

EMERGENCY SUPPORT FUNCTION # 8 – PUBLIC HEALTH AND MEDICAL SERVICES

Primary Agency

ESF-8 Coordinator: Northern Kentucky Independent Health District (NKIHD)

Local Support

- County EMS Agencies
- Search and Rescue (SAR) Teams

Local Resource Partners

- County/City Law Enforcement Agencies
- County Fire Departments
- Local/Regional HazMat Team(s)
- County/City Road Department / Public Works
- Cincinnati/Northern Kentucky International Airport (CVG)
- Local Hospitals and Healthcare Systems

State/Regional/Federal Partners

- Kentucky Department for Public Health (KDPH)
- Kentucky Board of Emergency Medical Services (KBEMS)
- Kentucky Division of Emergency Management (KyEM)
- Kentucky Community Crisis Response Board (KCCRB)
- Environmental & Public Protection Cabinet / Energy & Environment (drinking/ground water, waste)
- Transportation Cabinet
- Department of Education (school facilities/feeding as needed)
- Department of Agriculture (food safety/animal health)
- Kentucky Army National Guard (as requested)
- Justice Cabinet – State Medical Examiner’s Office
- American Red Cross – Kentucky Region
- U.S. support as available via NDMS/DMORT (requested through KyEM)

ESF-8 expands/contracts by incident; additional agencies may be integrated as required.

Purpose

Coordinate countywide public health, behavioral health, medical, and mortuary operations to protect life and property during emergencies, including CBRNE events. Provide the structure to assess needs, prioritize actions, request assistance, and sustain medical/public health services.

Situation & Assumptions

- Major incidents can **rapidly surge** demand for EMS transport, hospital care, behavioral health, epidemiology, environmental health, and mortuary services.
 - Secondary hazards (disease outbreaks, unsafe food/water, vector issues) are likely without timely control measures.
 - Facilities may be **damaged or evacuated**; patients may require relocation and continuity of operations.
 - **Burn/radiological specialty capacity is limited** under normal conditions and may be insufficient during a large event.
 - Fatalities and casualties may **overwhelm local systems**; responders and health workers can also be affected.
 - Degraded communications will impede response.
 - Contaminated victims (chemical/biological/radiological) pose risk to responders and healthcare staff; **decon and PPE** are required.
 - Local capacity may be exceeded; **regional, state, and federal** resources (e.g., NDMS/DMORT/SNS) may be necessary via the County EOC → KyEM/State EOC.
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Mission

- Coordinate all public health and medical activities in Campbell County.
 - Provide emergency medical care and **maintain continuity** of routine care for the population.
 - Conduct disease surveillance, environmental health, risk communication, and medical countermeasure operations.
 - Provide behavioral health support for survivors and responders.
 - Coordinate fatality management with the Coroner and State Medical Examiner.
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Direction & Control

- When the County EOC is activated, ESF-8 is staffed by **NKIHD** with direct liaison to **Campbell County OEM** and the IC/Unified Command.
 - **NKIHD** directs public health operations; local hospitals direct clinical operations within their systems; **KBEMS** supports EMS system coordination.
 - The **County Coroner** directs fatality management and identification, coordinating with State Medical Examiner and ESF-8.
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Concept of Operations

Core Functions

1. **Assessment & Surveillance:** Syndromic/disease surveillance, EMS/hospital status, bed/asset tracking (e.g., EMResource), environmental health assessments.
2. **Medical Care Coordination:** EMS triage/transport; hospital load balancing; specialty referrals (burns, pediatrics, trauma, CBRNE).
3. **Environmental/Public Health:** Water/food safety, sanitation, vector control, facility inspections (shelters, mass care sites, damaged structures).
4. **Medical Countermeasures (MCM):** POD planning/activation; request/receive/distribute SNS/CHEMPACK through KyEM/KDPH; prophylaxis and vaccination operations.
5. **Behavioral Health:** Coordinate with **KCCRB** and partners for crisis counseling/CISD and long-term referrals.
6. **Fatality Management:** Body recovery, temporary holding, identification, family assistance, and medico-legal investigation with the Coroner/SME and DMORT as requested.
7. **Risk Communication:** Evidence-based, culturally/linguistically appropriate messaging with ESF-15/JIC.
8. **Responder Safety & Health:** Decon guidance, PPE, exposure monitoring, and prophylaxis for responders/health workers.

Activation Triggers

- EOC activation; multi-casualty or multi-facility incidents; outbreaks; water/food safety incidents; CBRNE releases; mass fatality events; severe weather with public health impacts.

Phases of Management

Preparedness

- Maintain ESF-8 SOPs; train staff in **NIMS/ICS** and **DOC/EOC** operations; exercise regularly with EMS/hospitals/OEM.
- Maintain **resource inventories** (personnel, caches, mobile clinics, decon, MCM supplies), MOUs, and vendor lists.
- Identify alternate care sites and **patient movement plans**; coordinate with hospitals for surge, diversion, and evacuation.
- Plan and site **PODs**; maintain SNS/CHEMPACK procedures; ensure security/chain-of-custody.
- Ensure redundant communications (e.g., **Kentucky Health Alert Network (HAN)**, WebEOC, EMResource/EMTrack equivalents, amateur radio support via ESF-2).
- Pre-script public messaging and multilingual materials; prepare JIC coordination.

Response

- Staff ESF-8; conduct rapid health/medical situational assessment; publish inputs for SITREPs.
- Coordinate EMS/hospital operations, including **distribution of patients** and elective procedure deferrals.

- Activate PODs or closed-POD partners as needed; request **SNS/CHEMPACK** via County EOC → KyEM/KDPH.
- Implement disease surveillance and control; environmental health inspections at shelters and public facilities; enforce public health orders (isolation/quarantine) as required.
- Provide behavioral health support for survivors/responders; coordinate family reunification support with ARC.
- Coordinate **fatality management** with the Coroner/SME; request DMORT support if required.
- Ensure responder safety: decon guidance, PPE, exposure reporting, vaccinations/prophylaxis.

Recovery

- Sustain essential health/medical services; address long-term environmental health issues, mold/remediation, and vector control.
- Continue behavioral health services and community outreach; support long-term care/rehab needs.
- Support data collection for disaster assistance, epidemiology after-action analysis, and improvement planning.
- Compile **AAR/IP**; finalize documentation for reimbursement.

Organization & Assignment of Responsibilities

Primary – ESF-8 Coordinator (NKIHD)

- Lead public health and medical coordination; maintain HAN/WebEOC communications; provide JIC-coordinated risk communications.
- Implement **SNS/POD** operations and applicable plans (pandemic, infectious disease, MCM).
- Coordinate disease surveillance, case investigation, prophylaxis/vaccination, isolation/quarantine, and infection control guidance.
- Conduct environmental health inspections (shelters, food/water, sanitation, vectors); enforce regulations as necessary.
- Liaise with hospitals, EMS, OEM, ARC/VOAD, and regional/state partners; maintain vital statistics as applicable.
- Coordinate veterinary/public health interface (zoonoses, vector-borne risk).
- Maintain comprehensive documentation for cost recovery and regulatory compliance.

Support / Specific Agency Duties

1) Kentucky Department for Public Health (KDPH)

- Provide vaccine/MCM, epidemiology support, laboratory services, guidance on infection control, and HAN alerts.
- Request/manage **SNS/CHEMPACK** and issue dispensing/vaccination guidance.
- Coordinate statewide surveillance and human infectious disease operations.

2) Kentucky Department of Natural Resources / Energy & Environment

- Monitor drinking water sources; coordinate potable water support; provide technical assistance for wastewater, infectious/solid waste, and environmental concerns; maintain certified lab listings.

3) Local Hospitals

- Activate internal/external disaster plans; maintain communications with EMS/ESF-8; manage patient distribution and decon; coordinate evacuations and alternate care; provide family assistance areas; share patient identity info with ARC as appropriate.

4) Fire/EMS Departments

- Fire suppression, hazmat, rescue, EMS care/transport, radiological monitoring, decon operations, evacuation support, and initial impact assessments; establish IC/Unified Command as applicable.

5) Law Enforcement

- Security for medical/public health facilities, PODs, staging, and restricted areas; traffic/crowd control; evacuation coordination; assist with public warnings; support fatality scene security.

6) Emergency Management (Campbell County OEM)

- EOC coordination; resource requests; support potable water/sanitation logistics; maintain rosters/resource inventories; documentation for reimbursement; public info/rumor control with ESF-15.

7) American Red Cross & VOAD Partners

- Mass care (shelter/feeding), first aid, blood services, mental health/spiritual care, reunification, and support for access/functional needs populations in coordination with ESF-6/ESF-8.

8) County Coroner / State Medical Examiner

- Lead fatality management, identification, and medico-legal investigation; coordinate additional mortuary resources and DMORT via KyEM/State EOC.

Communications & Information Management

- Primary: **HAN** and WebEOC for alerts/situational reporting; hospital/EMS status systems (e.g., EMResource/EMTrack or state equivalents).
 - Redundant: radio (ESF-2), satellite/alternate methods as needed.
 - All public messaging coordinated through **ESF-15/JIC** and aligned with CDC/KDPH guidance.
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Legal & Authorities

- Public health orders (isolation/quarantine), inspections, and enforcement per Kentucky statutes and local ordinances; fatality management per Coroner/SME authorities.
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Documentation & Finance

- Maintain complete records of personnel time, equipment, supplies, pharmaceuticals, contracts, and mutual aid for audit and reimbursement.
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References

- KRS 39A–G
 - National Response Framework (NRF)
 - National Incident Management System (NIMS)
 - Kentucky Division of Emergency Management – State EOC SOPs
 - Applicable NKIHD/KDPH plans: Strategic National Stockpile, Pandemic/All-Hazards Infectious Disease, CHEMPACK, MCM/POD SOPs
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Quick-Action Checklist (Annex)

First 0–4 Hours

- Staff ESF-8; establish HAN/WebEOC rhythm
- Rapid health/medical situational assessment; share to ESF-5
- Coordinate EMS/hospital load; assess decon needs
- Pre-stage MCM; validate POD readiness; draft risk comms with ESF-15
- Confirm Coroner/SME liaison if fatalities reported

Operational Period 1+

- Activate surveillance & environmental health inspections (shelters/food/water)
- Request SNS/CHEMPACK (if indicated) via EOC→KyEM/KDPH
- Stand up PODs/closed PODs; ensure security and chain-of-custody
- Deploy behavioral health support (KCCRB/VOAD/ARC)
- Maintain responder safety/PPE/decon protocols

Demobilization

- Transition to sustained services; case reviews & epi analysis
- Close PODs; reconcile inventories/chain-of-custody
- Finalize documentation; conduct AAR/IP; update ESF-8 SOPs

