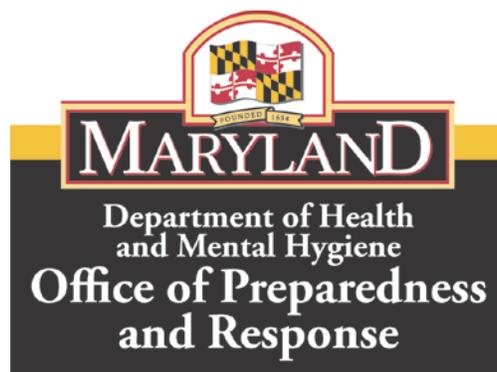


Maryland Public Health and Healthcare Services Disaster Recovery Support Function Annex

**Maryland Department of Health
and Mental Hygiene**

July 2016



RECOVERY SUPPORT FUNCTION –Public Health and Healthcare Services

I. PRIMARY AGENCIES

The primary agency responsible for this Public Health and Healthcare Services (PHHS) Recovery Support Function (RSF) is the Maryland Department of Health and Mental Hygiene (DHMH).

II. SUPPORTING AGENCIES AND ORGANIZATIONS

The following State agencies and private sector, non-profit, and/or faith-based partners support DHMH in the PHHS RSF include but may not be limited to:

- Department of Commerce
- Department of Budget and Management
- Department of Human Resources
- Department of the Military
- Department of Natural Resources
- Maryland Department of Agriculture
- Maryland Department of the Environment
- Maryland Department of Disabilities
- Maryland Department of Transportation
- Maryland Emergency Management Agency
- Maryland Institute for Emergency Management Services Systems
- Maryland Voluntary Organizations Active in Disaster
- Maryland Insurance Administration

III. INTRODUCTION

A. Purpose

The Public Health and Healthcare Services RSF's primary goal is to assist locally-led recovery efforts in the restoration of public health and medical services, as well as healthcare networks, to promote the health and wellbeing of affected individuals and communities.

The highest priorities for this RSF are the life and health of the people in Maryland. Additional goals and responsibilities include restoration of public health and medical services, including behavioral health interventions, and reunification of displaced patients and healthcare personnel with their appropriate facility.

B. Scope

The Public Health and Healthcare Services RSF is an Annex of the Maryland State Disaster Recovery Operations Plan (SDROP), the Recovery Mission Area Operations Plan within the Maryland Emergency Preparedness Program (MEPP). The identified actions and activities in this Annex are based on existing State agency statutory authorities.

The PHHS RSF Plan is activated when the State Disaster Recovery Coordinator activates the PHHS RSF. It is recognized that recovery may take years to complete. Recovery from one incident may be occurring when another recovery begins. While this plan provides overall guidance for recovery, it is recognized that recovery sections from other Public Health and Medical response plans may also still be in effect.

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These recovery sections will work in concert with the PHHS RSF Annex to provide more specific guidance on their respective topic areas.

C. Assumptions

Note: a full list of assumptions can be found in Section IV of the SDROP.

- All emergencies and disasters are locally-driven and it is the State of Maryland’s role to provide appropriate assistance to the local jurisdiction in the form of personnel, resources, technical assistance, and operations coordination, as requested.
- Local jurisdictions have the capability to perform recovery operations following most disasters, and initial recovery operations begin with local jurisdictions working with local emergency management agencies.
- Each impacted jurisdiction or community will appoint a Local Disaster Recovery Manager (LDRM) to serve as a single point of contact to efficiently and effectively coordinate recovery.
- A RSF can be activated with or without a Presidential Disaster Declaration.
- All existing State laws and regulations will play a role in disaster recovery operations.

IV. OBJECTIVES

PHHS RSF Capability	Targets
Public Health and Healthcare Services	1. Collaborate with the Long-Term Recovery Committee to establish and accomplish applicable milestones.
	2. Provide data to inform the request for a Presidential Disaster Declaration within 1-4 weeks of an event.
	3. Provide impact assessment data and strategies to the Community Planning Capacity Building RSF to inform the development of the State Recovery Support Strategy (SRSS) within 6 months of an event.
	4. Within 1 week following an incident, conduct a public health impact assessment for: <ul style="list-style-type: none"> ● <i>Environmental health conditions, including laboratory water and soil testing</i> ● <i>Food safety and food establishments</i> ● <i>Behavioral health interventions</i> ● <i>Healthcare needs that can no longer be met by community resources</i> ● <i>Structural, functional, and operational impacts to healthcare facilities</i>
	5. Within 1 week following an incident, ensure impacted residents have access to: <ul style="list-style-type: none"> ● <i>Trauma services</i> ● <i>Acute care services</i> ● <i>Behavioral health services</i> ● <i>EMS response services</i> ● <i>Dialysis services</i> ● <i>Pharmaceutical services</i> ● <i>Vital Records</i>

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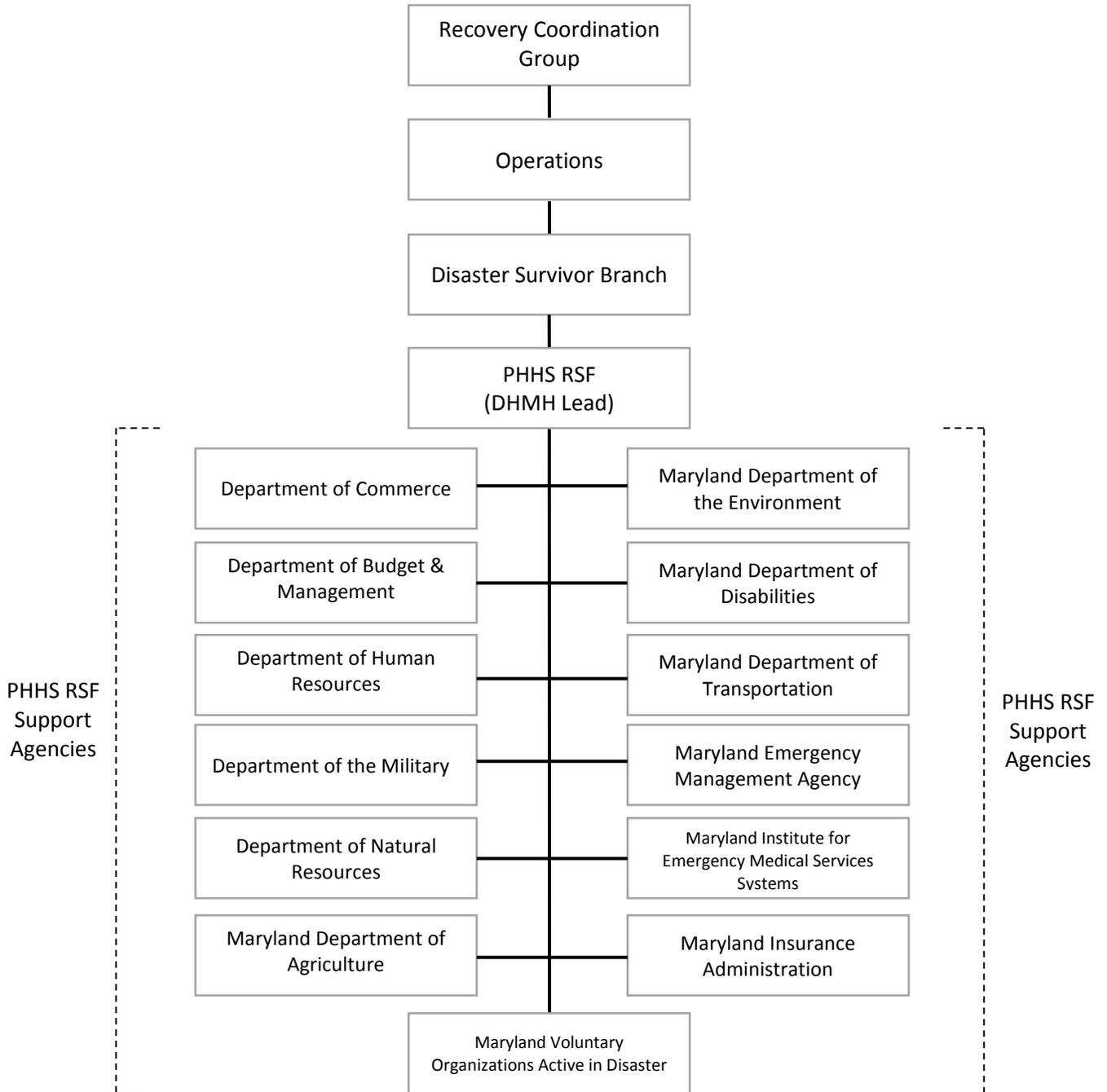
6. Prioritize the restoration of all other public health and medical services necessary to meet the demand of the population and begin the implementation to restore these services within 1 month of the transition to recovery operations.

7. Ensure 100% of displaced patients evacuated to other facilities are transferred to appropriate permanent facilities within 1 month of the transition to recovery operations.

V. CONCEPT OF COORDINATION

A. State Recovery Organization

The Public Health and Healthcare Services Recovery Annex will function as below where DHMH, in collaboration with and support from partner agencies, will coordinate activities to complete the above objectives. DHMH is also responsible for coordination and communication with the Disaster Survivor Branch, which provides situational awareness to the Operation Section and ultimately the Recovery Coordination Group.



B. Coordination with Federal and Local Counterparts

To achieve the PHHS RSF goals and objectives listed earlier, the PHHS RSF lead and supporting agencies will collaborate with federal and local partners as demonstrated by the information sharing graphic below.



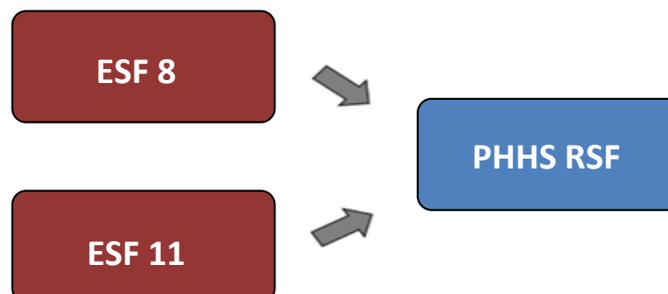
Local health departments and health care partners will regularly report to DHMM, who will coordinate with appropriate federal agencies. Local health departments and health care partners will also have regular communication and coordination at the local level. The PHHS RSF will oversee the distribution of resources, if not already located at the local level, and will coordinate federal resource requests from state and local partners through the Recovery structure found in the previous section. The PHHS RSF will also share technical assistance and federal agency feedback, to include federal grant guidance, with local partners as appropriate. DHMM, as the PHHS RSF lead, will ensure situational awareness among partners and may bring pertinent partners together on specific issues on an as-needed basis.

VI. CONCEPT OF OPERATIONS

A. Transition from Response

The PHHS RSF is activated by any one of the following:

- The SDRP is activated and PHHS RSF is requested;
 - The Governor declares a state of emergency and assistance is requested by the appropriate authorities to assist with health services recovery efforts;
 - The DHMM Secretary declares a Public Health Emergency and assistance is requested by the appropriate authorities to assist with recovery efforts;
 - ESF-8 or ESF-11 activates and assistance is requested by the appropriate authorities to assist with recovery efforts; or
 - Recovery activities involve more than one PHHS RSF agency.
- The following process will occur for PHHS RSF activation of DHMM and other support agencies:
 - The State Disaster Recovery Operations Plan is activated and a State Disaster Recovery Coordinator is appointed.
 - The State Disaster Recovery Coordinator will activate appropriate RSFs.
 - Once the PHHS RSF is activated, DHMM will select a PHHS RSF operations coordinator, who will work with ESF 8 and ESF 11 response staff to appropriately transition pertinent information to recovery operations as shown by the graphic below.
 - The PHHS RSF operations coordinator will then coordinate pertinent information sharing with Federal, State, and Local partners to ensure recovery objectives and timelines are met.



B. Short-Term Recovery

- Target: Conduct a public health assessment of the impacted area
- Activities:
 - Collaborate with impacted communities, local health departments, and support agencies to create the assessment criteria and measures
 - Assemble assessment teams to conduct the appropriate sections of this assessment (LHDs in coordination with DHMH). These teams will have expertise in one or more of the following areas:
 - Water and soil sample collection
 - Water and soil sample laboratory testing
 - Food safety and food establishment inspection
 - Public health capacity determination
 - Behavioral health intervention capacity determination
 - Healthcare capacity determination (available healthcare providers, equipment, medications/anti-virals, personal protective equipment, beds, morgues, etc.)
 - Healthcare facility capacity determination (assessment of structural, functional, technological, and operational impact to facilities, including hospitals, ambulatory care, nursing/long-term care, etc.)
 - Create and implement a strategy to efficiently assess the impacted area
 - Facilitate expedited permitting and repair of facilities as needed and appropriate
- Target: Ensure impacted residents have access to public health and healthcare services
- Activities:
 - Analyze public health and healthcare capacity data as found above and determine areas of diminished access
 - Ensure an appropriate space is available for temporary public health and healthcare services (if existing healthcare spaces are not available)
 - Facilitate the use of volunteers with appropriate training via Maryland Responds to fulfill healthcare staffing needs
 - Facilitate the expedited credentialing of healthcare workers as appropriate
 - Facilitate access to federal caches of medical materiel, to include medications/anti-virals, as appropriate
 - Facilitate necessary logistical support to both temporary and permanent healthcare facilities, such as utilities and public works, as appropriate
 - Ensure access to vital records, such as certified copies of birth, death, and marriage certificates, and divorce verifications
 - Ensure access to EMS transportation services
- Target: Collaborate with the Long-Term Recovery Committee (established by MEMA) to establish and accomplish milestones
- Activities:
 - Provide information and updates regarding public health and healthcare services impact
 - Provide recommendations for appropriate recovery milestones
 - Provide subject matter expertise regarding public health and healthcare
 - Coordinate with other RSFs on this Committee as needed and appropriate
- Target: Provide data to inform the request for a Presidential Disaster Declaration
- Activities:

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- Collate data from public health assessments
- Collate data regarding public health and healthcare services not currently available due to the incident
- Collate data regarding resources and volunteers assisting with recovery in the impacted community
- Submit these data through the State Recovery Organization to the State Recovery Coordination Group and provide explanation of these data as needed

- Target: Prioritize the restoration of and begin the implementation of all other public health and medical services necessary to meet the demand of the population
- Activities:
 - Complete an inventory of current services available and services to be restored
 - Develop a prioritization methodology for restoring affected public health and healthcare services, using input from impacted communities
 - Create timelines for restoring affected public health and healthcare services, using input from impacted communities
 - Begin implementation of public health and healthcare services restoration

- Target: Ensure 100% of displaced patients evacuated to other facilities are transferred to appropriate permanent facilities
- Activities:
 - Collect data to determine the medical needs of displaced patients
 - Determine the availability of appropriate facilities
 - Match displaced patients to available appropriate facilities
 - Facilitate transfer of displaced patients to appropriate facilities

C. Intermediate Recovery

- Target: Provide impact assessment data and strategies to the Community Planning Capacity Building RSF to inform the development of the State Recovery Support Strategy (SRSS)
- Activities:
 - Collate impact assessment data and provide to the Community Planning Capacity Building RSF
 - Provide strategy recommendations for the SRSS, which will include long-term recovery needs and transition strategy to appropriate partners
 - Provide on-going subject matter expertise and comment regarding the SRSS

- Target: Collaborate with the Long-Term Recovery Committee to establish and accomplish milestones
- Activities:
 - Continue to participate in the Committee and give PHHS RSF related updates for relevant milestones
 - Continue to provide subject matter expertise, technical assistance, and recommendations necessary to achieve milestones

D. Long-Term Recovery

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- Target: Collaborate with the Long-Term Recovery Committee to establish and accomplish milestones
- Activities:
 - Continue to participate in the Committee and give PHHS RSF related updates for relevant milestones
 - Continue to provide subject matter expertise and recommendations to achieve milestones
 - Document lessons learned and update recovery plans as needed

E. Projected Staffing for a Full Activation of the RSF

Staffing for this RSF will come primarily from DHMH and Local Health Departments, with support as needed from supporting agencies. DHMH Leadership will collaborate with impacted Local Health Department leadership to determine the number and type of staff are still needed to complete Intermediate Recovery activities and what, if any, additional support is needed to complete these activities and if this additional support is available in-house. Should EMAC requests or other federal support be required, DHMH will work within the State Recovery Organization to submit an appropriate request.

F. Communications Strategies

This RSF works in conjunction with other local, state and federal agency plans, and outlines actions and activities to be undertaken during the recovery phases.

The DHMH Office of Preparedness and Response will be the initial point of contact for all PHHS Recovery activities at the State level and will facilitate regular communication among partners. Communication coordination may occur as a part of regular communication with PHHS partners or as needed.

These communication activities will be conducted using landline telephones, Web/email, satellite, mobile and fixed-based communications systems as appropriate. Redundant communications systems are available if needed and plans/protocols are developed for appropriate use.

G. Information Reporting Processes

DHMH will be responsible for collecting information within the PHHS RSF and reporting to the State Recovery Organization on behalf of the PHHS RSF for all Recovery phases. Essential functions such as public health surveillance and investigation, vital records, and direct public health and healthcare services will continue to be ongoing.

VII. ROLES AND RESPONSIBILITIES

As the Primary and Coordinating agency, DHMH will:

- Conduct a public health assessment for:
 - Environmental health conditions, including laboratory water and soil testing
 - Food safety and food establishments
 - Behavioral health interventions
 - Healthcare needs that can no longer be met by community resources

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- Structural, functional, and operational impacts to healthcare facilities
- Ensure impacted residents have access to:
 - Trauma services
 - Acute care services
 - Mental and behavioral health services
 - EMS response services
 - Dialysis services
 - Pharmaceutical services
- Prioritize the restoration of and begin the implementation of all other public health and medical services necessary to meet the demand of the impacted population.
- Ensure displaced patients are transferred to appropriate permanent facilities.

The following State agencies and private sector, non-profit, and/or faith-based partners will provide support in the following manner:

Agency/Organization	PHHS RSF roles/responsibilities
Department of Commerce	<ul style="list-style-type: none"> ● Provide an estimate of the immediate economic impact of public health recovery, as requested by the Maryland Emergency Management Agency. Where possible and applicable, the Department shall provide estimated projections of long-range effects of each instance including: residents, businesses (including healthcare facilities), and local, state, and federal agencies.
Department of Budget and Management	<ul style="list-style-type: none"> ● Assist state agencies in identifying potential additional costs associated with supporting local agencies during recovery, and accompanying strategies to request appropriation authority for such additional costs.
Department of Human Resources	<ul style="list-style-type: none"> ● Coordinate the Disaster Food Stamp Program for public health emergency victims. ● Provide USDA donated food to disaster relief agencies and emergency feeding programs, and assist with its distribution and storage through the Emergency Food Assistance Program (TEFAP). ● Coordinate with county social service agencies, to meet the childcare needs of public health emergency victims unable to care for their children. ● Coordinate with county social services to shelter populations in need of sheltering and/or housing after a public health emergency.
Department of the Military	<ul style="list-style-type: none"> ● Prepare and maintain plans and procedures to support civil authorities should public health recovery exceed state and local resources (Maryland National Guard and State Defense Force).
Department of Natural Resources	<ul style="list-style-type: none"> ● Provide personnel and equipment recovery support, such as law enforcement, traffic control, and public alerting operations, when requested by MEMA. ● Coordinate with the State Police and the Department of Transportation for air/water operations and air/water transportation services.
Maryland Department of Agriculture	<ul style="list-style-type: none"> ● Conduct surveillance of zoonotic diseases in impacted areas during recovery and submit data for public health impact assessment.
Maryland Department of the Environment	<ul style="list-style-type: none"> ● Provide environmental monitoring in affected areas during recovery and submit data for public health impact assessment. ● Support the restoration of services requiring environmental

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	<p>permitting.</p> <ul style="list-style-type: none"> • Provide personnel to serve on an Interagency Hazard Mitigation Team/Hazard Mitigation Survey Team, following a presidential declaration of disaster or when requested.
Maryland Department of Transportation	<ul style="list-style-type: none"> • In coordination with neighboring States and communities, the private sector, transportation providers, and DHMH, develop transportation contingency plans that identify a range of options for different stages of recovery, including support for public health restoration strategies, maintaining State and community functions (e.g. making transportation routes passable, public transport, etc), transportation restriction options and consequences, delivery of essential goods and services, and other key regional or local issues. • Implement highway traffic management plans and procedures for the restoration of highway travel, as needed. • Coordinate air transportation and reconnaissance with the Federal Aviation Administration, Airports, Military Department, Department of Natural Resources, State Police, and general aviation, as requested.
Maryland Emergency Management Agency	<ul style="list-style-type: none"> • Coordinate the overall emergency planning, preparedness, response, and recovery of all state agencies. • Maintain communication with DHMH regarding status of recovery in Maryland. Coordinate the activation of the State Disaster Recovery Plan in accordance with guidance from DHMH. • Inform the Governor, the Superintendent of the Maryland State Police, Executive Council, and the Legislature, as appropriate, of recovery efforts • Facilitate the request for a presidential disaster declaration as appropriate. • Facilitate any Emergency Management Assistance Compact (EMAC) requests • Oversee communications with the media. • Coordinate continuity of operations planning and standards for state agencies and provide recovery support.
Maryland Institute for Emergency Medical Services Systems	<ul style="list-style-type: none"> • Ensure impacted areas have access to EMS response services • Notify MIEMSS regional medical directors, jurisdictional and commercial EMS operational programs of status of public health recovery. • Coordinate resources for local ambulance providers including arranging for transportation and medical services for displaced patients transferring to appropriate permanent facilities who require an ambulance when requested. • Coordinate Critical Incident Stress Debriefing (CISD) support to fire and rescue personnel as needed.
Maryland Department of Disabilities	<ul style="list-style-type: none"> • Facilitate communication efforts regarding available public health and medical services to persons with disabilities through its existing communications network • Advise on unmet public health and medical services needs for persons with disabilities

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Maryland Voluntary Organizations Active in Disaster	<ul style="list-style-type: none">• Coordinate volunteer organizations to provide health-related recovery services for residents in impacted areas, such as medical and behavioral health interventions.
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VIII. AUTHORITIES AND POLICIES

- Maryland State Disaster Recovery Operations Plan (SDROP)
- State of Maryland Emergency Operation Plan (ESF 8 and ESF 11)
- FEMA, National Disaster Recovery Framework, September 2011
- FEMA, Recovery Federal Interagency Operational Plan, Annex C: Health and Social Services Recovery Support Function, July 2014

IX. SUPPORTING FEDERAL PROGRAMS

- U.S. Department of Health and Human Services/Assistant Secretary for Preparedness and Response
- U.S. Department of Health and Human Services/Centers for Disease Control and Prevention
- U.S. Department of Health and Human Services/Food and Drug Administration
- U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration
- U.S. Department of Agriculture

X. PLAN MAINTENANCE AND UPDATES

This plan will be reviewed every two years, in keeping with the SDROP maintenance schedule, and updated as appropriate. This plan may be updated sooner to include improvements identified during exercises and actual events.