with ESF #8 responsibility will receive administrative support from their respective organization with additional support from MEMA personnel.

(14) Through their county Emergency Operations Centers (EOCs), local officials should be encouraged to be self-sufficient during the first 2–3 days of a disaster.

(15) MEMA will provide public information to evacuees through the SEOC JIC, Mississippi Public Broadcasting (MPB), and commercial broadcast media.

(16) Working in coordination with ESF #5 and ESF #15, MEMA will release special weather statements and warnings provided by the National Weather Service (NWS) for emergency workers and the general population, who plan to use public roads and public transportation, public health, and medical services. These releases will be made through the normal ESF #15 release networks and additionally provided to forward command posts, emergency work sites, staging areas, and other sites as needed.

(17) MEMA coordinates EMAC with other states for the augmentation of resources.

c. Animal Health.

(1) Animals are an important asset to the state and are also an integral part of the ecology of Mississippi. Animals contribute to the economic stability of the state and the health and well-being of its residents. ESF #8 will collaborate with and provide support to ESF #11 as requested to ensure the health and well-being of the public. This includes surveillance for zoonotic disease, administering vaccinations or prophylactic medication for responders and/or the public, and distributing public information messages.

(2) MBAH is the primary organization coordinating veterinary-related services in emergencies. The MBAH acts as a liaison with state agencies, humane societies, and animal control agencies and deploys the Mississippi Animal Response Team (MART). Private veterinarians and humane society personnel participate voluntarily in emergency operations.

(3) The MBAH will support the PHCC to coordinate veterinary-related services needed in emergencies. ESF #8 will also offer support to the ESF #11 command support cell.

6. ORGANIZATION.

a. State Emergency Operations Center. In an incident or a major declared state emergency, the MSDH ECO or the MSDH emergency coordination staff will support the SEOC virtually or take up positions at the SEOC, situationally dependent. A current list of agency emergency notifications is maintained at the SEOC. ESF #8 is a part of the Emergency Services Branch.

b. SEOC Emergency Point of Contact. The MEMA State Warning Point (SWP) within the SEOC operates 24/7/365. The SWP is manned by Emergency Telecommunicators and an Operations Section Watch Officer. Emergency contact info is as follows:

(1) SWP Emergency Telecommunicator(s):

(a) Phone: (601) 933-6876, 6877, 6878 or (800) 222-6362

(b) E-mail: commo1@mema.ms.gov, commo2@mema.ms.gov, or commo3@mema.ms.gov

(2) Operations Section Watch Officer:

(a) Phone: (601) 933-6671 or (800) 222-6362

(b) E-mail: watchdesk@mema.ms.gov

c. **SEOC Sections.** The SEOC maintains the standard four ICS sections:

(1) Operations Section. The Operations Section establishes strategy (approach methodology, etc.) and specific tactics/actions to accomplish the goals and objectives set by Command. Operations coordinates strategies and implements tactics to achieve response objectives.

(2) Planning Section. The Planning Section coordinates support activities for incident planning and contingency, long-range, and demobilization planning. Planning supports Command and Operations in processing incident information and coordinating information activities across the response system.

(3) Logistics Section. The Logistics Section supports Command and Operations in their personnel, supplies, and equipment and performs technical activities required to maintain the function of operational facilities and processes.

(4) Finance and Administration Section. The Finance and Administration Section supports Command and Operations with administrative actions and tracks and processes incident expenses. This includes licensure requirements, regulatory compliance, and financial accounting.

The SEOC OSC, Watch Officer, or a SEOC Branch Director maintains a roster of incident-assigned Section Chiefs.

d. **SEOC Emergency Services Branch Director.** The SEOC maintains three branches within the Operations Section, Infrastructure, Emergency Services, and Human Services, each led by a Branch Director. The Emergency Services Branch Director position is a full-time MEMA Emergency Management Specialist. The Branch Director coordinates the activities of ESF #4 (Firefighting), ESF #8, ESF #9 (Search and Rescue), ESF #10 (Oil and Hazardous Material Response), ESF #13 (Public Safety and Security), and ESF #16 (Military Support to Civil Authorities) and is the first line of support for assigned ECOs. The Emergency Services Branch Director monitors and oversees branch administrative and incident activities, WebEOC actions,

Situation Room (SITRoom) updates, branch adherence to timelines and requirements, supports ECOs with incident coordinations, and conducts SEOC staff briefings, as needed.

Emergency Services Branch Director desk contact information: Phone (601) 933-6754, e-mail: emergencyservices@mema.ms.gov.

    e. Field Medical Units.

    (1) State Medical Response System. The SMRS is a collaboration between the MSDH and the University of Mississippi Medical Center (UMMC). The SMRS has tiered components designed to provide and coordinate emergency medical care to patients. These assets include, but are not limited to:

        (a) Field Assessment and Scene Triage (FAST) Teams.

        (b) Mississippi Medical Communication and Coordination Center (MED-COM).

        (c) Mobile field hospitals (transported by tractor-trailers).

        (d) Air and ground ambulances.

        (e) A roster of pre-vetted and credentialed medical volunteers.

        (f) Special Care Unit (SCU) for emerging infectious diseases.

    (2) Mississippi Health Response Teams. The MHRT and/or its advance element acts as the State Health Officer's (SHO) agent on scene at emergency sites under the direction of the Director of Health Protection (DHP). The DHP, on behalf of the SHO, directs and coordinates the department's efforts to prevent, prepare for, respond to, and recover from the public health and medical consequences of a disaster or emergency. The MHRT will serve as the ESF #8 field command.

    (3) Mississippi Mortuary Response Team. The Mississippi Mortuary Response Team (MMRT) manages fatalities during an emergency when local mortuary resources are overwhelmed.

    (4) Rapid Needs Assessment Team. A Rapid Needs Assessment Team is comprised of technical experts from participating agencies. The team functions to support operations providing situation assessments to determine immediate victim needs (food, water, medical, shelter, etc.) and impact to infrastructure (utilities, communications, transportation, etc.). Assessment data are

reported, and State and Federal managers then use the assessment data in making response decisions. It enables resources to be pro-actively recommended to support response efforts and rapidly provide resources to meet identified needs.

(5) Mississippi Incident Management Assistance Team. The mission of an Incident Management Assistance Team (IMAT) is to rapidly deploy an experienced, cohesive team to an incident or potential incident-threatened venue to lead or support a prompt, effective, and coordinated response in support of tribal, state, and local officials. The team deployed will be appropriate to the size, scope, and complexity of the situation. The size of the disaster and the stated needs of the local emergency management agency will determine the size of the IMAT deployed to any event.

(6) Emergency Response Coordinators. MSDH has Emergency Response Coordinators (ERC) in each of the public health regions of the state. These coordinators have been trained to carry out responsibilities under ESF #8 and function as coordinators, assessors, and operational personnel in support of regional or field activities.

ERCs are involved with ESF #8 by providing technical assistance whenever an event is of such size that a county emergency operations center is not activated. If one or more county EOCs are activated, then additional liaisons will be activated, and ERCs will assume a more active role in coordinating regional resources or requests from the PHCC.

f. SEOC Situation Rooms. MEMA developed the Homeland Security Information Network (HSIN) SITRooms to provide stakeholders with a virtual EOC platform to utilize during normal operations or an incident. The SITRooms provide excellent situational awareness for both SEOC and non-SEOC participants. The SITRooms have individual pods with attendee lists, chat capability, current incident priorities and objectives, current operational schedule and meeting times (battle rhythm), downloadable documents and maps, useful links, and video capability.

The event SITRooms utilized by the SEOC for a given event will use one of the following URLs:

https://share.dhs.gov/msema (Daily SITRoom: Level IV Normal Operations)

https://share.dhs.gov/mema-incident (General Incident SITRoom)

https://share.dhs.gov/mema-incident1 (Severe Weather/Flooding SITRoom)

https://share.dhs.gov/mema-incident2 (Hurricane/Tropical Storm SITRoom)

https://share.dhs.gov/mema-incident3 (Other Emergency/Earthquake SITRoom)

https://share.dhs.gov/mema-uas (Unmanned Aerial Systems [UAS] SITRoom)

https://share.dhs.gov/mrp (Radiological SITRoom)

https://share.dhs.gov/jicroom (JIC SITRoom)

https://share.dhs.gov/ms-emac (EMAC SITRoom)

https://share.dhs.gov/msbeoc/ (MS Business EOC SITRoom)

Many of the above-listed SITRoom may not be active during "blue-sky" or non-event periods. The active SITRooms will be published via mass notification before or during an event/incident.

    g. Administrative and Logistical Support. All participating ESF #8 agencies are expected to:

    (1) Coordinate their support activities with the ESF #8 ECO.

    (2) The ESF #8 ECO will coordinate efforts with the SEOC through the Emergency Services Branch Director.

    (3) Locate, identify, and set up their operational work areas and maintain logistical support for them.

    (4) Maintain active accounts and have a working knowledge of WebEOC, SEOC HSIN SITRoom(s), and Crisis Track.

    (5) Attend and support briefings and other coordination meetings, whether at the SEOC, via telecommunications (HSIN SIT Room, ZOOM, or Microsoft Teams), or elsewhere.

    (6) Maintain operational logs, messages, requests, and other appropriate documentation for future reference.

    (7) Maintain maps, displays, status reports, and other information not included in the ESF #5 operations.

    (8) Update the SEOC Emergency Services Branch Director on changes to the ESF #8 ECO Roster.

(9) Each ESF #8 supporting agency with an automated financial management system will utilize the system to capture the incurred costs of all available, acquired, and contracted resources used during the support activities related to emergency or major disaster operations. Those agencies not having access to an automated system will utilize their existing system to capture all associated costs for reporting and potential reimbursement.

(10) All ESF #8 agencies understand their financial management system (automated or otherwise) used to capture their incurred costs during an emergency, major disaster, or exercise must comply with the applicable agency, state, and federal guidelines, rules, standards, and laws. This understanding is based on the knowledge that any reimbursement of incurred costs is subject to audit.

7. ACTIONS AND RESPONSIBILITIES.

   a. Actions. Actions carried out by ESF #8 are grouped into the four phases of emergency management: preparedness, response, recovery, and mitigation. Each phase requires specific skills and knowledge and requires significant cooperation and collaboration between all primary, supporting agencies, non-governmental organizations (NGOs), and the intended recipient of service. This ESF encompasses a full range of activities, from training to the provision of field services. It also functions as a coordinator and, at times, assumes direct operational control of provided services. The following services provide the framework upon which actions will occur:

   (1) Agriculture Safety and Security. The PHCC, in coordination with ESF #11, may task its components to ensure the safety and security of food-producing animals, animal feed, and therapeutics.

   (2) All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support. MSDH and ESF #8 may task its components to assess public health and medical effects resulting from all hazards. Such tasks may include assessing exposures on the general population and high-risk population groups, coordinating the collection and identification of human remains associated with mass fatalities, conducting field investigations, including collection and analysis of relevant samples, providing advice on protective actions related to direct human and animal exposures, and on indirect exposure through contaminated food, drugs, water supply, and other media, and providing technical assistance and consultation on medical treatment, screening, and decontamination of injured or contaminated individuals.

   (3) Assessment of Health and Medical Needs. MSDH mobilizes and deploys ESF #8 personnel to support MEMA in assessing public health and medical needs. This function includes the assessment of the public healthcare system/facility infrastructure and morgue capability.

(4) Behavioral Healthcare. The PHCC may task its support agencies, primarily the Mississippi Department of Mental Health (MDMH), to:

(a) Assist in assessing mental health and substance abuse needs.

(b) Provide disaster mental health training materials for workers.

(c) Provide liaison with assessment, training, and program development activities undertaken by state, local, and tribal mental health and substance abuse officials.

(d) Provide additional consultation as needed.

(5) Blood and Blood Products. The PHCC will track Mississippi blood availability through the American Red Cross (ARC), Mississippi Blood Services, DOD, and other related organizations.

(6) Disease Control/Epidemiology. ESF #8 support agencies enhance existing surveillance systems to monitor the general population's health and high-risk populations, carry out field studies and investigations, monitor injury, disease patterns, and potential disease outbreaks, and provide technical assistance and consultations on disease and injury prevention and precautions.

(7) Emergency Medical Services (pre-hospital). MSDH will maintain memoranda of understanding with Mississippi licensed emergency medical services agencies and other medical transport units. Request for medical transportation from a local or county government should be sent through the county emergency management agency to the State Emergency Operations Center. MSDH will coordinate resource deployments. Mississippi MED-COM, operated by the UMMC, may coordinate resources once deployed. MSDH may coordinate medical transportation assistance with ESF #1.

(8) Emergency Responder Health and Safety. The MSDH will maintain first responder health and safety plans. Primary and support agencies will provide technical assistance to local government and other responders as requested.

(9) Food Safety and Security. MSDH, in cooperation with ESF #11, may task its components to ensure the safety and security of regulated foods. (Note: MSDH has statutory authority for all domestic and imported foods).

(10) Terrorism Threats/Events. MSDH will respond and provide health and medical activities related to terrorism threats and/or events.

(11) Health/Medical Equipment and Supplies. The PHCC will manage acquired medical supplies and equipment. UMMC will coordinate donated pharmaceuticals in coordination with the Mississippi Board of Pharmacy (MBOP).

(12) Healthcare Coalition. The ESF #8 Mississippi Emergency Healthcare Coalition (MEHC) will activate upon activation of the PHCC. MEHC members will be invited, by e-mail, to participate in a conference call during activations at 11:00 a.m. unless noted otherwise. The purpose will be to push/pull information from within the ESF #8 community to gain situational awareness that is timely, accurate, and transparent.

(13) Management, Command, and Control of Assets. MSDH will operate the PHCC to support ESF #8 and initiate various forms of communication with public health and medical representatives from county, municipal, and tribal governments to discuss the situation and determine the appropriate response actions. ESF #8 will enhance staffing immediately on notification of an actual or potential public health or medical emergency and consult with the appropriate ESF #8 organizations to determine the need for assistance.

(14) Medical Care Personnel. ESF #8 has minimal resources to provide medical care. UMMC will provide staffing when available, coordinate staffing from other healthcare facilities, and request staffing from the Mississippi Responder Management System through the PHCC, SMAC, EMAC, or HHS. UMMC will coordinate medical care personnel staffing augmentation requests.

(15) Patient Care. The PHCC will support in-hospital, nursing home, and other patient care needs and facilitate requests to assist with patient care. The UMMC, as a primary agency, will provide support to the PHCC in coordinating patient care.

(16) Patient Evacuation. The PHCC will coordinate patient evacuation for those patients requiring movement or relocation where local evacuation plans have failed or are inadequate to meet the need. The State Emergency Medical Services (EMS) Director may provide medical control for emergency medical services when operating outside their normal response area. Mississippi MED-COM may (based on the mission) coordinate patient movement and will provide bed status reporting.

(17) Potable Water, Wastewater, and Solid Waste Disposal. The PHCC will assist ESF #3 (Public Works and Engineering) with potable water/onsite individual wastewater and solid waste issues with public health assets. The PHCC will also assist ESF #3 with coordinating central wastewater systems through the Mississippi Department of Environmental Quality (MDEQ).

(18) Protection of Animal Health. The ESF #11 Command Support Cell operates under the MDAC direction and MBAH. Coordinators and support agency representation is based upon the assistance needed for the specific incident. When there is an outbreak of highly contagious or economically devastating animal/zoonotic disease or if small animals, large animals, poultry, and wildlife are affected by natural disasters, the MBAH will provide primary oversight and direction.

(19) Public Health and Medical Information. The PHCC will provide a PIO for the duration of activation. This PIO, with associated staff, will develop public information messages and implement dissemination in conjunction with the MEMA's PIO and/or the state JIC.

(20) Safety and Security of Human Drugs, Biologics, Medical Devices, and Veterinary Drugs. MSDH PHCC may advise ESF #13 on security and all other ESFs on safety measures of regulated/nonregulated human and veterinary drugs, biologics (including blood and vaccines), medical devices (including radiation emitting and screening devices), and other medical products.

(21) Vector Control. The PHCC will assemble the necessary expertise to augment the ESF #8 planning section to address vector control issues. Federal assistance, if needed, would be requested through the SEOC. The ESF 8 support cell will assist in assessing the threat of vector-borne diseases, conducting field investigations, including the collection and laboratory analysis of relevant samples, providing technical assistance and consultation on protective actions regarding vector-borne diseases, and providing technical assistance and consultation on medical treatment of victims of vector-borne diseases.

(22) Victim Identification/Mortuary Services. Upon the notification of need from the SEOC for mortuary service assistance or victim identification assistance, the MMRT will augment staff with a mass fatality task force to include but not limited to:

(a) Representatives from the Mississippi Forensics Laboratory (MSFL).

(b) Mississippi State Chief Medical Examiner's Office (OCME).

(c) Mississippi Bureau of Investigation (MBI).

(d) MSDH.

(e) Mississippi Coroner's and Medical Examiner's Association (MSCMEA).

This task force will coordinate resource requests and planning activities and report directly to ESF #8 and/or the PHCC.

b. Mississippi State Department of Health - Coordinating Agency. As the Coordinating Agency for ESF #8, MSDH is responsible for, but not limited to, the following:

(1) Preparedness.

(a) Actions and activities that develop health and medical response capabilities may include planning, training, orientation sessions, and exercises for all ESF #8 personnel and other emergency support functions that will respond with ESF #8 coordinating the overall health and medical activities by providing state resources and/or personnel based upon local jurisdictional needs.

(b) Provide a list of ESF #8 emergency coordination staff to the SEOC OSC to carry out the CEMP virtually or at the SEOC.

(c) Designate an ECO, alternate ECO, PIO, and an ESF #8 liaison to report to the SEOC or support virtually.

(d) In conjunction with MEMA and other support agencies, develop and maintain a Standard Operating Procedure (SOP) for this ESF #8 Annex.

(e) Maintain access to all SEOC facilities, personnel, systems, and documentation, including but not limited to the Infrastructure Branch Director, WebEOC, HSIN SITRooms, the CEMP, and associated Annexes and Appendices, the MEMA Response Framework, and all SEOC policies and procedures.

(f) Ensure ESF #8 elements are familiar with and operate according to the National Incident Management System (NIMS) and ICS.

(g) Ensure all agencies with ESF #8 responsibility have SOPs in place to perform appropriate levels of mitigation, preparedness, response, and recovery related to the event. Agencies will have completed mitigation and preparedness activities before the initiating event.

(h) Conduct planning, training, and exercise ESF #8 personnel.

(i) Develop and refine procedures for the following field surveys:

- Rapid needs assessment;

- Health assessment teams;

- Environmental health assessment survey;

- Epidemiological surveys.

(j) Conduct training for rapid needs assessment team members.

(k) Develop and present ESF #8 personnel training courses, provide information on critical facilities to MEMA, and develop protocols for frequently provided services.

(l) Maintain liaison with health and medical volunteer organizations and mortuary response teams.

(m) Develop rapid response mechanism for crisis mental health counseling for responders and develop public health nursing disaster protocols.

(n) Recruit, train, and exercise ESF #8 personnel to include state medical assistant teams, mortuary response teams, and volunteer healthcare professionals as needed.

(o) Review and upgrade capabilities as needed.

(p) Stage assets as needed.

(2) Pre-Incident.

(a) MSDH will develop and maintain alert and notification procedures for key health and medical services officials supporting ESF #8. MEMA will assist MSDH in maintaining the alert and notification list for other agencies supporting ESF #8.

(b) Provide an ECO (and alternate if 24-hour coverage is necessary) and ESF #8 liaison to the SEOC, activation level dependant.

(c) Notify support agency and partners on activation as needed and minimal staffing requirements.

(d) Conduct preliminary staff meeting with complete ESF #8 team assigned to establish strategies for approaching incident(s).

(3) Incident.

(a) During an activation of the SEOC, ESF #8 primary and support agency staff will participate in the PHCC and SEOC to provide the support that will allow for an appropriate and timely response.

(b) Activate and respond using the ESF #8 Operations Plan and the MSDH Concept of Operations Plan (CONOP).

(c) The SHO or designated representative will perform the necessary tasks of addressing emergency health needs, whether through delegation or direct involvement with MEMA during the time of a disaster. Per the MSDH CONOP, the defacto designee is the DHP, unless otherwise delegated.

(d) MSDH will be responsible for direction and control obligations on health and medical ventures that involve state resources and assistance, including mass fatality management and coordination. Coordination of direction and control decisions will be managed by the PHCC and communicated to the SEOC.

(e) Coordinate ESF #8 activities through the PHCC.

(f) Each participating agency will coordinate its support with the PHCC through the ESF #8 Liaison at the SEOC.

(g) Upon activation of ESF #8, ECO will communicate pertinent information to all ESF #8 members. Such information will be a complete orientation of the ESF #8 mission, purpose, and scope of work.

(h) Obtain an initial situation and damage assessment for public health and medical facilities through established intelligence procedures.

(i) ESF #8 will evaluate and analyze medical and public health assistance requests during the response phase. Also, ESF #8 will develop and update medical and public health assessments in the impact area and do contingency planning to meet anticipated demands.

(j) Provide information to the SEOC for dissemination to the public and private agencies as needed.

(k) Maintain information on private, public, and supplementary public health and medical resources from outside the state.

(l) All field units must keep the PHCC and/or the SEOC advised of unmet needs.

(m) Develop and update assessments of medical and public health status.

(n) Deploy health response teams as appropriate.

(o) Establish communications necessary to coordinate state public health and medical assistance effectively.

(p) Coordinate medical transportation assistance with ESF #1.

(q) Activate the ESF #8 MEHC.

(r) Ensure essential acute medical care hospitals at or near the disaster location can support disaster response activities.

(s) Coordinate health and medical services to evacuated citizens, affected medical needs populations, and home healthcare patients.

(t) If state emergency health and medical resources have either been exhausted or expected to be exhausted prior to meeting the demand, MEMA officials will recommend that assistance be requested from other states through the EMAC or FEMA. Such a request to FEMA for assistance could prompt the implementation of the NRF.

(u) Coordinate the distribution of assets as needed.

(v) Maintain a complete log of actions taken, resource orders, records, and reports.

(w) Provide Situation Report (SITREP) and Incident Action Plan (IAP) input, via WebEOC and appropriate ICS Forms, according to the established operational timeline, event-specific.

(x) Coordinate the efforts through a liaison to ESF #5.

(y) Assist in gathering and providing information to ESF #5 for establishing priorities.

(z) Assist in compiling and providing information to ESF #15/JIC for press releases.

(aa) Participate in post-incident assessments of public works and infrastructure to help determine critical needs and potential workloads.

(bb) ESF #8 may be asked by MEMA to provide personnel to the FEMA Joint Field Office (JFO) to work closely with their federal counterparts at the established JFO(s) and in the field.

(4) Incident – Public Health Command/Coordination Center Activities.

(a) Request UMMC to activate the UMMC Concept of Operations Plan.

(b) Request the Executive Director of MDMH, or designee, to activate the crisis counseling service when deemed appropriate.

(c) Continue to identify the nature and extent of public health and medical problems and establish appropriate monitoring and public surveillance.

(d) Refer information requests from the media and the public to the PIO and/or ESF #15.

(e) Provide team members for the IMAT field deployment, procure health and medical resources for a forward IMAT deployment, and provide communications for deployed health and medical personnel. In addition, primary and support agencies of ESF #8 may serve the IMAT in other areas such as providing technical assistance, securing resources, and command and response to the incident scene as requested (i.e., impact assessment teams, state medical assistance teams, state mortuary response teams, intrastate and/or interstate mutual aid assistance).

(f) Assist evacuations of medical needs populations as needed.

(g) Conduct field assessments and surveys, provide nursing staff for medical needs shelters, provide staff and services for monitoring public health conditions, conduct rapid assessments for immediate response objectives, and determine needs for health surveillance programs in communities and regions.

(h) Manage all field-deployed assets and provide command, communications, and logistical support to field operations and verify the actual need for requested health and medical resources.

(i) Arrange for the provision of medical personnel, equipment, and supplies for health and medical facilities, assist with patient evacuation and relocation (post-event), identify hospital and nursing home bed vacancies statewide, and operate the PHCC. Consider credentialing and verifying emergency medical technicians, paramedics, and other health professionals during extended operations.

(j) Assist in hazardous materials response or a weapon of mass destruction event through consultation, toxicological support, and technical support of staff deployment. Perform water, food, and drug safety analysis and inspection.

(k) Arrange for a mortuary response team or victim identification services, provide port-o-lets and dumpsters to comfort stations/other locations, provide public health nursing staff at state or regional medical needs shelters, and respond to radiological incidents and weapons of mass destruction incidents, including staffing the SEOC.

(5) **Post-Incident/Recovery.**

(a) Assist with restoring essential health and medical components of delivery systems, permanent medical facilities to operational status, restoring pharmacy services to operational status, monitoring environmental and epidemiological systems, and initiating environmental and epidemiological surveillance grants.

(b) Continue provision of mental health crisis services.

(c) Support emergency services staff and operations until the local system is self-sustaining; maintain long-term emergency environmental activities; identify populations requiring event-driven health, medical, or social services post-event; and provide emergency pharmacy/laboratory services.

(d) Prepare an After-Action Report/Improvement Plan (AAR/IP). The AAR/IP identifies key problems, indicates how they will be/were solved, and makes recommendations for improving ESF response operations.

(e) All ESF #8 organizations assist in the preparation of the after-action report.

(f) Submit AAR/IP input to emergencyservice@mema.ms.gov and planning@mema.ms.gov.

(g) Review and recommend revision to plans and procedures as determined necessary.

(h) Copy, catalog, and properly file all records and documents on the incident.

(i) Compare ESF #3 staff records with MEMA network tasking and tracking system to assure accuracy.

(6) **Mitigation Activities.**

(a) Increase the use of geographical information systems to identify locations of vulnerable sites or populations.

(b) Update county ESF #8 products and the Public Health Hazard Vulnerability Analysis.

(c) Identify and seek funds to mitigate hazards in critical health facilities.

(d) Stockpile critical medical supplies in strategic locations throughout the state, develop disaster medical assistance team readiness levels to Category I capability, and identify and seek auxiliary power for critical health and medical facilities.

c. **University of Mississippi Medical Center.**

(1) Develop a Concept of Operations Plan in conjunction with MSDH.

(2) Develop applicable standard operating guides for all primary responsibilities assigned.

(3) Designate an individual(s) who will report to the PHCC upon activation and will act as a primary agency ECO for ESF #8 (ensure an alternate SEOC for 24-hour availability), if needed.

(4) Provide additional liaison(s) in support of other incident command structures as requested.

(5) Coordinate response activities that address the short-term, direct effects of an incident and mitigating activities to provide faster response in emergency situations.

(6) Coordinate the SMRS in collaboration with MSDH.

(7) Mississippi MED-COM may coordinate patient movement and interoperable communication of emergency medical response statewide in collaboration with the MSDH.

(8) Develop applicable plans for SMRS for a tiered response that will include but not be limited to triage, treatment, transportation, shelter, and staging.

(9) Train and roster a FAST that can augment staffing needs of healthcare facilities affected in disasters. serve in medical needs shelters, participate in rapid needs assessment teams, provide immediate triage of the sick and injured, staff mobile field hospitals.

(10) Develop plans, procedures, warning and communication systems, training and exercises, and mutual aid agreements and response activities that address an incident's short-term, direct effects, including immediate actions to save lives, protect property, and meet basic human needs.

(11) Provide air ambulance support and coordinate air operations in coordination with ESF #16 and SEOC Aviation Branch.

(12) Provide medical control to out-of-state emergency medical services and other appropriate missions.

(13) Provide statewide medical control to statewide emergency medical service resources.

(14) Provide just-in-time and/or advanced training to healthcare providers as assigned.

(15) Provide toxicological support as requested (based on the mission).

(16) Assist with data collection, data reporting, and epidemiological support.

(17) Augment essential acute medical care hospitals at or near the disaster location to support disaster response activities.

(18) Monitor post-disaster health hazards and report as applicable.

(19) Provide status on bed availability of hospitals and other healthcare facilities during an event requiring medical surge.

(20) Provide personnel, as available, to assist in shelters, public health clinics, and other facilities (e.g., healthcare providers, auxiliary staff).

(21) Coordinate (as appropriate) the assignment, reallocation, and use of public and private emergency medical and response vehicles in collaboration with the MSDH.

(22) Coordinate (as appropriate) the return of non-ambulatory patients.

(23) On assignment, assist in the operation of regional and state medical needs shelters.

(24) Provide technical assistance for hazardous material incidents through the Mississippi Poison Control Center.

(25) Assist with the state's Volunteer and Donations Coordination Team (VDCT) or the SEOC Human Services Branch to organize and assign volunteer and donated health resources to disaster areas. UMMC will be primary for donated pharmaceuticals in coordination with the MBOP.

(26) Assist in coordinating the evacuation, care, and sheltering of individuals entering regional and state medical needs shelters with ESF #6.

    d. **Supporting Agencies.** All ESF #8 Supporting agencies are expected to:

(1) Designate a primary and alternate ECO to report to the PHCC or SEOC.

(2) Coordinate their support with ESF #8.

(3) Maintain access to all SEOC personnel, systems, and documentation, including but not limited to the Infrastructure Branch Director, WebEOC, HSIN SITRooms, Crisis Track, the CEMP, and associated Annexes and Appendices, the MEMA Response Framework, and all SEOC policies and procedures.

(4) Ensure agency administrative, supervisory, and technical personnel remains aware of the agency's role with MEMA and ESF #8.

(5) Ensure adequate communications are established and maintained.

(6) Support the resource pool by providing available resources as needed.

(7) Locate, identify, and set up their operational work areas and maintain logistical support for them.

(8) Attend and support briefings and other coordination meetings, whether virtually, at the SEOC, or elsewhere.

(9) Participate in planning, training, and exercises when scheduled.

(10) Support development and maintenance of SOPs to enable them to perform appropriate levels of mitigation, preparedness, response, and recovery related to public works and engineering.

(11) Maintain operational logs, messages, requests, and other appropriate documentation for future reference.

(12) Maintain their maps, displays, status reports, and other information not included in the ESF #5 operations.

(13) Provide SITREP and IAP input, via WebEOC and appropriate ICS Forms, according to the established operational timeline, event-specific.

The charts below show the responsibilities of the individual ESF #8 support and private sector agencies. The list contains, but is not limited to, the core functions required:

Agency	Functions
Mississippi Board of Animal Health (MBAH)	• Coordinate burial and/or disposal of animal carcasses. • Review and authenticate out-of-state veterinary licenses and certification for in-state use as directed by the state licensing board. • According to the NIMS, organize to ensure rapid response to animal care needs in the disaster area. • Coordinate emergency medical care for animals in the affected area. • Coordinate the development, education, and activation of the Mississippi Animal Response Team. • Coordinate with ESF #8 the identification, prevention, and control of diseases of animals that have public health significance. • Coordinate support for sheltering of pets for persons within State and Regional Medical Needs Shelters.
Mississippi Board of Pharmacy (MBOP)	• Provide credentialing and investigative service for volunteer pharmacists both in and out of state. • Assist with placement of volunteer pharmacists during an emergency. • Assist local pharmacies and durable medical equipment suppliers during a disaster.
Mississippi Board of Trustees of State Institutions of Higher Learning (IHL)	• Provide resources in support of medical needs sheltering. • Provide multilingual translation support.

Agency	Functions
Mississippi Department of Agriculture and Commerce (MDAC)	• Inspect food to minimize the potential for spoilage and disease in stores and meat plants MDAC regulates. • Provide emergency inspections in stores and meat plants MDAC regulates and assists MSDH. • Provide inspection to mitigate disease vectors such as insects and vermin in stores and meat plants MDAC regulates.
Mississippi Department of Education (MDE)	• Provide educational assistance for children with medical needs.
Mississippi Department of Environmental Quality (MDEQ)	• Provide technical guidance regarding wastewater treatment plants and collection system operations. • Provide technical guidance to community and centralized wastewater treatment systems. • Provide guidance to address waste disposal needs.
Mississippi Department of Human Services (MDHS)	• Assist in the coordination of state and regional Medical Needs Shelters. • Support Strategic National Stockpile (SNS) and Strategic State Stockpile (SSS) Point of Dispensing (POD) functions.
Mississippi Emergency Management Agency (MEMA)	• Activate the SEOC and ESFs, as required. • Assist in the coordination of local, state, tribal, and federal assets, as required. • Assist in the coordination of state and regional Medical Needs Shelters. • Assist in the procurement and distribution of medical commodities, as required. • Support SNS and SSS POD functions. • Provide warehousing, support management, and distribution of the SNS and SSS.
Mississippi Department of Mental Health (DMH)	• Provide crisis counseling to disaster victims and first responders. • Provide 24-hour ECO to the ESF #8 support cell to liaise mental health operations. • Provide crisis counseling services for Family Assistance Center and state and regional Medical Needs Shelters.

Agency	Functions
Mississippi Department of Public Safety (MDPS)	• Provide Security for Receipt, Staging, and Storage sites and security support for SNS and SSS POD sites. • Provide security support for ECO to the ESF #8 for Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) events. • Provide security support for Pandemic Influenza events.
Mississippi Department of Rehabilitation Services (MDRS)	• Assist with coordination of evacuation, care, and sheltering of medical needs populations.
Mississippi Department of Transportation (MDOT)	• Make available equipment and personnel to deliver medical countermeasures to the affected public during a disaster as circumstances and emergency events allow. • Assist in the acquisition of the appropriate transportation assets.
Mississippi Division of Medicaid (DOM)	• Promote and disseminate as needed Medicaid customer service and assistance. • Support SNS and SSS POD functions
Mississippi Military Department (MMD)/Mississippi National Guard (MSNG)	• Provide logistical support such as transportation, petroleum, water purification, and other items as needed. • Provide transportation services for victims of a disaster. • Transport civilian medical personnel to disaster sites and/or local or regional medical facilities. • Support SNS and SSS POD functions. • Facilities and/or services may be activated to serve as a Mississippi Mortuary Response site in a declared state of emergency or mass casualty incident.
Mississippi Community College Board (MCCB)	• Provide state and regional Medical Needs Shelters as deemed appropriate by the ECO to the ESF #8 PHCC. • Open, mobilize, and support the operation of state and regional Medical Needs Shelters in coordination with the ESF #8 PHCC. • Provide personnel and necessary logistical support, including security, healthcare providers, ancillary service, and transportation as needed for State and Regional Medical Needs Shelters.

Agency	Functions
Mississippi State Board of Medical Licensure (MSBML)	• Provide credentialing and investigative service for volunteer physicians both in and out of state. • Aid in the placement of volunteer physicians during an emergency.
Mississippi State Board of Nursing (MSBON)	• Provide credentialing and investigative service for volunteer nurses both in and out of state. • Provide guidance in the placement of volunteer nurses during an emergency.
Mississippi State Medical Examiner's Office (OCME)	• Designate at least one ECO to serve on the mass fatality task force when activated. • Provide and coordinate victim identification and emergency services through ESF #8 mass fatality task force and autopsies. • Control of fatalities in coordination with the respective county coroners through the mass fatalities task force. • Arrange for transportation and storage of bodies through the mass fatalities task force. • Assist in disseminating any information to the families of the deceased through the mass fatalities task force.
Mississippi State Fire Academy (MSFA)	• Provide manpower to perform decontamination support for ESF #8, i.e., state and regional Medical Needs Shelters, State Medical Assistance Teams, Community Reception Centers.
Mississippi Veterinary Medical Association (MVMA)	• Coordinate veterinary services and animal care with the MSDH and MBAH.
Other State Hospitals	• Provide medical needs support.
Veterans Administration (VA)	• Provide Disaster Emergency Medical Personnel System employees, resources, and assets when requested and available. Activation can be requested through a local, state, tribal, or federal emergency declaration to include the Robert T. Stafford Act, a Mission Assignment, or Humanitarian Assistance. Support includes: o Field Medical Clinics.

Agency	Functions
Veterans Administration (VA) cont.	o Disaster Emergency Medical Personnel System (requires Stafford Act). o Veterans Affairs capabilities. o Federal Coordinating Center or Secondary Support Center support (requires Stafford Act or Economy Act).

Private Sector	Functions
Mississippi Blood Services	• Collect blood at fixed and mobile sites as transportation and weather conditions allow. • Maintain a safe and adequate blood supply. • Distribute blood and blood products to statewide hospitals served by Mississippi Blood Services.
Network 8	• Track and make available to the public the open and closed status of dialysis facilities in affected areas. • Assist patients in identifying dialysis facilities that can provide end-stage renal disease services. • At the direction of the Centers for Medicare and Medicaid Services, provide information to family members attempting to locate relatives. • As appropriate, provide other coordinating services in support of patient access to care.
The Salvation Army (SA)	• Assist through a feeding mission to support first responders at a staging site and/or patients and staff at a field hospital. • Provide Emotional and Spiritual Care teams to support the mental health of first responders and impacted citizens.

8. AUTHORITIES and REFERENCES. The procedures in this ESF #8 Public Health and Medical Services Annex are built on the core coordinating structures of the CEMP and references listed below. The specific responsibilities of each department and agency are described in the respective ESF, Support, and Incident Annexes, internal agency plans, policies, and procedures. See the CEMP Base Plan or the SEOC Operations Section for a comprehensive list of Authorities and References.

    a. Robert T. Stafford Disaster Relief and Emergency Assistance Act; amended the Disaster Relief Act of 1974, PL 93-288.
https://www.fema.gov/sites/default/files/2020-03/stafford-act_2019.pdf

b. Public Law 104-321, October 1996 (EMAC)
[Public Law 104-321, October 1996](#)

c. MS Code, Ann. Â§ 33-15(1972): Mississippi Emergency Management Act of 1995, Title 33-15, et al. [Successor to Mississippi Emergency Management Law of 1980]
[MS Code 33-15](#)

d. MS Code, Title 45, Chapter 18 Emergency Management Assistance Compact (EMAC)
[Mississippi Code of 2018, Title 45, Chapter 18](#)

e. Homeland Security Presidential Directive 5 (HSPD-5)
https://www.dhs.gov/sites/default/files/publications/Homeland%20Security%20Presidential%20Directive%205.pdf

f. Homeland Security Presidential Directive 8 (HSPD-8)
https://www.dhs.gov/presidential-policy-directive-8-national-preparedness

g. National Preparedness Goal, Second Edition, September 2015
https://www.fema.gov/media-library/assets/documents/25959

h. National Incident Management System, Third Edition, October 2017
https://www.fema.gov/media-library/assets/documents/148019

i. National Preparedness System
https://www.fema.gov/emergency-managers/national-preparedness/system

j. National Response Framework, Fourth Edition, October 2019
https://www.fema.gov/sites/default/files/2020-04/NRF_FINALApproved_2011028.pdf

k. National Disaster Recovery Framework, Second Edition, June 2016
https://www.fema.gov/sites/default/files/2020-06/national_disaster_recovery_framework_2nd.pdf

l. National Protection Framework, Second Edition, June 2016
https://www.fema.gov/sites/default/files/2020-04/National_Protection_Framework2nd-june2016.pdf

m. National Prevention Framework, Second Edition, June 2016
https://www.fema.gov/sites/default/files/2020-04/National_Prevention_Framework2nd-june2016.pdf

n. National Mitigation Framework, Second Edition, June 2016
https://www.fema.gov/sites/default/files/2020-04/National_Mitigation_Framework2nd_june2016.pdf

o. FEMA National Incident Support Manual, Change 1, January 2013
https://www.fema.gov/sites/default/files/2020-04/FEMA_National_Incident_Support_Manual-change1.pdf

p. FEMA Incident Action Planning Guide, July 2015
https://www.fema.gov/sites/default/files/2020-07/Incident_Action_Planning_Guide_Revision1_august2015.pdf

q. FEMA Developing and Maintaining Emergency Operations Plan, Comprehensive Preparedness Guide (CPG) 101, Version 3.0, September 2021
https://www.fema.gov/sites/default/files/documents/fema_cpg-101-v3-developing-maintaining-eops.pdf

r. MEMA Response Framework, March 2021
MEMA Downloads/MEMA Publications

The MEMA reference repository, containing the CEMP base plan, associated annexes, appendices, and other supporting documents, can be found at MEMA Downloads.

Most Mississippi emergency management stakeholders have access to the MEMA Downloads site. However, non-registered stakeholders may gain access to the repository by submitting an e-mail request to preparedness@mema.ms.gov.

7. REVIEW AND MAINTENANCE. At a minimum, the Catastrophic Incident Annex Coordinating Agencies will conduct an annual review of this annex with all support agencies. Additional assessments may be performed if the experience with an incident or regulatory changes indicates a need. Recommended changes will be submitted to MEMA for approval and distribution. Submit recommendations via e-mail to preparedness@mema.ms.gov.