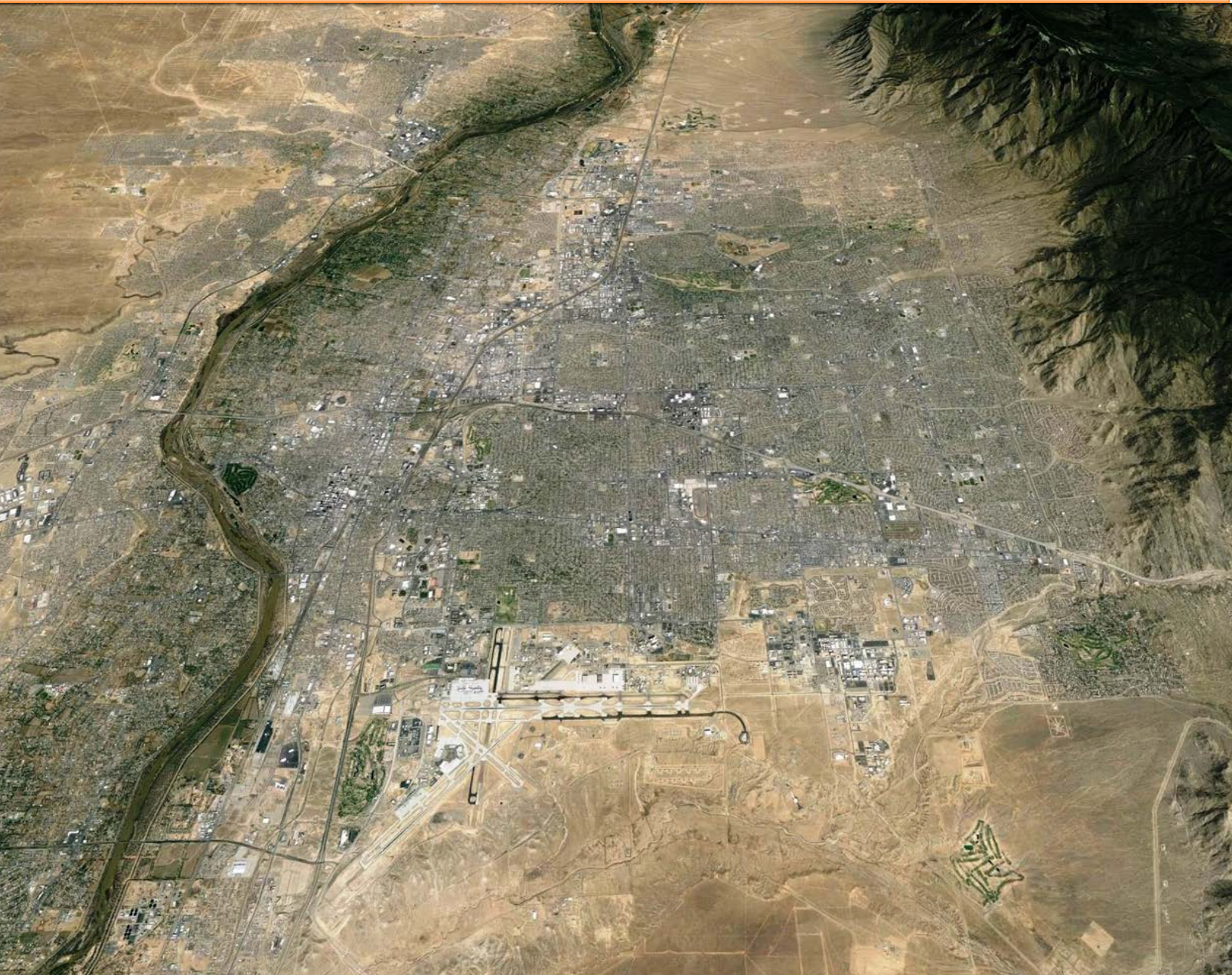




Emergency Support Function (ESF) #8 **Medical Services**

Primary Agency
Albuquerque Fire Department



City of Albuquerque, New Mexico
Emergency Support Function (ESF) #8
MEDICAL SERVICES

Purpose:

1. Organizing, mobilizing, coordinating, and directing health, medical and medical surge capacity plans during disasters
2. Supporting the delivery of mass care to trauma victims
3. Establishing and maintaining effective and reliable means of communication with health services agencies, healthcare providers, support agencies, community based organizations.

Primary:

- Albuquerque Fire Department

Support:

- Albuquerque Department of Senior Affairs
- Albuquerque Environmental Health Department
- Albuquerque Parks and Recreation Department
- Albuquerque Public Schools
- Albuquerque Transit Department
- Ambulance Providers
- American Red Cross
- Health Care Centers
- Home and Community Care Providers
- Hospitals

Likely Tasks:

- Staff Medical Group in the Emergency Operations Center (EOC) Operations Section Human Services Branch.
- Determine condition, status of City health resources
- Determine present and future need for medical resources.
- Obtain, coordinate medical resources as requested by field incident commanders.
- Coordinate the assessment of general health needs of the affected population, including:
 - Evaluation of mental health of emergency workers and victims
 - Establish, maintain contact with NMDHSEM EOC through the CABQ EOC.
 - Provide information on damages, status of CABQ medical service systems.
 - Request additional health resources, as needed.

State of New Mexico

Primary:

- Department of Health Bureau of Health Emergency Management

Support:

- Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP)
- NM National Guard (DMA)

Likely Actions:

- Provides supplemental resources, including medical materiel, volunteers and personnel.

Federal Government

Primary:

- Department of Health and Human Services

Support:

- Federal agencies as required.

Likely Actions:

- Provides supplemental assistance in identifying and meeting the medical needs of victims.
- This support is categorized in the following core functional areas:
 - Assessment of medical needs (including behavioral health).
 - Medical care personnel.
 - Health/medical equipment and supplies.
 - Patient evacuation.
 - Patient care.

Likely Actions Continued:

- Safety and security of human drugs, biologics, medical devices, and veterinary drugs.
- Blood and blood products.
- Food safety and security.
- Agriculture safety and security.
- Worker health/safety.
- All-hazard medical consultation, technical assistance, and support.
- Behavioral health care.
- Potable water/wastewater and solid waste disposal.
- Victim identification/ mortuary services.
- Protection of animal health.

EMERGENCY SUPPORT FUNCTION #8

MEDICAL SERVICES

Primary Agency:	Albuquerque Fire Department
Primary Coordinator:	Albuquerque Fire Department EMS Commander
Support Organizations:	<ul style="list-style-type: none">• Albuquerque Department of Senior Affairs• Albuquerque Environmental Health Department• Albuquerque Parks and Recreation Department• Albuquerque Public Schools• Albuquerque Transit Department• Ambulance Providers• American Red Cross• Health Care Centers• Home and Community Care Providers• Hospitals

I. Introduction.

A. PURPOSE.

The purpose of the Emergency Support Function (ESF) #8 Annex is to establish how Medical Services activities will be coordinated to meet the needs generated by disasters affecting Albuquerque.

B. SCOPE.

1. This annex provides the foundation for emergency operations by local medical services in accomplishment of lifesaving, triage, treatment and transport of injured, patient evacuation, disease control; and other health-related measures including but not limited to:
 - Public Information and Warning.
 - Patient Movement.
 - Mass Care Services.

- Medical Equipment and Supplies.
 - Provide support for triage, patient treatment, and patient movement.
 - Coordination among regional hospital partners.
 - Patient Care.
 - Behavioral Healthcare.
 - Assessment of Medical Needs.
 - All-Hazard Medical Consultation, Technical Assistance, and Support.
2. This annex identifies the key policies, concepts of operations, roles and responsibilities, and capabilities associated with ESF #8 Medical Services in Albuquerque. Specific operating procedures and protocols are addressed in documents maintained by the participating organizations.

C. SITUATION.

1. Medical providers at all levels of government along with private providers must be prepared to address sudden and unexpected demands for services that may exceed readily available resources. A major event would rapidly impact local and regional abilities thereby limiting the availability of mutual aid to provide medical services. Health facilities may be severely damaged or destroyed resulting in a medical and pharmaceutical supplies/equipment shortage.
2. Medical supplies and equipment will likely be in short supply. Most health care facilities maintain only inventory stock to meet their short-term (96 hours) normal patient load needs. Disruptions in local communications and transportation systems could prevent timely re-supply.
3. Persons who are not injured, but require daily medication, would have difficulty in obtaining necessary medication due to the damage or destruction of supply locations. Injuries and health conditions will be complicated by the impact of the emergency as well as in coordinating services of health care facilities and pharmacies.
4. Local mental health resources may require early supplementation with state and federal resources.
5. Medical and health care facilities which remain in operation may be overwhelmed by the "walking wounded" and seriously injured victims who are transported there in the immediate aftermath of an emergency/disaster occurrence.
6. In monitoring the scalability of an incident that is likely to exceed the surge capacity of local and regional capabilities, it will be necessary to maintain close contact with the State of New Mexico Department of Health (NMDOH) and the New Mexico Department of Homeland Security and Emergency Management (NMDHSEM) EOC to expedite

requests for outside assistance.

D. POLICIES.

1. A Mass Casualty Incident may be declared to allow Emergency Medical Services personnel to follow established written emergency protocols.
2. The CABQ will use mutual aid agreements when our resources are depleted or committed.
3. Activation of ESF #8 will be determined by CABQ OEM Director or designee based on the needs of the incident.
4. Activities within ESF #8 will be conducted in accordance with the National Incident Management System (NIMS) and will utilize the Incident Command System (ICS).
5. When local health and medical resources have been or are expected to be exhausted or overwhelmed, additional support and assistance can be requested through the CABQ EOC.
6. No emergency responders shall release medical information on individual patients to the general public except as proscribed by law to ensure patient confidentiality protection.
7. Appropriate information on casualties and patients will be provided to the American Red Cross (ARC) for inclusion in the Disaster Welfare Information System for access by the public according to established protocols.
8. Hospitals, nursing homes and other in-patient facilities will rely on existing emergency service contracts with medical supply, and pharmaceutical vendors to the maximum extent possible, and will maintain back up supplies stored on site, (including food, water and basic medical supplies) to maintain operations for a minimum of three days.
9. The Albuquerque Regional Coalition on Health-Preparedness, regional hospitals and Emergency Medical Services (EMS) all have the capability to respond to an emergency 24 hours a day, 7 days a week. Health care providers and facilities that do not have 24 hour a day, 7 day a week response capabilities will be incorporated into emergency responses as needed.

E. MEDICAL SERVICES AREAS OF RESPONSIBILITY.

1. **Public Information and Warning:** Continuously acquires and assesses information on the incident. Provide behavioral health, disease, and injury prevention information that can be transmitted to members of the general public and responders who are located 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 and functional needs. Support a Joint Information Center (JIC) in the release of general medical and public health response information to the public.
2. **Patient Movement:** Transport seriously ill or injured patients and medical needs populations from casualty collection points in the impacted area to designated reception facilities. Coordinate the emergency triage and pre-hospital treatment, patient tracking, distribution, and patient return.
3. **National Disaster Medical System (NDMS):** NDMS is a federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to supplement an integrated National medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas-armed conventional conflicts.
4. **Mass Care Services:** Provide support for the provision of case management and advocacy services. Provides support for mass care sheltering, as resources are available.
5. **Blood and Tissue needs:** Monitor 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.
6. **Medical Equipment and Supplies:** Arrange for the procurement and transportation of equipment, supplies, diagnostic supplies, radiation detecting devices, and countermeasures, including assets from the Strategic National Stockpile (SNS), in support of immediate public health, medical and veterinary response operations.
7. **Medical Surge:** Provide support for triage, patient treatment, and patient movement. Provide medical care specialists coordination to fill area health professional needs. Engage volunteers, through the Emergency System for Advance Registration of Volunteer Health Professionals and the Medical Reserve Corps to fill area health professional needs.
8. **Patient Care:** Provide 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.

9. **Assessment of Medical Needs:** Support teams to assess medical needs. This function includes the assessment of the healthcare system/facility infrastructure.
10. **All-Hazard Medical Consultation, Technical Assistance, and Support:** Assess medical effects resulting from all hazards. Such tasks may include assessing exposures on the general population and on children and those with disabilities and others with access and functional needs. Provide for disaster related health and behavior health needs through direct services and/or referrals as necessary.

II. Concept Of Operations.

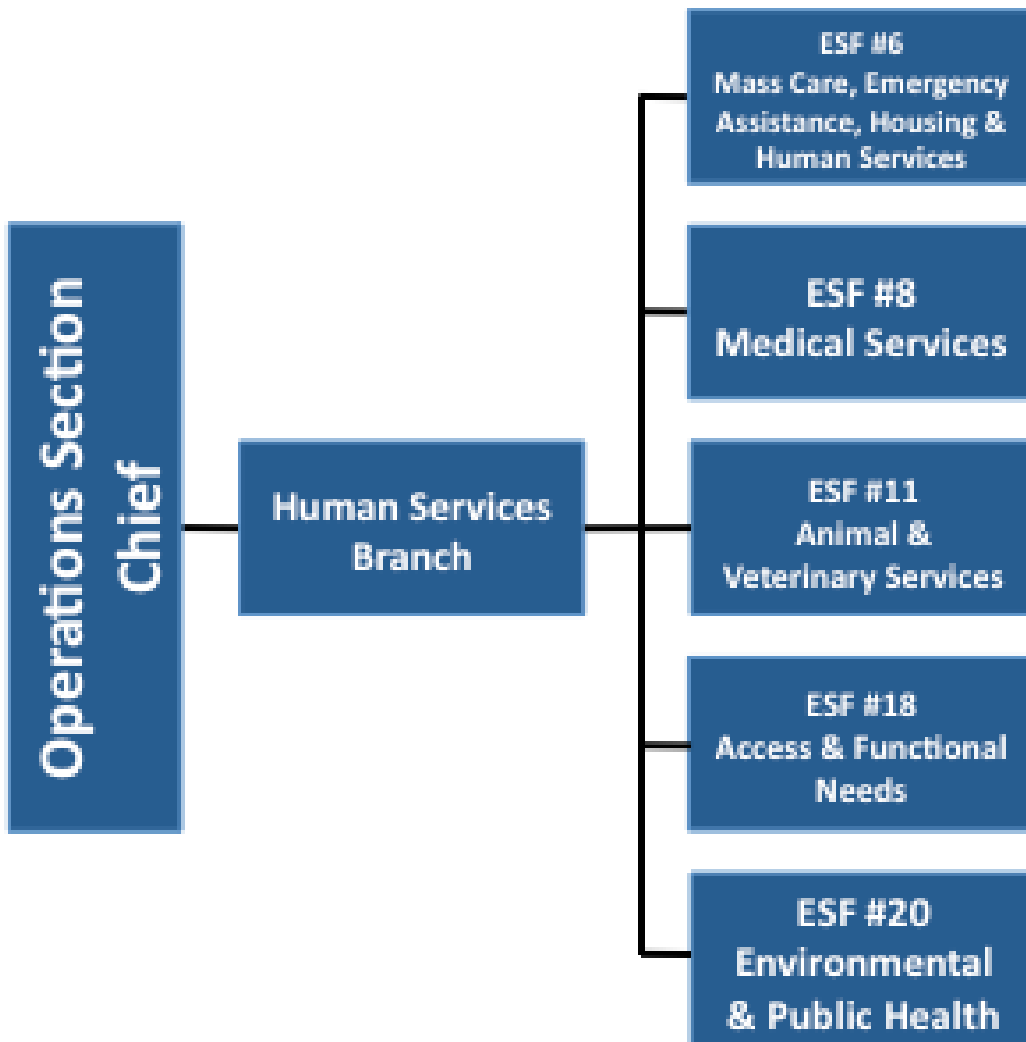
A. GENERAL.

1. Emergency operations for medical services will be an extension of their normal duties. However, during widespread, multiple-site emergencies, health personnel, resources and facilities may be inundated by a surge in workload.
2. Existing mutual aid agreements may be able to augment and satisfy a temporary increase in local needs. If local capabilities are exceeded, support may be available from state and federal health service groups.
3. Coordination between medical service agencies is necessary to ensure emergency operational readiness. Each support agency must develop operating instructions and resource listings to support this plan.
4. A listing of available emergency medical service resources is maintained by the ESF #8 lead and shared with the EOC.

B. RESPONSE ORGANIZATION & STRUCTURE.

1. Organizational Chart.
 - ESF #8 is positioned within the Human Services Branch during an EOC activation, each ESF under Human Services Branch will be led by a CABQ representative carrying out their ESF role.

The Organizational Structure Of The Human Services Branch.



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C. PRIMARY DEPARTMENT RESPONSIBILITIES/TASKS BY PHASE.

PRIMARY DEPARTMENT RESPONSIBILITIES/TASKS BY PHASE	
ALBUQUERQUE FIRE DEPARTMENT	
Pre-Emergency	<p>Primary and support departments will coordinate with the OEM to:</p> <ul style="list-style-type: none"> • Maintain this Emergency Support Function (ESF). • Maintain inventories of resources and equipment. • Participate in training and exercises. • Develop emergency action checklists. • Maintain mutual aid agreements. • Develop and test methods for providing large-scale prophylaxis in the community.
Emergency	<p>Primary and support agencies will:</p> <ul style="list-style-type: none"> • When requested during an emergency situation, report to the CBAQ EOC. • Provide guidance on personal protective equipment and other exposure precautions
Emergency Operations Center (EOC)	<ul style="list-style-type: none"> • Perform Medical Services ESF #8 functions as the Medical Services Group Supervisor within the CABQ EOC Operations Section. • Determine condition, status of CABQ health resources. • Determine present and future need for health resources. • Obtain, coordinate medical service resources as requested by field incident commanders. • Sources for resources can include: <ul style="list-style-type: none"> – Mutual aid. – NM-DHSEM EOC. – American Red Cross. • Coordinate assessment of general health needs of the affected population, including: • Providing for dissemination of emergency health education information. • Coordinate the evaluation and dissemination of health alerts of food, drug or medical safety. • Assessment of worker health and safety. • Assist with the identification of biological, chemical, radiological or physiological medical hazards. <ul style="list-style-type: none"> – Coordinate the evaluation of potential mental health issues of emergency workers and victims. – Establish, maintain contact with NM-DHSEM EOC through the EOC Manager, as appropriate: – Provide information on damages, status of CABQ Health systems. – Provide mutual aid if requested.

PRIMARY DEPARTMENT RESPONSIBILITIES/TASKS BY PHASE	
ALBUQUERQUE FIRE DEPARTMENT	
Recovery Actions	<ul style="list-style-type: none"> • Continue to monitor the public and environment for adverse effects. • Coordinate with and assist state and federal health agencies as needed.

D. SUPPORT ORGANIZATION'S RESPONSIBILITIES AND TASKS.

SUPPORT ORGANIZATIONS' RESPONSIBILITIES AND TASKS	
Albuquerque Department of Senior Affairs	<ul style="list-style-type: none"> • Provide registration information to and to all persons with access and functional needs who receive services. • Coordinate discharge planning for access and functional needs shelters. • Establish and maintain discharge planning teams. • Provide messaging to elderly populations through established service areas. • Conduct on-site assessments of facilities with elderly populations to assure appropriate care during disasters. • Serve as an advocate for elderly populations during disaster planning.
Albuquerque Environmental Health Department	<ul style="list-style-type: none"> • Provide health surveillance information to the New Mexico Department of Health. • Provide consultation to public and health care providers on health and medical issues.
Albuquerque Parks and Recreation Department	<ul style="list-style-type: none"> • Assist with volunteers and donations management needs as it relates to ESF #8 activities.
Albuquerque Public Schools	<ul style="list-style-type: none"> • Provide nursing personnel, equipment, supplies and other resources needed to assist in health care for victims of the effected emergency area. • Record costs and expenditures and forward them to this ESF's Group Supervisor.
Albuquerque Transit Department	<ul style="list-style-type: none"> • Provide coach transportation for minor ambulatory injured persons, and patients being transferred between hospitals. • Provide transportation for medical personnel, supplies, and equipment to locations as needed.
Ambulance Providers	<ul style="list-style-type: none"> • Provide private ambulance transportation, as requested and as available. • Triage victims, provide pre-hospital treatment and transportation to the identified destination for definitive medical care.
American Red Cross	<ul style="list-style-type: none"> • Assist in coordination of volunteer agencies relief efforts. • Provide emergency first aid and Disaster Nursing Services, as their training

SUPPORT ORGANIZATIONS' RESPONSIBILITIES AND TASKS	
	<p>and skills allow.</p> <ul style="list-style-type: none"> • Assist with emergency medical needs at temporary treatment centers, as requested. • Provide Critical Incident Stress Management Services to residents impacted by the disaster, as volunteer staffing allows. • Assist in providing services to homebound special needs populations. • Provide medical and mental health support personnel as requested.
Health Care Centers	<ul style="list-style-type: none"> • The primary goal for Health Care Centers following an event/ emergency is to maintain operations and continue to provide care to their current patients. If needed during a disaster clinics/outpatient providers may be asked to expand operations. This includes extending hours of operation to accept the lower acuity patients to relieve stress on acute care hospitals or provide care for patients whose providers are not able to function. • Identify needs to return system back to operational status. • Advocate for retail pharmacies in disaster planning efforts. • Clinics/outpatient providers should make an immediate report if they are unable to operate or have urgent resource requests. • Be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and ESF #8. • If a clinic identifies resource needs that cannot be filled through their normal day-to-day processes they should utilize their own disaster caches. • Assess behavioral health needs following an emergency considering both the immediate and cumulative stress resulting from the emergency, and provide behavioral health services. • Provide State licensed medical and mental health support personnel as requested. • Coordinate through the EOC ESF #15 Public Information Officer the dissemination of public education on critical incident stress and stress management techniques. • Provide outreach to serve identified behavioral health needs
Home and Community Care Providers	<ul style="list-style-type: none"> • Primary goal for home and community care agencies following an event/emergency is to maintain operations and continue to provide care to their residents. • Verify facility assessment and status reports with care facilities. When an emergency event impacts or is threatening, the NMDOH should be notified. • Be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the NMDOH. • If a facility identifies resource needs that cannot be filled through their normal day-to-day processes, they should utilize their own disaster caches.

SUPPORT ORGANIZATIONS' RESPONSIBILITIES AND TASKS	
	If the need still exists they can then contact the EOC
Hospitals	<ul style="list-style-type: none"> • The primary goal for hospitals is to maintain operations and provide needed capacity. • Provide contact information regarding Hospital Incident Command structure upon EOC activation. • Provide, as required, staff representation to ESF #8 to participate in ongoing planning and decision making. • Report number/types of beds available and type of emergencies observed to ESF #8 pre-event and post-event. The initial poll will be used to determine the number and category (immediate, delayed and minor) of victims each hospital has the capacity to receive, the number and types of inpatient beds that are available in each hospital (hospital bed availability), and any impact to the hospital's infrastructure depending on the event.

E. LIFE SAFETY ASSESSMENT.

An initial EOC priority is to gather as much information about the extent of damage. As soon as possible, medical service personnel will submit situation and damage reports to the EOC.

F. EVACUATION.

Evacuation will be coordinated with the EOC to ensure the evacuees are moved to an appropriate shelter to provide for the needs of special populations and individuals. Medical Services ESF #8 will ensure appropriate service support.

G. FIELD OPERATIONS.

1. Medical Services emergency actions may include:

- ESF #8 engaging in coordinated efforts within departments and organizations, and with law enforcement and other agencies, to identify threats to Medical Services infrastructure and equipment and to prevent accidental or intentional damage to or disruption of Medical Services infrastructure and systems.
- ESF #8 identifies and communicates to ESF #5 and ESF #13 measures that can protect and improve disaster resilience of Medical Services infrastructure and services and reduce damage from future incidents. ESF #8 works with local and regional health care providers to establish alternate care facilities within the CABQ.
- ESF #8 departments and organizations identify Medical Services resources and

capabilities and evaluate potential gaps in Medical Services capabilities in response to identified hazards. ESF #8 participates in ongoing planning, training, and exercise activities. Identify and inventory all community health and medical resources.

- ESF #8 provides Medical Services to support emergency response operations as directed/coordinated by the CABQ EOC and/or Incident Command in the field. ESF #8 collects and provides damage assessment information regarding Medical Services infrastructure, assets, and services. Support the medical response team and assist in determining specific health and medical needs and priorities
 - Recovery: ESF #8 identifies Medical Services infrastructure and assets that are priorities in recovery of impacted areas and communicates to ESF #5. ESF #8 continues to provide Medical Services assets and services to support emergency recovery operations as coordinated by the CABQ EOC or the Incident Command.
 - Immunizations and/or the distribution of prophylaxis.
2. Mental Health Services emergency actions may include:
- Assess behavioral health needs following an emergency considering both the immediate and cumulative stress resulting from the emergency, and provide behavioral health services.
3. Hazardous Materials Response.
- Medical service units responding to a hazardous material incident will ensure that they have a full understanding of the Incident Commander's assessment of the situation and that they take full and proper precautions to protect themselves.
 - Only personnel having proper training should be deployed to a hazardous material incident.

III. Response Actions.

A. NOTIFICATION.

Upon notification by CABQ OEM Director or designee of an incident, the ESF coordinator will notify support departments and organizations of potential need for ESF #13 response in accordance with ESF #8 procedures and checklists. Notification may occur via landline, cell phones, electronic means, and/or two-way radios.

B. ACTIVATION.

Activation of ESF #8 will be determined by the OEM Duty officer, by the OEM Director or by request of the ESF responding agency based on the needs of the incident.

C. ONGOING ACTIVITIES.

ESF #8 departments and organizations participate in activities throughout the emergency management cycle:

1. Perform Medical Services ESF #8 functions as the Medical Services Group Supervisor within the CABQ EOC Operations Section.
2. Determine condition, status of CABQ health resources.
 - Determine present and future need for health resources.
 - Obtain, coordinate medical service resources as requested by field incident commanders.
 - Sources for resources can include:
 - Mutual aid.
 - NM-DHSEM EOC.
 - American Red Cross.
 - Coordinate assessment of general health needs of the affected population, including:
 - Providing for dissemination of emergency health education information.
 - Coordinate the evaluation and dissemination of health alerts of food, drug or medical safety.
 - Assessment of worker health and safety.
 - Assist with the identification of biological, chemical, radiological or physiological medical hazards.

- Coordinate the evaluation of potential mental health issues of emergency workers and victims.
- Establish, maintain contact with NM-DHSEM EOC through the EOC Manager, as appropriate:
 - Provide information on damages, status of CABQ Health systems.
 - Provide mutual aid if requested.

D. DEACTIVATION.

1. The EOC will be deactivated or the response level will be lowered when the event needs have decreased. Deactivation or change in response level may also occur as a result of a transition of the EOC mission from response to recovery. EOC activation status may be changed when determined appropriate by the EOC Manager.
2. Upon EOC deactivation, ESF #8 responsibilities will either be deactivated or assumed by an appropriate agency. Once the decision to deactivate the EOC has been reached, the following activities may be necessary:
 - Complete or transfer remaining coordinating activities to the appropriate department operation center or ESF(s).
 - Coordinate the physical closing of the EOC, to include staff release, equipment pack up, return and inventory.
 - Coordinate the release of a public deactivation announcement with the JIC.
 - Provide deactivation information and a final status report to all involved response departments and/or coordinating and supporting ESF departments.

IV. Attachments And References.

A. ATTACHMENTS.

None.

B. REFERENCES.

1. CABQ Joint Information Center Plan.
2. Emergency Operations Center Operating Guide.

3. ARCH-P Emergency Operations Plan. (draft).

C. PROVISO.

1. This support annex has been prepared in accordance with the standards of the National Incident Management System and other Federal and State requirements and standards for emergency plans applicable of the plan's preparation date.
2. The plan provides a broad planned framework for response and recovery; it is intended for use in further development for response capabilities, implementation of training and exercises, and defining the general approach to incident response. The actual response to an incident is dependent on:
 - a. The specific conditions of the incident, including incident type, geographic extent, severity, timing, and duration;
 - b. The availability of resources for response at the time of the incident;
 - c. Decisions of incident command staff and political leadership;
 - d. Actions taken by neighboring jurisdictions, the State, and the Federal Government.
 - e. These and other factors may result in unforeseen circumstances, prevent the implementation of plan components, or require actions that are significantly different from those described in the plan.