

EMERGENCY SUPPORT FUNCTION (ESF) #8 ANNEX – PUBLIC HEALTH AND MEDICAL SERVICES

State of Indiana

Emergency Operations Plan (EOP)

ESF Annex

March 2025



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PLANNING AGENCIES

Within each Emergency Support Function (ESF) Annex, an agency or organization has been given the designation of primary, supporting, non-governmental or local agencies based on their authorities, resources and capabilities. The primary agency identifies the appropriate support agencies that fall under this annex. The primary agency collaborates with each entity to determine whether they have the necessary resources, information and capabilities to perform the required tasks and activities within each phase of emergency management. This includes activations in the State Emergency Operations Center (SEOC) and impacted areas. Though an agency may be listed as a primary agency, it does not control or manage those agencies identified as supporting agencies. The agencies listed below are members of the Whole Community Planning Team for this annex:

PRIMARY AGENCY

Indiana Department of Health (IDOH)

SUPPORTING STATE AGENCIES

Indiana Department of Homeland Security (IDHS)	Family and Social Services Administration (FSSA) – Division of Mental Health and Addiction
Indiana Department of Transportation (INDOT)	Indiana Utility Regulatory Commission (IURC)
Indiana Department of Administration (IDOA)	Indiana National Guard (INNG)
Indiana Department of Insurance (IDOI)	Indiana State Personnel Department (SPD)
Indiana Economic Development Corporation (IEDC)	Indiana State Police (ISP)
Indiana State Board of Animal Health (BOAH)	Integrated Public Safety Commission (IPSC)
Indiana Professional Licensing Agency (IPLA)	

NON-GOVERNMENTAL ORGANIZATIONS

American Red Cross of Indiana	Indiana State Medical Association
Indiana Minority Health Coalition	Indiana Hospital Association
Indiana Health Care Association	Healthcare Service Delivery Partners

LOCAL ORGANIZATIONS

Local Emergency Management Agencies	Local Elected Officials
Emergency Medical Services	Hospitals and Healthcare Providers
Healthcare Coalitions	Local Health Departments

PURPOSE, SCOPE, SITUATION AND ASSUMPTIONS

PURPOSE

The purpose of Emergency Support Function #8 (ESF-8) – Public Health and Medical Services is to provide resources and personnel support to local jurisdictions while ensuring the health and welfare of their residents, before, during and after emergency or disaster events. ESF-8 provides assistance on public health and medical issues necessary to protect the well-being of the state of Indiana and its citizens. These services are provided to mitigate the effects of acute and longer-term threats to the health of the population and maintain the health and safety of responders. ESF-8 disseminates public health information on protective actions related to exposure to health threats or environmental threats (e.g., to potable water and food safety).

SCOPE

The state of Indiana and the State Emergency Operations Center (SEOC) recognize fifteen (15) Emergency Support Functions (ESF). This annex focuses on ESF-8, Public Health and Medical Services. The ESF-8 Annex is intended to be utilized in conjunction with the state of Indiana Emergency Operations Plan (EOP).

ESF-8 provides the coordination of public health, healthcare delivery and emergency response systems resources to minimize and/or prevent health emergencies from occurring; detects and characterizes health incidents; provides medical care and human services to those affected; reduces the public health and human service effects on the community; and enhances community resiliency to respond to a disaster. These actions are informed through integrated bio-surveillance capability, assessing health and human service needs and maintaining the safety and security of medical products.

Public health and medical services (e.g., patient movement, patient care and behavioral healthcare) and support to human services (e.g., addressing individuals with disabilities and others with access and functional needs) are delivered through surge capabilities that augment public health, medical, behavioral and veterinary functions with health professionals and pharmaceuticals. These services include distributing and delivering medical countermeasures, equipment and supplies and technical assistance. In addition, ESF-8 provides support for mass casualty and fatality management, mental health services, medical supplies management and distribution, immunizations, epidemiological surveillance, laboratory services, environmental health, food safety and continuity of healthcare service delivery.

SITUATION

ESF-8 may be needed in any of the five (5) phases of emergency management (prevention, protection, mitigation, response and recovery). In the event IDHS determines the need for ESF-8 regarding any of the five (5) phases of emergency management, the Indiana Department of Health (IDOH) will act as the primary agency. ESF-8 will be responsible for implementing internal SOPs and/or SOGs to ensure adequate staffing and administrative support for both field operations and coordination efforts in the SEOC. For public health incidents involving multiple IDOH agency divisions, coordinated operations will

occur out of the activated IDOH Department Operations Center (DOC) while also providing an embedded ESF-8 Liaison in the SEOC to coordinate efforts.

To better support the ESF-8 Annex to the state EOP, IDOH has developed an IDOH Emergency Operations Plan (EOP) as an extension to the ESF-8 Annex to provide detailed response capabilities for individual IDOH division and program areas, as well as response information for other public health and medical partners.

ESF-8 personnel will coordinate the activation of medical and health service assets to fulfill specific mission assignments that support essential activities in prevention, protection, mitigation, response and recovery efforts. Effective response, as well as ongoing support efforts, will be contingent upon the availability of resources and the extent/impact of the incident upon the state.

Mission Areas and Core Capabilities

The National Preparedness Goal (NPG) identifies 32 core capabilities that are essential for the execution of the five (5) mission areas of prevention, protection, mitigation, response and recovery. ESF-8 supports the overarching core capabilities of Planning, Operational Coordination and Public Information and Warning, which apply to all mission areas. ESF-8 also supports the core capabilities of:

- Critical Transportation
- Environmental Response/Health and Safety
- Fatality Management Services
- Logistics and Supply Chain Management
- Mass Care Services
- Public Health, Healthcare and Emergency Services

Table 1 describes the core capability actions that ESF-8 most directly supports.

Table 1. ESF-8 CORE CAPABILITY ACTIONS

CORE CAPABILITY	ESF #8 – PUBLIC HEALTH AND MEDICAL SERVICES
PLANNING	Conduct a systematic process engaging the whole community, as appropriate, in the development of executable strategic, operational and/or community-based approaches to meet defined objectives.
OPERATIONAL COORDINATION	Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

<p>PUBLIC INFORMATION AND WARNING</p>	<ul style="list-style-type: none"> • Deliver coordinated, prompt, reliable and actionable information to the whole community using clear, consistent, accessible and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken and the assistance being made available. • Provide public health, 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 multiple languages that is accessible to all impacted populations, such as individuals with access and functional needs; those with limited English proficiency; pediatric populations; the aging; and those with temporary or chronic medical conditions.
<p>CRITICAL TRANSPORTATION</p>	<p>Patient Movement</p> <ul style="list-style-type: none"> • Support ESF-4 and EMS Service coordination as the leads for patient movement, transport seriously ill or injured patients and medical needs populations from point of injury or casualty collection points in the impacted area to designated reception facilities. • Coordinate the federal response in support of emergency triage and patient treatment. This effort is coordinated with federal and local, state and tribal emergency medical services officials. • Provide resources to assist in moving at-risk/medically fragile populations to shelter areas and sheltering these individuals. • Provide patient tracking from point of entry to final disposition. • Identify bed capacity for the purposes of bed allocation among healthcare treatment networks.
<p>ENVIRONMENTAL RESPONSE/HEALTH AND SAFETY</p>	<p>Provide technical assistance and conduct exposure assessments and risk management to control hazards for response workers and the public.</p>
<p>FATALITY MANAGEMENT SERVICES</p>	<ul style="list-style-type: none"> • Assist jurisdictional medical-legal authorities and law enforcement agencies in tracking and documenting human remains and associated personal effects; reducing the hazard presented by chemically, biologically or radiologically contaminated human remains (when indicated and possible); establishing temporary morgue facilities; determining the cause and manner of death; collecting ante mortem data in a compassionate and culturally competent fashion from authorized individuals; performing postmortem data collection and documentation; identifying human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints and, as indicated, DNA samples); and preparing, processing and returning human remains and personal effects to the authorized person(s) when possible; and providing technical assistance and consultation on fatality management and mortuary affair services. May provide behavioral health support to

	<p>families of victims during the victim identification mortuary process.</p> <ul style="list-style-type: none">• May provide for temporary interment when permanent disposition options are not readily available.
MASS CARE SERVICES	<ul style="list-style-type: none">• Provide technical expertise and guidance on public health issues of individuals with needs related to temporary or chronic medical conditions.• Assist with applications for federal benefits administered by IDOH and FSSA and ensure continuity of assistance services.• Provide support for the provision of case management and advocacy services.• Provide support for human and/or veterinary mass care sheltering, as resources are available.
LOGISTICS AND SUPPLY CHAIN MANAGEMENT	<p>Health, Medical and Veterinary Equipment/Supplies</p> <p>Arrange for procuring and transporting equipment and supplies; diagnostic supplies; radiation detection devices; and medical countermeasures including assets from the Strategic National Stockpile (SNS); in support of public health, medical and veterinary response operations.</p> <p>Blood And Tissues</p> <p>Monitor and ensure the safety, availability and logistical requirements of blood, blood products and tissue. This includes the ability of existing supply chain resources to meet the manufacturing, testing, storage and distribution of these products.</p>

PUBLIC HEALTH, HEALTHCARE and EMERGENCY MEDICAL SERVICES	<p>Health Surveillance</p> <p>Use appropriate all-hazard surveillance systems to monitor the health of the general and medical needs population. These may include:</p> <ul style="list-style-type: none">• Identify emerging trends related to the disaster• Carry out field studies and investigations (including contact tracing, public health monitoring and investigations)• Monitor injury and disease patterns and potential disease outbreaks• Behavioral health concerns• Blood, blood products and tissue supply levels• Provide technical assistance and consultations on disease and injury prevention and precautions.• Wastewater surveillance• Syndromic surveillance• Monitor the health and safety of response workers.• Provide support to laboratory diagnostics and through the Laboratory Response Network (LRN) provides a mechanism for laboratories to access additional resources when the capabilities or capacity have been exceeded. <p>Medical Surge</p> <ul style="list-style-type: none">• Provide support for triage, patient treatment and patient movement.• Coordinate clinical public health and medical care specialists from the NDMS, U.S. Public Health Service, VA and DOD to fill local, state, tribal and health professional needs.• Coordinate with other states to integrate federal assets with civilian volunteers deployed from local, state and other authorities, including those deployed through the Emergency System for Advance Registration of Volunteer Health Professionals and the Medical Reserve Corps. <p>Patient Care</p> <ul style="list-style-type: none">• 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 with acute injury/illnesses or those who suffer from chronic illnesses/conditions.• Assist with isolation and quarantine measures as well as with medical countermeasure and vaccine point of dispensing operations (e.g., mass prophylaxis).• Ensure appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, where applicable.
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	<p>Assessing Public Health/Medical Needs</p> <p>Support national or regional teams to assess public health and medical needs. This function includes the assessing healthcare system/facility infrastructure.</p> <p>Food Safety, Security and Defense</p> <p>In coordination with ESF-11, ensure the safety, security and defense of federally regulated foods.</p> <p>Consumer Regulation and Safety</p> <p>Monitor and provide guidance on safety practices for tattoo, body piercings and eye lash extensions</p> <p>Agriculture Safety and Security</p> <p>In coordination with ESF-11, ESF-8 may task components to ensure the health, safety and security of livestock and food-producing animals and animal feed, as well as the safety of the manufacture and distribution of foods, drugs and therapeutics given to animals used for human food production. ESF-8 may also provide veterinary assistance to ESF-11 for the care of research animals.</p> <p>Safety and Security of Drugs, Biologics and Medical Devices</p> <p>During response, provide advice to private industry regarding the safety and efficacy of drugs; biologics (including blood, blood products, 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.</p> <p>All-Hazard Public Health and Medical Consultation, Technical Assistance and Support</p> <p>Assess public health, medical and veterinary medical effects resulting from all hazards. Such tasks may include:</p> <ul style="list-style-type: none">• Assess exposures on the population• Conduct field investigations, including collecting and analyzing relevant samples• Advise on protective actions related to direct human and animal exposures and on indirect exposure through contaminated food, drugs and septic and well-water inspections• Provide technical assistance and consultation on medical treatment, screening and decontaminating injured or contaminated individuals• Provide for disaster-related health and behavioral health needs through direct services and/or referrals as necessary.
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	<p>Vector Control</p> <ul style="list-style-type: none">• Assess the threat of vector-borne diseases.• Conduct field investigations, including collecting and analyzing relevant samples; provide vector control equipment and supplies.• Provide technical assistance and consultation on protective actions regarding vector-borne diseases.• Coordinate and advise on aerial spraying for vector control• Provide technical assistance and consultation on medical treatment of victims of vector-borne diseases. <p>Public Health Aspects of Potable Water/Wastewater and Solid Waste Disposal</p> <p>Assist in assessing potable water, wastewater, solid waste disposal and other environmental health issues related to public health in:</p> <ul style="list-style-type: none">• 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.• Conducting field investigations, including collecting and analyzing relevant samples• Providing equipment and supplies as needed.• Providing technical assistance and consultation. <p>Veterinary Medical Support</p> <ul style="list-style-type: none">• Indiana State Board of Animal Health (BOAH) provides veterinary medical support to treat ill or injured animals and veterinary public health support through HHS National Veterinary Response Team and veterinary medical officers of the Commissioned Corps of the U.S. Public Health Service.• ESF-8 is the primary resource for treatment of ill or injured service animals, pets, working animals, laboratory animals and livestock post-disaster.• Under HHS' statutory authority, conduct animal response to zoonotic diseases to protect human health. Support the United States Department of Agriculture (USDA) and its authority to manage a foreign animal disease response with the resources listed above for livestock or poultry diseases exotic to the United States that are either not or only mildly zoonotic.
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PLANNING ASSUMPTIONS

- The provision of public health and medical services may be compromised.
- There may not be sufficient law enforcement personnel to accept an assignment at each health or medical facility or other site established.
- Disruption in one or more types of communication may occur. The Integrated Public Safety Commission (IPSC) will lead, restore and designate communication pathways throughout the state.
- Initial priorities for state assistance will be in more heavily populated areas, those sustaining the most damage and those which lost the most health and medical resources.
- Public and private response agencies and groups will coordinate among themselves. This includes, but is not limited to, controlling communicable diseases and protecting health from hazardous-material (hazmat) releases.
- Distributing and employing medical resources in affected areas will be in accordance with plans of federal, state and local public-health agencies.
- Medical evacuation (air, ground, water) may be limited in affected areas within the first 96 hours following a catastrophic incident.
- Delivering food, medicine, gasoline and other necessities will be severely affected for at least 10 days.

CONCEPT OF OPERATIONS

GENERAL CONCEPT

The role of the state of Indiana during emergency response is to supplement local efforts before, during and after a disaster or emergency. Emergency Support Function #8 (ESF-8) – Public Health and Medical Services shall coordinate the use of available medical and health service resources and equipment in areas impacted by emergencies or disasters, to manage and support the immediate and long-term needs of the state and local jurisdictions.

ESF-8 shall ensure and promote a common operating picture (COP) through communicating with ESFs, the State Emergency Operations Center (SEOC) Operations Section and private sector partners, as applicable.

SEOC ACTIVATION

During an SEOC activation, ESFs may be activated depending on the incident and activation level. During a disaster response, each ESF representative in the SEOC will remain under the administrative control of their agency head; however, they will function under the supervision of the SEOC Manager. Notification of activation will be made via phone, email and/or text message.

The SEOC is always activated at a Level IV for Daily Operations; however, the activation level will be elevated for planned events, incidents, disasters or other response operations as needed. Activation level details are outlined in the State Emergency Operations Plan.

DEMOBILIZATION OF THE SEOC

Emergency Support Functions will be demobilized from emergency response as objectives are accomplished and the need for their participation diminishes. During demobilization, it is the responsibility of the ESF primary agency to ensure all paperwork, such as equipment time records, personnel time records, accident reports and mechanical inspections have been completed, are accurate and are submitted to the appropriate SEOC personnel.

The Division of Mental Health and Addiction (DMHA) of the Family Social Services Administration (FSSA) can provide debriefing support as a part of the standard demobilization of personnel depending on the type of event and need.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

ORGANIZATION

Emergency Support Function #8 (ESF-8) – Public Health and Medical Services works under the Human Services Group in the Operations Section of the State Emergency Operations Center (SEOC). This position is staffed by Indiana Department of Health (IDOH). In the event of a public health incident, local, state, federal agencies and private sector organizations will coordinate the recovery, restoration and safety of medical and health service infrastructure impacted by potential hazards or disaster events.

Each primary and supporting agency shall maintain internal Standard Operating Procedures (SOPs) and/or Standard Operating Guides (SOGs) or other documents that detail the logistical and administrative priorities deemed necessary to assist in overall state prevention, protection, mitigation, response and recovery operations.

Specific roles and responsibilities of primary and supporting agencies during an incident or event are described below. Tasks include but are not limited to:

ASSIGNMENT OF RESPONSIBILITIES

Primary Agency Responsibilities

- Identify state medical and health service resources to assist in critical functions and tasks before, during and after emergency events and disaster situations.
- Coordinate the recovery, restoration and safety of medical and health service infrastructure impacted by potential hazards or disaster events.
- Maintain the IDOH Department Operations Center (DOC) to coordinate IDOH divisions, programs and staff with roles that support the mission of ESF-8.
- Provide training to essential personnel who may be called upon to work in the EOC, DOC or impacted areas.
- Work with other state and local medical and health service providers and partners to assess overall damage to infrastructure in impacted areas and to determine the impact of the incident and resource gaps that may exist.
- Coordinate and implement emergency-related response and recovery functions, as required, under statutory authority.

Supporting Agency Responsibilities

- Identify new equipment, technologies or capabilities required to prepare for or respond to new or emerging public health threats and hazards.
- Provide information or intelligence regarding trends and challenges to the state of Indiana's medical and health service capability.

SEOC ESF-8 Responsibilities

Please see primary agency responsibilities above and additional responsibilities below:

- Coordinate public health resources related to patient movement, patient care and behavioral healthcare.
- Coordinate distributing and delivering medical countermeasures, equipment and supplies and provide technical assistance.
- Manage and direct task assignments to augment public health, medical, behavioral and veterinary functions.
- Provide training to essential personnel who may be called upon to work in potentially impacted areas.
- Provide situation reports through WebEOC as identified in the incident battle rhythm.
- Participate in briefings, as needed.
- Follow the ESF-8 SEOC Just-in-Time Training checklist when you arrive to the SEOC.
- Manage the financial aspects of ESF-8.

EMERGENCY SUPPORT FUNCTION GENERAL TASKS

The following tables are comprised of essential tasks that may need to be completed by Emergency Support Function #8 (ESF-8) in all phases of emergency management. These tasks have been created as a guide to follow for the primary and support agencies of ESF-8. They have been developed as a tool to address potential challenges and unique risks that may be faced during times of emergency and disaster in Indiana. It will be the responsibility of ESF-8 to ensure the tasks outlined here are accurate and reflect their overall ability to manage, support and deploy resources.

Table 2. ESF-8 PREVENTION TASKS

ESF #8 – PREVENTION TASKS	
TASK #	TASK SUMMARY
1	Initiate a time-sensitive, flexible planning process that builds on existing plans and incorporates real-time public health and medical service intelligence.
2	Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.
3	Anticipate and identify emerging and/or imminent public health and medical service threats through observation and situational awareness.
4	Make appropriate assumptions to inform decision makers and counterterrorism professionals actions to prevent imminent attacks on public health and medical service.
5	Continue to monitor changing trends in activity and aggressive behavior at the local, state and national level and adjust prevention tasking as it applies to public health and medical service.
6	Establish and maintain partnership structures among protection elements to support networking, planning and coordination.
7	Share relevant, timely and actionable information and analysis with local authorities through a pre-established reporting system.
8	Identify possible public health and medical service targets and vulnerabilities. Ensure the security of equipment, facilities and personnel through assessing capabilities and vulnerabilities.
9	Implement, exercise and maintain plans to ensure continuity of operations.

Table 3. ESF-8 PROTECTION TASKS

ESF #8 – PROTECTION TASKS	
TASK #	TASK SUMMARY
1	<p>Develop, validate and maintain SOPs or guidelines for both routine and emergency operations. Key operational concerns include, but are not limited to:</p> <ul style="list-style-type: none"> Identifying and assessing equipment, supplies, resources and critical public health infrastructure. Identifying and assessing medical and health service critical infrastructure. Alerting, notifying and activating personnel for work in the field or within the SEOC. Emergency communications and reporting procedures. Develop an emergency operations strategy for IDOH
2	<p>Develop and conduct training and education programs for ESF-8 personnel. Key training program considerations include, but are not limited to:</p> <ul style="list-style-type: none"> Assessing equipment, supplies and resources Assessing medical and health services critical infrastructure following emergencies or disasters Working in the field during emergency operations Working in an EOC during emergency operations WebEOC or other computer applications Emergency communications and reporting procedures National Incident Management System / Incident Command Continuity of operations Mapping, GIS and other applicable computer applications, emergency transportation and evacuation planning.
3	Develop and maintain a roster of essential primary and support agency contacts for ESF-8 to be used in the event of emergency operations. Ensure critical information (address, telephone, cell, facsimile, email, etc.) is provided.
4	Develop and maintain a database to collect information on essential resources.
5	Develop lists of resource needs and work toward eliminating these shortfalls by identifying funding, partnerships or performing other essential activities.
6	Update mutual aid agreements, letters of understanding or contracts with departments, organizations or private entities that may offer rapid deployment of resources or services as they relate to short and long-term emergency medical and health service needs.
7	Train ESF-8 personnel on technical standards and specifications for essential pieces of equipment related to short and long-term emergency medical and health service needs.
8	Train ESF-8 personnel on routine and emergency safety standards for both field operations and EOC support.
9	Exercise all capabilities essential to carrying out the mission of ESF-8 and all supporting functions

10	Train ESF-8 personnel on legislation, policies and administrative rules that relate directly to medical and health services, this ESF and its ability to provide emergency assistance.
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Table 4. ESF-8 MITIGATION TASKS

ESF #8 – MITIGATION TASKS	
TASK #	TASK SUMMARY
1	Identify areas that have been or are currently prone to significant hazards and determine the impact on critical public health infrastructure and the ability to move personnel and resources into affected areas.
2	Identify medical and health service resources within the state of Indiana and potential shortfalls or gaps that may exist.
3	Identify potential partnerships or funding sources to reduce or eliminate resource shortfalls or gaps for medical and health service issues and concerns.
4	Establish partnerships with other federal, state, local and municipal entities that share medical and health service responsibilities.
5	Identify gaps in and coordinate mutual aid agreements, letters of understanding or contracts with departments, organizations or private entities that may offer rapid deployment of resources or services as they relate to short and long-term emergency medical and health service needs.
6	Identify, establish and maintain technical standards and specifications for essential pieces of equipment related to short and long-term emergency medical and health service needs.
7	Identify, establish and maintain routine and emergency safety standards for all medical and health service personnel that comply with federal and state requirements and policies.
8	Identify, establish and maintain alternate medical and health service facilities, equipment and assets for continuity of operations.
9	Assist in developing legislation, policies and administrative rules that relate directly to medical and health services, this ESF and its ability to provide emergency assistance.
10	Identify the cause of the emergency event, if health and medical-related) and develop and implement activities relating to health and medical services during emergencies or disasters to mitigate the identified threats.
11	Identify training gaps and needs relating to health and medical services during emergencies or disasters.
12	Work with ESF-15 (External Affairs) to develop and maintain public outreach programs aimed at eliminating or reducing the risks associated with emergency medical and health service issues.

Table 5. ESF-8 RESPONSE TASKS

ESF #8 – RESPONSE TASKS	
TASK #	TASK SUMMARY
1	<p>Activate SOPs or guidelines for emergency operations that consider:</p> <ul style="list-style-type: none"> • The assessment, staging, use, status and sustainability of public health facilities, equipment, supplies and other resources • Activation of the IDOH DOC • The assessment and status of medical and health services critical infrastructure. • The epidemiological surveillance and investigation of an event • Coordinating or conducting any required laboratory testing • Alerting, notifying and activating personnel for work in the field or within the SEOC • Coordinating medical resource surges. • Emergency communications and reporting procedures. • Food safety operations • Environmental health operations • Medical volunteer response • Local surge support for infectious disease testing and medical countermeasures
2	<p>Activate ESF-8 personnel for such mission essential tasks as:</p> <ul style="list-style-type: none"> • Assessing equipment, supplies and resources. • Assessing medical and health services critical infrastructure following emergencies or disasters. • Responding to the field for emergency operations. • Working in an EOC during emergency conditions. • Supporting local, district or statewide Incident Command structures. • Activating continuity of operations plans. • Developing and distributing emergency health information. • Meeting the emergency medical and health services needs of state and local agencies and departments. • IDOH DOC Operations • Coordinate the establishment of public health facilities, including family assistance centers, reunification centers, reception centers and resource centers and resource centers. • Coordinate and implement population health monitoring.
3	Evaluate the ability to communicate with ESF-8 personnel and implement alternate communications if primary systems are down.
4	Prioritize critical health and medical services and resources supporting such capabilities as mass medication medical supplies management and distribution, immunizations, medical surge operations, mass casualty and fatality management, environmental health, disaster mental health, epidemiology, laboratory services, long term care and food safety.
5	Work with ESF-13 (Public Safety and Security) to address safety and security needs associated with executing the capabilities necessary to carry out the various missions of ESF-8.

6	Work with ESF-1 (Transportation) to address transportation needs associated with executing the capabilities necessary to carry out the various missions of ESF-8.
7	Work with Indiana National Guard (INNG) to address surge staffing (medical and non-medical) needs associated with executing the capabilities necessary to carry out the various missions of ESF-8.
8	Work with local emergency management agencies, state and local agencies and NGOs in the movement and care of persons with special needs.
9	Identify the cause of the emergency event, if health and medical-related, and develop and implement activities to mitigate further disruption to health and medical services during response.
10	Work with ESF counterparts at the local, state, regional and national levels, as well as NGO's and private businesses/industry, as needed.
11	Assess the needs of the community and first responders for mental health support, during and after an event
12	Post situation reports and critical information in WebEOC during activations.

Table 6. ESF-8 RECOVERY TASKS

ESF #8 – RECOVERY TASKS	
TASK #	TASK SUMMARY
1	Work with state and local entities to maintain alternate medical and health service facilities and continue to develop plans to repair existing facilities to pre-disaster state, as appropriate.
2	In coordination with local, state, tribal and federal officials, ensure food manufacturing, processing, distribution, service and retail establishments in the affected area are able to provide safe food.
3	Work to eliminate shortfalls or resource gaps that were identified in response to an emergency or disaster.
4	Establish partnerships and identify funding sources to address resource shortfalls or gaps for medical and health services issues and concerns.
5	Maintain open and ongoing communication with other federal, state, local and municipal entities impacted and assist in their overall efforts for recovery operations.
6	Assess mutual aid agreements, letters of understanding or contracts with departments, organizations or private entities that may have been utilized during the response and determine if those agreements need to be updated or revised.
7	Assess the current technical standards and specifications for essential pieces of equipment related to short and long-term emergency medical and health services needs and update based upon the lessons learned from the most recent emergency response.

8	Assess the current level of training on emergency safety standards for medical and health services personnel to determine the appropriate application and compliance with federal and state requirements and policies.
9	Assess the current usage and application of alternate medical and health service facilities, equipment and assets for these essential services statewide to determine if there are issues that need to be addressed for future response operations.
10	Work to change, if required, legislation, policies and administrative rules that relate directly to medical and health services that hinder this ESF's ability to provide emergency assistance.

COMMUNITY LIFELINES



Indiana has adopted the Federal Emergency Management Agency's (FEMA) eight (8) community lifelines into prevention, protection, mitigation, response and recovery activities. Lifelines are services that enable the continuous operation of critical government and business functions and are essential to human health and safety or economic security. The Health and Medical Lifeline community lifeline corresponds with this Emergency Support Function (ESF) Annex:

Table 7. HEALTH AND MEDICAL LIFELINE DEFINITION, COMPONENTS AND ESSENTIAL ELEMENTS OF INFORMATION (EEI)

LIFELINE HEALTH AND MEDICAL	DEFINITION
	Infrastructure and service providers for medical care, public health, patient movement, fatality management, behavioral health, veterinary support and health or medical supply chains.
COMPONENTS AND ESSENTIAL ELEMENTS OF INFORMATION (EEIs)	
MEDICAL CARE	
<ul style="list-style-type: none"> Status of chronic medical care facilities (i.e., long term care centers) Status of primary care (including FQHCs, CHCs, rural health) Status of behavioral health facilities (including Indiana State Psychiatric Hospital Network, community mental health centers (CMHCs) and community-based providers) Status of home and community-based health agencies Ancillary service centers (dialysis, surgical centers, specialty care providers) Status of VA Health System resources in the affected area 	
PATIENT MOVEMENT	
<ul style="list-style-type: none"> Status of state and local EMS systems Active patient evacuations Future patient evacuations 	
PUBLIC HEALTH	MEDICAL INDUSTRY

<ul style="list-style-type: none">▪ Status of state and local health departments pharmaceutical supply chain▪ Public health advisories	<ul style="list-style-type: none">▪ Status of pharmaceutical supply chain
FATALITY MANAGEMENT	
<ul style="list-style-type: none">▪ Availability of mortuary and post-mortuary services▪ Availability of transportation, storage and disposal resources▪ Status of body recovery and processing▪ Descendant's family assistance	

LIFELINE AND ESF OBJECTIVES AND TASKS TIMELINE

Table 8. ESF-8 GENERAL TASKS

OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
TIMELINE: 0–24 HOURS		
To maintain the common operating picture (COP) and contribute to the incident action plan (IAP)	— —	Provide situational information to the SEOC.
	— —	Participate in developing the IAP to determine needs and priorities for health and medical services.
— —	— —	Establish a unit to provide direction and control for the incident
	— —	Verify, ready and activate resources available to support the ESF-8 mission.
	— —	Activate available resources needed to support mental health.
	ESF-7	Push out requests made to SEOC and for health and medical resources through EMAC.
	— —	<i>IDHS EMS Section:</i> Due to the specialized equipment, supplies and other resources needed for medical response, provide personnel to continuously serve as a part of ESF-7.
	— —	Coordinate with environmental testing for air and water.
	— —	Coordinate and prioritize resources for mental health.
TIMELINE: 24–72 HOURS		
To continue maintaining the COP and contributing to the IAP	— —	Gather reports of casualties and fatalities due to the incident. Update SEOC.
	— —	Participate in developing the IAP to determine needs and priorities for health and medical services.
TIMELINE: BEYOND 72 HOURS		
To continue maintaining the COP and contributing to the IAP	— —	Continue to gather reports of casualties and fatalities due to the incident and cascading events.
	— —	Participate in developing the IAP, based on needs and priorities for health and medical services.

Table 9. ESF-8 TASKS FOR FOOD, HYDRATION, SHELTER

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
TIMELINE: 0–24 HOURS			
To ascertain the status of water and wastewater systems, especially for emergency-care facilities and shelters	— —	— —	Obtain update from the SEOC about the status of local water and wastewater systems that serve hospitals.
To gain situational awareness and determine needs for field shelters	— —	ESF-6	Work with ESF-6 to identify medical needs in shelters.
To activate resources to support mass care and shelter openings	— —	— —	Request additional mental-health professionals through the Division of Mental Health and Addiction (DMHA) or the SEOC.
	To activate resources to support hospital feeding	ESF-7	Assist with providing food to those in hospitals as needed
TIMELINE: 24–72 HOURS			
To deliver mass-care services for survivors and pets	— —	ESF-6	Work with ESF-6 to address medical needs in shelters.
TIMELINE: BEYOND 72 HOURS			
To sustain and refine life-sustaining services and needs assessments	— —	ESF-6	Continue to coordinate with ESF-6 to address medical needs in shelters.

TABLE 10. ESF-8 TASKS FOR HEALTH AND MEDICAL

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
PHASE 2A: 0–24 HOURS			
To ascertain status of hospitals, EMS providers and medical transport services	To activate the IDOH DOC and to send a representative to the SEOC within four (4) hours of SEOC activation.	— —	Deploy ESF-8 representative to the SEOC and receive briefing.
		— —	While the SEOC is being activated, activate the IDOH DOC with all appropriate sections.
		— —	Establish communications between the ESF-8 representative in the SEOC and the IDOH DOC.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		— —	Immediately relay all pertinent information received at the IDOH DOC to the ESF-8 representative in the SEOC.
		— —	ESF-8 representative in SEOC: Assure proper logging.
	To determine the condition and capacity of hospitals and healthcare facilities, as well as the potential of influx of casualties, in each of the severely impacted and surrounding counties in four (4) to eight (8) hours.	— —	Prepare to deploy IDOH personnel to the area of the incident to provide an on-scene presence and to provide immediate updates.
		ESF-1	Coordinate with ESF-1 for routes of ingress and egress.
		ESF-2	Coordinate with ESF-2 to determine the available communications capabilities.
		ESF-3	Request from ESF-3 the status of water, sewer, electricity and gas.
		— —	Deploy appropriate number of health and medical teams.
		— —	Perform an “all call” to all critical-care facilities and request a status report on patients, transports, building condition and utilities.
		— —	Perform an “all call” to all hospitals and request a status report on patients, transports, building condition and utilities.
		— —	Speak to field contacts to determine which hospitals, local health departments and other healthcare facilities are still viable options for use.
		— —	Report the status and functionality of state mental hospitals.
		All ESFs	<i>All ESFs:</i> Be alert to any information regarding casualties, even if not confirmed but considered reliable.
		All ESFs	<i>All ESFs:</i> While working in the field, immediately report newly discovered casualties through your chain of command by the quickest means possible to ESF-8 in the SEOC.
		— —	Determine the critical resources available to health and medical staff.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		ESF-5	Participate in aerial damage assessments (coordinate with ESF-5).
		— —	Develop a list of impacted medical facilities.
		— —	Develop a list of impacted local health departments
	— —	— —	Report the status and functionality of all transport vehicles.
		— —	Gather and report the status of EMS staff and resources available for transport.
To determine the total number of patients at each impacted healthcare facility requiring immediate transport to another facility	(Same as lifeline objective)	— —	<i>IDHS EMS Section:</i> Determine the status (equipment, personnel and supplies) of medical transport services in the county including medical air transport. Advise that all equipment should be moved outside of storage facilities due to the possibility of secondary impacts.
		— —	<i>IDHS EMS Section:</i> Identify supplemental certified medical transport capabilities, especially air transport throughout the state. As needed, quickly modify mass-transit vehicles (such as buses) for medical transport.
		— —	<i>IDHS EMS Section:</i> Coordinate all services for EMS and medical transport.
		ESF-7	Work with ESF-7 as it identifies supplemental state, federal and military and private-sector air resources, especially helicopters.
		ESF-7	Help ESF-7 identify the types of transport needed to move health and medical personnel, supplies and equipment.
		ESF-1	<i>IDHS EMS Section:</i> Coordinate medical transport. Request support from ESF-1.
		— —	Gather intelligence on the number of patients requiring immediate transport. Repeat every 12 hours.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		— —	<i>IDOH DOC:</i> If patients must be evacuated from hospitals, give the SEOC all the specific information, including destinations for evacuated patients.
		Indiana Ambulance Association providers	<i>IDHS EMS Section:</i> Coordinate with the Indiana Ambulance Association and private-sector providers throughout the state to meet immediate needs, if possible.
		<ul style="list-style-type: none"> ESF-1 FAA 	Request a no-fly zone over the impacted counties and limit access
		Air medical transport services	Coordinate with air medical transport services if needed.
		INNG	<i>INNG:</i> Assist with transportation where possible.
		ESF-7	Request any needed EMAC and federal assistance with medical transportation as quickly as possible.
		— —	Prioritize where resources for medical transportation will go and how to allocate.
To provide public health and medical services to people in need throughout the disaster area	— —	— —	<i>IDOH:</i> Provide guidance to area hospitals, air and ground ambulances and EMS providers.
		— —	Prioritize the more heavily populated areas, those sustaining the most damage and those that have lost the most health and medical resources.
		County health officials	Ask each county in the affected area to designate facilities and locations for medical triage and treatment.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
		— —	<i>IDOH:</i> If the incident requires a large-scale medical response that hospitals and local medical professionals cannot reasonably handle, consider using local long-term-care facilities, ambulatory surgical centers, rural health clinics and community health centers. Dispatch volunteer medical staff to such facilities. If time allows, consolidate similar casualties at designated locations to enable specific medical support and medical supplies.
		— —	If needed, develop locations for health and medical support outside of the heavily affected areas.
		ESF-7	Ask ESF-7 for the locations of mobilization sites and staging areas for health and medical resources, as well as for deployment transportation arrangements.
		— —	Request additional mental-health professionals through the Division of Mental Health and Addiction (DMHA) through the SEOC.
		ESF-7	Request resources from the federal government, including but not limited to NDMS, SNS, a DMAT and TCCTs
To assist with fatality management in the disaster area	— —	— —	Contact EMAs and local coroners to establish a chain of custody and begin morgue operations
		— —	Determine areas of immediate response based on SEOC reporting and Incident Action Plan
		ESF-7	Deploy INMORT
		ESF-7	Request EMAC support through SEOC
		— —	Request activation of a FEMA DMORT
		— —	Identify bodies
		— —	<i>IDOH:</i> Generate death certificates.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
TIMELINE: 24–72 HOURS			
To evacuate level 3 casualties	— —	— —	<i>IDHS EMS Section:</i> Prioritize supplemental certified medical transport capabilities, especially air transport throughout the state. Modify mass transit vehicles (such as buses) for medical transport, if needed.
		— —	<i>IDHS:</i> Deploy all available district mass-casualty teams.
To support temporary health and medical infrastructure in and around the impacted zone within 48 hours	(Same as lifeline objective)	— —	Coordinate health-related activities among public and private response agencies and groups. This includes, but is not limited to, controlling communicable diseases and protecting health from HAZMAT releases.
		— —	Make provisions for those who have access and functional needs and require assistance.
		— —	Triage home healthcare patients and those on life support.
		— —	Coordinate public health and medical emergency response task forces.
		ESF-7	Work with ESF-7 to determine priorities for state, federal, military and private-sector air resources to move health and medical personnel, supplies and equipment.
		— —	Gather information on county-designated facilities and locations for medical triage and treatment.
		ESF-7	<i>IDHS:</i> Request health and medical resources through EMAC or the federal government, as necessary.
		— —	Recruit assistance for mental health from community mental health centers and providers throughout the state.
		ESF-13	Work with ESF-13 as medical security needs are identified.
		— —	Deploy crisis-counseling teams where appropriate.
To set up the IDOH alternate care site and activate medical	(Same as lifeline objective)	— —	<i>IDOH:</i> Determine the location to set up the alternate care site.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
volunteers through the SERV-IN volunteer database within 72 hours		— —	Move the alternate care site to the location specified by IDOH.
		— —	<i>IDOH:</i> Staff and stock the alternate care site
		— —	Activate the MRC by notifying its members through SERV-IN.
		MRC	<i>MRC:</i> If requested, staff the IDOH alternate care site.
— —	To assess the situation within the first 48 hours to enable deploying a strike team for fatality management and the I-Disaster Portable Mortuary Unit (DPMU).	— —	Establish a family assistance center (FAC).
To enable dispensing medical countermeasures (MCM)	(Same as lifeline objective)	Local health departments	<i>IDOH</i> Work with local health departments to determine sites for dispensing MCM.
		ESF-7	<i>ESF-7:</i> Transport MCM from the federal staging area to the dispensing sites, as requested
		ESF-13	<i>ESF-13:</i> Provide escorts for supplies from the SNS.
		Local health departments	<i>Local health departments:</i> Receive, inventory and dispense medications from medical points of dispensing (PODs) per local plan.
		Local EOCs	Locate additional personnel to assist, provide a means for additional equipment and security
TIMELINE: BEYOND 72 HOURS			
To recover all bodies	To identify all recovered bodies within one week.	Local coroners	Work with the local coroners’ offices to help with identifying bodies.
To finish transporting all patients requiring evacuation	— —	— —	After completing level 3 transports begin transporting patients and victims with level 2 injuries as necessary.
To increase capacity of hospitals	— —	ESF-7	Work with ESF-7 to deploy health and medical resources to forward mobilization sites or county staging areas.
		— —	Prioritize emergency needs of hospitals and healthcare facilities.

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
To resume health services		— —	Determine the need for medical and staff-support personnel, equipment and supplies at each of the critical medical facilities.
		INNG	INNG: Support setup and staffing for medical surge.
	— —	— —	Continue prioritizing needs and begin to assess priorities for recovery.
		ESF-7	Continue to work with ESF-7 to determine priorities for state, federal, military and private-sector air resources to move health and medical personnel, supplies and equipment.
		ESF-7	IDHS: Request additional health and medical resources through EMAC or the federal government, as necessary.
		— —	Continue to coordinate medical emergency-response task forces.
	To effectively respond to psychological needs, using evidence-based tools, with response time (one (1) week to a month) prioritized by level of need.	— —	Provide mental health services to responders.
		— —	Continue to coordinate public-health task forces.
		— —	FSSA/DMHA: Support behavioral health and addiction treatment for immediate victims, those in treatment centers, families and the public.
		ESF-7	ESF-7 EMAC coordinators: Coordinate the deployment of crisis-counseling teams.
		— —	Ensure help for survivors experiencing mental health crises within 30 days.

Table 11. ESF-8 TASKS FOR HAZARDOUS MATERIAL

LIFELINE OBJECTIVE	ESF OBJECTIVE	SUPPORT NEEDED FROM	MISSION-ESSENTIAL TASKS
TIMELINE: 0–24 HOURS			
To begin containing all hazmat releases	— —	— —	Perform medical checks on hazmat responders.
Information and guidance sharing			Disseminate guidance to healthcare facilities receiving patients.

APPENDIX A – REFERENCES, RELATED PLANS AND PROCEDURES

REFERENCES

- [FEMA's ESF #8 - Public Health and Medical Services Annex, 2020](#)
- Health Insurance Portability and Accountability Act

RELATED PLANS

- State of Indiana Department of Health Emergency Operations Plan, 2023
- State of Indiana Emergency Operations Plan (EOP), March 2025

STANDARD OPERATING PROCEDURES AND GUIDES

- SEOC Just-in-Time Training Checklist- ESF #8

APPENDIX B – ACRONYMS

ACRONYM	FULL DESCRIPTION
BOAH	Indiana State Board of Animal Health
CHC	Community Health Center
CMHC	Community Mental Health Center
COP	Common Operating Picture
DMAT	Disaster Medical Assistance Team
DMHA	Division of Mental Health and Addiction
DMORT	Disaster Mortuary Operational Response Team
DOC	Department Operations Center
DOD	United States Department of Defense
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Service
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FAA	Federal Aviation Administration
FAC	Family Assistance Center
FEMA	Federal Emergency Management Agency
FQHC	Federally Qualified Health Center
FSSA	Family and Social Services Administration
GIS	Geographic Information System
HAZMAT	Hazardous Materials
HHS	United States Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
IAP	Incident Action Plan
IDHS	Indiana Department of Homeland Security
IDOA	Indiana Department of Administration

IDOH	Indiana Department of Health
IDOI	Indiana Department of Insurance
IEDC	Indiana Economic Development Corporation
INDOT	Indiana Department of Transportation
INMORT	Indiana (Disaster) Mortuary Operational Response Team
INNG	Indiana National Guard
IPLA	Indiana Professional Licensing Agency
IPSC	Integrated Public Safety Commission
ISP	Indiana State Police
IURC	Indiana Utility Regulatory Commission
LRN	Laboratory Response Network
MCM	Medical Countermeasures
MRC	Medical Reserve Corps
NDMS	National Disaster Medical System
NGO	Non-Governmental Organization
NPG	National Preparedness Goal
POD	Point of Dispensing
SEOC	State Emergency Operations Center
SERV-IN	State Emergency Registry of Volunteers for Indiana
SNS	Strategic National Stockpile
SOG	Standard Operating Guide
SOP	Standard Operating Procedure
SPD	Indiana State Personnel Department
TCCT	Trauma and Critical Care Team
USDA	United States Department of Agriculture
VA	Veterans Affairs
WebEOC	Web Emergency Operations Center