

Emergency Support Function #8 – Public Health and Medical Services Annex

ESF Coordinator:

Department of Health and Human Services

Primary Agency:

Department of Health and Human Services

Support Agencies:

Department of Agriculture
Department of Defense
Department of Energy
Department of Homeland Security
Department of the Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of Veterans Affairs
Environmental Protection Agency
General Services Administration
U.S. Agency for International Development
U.S. Postal Service
American Red Cross

Introduction

Purpose

Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, local, and tribal resources in response to public health and medical care needs (to include veterinary and/or animal health issues when appropriate) for potential or actual Incidents of National Significance and/or during a developing potential health and medical situation. ESF #8 is coordinated by the Secretary of the Department of Health and Human Services (HHS) principally through the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP). ESF #8 resources can be activated through the Robert T. Stafford Act or the Public Health Service Act (pending the availability of funds) for the purposes of Federal-to-Federal support or in accordance with the memorandum for Federal mutual aid included in the National Response Plan (NRP) Financial Management Support Annex.

Scope

- ESF #8 provides supplemental assistance to State, local, and tribal governments in identifying and meeting the public health and medical needs of victims of an Incident of National Significance. This support is categorized in the following core functional areas:
 - Assessment of public health/medical needs (including behavioral health);
 - Public health surveillance;
 - Medical care personnel; and
 - Medical equipment and supplies.

- As the primary agency for ESF #8, HHS coordinates the provision of Federal health and medical assistance to fulfill the requirements identified by the affected State, local, and tribal authorities. ESF #8 uses resources primarily available from:
 - HHS, including the Operating Divisions and Regional Offices;
 - The Department of Homeland Security (DHS); and
 - Other ESF #8 support agencies and organizations.
- All headquarters and regional organizations (including those involved in other ESFs) participating in response operations report public health and medical requirements to their counterpart level (headquarters or regional) of ESF #8.
- The primary Joint Information Center (JIC), established in support of the NRP, is authorized to release general medical and public health response information to the public after consultation with HHS. When possible, a recognized spokesperson from the public health and medical community (local, State, or Federal) delivers relevant community messages.

Policies

- The Secretary of HHS, through the ASPHEP, coordinates national ESF #8 preparedness, response, and recovery actions. These actions do not alter or impede the existing authorities of any department or agency supporting ESF #8.
 - HHS coordinates all ESF #8 response actions consistent with HHS's internal policies and procedures (e.g., HHS Concept of Operations Plan for Public Health and Medical Emergencies, March 2004).
 - Each ESF #8 organization is responsible for managing its respective response assets after receiving coordinating instructions from HHS.
 - The HHS Secretary's Operations Center (SOC) facilitates the coordination of the overall national ESF #8 response. During ESF #8 activations, the SOC maintains frequent communications with the DHS Homeland Security Operations Center.
- Other JICs may also may release general medical and public health response information at the discretion of the lead Public Affairs Officer, after consultation with HHS. To ensure patient confidentiality, the release of medical information by ESF #8 is in accordance with the Health Insurance Portability and Accountability Act. Inquiries about patients are managed by HHS Public Affairs Officers in coordination with DHS. (See the ESF #15 – External Affairs Annex for more details.)
- In the event of a zoonotic disease outbreak, or in coordination with ESF #11 – Agriculture and Natural Resources during an animal disease outbreak, public information may be released after consultation with the Department of Agriculture (USDA).
 - As the primary agency for ESF #8, HHS determines the appropriateness of all requests for public health and medical information.
 - HHS, as the primary agency for ESF #8, is responsible for consulting with and organizing Federal public health and medical subject-matter experts, as needed.

Concept of Operations

General

- Upon notification, the ASPHEP alerts identified HHS personnel to represent ESF #8, as required, on the:
 - National Response Coordination Center (NRCC);
 - Interagency Incident Management Group (IIMG);
 - Regional Response Coordination Center (RRCC)/Joint Field Office (JFO);
 - National Emergency Response Team;
 - Emergency Response Team–Advance Element (ERT-A); and
 - JIC.

The ASPHEP may request ESF #8 support agencies to provide liaison requirements if HHS personnel are not available.

- HHS notifies and requests all support organizations to participate in headquarters coordination activities. As appropriate, supporting agencies and organizations are requested to provide liaisons to the HHS headquarters command location. Personnel representing an ESF #8 organization are expected to have extensive knowledge of the resources and capabilities of their respective organization and have access to the appropriate authority for committing such resources during the activation.
- The headquarters ESF #8 staff provides liaison and communications support to regional ESF #8 groups to facilitate direct communications. Headquarters ESF #8 personnel are deployed as necessary to assist regional ESF #8 personnel in establishing and maintaining effective coordination within the impacted area.
- ESF #8 coordinates with the appropriate State, local, and tribal medical and public health officials and organizations to determine current medical and public health assistance requirements.

- The regional ESF #8 is assisted by designated Federal department entities for risk analysis, evaluation, and support.
- During the response period, HHS has primary responsibility for the evaluation and analysis of public health and medical assistance, and develops and updates assessments of medical and public health status.
- 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, HHS may provide assistance under its own statutory authorities. In these cases, every reasonable attempt is made to verify the need before providing assistance.

Organization

Headquarters

- ESF #8, when activated, is coordinated by the ASPHEP. Once activated, headquarters ESF #8 is coordinated by HHS through the SOC. During the initial activation, HHS convenes a conference call with the appropriate organizations, and public health and medical representatives from State and tribal governments, to discuss the situation and determine the appropriate response actions.
- HHS alerts and requests supporting organizations to provide a representative to the IIMG (if required), NRCC, and SOC, or to provide a representative who is immediately available via telecommunications (e.g., telephone, conference calls) to provide support.
- Public health and medical subject-matter experts from HHS and ESF #8 organizations are consulted as needed.

Regional

- HHS coordinates ESF #8 field response activities according to internal policies and procedures.
- HHS may designate a senior official to participate as a Senior Federal Official in the JFO Coordination Group at the field level.
- Regional ESF #8 maintains representatives to rapidly deploy, with the ERT-A, to the affected State's emergency operations center or other designated location.
- The regional ESF #8 includes representative(s) on-site or available by telephone or radio at the RRCC and/or JFO, as required by the Federal Coordinating Officer, Federal Resource Coordinator, or Principal Federal Official, on a 24-hour basis for the duration of the incident.

Actions: Initial Actions

The HHS SOC enhances staffing immediately on notification of an actual or potential public health or medical emergency. (See the Biological Incident Annex for more details.)

Upon notification of activation for a potential or actual Incident of National Significance by the NRCC, HHS consults with the appropriate ESF #8 organizations to determine the need for assistance according to the functional areas listed below.

- **Assessment of Public Health/Medical Needs:** HHS, in collaboration with DHS, mobilizes and deploys ESF #8 personnel to support the ERT-A to assess public health and medical needs. This function includes the assessment of the public health care system/facility infrastructure.
- **Health Surveillance:** HHS, in coordination with State health agencies, enhances existing surveillance systems to monitor the health of the general population and special high-risk populations, carry out field studies and investigations, monitor injury and disease patterns and potential disease outbreaks, and provide technical assistance and consultations on disease and injury prevention and precautions.

Medical Care Personnel

- Immediate medical response capabilities are provided by assets internal to HHS (e.g., U.S. Public Health Service Commissioned Corps) and from ESF #8 supporting organizations (e.g., National Disaster Medical System (NDMS)).
- The Department of Defense (DOD) may be requested to provide support in casualty clearing/staging and other missions as needed.
- HHS may seek individual clinical health and medical care specialists from the Department of Veterans Affairs (VA) to assist State, local, and tribal personnel.
- **Health/Medical Equipment and Supplies:** In addition to deploying assets from the Strategic National Stockpile (SNS), HHS may request DHS, DOD, or the VA to provide medical equipment and supplies, including medical, diagnostic, and radiation-emitting devices, pharmaceuticals, and biologic products in support of immediate medical response operations and for restocking health care facilities in an area affected by a major disaster or emergency.
- **Patient Evacuation**
 - At the request of HHS, DOD coordinates with ESF #1 – Transportation to provide support for the evacuation of seriously ill or injured patients to locations where hospital care or outpatient services are available.
 - DOD is responsible for regulating and tracking patients transported on DOD assets to appropriate treatment facilities (e.g., NDMS non-Federal hospitals).¹
- **Patient Care:** HHS may task its components and the Medical Reserve Corps, and request the VA, DOD, and DHS to provide available

¹ Consistent with the timelines outlined in the NRP Implementation Guidance, the NDMS partner organizations (DHS, HHS, DOD, and VA) will develop policies and procedures for the network of non-Federal NDMS hospitals (e.g., contracting, payment source and amount, and claims processing).

personnel to support inpatient hospital care and outpatient services to victims who become seriously ill or injured regardless of location (which may include mass care shelters).

- **Safety and Security of Human Drugs, Biologics, Medical Devices, and Veterinary Drugs, etc.:** HHS may task its components to ensure the safety, efficacy, and advise industry on security measures of regulated human and veterinary drugs, biologics (including blood and vaccines), medical devices (including radiation emitting and screening devices), and other HHS regulated products.
- **Blood and Blood Products:** HHS monitors blood availability and maintains contact with the American Association of Blood Banks Inter-organizational Task Force on Domestic Disasters and Acts of Terrorism and, as necessary, its individual members, to determine:
 - The need for blood, blood products, and the supplies used in their manufacture, testing, and storage;
 - The ability of existing supply chain resources to meet these needs; and
 - Any emergency measures needed to augment or replenish existing supplies.
- **Food Safety and Security:** HHS, in cooperation with ESF #11, may task its components to ensure the safety and security of federally regulated foods. (Note: HHS, through the Food and Drug Administration (FDA), has statutory authority for all domestic and imported food except meat, poultry, and egg products, which are under the authority of the USDA/Food Safety and Inspection Service.)
- **Agriculture Safety and Security:** HHS, in coordination with ESF #11, may task its components to ensure the safety and security of food-producing animals, animal feed, and therapeutics. (Note: HHS, through the FDA, has statutory authority for animal feed and for the approval of animal drugs intended for both therapeutic and nontherapeutic use in food animals as well as companion animals.)

▪ **Worker Health/Safety**

- HHS may request the Department of Labor/Occupational Safety and Health Administration (DOL/OSHA) to implement the processes in the Worker Safety and Health Support Annex to provide technical assistance for worker safety and health.
- HHS may task its components and request support from DOL and other cooperating agencies, as needed, to assist in monitoring the health and well-being of emergency workers; performing field investigations and studies addressing worker health and safety issues; and providing technical assistance and consultation on worker health and safety measures and precautions.
- **All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support:** HHS may task its components to assist in assessing public health and medical effects resulting from all hazards. Such tasks may include assessing exposures on the general population and on high-risk population groups; 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. While State and local governments retain primary responsibility for victim screening and decontamination, ESF #8 can, at the request of a State or another Federal agency, deploy teams with limited capabilities for victim decontamination (e.g., NDMS, or DOE assistance for nuclear/radiological incidents). These teams typically arrive on scene within 24-48 hours.
- **Behavioral Health Care:** HHS may task its components to assist in assessing mental health and substance abuse needs; providing disaster mental health training materials for workers; providing liaison with assessment, training, and program development activities undertaken by

Federal, State, local, and tribal mental health and substance abuse officials; and providing additional consultation as needed.

- **Public Health and Medical Information:** HHS may task its components to provide public health, disease, and injury prevention information that can be transmitted to members of the general public who are located in or near areas affected.
- **Vector Control:** HHS may task its components and request assistance from other ESF #8 organizations, as appropriate, to assist in assessing the threat of vector-borne diseases; conducting field investigations, including the collection and laboratory analysis of relevant samples; providing vector control equipment and supplies; 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.
- **Potable Water/Wastewater and Solid Waste Disposal:** HHS, in coordination with ESF #3 – Public Works and Engineering and #10 – Oil and Hazardous Materials Response as appropriate, may task its components, and request assistance from other ESF #8 organizations as appropriate, to assist in assessing potable water, wastewater, solid waste disposal issues, and other environmental health issues; conducting field investigations, including collection and laboratory analysis of relevant samples; providing water purification and wastewater/solid waste disposal equipment and supplies; and providing technical assistance and consultation on potable water and wastewater/solid waste disposal issues.
- **Victim Identification/Mortuary Services:** HHS may request DHS and DOD to assist in providing victim identification and mortuary services; establishing temporary morgue facilities; performing victim identification by fingerprint, forensic dental, and/or forensic pathology/anthropology methods; and processing, preparation, and disposition of remains.

- **Protection of Animal Health:** HHS, in coordination with ESF #11, protects the health of livestock and companion animals by ensuring the safety of the manufacture and distribution of foods and drugs given to animals used for human food production, as well as companion animals.

Actions: Continuing Actions

Headquarters

ESF #8 continuously acquires and assesses information on the incident. The staff continues to identify the nature and extent of public health and medical problems, and establishes appropriate monitoring and public surveillance. Other sources of information may include:

- ESF #8 support agencies and organizations;
- Various Federal officials in the incident area;
- State health, agricultural, or animal health officials;
- State emergency medical services authorities;
- Tribal officials;
- State incident management authorities; and
- Officials of the responsible jurisdiction in charge of the disaster scene.

Because of the potential complexity of the public health and medical response, conditions may require ESF #8 subject-matter experts to review public health and medical information and advise on specific strategies to manage and respond to a specific situation most appropriately.

- **Activation of Health/Medical Response Teams:** Assets internal to HHS are deployed directly as part of the ESF #8 response. Public health and medical personnel and teams provided by ESF #8 organizations are requested by HHS and deployed by the respective organizations to provide appropriate public health and medical assistance.

- **Coordination of Requests for Medical Transportation:** In a major public health or medical emergency, local transportation assets may not be sufficient to meet the demand. State or tribal requests for Federal medical transportation assistance are executed by ESF #8 in coordination with ESF #1.
- **Coordination for Obtaining, Assembling, and Delivering Medical Equipment and Supplies to the Incident Area:** Representatives of HHS, DHS, VA, DOD, Department of Transportation (DOT), and General Services Administration (GSA) coordinate arrangements for the procurement and transportation of medical equipment and supplies.
- **Communications:** ESF #8 establishes communications necessary to coordinate Federal public health and medical assistance effectively.
- **Information Requests:** Requests for information may be received at ESF #8 from various sources, such as the media and the general public, and are referred to ESF #15 for action and response.
- **After-Action Reports:** HHS, on completion of the incident, prepares a summary after-action report. The after-action report identifies key problems, indicates how they were solved, and makes recommendations for improving response operations. ESF #8 organizations assist in the preparation of the after-action report.

Responsibilities

Primary Agency: HHS

- Provides leadership in coordinating and integrating overall Federal efforts to provide public health and medical assistance to the affected area.
- Coordinates the staffing of the HHS headquarters national ESF #8 group as necessary to support the response operations.
- Requests appropriate ESF #8 organizations to activate and deploy health and medical personnel, equipment, and supplies in response to requests for Federal public health and medical assistance.
- Uses HHS personnel (U.S. Public Health Service Commissioned Corps) to address public health and medical needs, and augment with assets from ESF #8 partner organizations.
- Assists and supports State, local, and tribal governments in performing monitoring for internal contamination and administering pharmaceuticals for internal decontamination as deemed necessary by State health officials.
- Assists local and State health departments in establishing a registry of potentially exposed individuals, performing dose reconstruction, and conducting long-term monitoring of this population for potential long-term health effects.
- Monitors blood and blood product shortages and reserves with the coordination of the American Association of Blood Banks Inter-Organizational Task Force on Domestic Disasters and Acts of Terrorism.
- Evaluates State requests for deployment or pre-deployment of the SNS based upon relevant threat information.
- Coordinates with other primary and supporting departments, agencies, and governments throughout the incident.
- Assures the safety and security of food in coordination with other responsible Federal agencies (e.g., USDA). (Note: HHS, through the FDA, has statutory authority for all domestic and imported food except meat, poultry, and egg products, which are under the authority of USDA/Food Safety and Inspection Service.)

- In cooperation with State and local authorities, assesses whether food facilities in the affected area are able to provide safe and secure food.
- In cooperation with State and local authorities as well as the food industry, conduct tracebacks or recalls of adulterated products.
- In cooperation with Federal, State, and local authorities, ensure the proper disposal of contaminated products and the decontamination of affected food facilities in order to protect public health.
- Provides support for public health matters for radiological incidents as a member of the Advisory Team for Environment, Food, and Health.

Support Agencies

Agency	Functions
<p>Department of Agriculture</p>	<ul style="list-style-type: none"> ▪ Provides appropriate personnel, equipment, and supplies, coordinated through ESF #4 – Firefighting or the Branch Chief, Disaster and Emergency Operations, Fire and Aviation Management Office in Washington, DC. This support is primarily for communications aircraft and the establishment of base camps for deployed Federal health and medical teams. ▪ Provides support for public health matters for radiological incidents as a member of the Advisory Team for Environment, Food, and Health. <p>USDA also supports a multiagency response to a domestic incident through:</p> <ul style="list-style-type: none"> ▪ Provision of nutrition assistance; ▪ Control and eradication of an outbreak of a highly contagious or an economically devastating animal disease; ▪ Assurance of food safety, and security, in coordination with other responsible Federal agencies, or any combination of these requirements; and ▪ Provision of appropriate personnel, equipment, and supplies, coordinated through the Animal and Plant Health Inspection Service Emergency Management Operations Center. Support is primarily for coordination of animal issues such as disposal of animal carcasses, protection of livestock health, and zoonotic diseases associated with livestock.

Agency	Functions
Department of Defense	<ul style="list-style-type: none"> ▪ Alerts DOD NDMS Federal Coordinating Centers (FCCs) (Army, Navy, Air Force) and provides specific reporting/regulating instructions to support incident relief efforts. ▪ Alerts DOD NDMS FCCs to activate NDMS patient reception plans in a phased, regional approach, and when appropriate, in a national approach. ▪ At the request of HHS, DOD coordinates with ESF #1 to provide support for the evacuation of seriously ill or injured patients to locations where hospital care or outpatient services are available. ▪ Using available DOD transportation resources, in coordination with the NDMS Medical Interagency Coordination Group (MIACG), evacuates and manages victims/patients from the patient collection point in or near the incident site to NDMS patient reception areas. ▪ Provides available logistical support to health/medical response operations. ▪ Provides available medical personnel for casualty clearing/staging and other missions as needed including aero-medical evacuation and medical treatment. Mobilizes and deploys available Reserve and National Guard medical units, when authorized and necessary to provide support. ▪ Coordinates patient reception, tracking, and management to nearby NDMS non-Federal hospitals, VA hospitals, and DOD military treatment facilities that are available and can provide appropriate care. ▪ Provides available military medical personnel to assist HHS in the protection of public health (such as food, water, wastewater, solid waste disposal, vectors, hygiene, and other environmental conditions). ▪ Provides available DOD medical supplies for distribution to mass care centers and medical care locations being operated for incident victims with reimbursement to DOD. ▪ Provides available emergency medical support to assist State, local, and tribal governments within the disaster area and the surrounding vicinity. Such services may include triage, medical treatment, mental health support, and the use of surviving DOD medical facilities within or near the incident area. ▪ Provides assistance in managing human remains, including victim identification and mortuary affairs. ▪ Provides evaluation and risk management support through use of Defense Coordinating Officers, Emergency Preparedness Liaison Officers, and Joint Regional Medical Planners. ▪ Provides available blood products in coordination with HHS. ▪ Provides DOD confirmatory laboratory testing support in coordination with HHS. <p>U.S. Army Corps of Engineers: Through ESF #3 – Public Works and Engineering, provides technical assistance, equipment, and supplies as required in support of HHS to accomplish temporary restoration of damaged public utilities affecting public health.</p>

Agency	Functions
Department of Energy	<ul style="list-style-type: none"> ▪ Coordinates Federal assets for external monitoring and decontamination activities for radiological emergencies pursuant to criteria established by the State(s) in conjunction with HHS. ▪ Provides, in cooperation with other Federal and State agencies, personnel and equipment, including portal monitors, to support initial screening and provides advice and assistance to State and local personnel conducting screening/decontamination of persons leaving a contaminated zone.
	<p>Through the Radiological Assistance Program:</p> <ul style="list-style-type: none"> ▪ Provides regional resources (personnel, specialized equipment, and supplies) to evaluate, control, and mitigate radiological hazards to workers and the public; ▪ Provides limited assistance in the decontamination of victims; and ▪ Assists State, local, and tribal authorities in the monitoring and surveillance of the incident area.
	<p>Through the National Atmospheric Release Advisory Capability, provides near real-time transport, dispersion, and dose predictions of atmospheric releases of radioactive and hazardous materials that may be used by authorities in taking protective actions related to sheltering and evacuation of people.</p>
	<p>Through the Federal Radiological Monitoring and Assessment Center (FRMAC), assists health and medical authorities in determining radiological dose information; assists in providing coordinated gathering of environmental radiological information and data; assists with consolidated data sample analyses, evaluations, assessments, and interpretations; and provides technical information.</p>
Department of Homeland Security	<ul style="list-style-type: none"> ▪ As requested by HHS, directs the activation of NDMS as necessary to support incident response operations. Requests ESF #8 support from HHS, VA, and DOD to coordinate NDMS operations. ▪ As requested by HHS, activates and deploys NDMS health/medical personnel, equipment, and supplies in a phased regional approach, and coordinates the provision of hospital care and outpatient services, veterinary services, and mortuary services through NDMS. ▪ In coordination with HHS, activates the NDMS MIACG, composed of NDMS partner representatives (DHS, DOD, VA, and HHS), to support placement of victims/patients in NDMS hospitals for care. ▪ Coordinates NDMS to assist in establishing priorities with HHS for application of health and medical support, including veterinary and mortuary services. ▪ Provides communications support in coordination with ESF #2 – Communications. ▪ Assists in providing information/liaison with emergency management officials in NDMS FCC areas. ▪ Provides logistics support as appropriate.

Agency	Functions
Department of Homeland Security (Continued)	<ul style="list-style-type: none"> ▪ Through ESF #1, identifies and arranges for use of U.S. Coast Guard aircraft and other assets in providing urgent airlift and other transportation support. ▪ Directs the Nuclear Incident Response Team (NIRT) when activated and ensures coordination of NIRT activities with the ESF primary agency and designated coordinating agency under the Nuclear/Radiological Incident Annex. ▪ The Interagency Modeling and Atmospheric Assessment Center (IMAAC) provides predictions of hazards associated with atmospheric releases for use in emergency response. The IMAAC provides a single point for the coordination and dissemination of Federal dispersion modeling and hazard prediction products that represent the Federal position during an Incident of National Significance. <p>Border and Transportation Security Directorate/Customs and Border Protection: Provides enforcement of international quarantines.</p>
Department of Justice (DOJ)	<ul style="list-style-type: none"> ▪ Assists in victim identification, coordinated through the Federal Bureau of Investigation (FBI). ▪ Provides State, local, and tribal governments with legal advice concerning identification of the dead. ▪ Provides HHS with relevant information of any credible threat or other situation that could potentially threaten public health. This support is coordinated through FBI Headquarters. ▪ Provides communication, transportation, and other logistical support to the extent possible. This support is provided through the FBI. ▪ Provides security for the SNS and quarantine enforcement assistance, if required.
Department of Labor	<ul style="list-style-type: none"> ▪ Coordinates the safety and health assets of cooperating agencies and the private sector to provide technical assistance and conduct worker exposure assessment and responder and worker risk management within the Incident Command System. This assistance may include 24/7 site safety monitoring; worker exposure monitoring; health monitoring; sampling and analysis; development and oversight of the site-specific safety and health plan; and personal protective equipment selection, distribution, training, and respirator fit-testing. ▪ Provides personnel and management support related to worker safety and health in field operations during ESF #8 deployments.

Agency	Functions
Department of State	<ul style="list-style-type: none"> ▪ Coordinates international activities related to chemical, biological, radiological, and nuclear incidents and events that pose transborder threats. Assists in communicating real-time actions taken by the United States and U.S. projections of the international consequence of the event (e.g., disease spread, quarantine, isolation, travel restrictions, pharmaceutical supply and distribution, and displaced persons). ▪ Assists with coordination with foreign states concerning offers of support, gifts, offerings, donations, or other aid. This includes establishing coordination with partner nations to identify the U.S.-validated immediate support in response to an Incident of National Significance.
Department of Transportation	<ul style="list-style-type: none"> ▪ In collaboration with DOD, GSA, and other transportation-providing agencies, assists in identifying and arranging for all types of transportation, such as air, rail, marine, and motor vehicle. ▪ At the request of HHS, provides patient movement assistance from DOT resources subject to DOT statutory requirements. ▪ Coordinates with the Federal Aviation Administration for air traffic control support for priority missions.
Department of Veterans Affairs	<p>Subject to the availability of resources and funding, and consistent with the VA mission to provide priority services to veterans, when requested, VA:</p> <ul style="list-style-type: none"> ▪ Coordinates with participating non-Federal NDMS hospitals to provide incident-related medical care to authorized NDMS beneficiaries affected by a major disaster or emergency; ▪ Furnishes available VA hospital care and medical services to individuals responding to, involved in, or otherwise affected by a major disaster or emergency, including members of the Armed Forces on active duty; ▪ Designates and deploys available medical, surgical, mental health, and other health service support assets; and ▪ Provides a Medical Emergency Radiological Response Team for technical consultation on the medical management of injuries and illnesses due to exposure to or contamination by ionizing radiation.
U.S. Agency for International Development, Office of Foreign Disaster Assistance	Provides assistance in coordinating international offers for health/medical support.

Agency	Functions
Environmental Protection Agency	<ul style="list-style-type: none"> ▪ Provides technical assistance and environmental information for the assessment of the health/medical aspects of situations involving hazardous materials, including technical and policy assistance in matters involving drinking water supplies. ▪ Provides support for public health matters for radiological incidents through the FRMAC and the Advisory Team for Environment, Food, and Health. ▪ Assists in identifying alternate water supplies for critical care facilities. ▪ Provides bio-surveillance, warning, and detection capabilities for the water sector.
General Services Administration	Provides facilities, equipment, supplies, and other logistical support, including contracting for private-sector ground and air transportation.
U.S. Postal Service	Assists in the distribution and transportation of medicine and pharmaceuticals and medical information to the general public affected by a major disaster or emergency as needed.
American Red Cross	<ul style="list-style-type: none"> ▪ Provides emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, supportive counseling, and health care for minor illnesses and injuries to incident victims in mass care shelters, the JFO, selected incident cleanup areas, and other sites deemed necessary by the primary agency. ▪ Assists community health personnel subject to staff availability. ▪ Provides supportive counseling for the family members of the dead, injured, and others affected by the incident. ▪ Provides available personnel to assist in temporary infirmaries, immunization clinics, morgues, hospitals, and nursing homes. Assistance consists of administrative support, logistical support, or health services support within clearly defined boundaries. ▪ Acquaints families with available health resources and services, and makes appropriate referrals. ▪ At the request of HHS, coordinates with the American Association of Blood Banks Interorganizational Task Force on Domestic Disasters and Acts of Terrorism to provide blood products and services as needed through regional blood centers. ▪ Provides coordination for uploading appropriate casualty/patient information from ESF #8 into the Disaster Welfare Information system. ▪ Refers all concerns regarding animal health care, safety, or welfare to American Veterinary Medical Association contact(s) in the disaster area, as appropriate. These contact people are veterinarians affiliated with national, State, county, or local veterinary associations.