

**ESF 08 - Public Health and Medical Services
Annex, 2015**

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- Coordinating Agency :** PA Department of Health
- Primary Agency(ies) :** PA Department of Health
- Support Agency(ies) :** PA Coroners' Association
PA Office of Victims' Advocate
American Red Cross
PA State Police
PA Department of Human Services
PA Department of Agriculture
PA Department of Education
PA Department of State
PA Department of Corrections
PA Department of Military & Veterans Affairs

I. Introduction

A. Purpose

1. To prevent or reduce morbidity and mortality in the state by an efficient and effective response to public health emergencies.
2. To describe and assign responsibility for public health, health care providers, and medical services in the event of a disaster.
3. To employ the most efficient and effective means for the identification, prevention and suppression of disease and injury following disasters.
4. To describe the crisis counseling response to emergencies that requires the provision of crisis intervention and support services to responders and victims.
5. To identify the authorities, roles and responsibilities of the DOH and other partner agencies in the event of a disease outbreak requiring isolation and/or quarantine, as well as other community containment mitigation strategies of one or more individuals.

B. Scope of Operations

This Emergency Support Function (ESF) includes all services relating to the health and wellness of citizens and emergency responders. These include, but are not limited to:

1. Emergency medical response, triage, treatment and transport;
2. Hospital continuity of operations and response during an emergency, including capacity for continuing treatment of existing patients, as well as providing treatment to the victims of an emergency, including symptomatic and injured patients and triage of asymptomatic patients through internal and external surge processes;

3. Establishment of public health practices to identify, prevent, and control the spread of disease;
4. Provisions for crisis counseling and treatment of the psychological and emotional needs of victims and responders;
5. Screening and referral of emergency responders who may suffer emotionally from the effects of their work through Critical Incident Stress Management (CISM) or other care providers;
6. State level support to coroners and private sector morticians in dealing with potentially overwhelming numbers of fatalities;
7. State level actions to regulate the supply of pharmaceutical and medical supplies;
8. All disease outbreak emergencies requiring isolation and/or quarantine beyond the capacities of current communicable disease practices;
9. Activate the Emergency Management Assistance Compact (EMAC) process with surrounding states to obtain health and medical assets; and
10. Coordination of the re-stock/re-supply of health and medical assets and supplies to medical providers to assist the recovery and restoration after a disaster.

II. Situation and Assumptions

A. Situation

1. The infrastructure of the Department of Health (DOH) is not sufficient to meet all emergency needs generated by major disasters. To meet the disaster health needs of the Commonwealth, the DOH depends upon existing resources elsewhere in state and local government, and for-profit and non-profit entities.
2. The Commonwealth of Pennsylvania may experience a naturally occurring infectious disease emergency or a deliberate terrorist attack.
3. Infectious diseases are human or animal illnesses caused by microscopic agents, including viruses, bacteria, parasites, and fungi or by their toxins. They may be spread by direct contact with an infected person or animal, by ingesting contaminated food or water, by insects such as mosquitoes or ticks (disease vectors), by contact with contaminated surroundings such as animal droppings, or by air. Infectious agents have the potential of being used by individuals or groups who wish to cause injury, panic, and confusion in the civilian population for personal or political reasons.
4. Disasters and emergencies can create behavioral health problems among victims and their families as well as the general population. A network of Disaster Crisis Outreach and Referral Teams (DCORTs) has been developed and is available for local or state-level emergency response. They will be coordinated at the state level by the Department of Human Services' (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS).

5. Disasters and emergencies can create behavioral health problems among first responders. Critical Incident Stress Management (CISM) teams are available throughout the Commonwealth to perform peer-to-peer crisis-counseling activities for responders (EMS, fire, police, and behavioral health/crisis counseling outreach workers). Statewide, CISM is coordinated by the Department of Health's (DOH), Bureau of Emergency Medical Services (BEMS).
6. A disaster incident may give rise to the occurrence of infection and disease.
7. Issues surrounding decedents and their families are the legal responsibility of the county coroner. The mortuary system in Pennsylvania is primarily based on private sector morticians, with some counties having limited resources.
8. Public health concerns and outbreaks may arise from situations involving zoonotic causes of disease outbreak including domestic and wildlife sources.
9. Disasters and emergencies related to criminal activities may involve additional resources (Office of the Victim Advocate, Probation and Parole, Corrections, Investigation, FBI, State Police, National Guard, etc.)
10. DOH will coordinate with and serve as the liaison to the County/Municipal Health Departments (CMHD).
11. The DOH has developed Regional EMS Strike Teams that make up the Commonwealth EMS surge units. The Strike Teams are deployed through coordination with the Regional EMS Councils.
12. The DOH maintains Mobile Medical Surge Systems throughout the Commonwealth. The Systems may be requested to supplement local medical surge management systems.
13. The DOH supports Medical Surge Equipment Cache (MSEC) trailers located at various regional EMS councils throughout the Commonwealth. An MSEC may augment capacity, reconstitute existing hospitals, or provide a hospital where none exists.
14. The DOH provides grants to support State Medical Assistance Teams (SMAT). All Teams have supplies and equipment available to assist in a field or hospital medical surge incident.

B. Assumptions

1. Under disaster conditions, local medical facilities may be nonexistent, disrupted or overcrowded to the point where outside help is required for emergency health services and public health control measures.
2. An incident may cause death, health threats, and widespread social disruption, including over-burdening of the health care systems, hospitals, clinics, pre-hospital emergency care facilities, primary care offices, and other public health services. It may also disrupt the public infrastructure by compromising water systems, food distribution and storage, and other systems that could enhance the public's vulnerability to illness, harm, and death.

3. Prolonged incident response (days to weeks) in and of itself has the potential to impact the responders as well as the victims. Issues related to responder fatigue, victim relocation, mass sheltering, vector control, food distribution, provision of potable water, and waste water/solid waste management all become critical.
4. Communication and transportation resources will be available to contact outside resources and move them to the sites where they are needed.
5. A major disaster could result in many fatalities that would render present mortuary facilities incapable of responding in the normal way.
6. Public health response efforts must incorporate and address the unique needs and circumstances of vulnerable populations including the homeless, Limited English Proficiency (LEP) populations, persons with access and functional needs, etc.
7. There may be no warning in a covert biological event as it may take anywhere from twelve (12) hours to eight (8) weeks before symptoms appear.
8. The response to the occurrence of a biological incident/terrorism event is dependent on the credibility, scope and nature of the incident.
9. An outbreak may occur simultaneously in more than one area.
10. Evacuation may not be an option.
11. Panic may occur as a spontaneous reaction to a natural or biological event.

III. Concept of Operations

A. General

1. As cases of unexplained or unexpected illness increase, physician reporting and passive community health surveillance activities will detect an outbreak, and public health officials would be called upon to investigate, identify, and implement control measures.
2. The DOH may provide regulatory relief during incident response. Relevant laws or regulations that may need to be revised or temporarily suspended in a public health or medical incident will be identified during preparedness planning, and processes for their revision or temporary suspension will be formally described.
3. The Secretary of Health will be available to exercise his/her powers to quarantine, authorize mass burials or to grant emergency waivers of the DOH rules and regulations. Consideration will be given to modifying health standards, rules and regulations prescribed by the DOH in order to meet the needs of the emergency in a coordinated fashion statewide.
4. Emergency care will be managed primarily at the local level. Counties, Regional Task Forces (RTFs), and Regional EMS Councils will plan for and coordinate the utilization of health resources within their geographic areas. They will request the DOH support and

intervention only when it is obvious that local plans and mutual aid agreements will be inadequate.

5. The DOH may provide primary incident management in response to certain incidents in which the Commonwealth (led by the governor or his/her designee) provides management oversight of a Unified Incident Management Team (UIMT) and directs response activities according to the State Emergency Operations Plan (SEOP).
6. The DOH will coordinate among multiple states to promote a consistent response strategy across state boundaries. The DOH may also work with health departments from other states not affected by a hazard to facilitate receipt and distribution of tactical mutual aid to affected communities. The DOH will provide the requisite interface with federal authorities so local jurisdictions can request and receive federal support.
7. Private and other non-hospital resources will curtail normal operations as necessary to implement plans to respond to the needs presented by the emergency.
8. Acute care hospitals and long term care facilities will implement their emergency plans as needed or requested, upon notification by the county Emergency Management Agency (EMA) or the DOH.
9. As far as possible, health and behavioral health service providers will continue to provide emergency services to their routine consumers.
10. The DOH will exercise overall coordination of public health-related (hospital and non-hospital, public or private) resources throughout the state.
11. The existing CISM system will provide crisis intervention for emergency responders. All other victims and affected persons in need of crisis counseling will be serviced through DHS' Disaster Crisis Counseling Programs, or DHS' OMHSAS coordinated services from other providers.
12. As needs assessments dictate, DHS and the existing mental health/crisis counseling system will work to coordinate DCORT and other available resources to provide crisis counseling interventions after the emergency has passed.
13. The establishment and operation of an emergency morgue is under the direction and control of the county coroner/medical examiner.
14. While life-saving and life preservation are priorities, all emergency response will consider evidence preservation. All incidents will be treated as crime scenes until other causes are determined.
15. The DOH will serve as a liaison to and coordinate with the County/Municipal Health Departments (CMHD), and Regional EMS Councils.
16. The DOH will serve as a liaison to and coordinate with county/municipal health code officers who represent their municipalities in enforcing local health codes issues.
17. Isolation and quarantine may be necessary beyond the Commonwealth. The DOH will coordinate with other states and federal agencies; however, it is not responsible for

planning or execution of isolation and quarantine efforts beyond the Commonwealth boundaries.

18. Large scale community containment events will require the participation of many DOH resources (including workforce resources) as well as coordination with local and regional partners, including but not limited to: county Emergency Management Agencies (EMAs), multiple community organizations, health care and first responder agencies for a successful response.
19. The DOH may utilize isolation and quarantine as one of several non- pharmaceutical interventions to reduce the spread of communicable diseases. The DOH will focus on gaining voluntary compliance from ill or exposed persons and implementing the least restrictive means possible to the individual to prevent the spread of infection.
20. The DOH will coordinate closely with health care providers and health care facilities, assisting them to achieve voluntary compliance regarding recommendations for the management of ill or exposed persons, by supporting communication via the PA Health Alert Network (PA-HAN) or other appropriate methods.
21. Involuntary isolation and/or quarantine may be required for individuals who pose a threat to the public's health by not cooperating with voluntary isolation and quarantine orders from the DOH and/or County or Municipal Health Departments (CMHDs). An individual's cooperation with voluntary isolation or quarantine will be assumed in good faith unless there is evidence to the contrary. Depending on the event, information collected by the DOH during monitoring may be used as evidence of non-cooperation.
22. General medical surge for sudden-impact incidents will typically be handled through existing jurisdictional medical surge plans within the region; however, the DOH may be requested to provide state resources.
23. The DOH Department's Operations Center (DOC) will coordinate the Commonwealth's Medical Surge Operations including the distribution and disbursement of volunteer providers through the SERVPA website; Disaster Crisis Outreach and Referral Teams (DCORT) through DHS; antibiotics, antiviral, and other medications; medical supplies; vaccines; Mobile Medical Surge Systems; Alternate Care Sites; medical caches; Regional EMS Strike Teams; and State Medical Assistance Teams.
24. The DOH will coordinate with PEMA to develop all external communications through a variety of mechanisms including press releases, media interviews and briefings, and press conferences.

B. Organization

1. The Secretary of Health is responsible for formulation and implementation of policies governing the operations of the DOH. The Secretary determines when the Department's Emergency Operations Plan (EOP) will be implemented, when the Department's Operations Center (DOC) is activated, and when the incident has ended or been resolved to the point where the DOC and DOC staff can be demobilized.

2. The DOH will work through the DOC to coordinate and support the health and medical response on a statewide basis.
3. The DOH will be the lead agency in the management of a communicable disease outbreak throughout the Commonwealth. In those jurisdictions where there is a local CMHD, the CMHD will assess the threat, evaluate potential consequences based on established criteria, and determine what measures are necessary in any given outbreak.
4. The DOH will work through the Pennsylvania Emergency Health Services Council and the RTFs to coordinate non-hospital response and activate CISM teams for first responders and their families, in coordination with the Regional EMS Councils.
5. The Department of Human Services' (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) will coordinate all disaster crisis counseling for victims, families, and the general community. This will include the deployment of county and state Disaster Crisis Outreach and Referral Teams (DCORT). These will be activated at the request of county EMS, RTF, or by OMHSAS directly to provide crisis counseling services. The DCORTs will coordinate with other disaster mental health responders, such as CISM, Red Cross, and Keystone Crisis Intervention Teams (KCIT).
6. The coroners/medical examiners will exercise mutual aid through the Pennsylvania Coroners Association. If this proves inadequate, they will request assistance through PEMA.
7. The Regional EMS Strike Teams are coordinated through the Regional EMS Council and will be deployed through the Regional EMS Councils directly upon request of the DOH by requesting a resource through the State Emergency Operation Center. When deployed by the DOH, the Department will seek reimbursement for the strike teams' deployment.

IV. Responsibilities

A. Coordinating Agency

1. Develop and disseminate health information in coordination with the Joint Information Center (JIC).
2. Assess hazards to the public and develop corresponding health related guidance for response.
3. Implement local and regional surveillance and disease control protocols.
4. Share with health care providers disease management guidelines issued by state and/or federal agencies.
5. Coordinate or conduct the emergency procurement and distribution of pharmaceuticals, medical and health equipment, materials and supplies.
6. Coordinate with federal agencies (Department of Health and Human Services, Centers for Disease Control, and the Occupational Safety and Health Administration) for information

and expertise not available within the Commonwealth. Ensure that all requests for federal resources are coordinated through PEMA.

7. Identify public health hazards and take required actions to avoid or eliminate such hazards. This may include quarantine and isolation of confirmed and suspected cases.
8. Forward requests to dispatch CISM outside normal areas of operations to the BEMS in coordination with Pennsylvania Emergency Health Services Council and regional EMS councils.
9. Evaluate requests for mortuary assistance from the county coroner/medical examiner and determine the best source for the assistance. Facilitate the establishment and operation of emergency mortuary facilities as needed. Forward the request for Disaster Mortuary Teams (DMORTs) through PEMA to the National Disaster Medical System (NDMS).
10. Maintain official statewide death registration system.
11. Deploy Emergency Preparedness Liaison Officer (EPLO) team member to the State Emergency Operation Center (SEOC), and/or provide a liaison to the State Incident Management Team, as requested by PEMA.
12. Coordinate the ESF #8 response activities with contiguous states as appropriate.
13. Coordinate and deploy teams of specialists such as epidemiologists, Environmental Health Specialists, environmental epidemiologists, Public Health Liaisons, etc.
14. Identify the basic needs of individuals placed in isolation and/or quarantine including but not limited to food, shelter, medical care, communication with family members, legal counsel, and others if needed, and communicate those needs to PEMA for appropriate coordination.
15. Support special needs patients displaced by the disaster situation, either through evacuations, relocations, or other disaster-related incidents through the use of Alternate Care Sites. This might include medically frail individuals who are not sick enough to be in a hospital but are too sick to stay alone.
16. Assume and maintain a central role in identifying health problems; establish health-related priorities, and initiate solutions in cooperation with public and private sector organizations by developing and promulgating public positions on important health issues.
17. Formulate and implement policy governing the operation of the DOH during incident response.
18. Maintain relationships with both state and local partners to recognize and address response capabilities and needs in the planning, response, and recovery phases of an incident.
19. Provide warehouse staff and subject matter experts in support of Mass Distribution of Medical and Non-Medical Countermeasures, to include operational and planning staff. Manage and coordinate support staff, as required.

B. Support Agencies

1. Pennsylvania Emergency Management Agency (PEMA)
 - a. Assist in communication between the DOH and county/local emergency services.
 - b. Assist in identification and procurement of resources to support medical response to health emergencies.
 - c. Coordinate with the state and federal agencies, social service providers, and businesses to provide food, shelter, and other basic supplies on an emergency basis to individuals who are isolated or quarantined.
 - d. Coordinate with local community-based organizations, jurisdictions, or public utilities to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, telephone services and heating or air-conditioning) to residences of persons isolated or quarantined.
 - e. Coordinate with the appropriate state agencies' resources for childcare or elder care, as needed.
 - f. Forward and monitor requests for federal resources to support medical response to health emergencies.
 - g. Gather and disseminate technical information needed by the DOH and other responders.
 - h. Act as the primary coordinating agency for/in the Joint Information Center (JIC).
2. Department of Agriculture (PDA)
 - a. Supply technical advice and assistance in the inspection and disposal of damaged or contaminated food/feed stuffs and commodities.
 - b. Assist in food or vector transmitted disease outbreaks and vector control activities.
 - c. Provide listing of approved/licensed applicators of pesticides.
 - d. Inspect mass care and feeding centers for food sanitation.
 - e. Assist with public health surveillance, especially surveillance and reporting of animal-borne zoonotic diseases.
 - f. Coordinate the issuance of technical advisories through the DOH and the JIC
3. Department of Corrections (DOC)
 - a. Provide professional and allied health care staff from State Correctional Institution personnel to assist the primary agency in response operations.
 - b. Coordinate and assist with the Office of the Victim Advocate to provide behavioral health counselors to assist in identifying victim needs and ensuring victims are referred to appropriate follow-up treatment if the incident is criminal in nature.

- c. Coordinate and assist with transportation (by providing vehicles and drivers) of medical supplies, vaccines, and antibiotics from the receiving locations or Receipt Stage Store (RSS) Warehouse to Points of Distribution (POD) throughout the Commonwealth.
 - d. Coordinate the issuance of any needed advisories through the DOH and the JIC.
4. Department of Education (PDE)
- a. Assist the DOH in the reporting of the occurrence of infectious diseases in the school population.
 - b. Work with the DOH to conduct disease investigation in school settings.
 - c. Track and report to the DOH school absenteeism during the occurrence of any health emergency.
 - d. Coordinate the issuance of any needed advisories through the DOH and the JIC.
5. Department of Environmental Protection (DEP)
- a. Assist the DOH Environmental Health staff as they conduct field investigations of suspected and/or confirmed environmentally related public health hazards to determine their causes and notify the appropriate officials concerning such hazards.
 - b. For those areas under DEP purview, supply technical information, advice, and assistance to the ESF #8 lead person to alleviate public health hazards.
 - c. Consult with the ESF #8 lead person, as requested, to craft a unified plan of action.
 - d. Track and report air quality parameters which may affect public health and safety as well as the environment.
 - e. Track and report water quality parameters which may affect public health and safety as well as the environment.
 - f. Track and report water usage information/trends and drought potential that may affect the public health and safety as well as the environment.
 - g. Provide access to DEP personnel with special expertise, as needed.
 - h. Support the DOH field personnel, as necessary, with DEP Emergency Response Teams up to level B chemical protection for hazardous material/hazardous waste assignments.
 - i. Advise on the restoration of municipal water and sewer utilities.
 - j. Coordinate the issuance of any needed advisories through the DOH and the JIC.
6. Department of General Services (DGS)
- a. Provide Receipt, Stage, and Store (RSS) warehousing facilities for the storage and distribution of medical countermeasures in the event of a disaster or disease outbreak

- (such as a pandemic) along with providing support staff and assist with management of operations.
- b. Coordinate with the DOH to identify a location and support staff to provide Mass Distribution of Medical and Non-Medical Countermeasures to state employees at the Capital Complex and other state buildings with large staff numbers.
7. Department of Military and Veterans Affairs (DMVA)
- a. Assist in medical and mortuary service operations.
 - b. Assist with transportation/security and personnel needs at vaccination/prophylaxis sites or distribution centers.
 - c. Coordinate the issuance of any needed advisories through the DOH and the JIC.
 - d. Assist with personnel needs of Receipt Store Stage (RSS) warehouse operation.
8. Department of Human Services (DHS)
- a. Act as the lead agency for coordinating behavioral health assistance to individuals adversely affected by the disaster.
 - b. Coordinate emergency behavioral health in disaster recovery centers or Family Assistance Centers established following a major emergency or disaster.
 - c. Upon request, supply behavioral health and special care advice and assistance to state, county and local programs for disaster victims.
 - d. Provide as available, professional and allied health care staff and other resources to include space, equipment, and supplies from DHS operated hospitals and centers to assist with response and recovery actions.
 - e. Apply for federal Emergency Human Service Programs and grants if available and requested, that the community behavioral health system performs a needs assessment and identifies crisis counseling interventions that may be needed for victims and their families.
 - f. Provide coordination of DHS and local/county agency human services agencies to access and functional needs populations that are served by DHS programs; including children, persons with physical, developmental, intellectual limitations and/or consumers of mental health services.
 - g. Coordinate with the DOH and other supporting agencies for the establishment of shelter and mass care services to allow efficient use of resources and provide the most inclusive shelter services for access and functional needs populations.
 - h. Coordinate appropriate services and requests for unmet from community based programs licensed by DHS, this would include: Personal Care Homes, Child Day Care Centers, Juvenile Detention Centers, mental retardation and Mental health service providers.
 - i. Coordinate the issuance of any needed advisories through the DOH and the JIC.

9. Department of State (DOS)

- a. Assist in identification and verification of status of licenses for health care and allied health care professionals.
- b. In conjunction with the Secretary of Health, consider granting emergency licenses as required by the emergency.
- c. In conjunction with the Secretary of Health, consider modifying or waiving standards, rules and regulations prescribed by the DOS through a Governor's Declaration.
- d. Coordinate the issuance of any needed advisories through the DOH and JIC.

10. County/Municipal Health Departments (CMHD)

- a. Act as the lead health agency for emerging public health incidents in their area of responsibility.
- b. Keep the DOH informed of the incident and progress of the incident, as well as what actions are being taken or may need to be taken in the future.
- c. Request assistance through the DOH Department Operations Center (DOC) or through their county Emergency Management Agency (EMA).

11. American Red Cross (ARC)

- a. Provide medical services, including behavioral health screening and referral, to residents at mass care centers. Ensure that referrals are made to county MH/MR for follow-up and long-term interventions if needed.
- b. Provide allied health professional resources as requested.
- c. Forward unmet needs for medical resources through the county to PEMA to the DOH.

12. Pennsylvania State Police (PSP)

- a. Collect information on fatalities during emergencies and provide that information to the DOH EPLO at the SEOC.
- b. Assist with the establishment of emergency mortuary facilities and aid in identification of the deceased.
- c. Provide security, in conjunction with the United States Marshal Service (USMS), in transporting prophylaxis and vaccines from the Strategic National Stockpile (SNS) to the Receipt, Shipping and Storage (RSS) sites.
- d. Provide and manage security at Points of Distribution (POD) sites within areas of primary PSP jurisdiction. PSP will assist local jurisdictions in providing POD security subject to operational and resource limitations.
- e. Assist in implementing security for isolation and/or quarantine within areas of primary PSP jurisdiction. PSP will assist local jurisdictions with security subject to operational and resource limitations.

- f. Serve and execute court orders for involuntary isolation of cases and/or involuntary quarantine of healthy contacts, as needed.
- g. Provide escort for individuals requiring transportation for purposes of involuntary isolation or quarantine, if needed.

13. Pennsylvania Coroners Association

- a. Prepare and keep current a Disaster Plan for Pennsylvania Coroners in coordination with State Funeral Directors Association.
- b. Coordinate the response efforts to include mutual aid for the Commonwealth's coroners, Medical Examiners and Funeral Directors.
- c. Address mass fatality issues and facilitate interface activities with Federal Disaster Mortuary Response Teams (DMORTs).
- d. Assign and/or provide a liaison if requested to the DOH DOC to assist with coordination, planning, and guidance.

14. Governor's Office of the Victim Advocate (OVA)

- a. Assist in determining if the disaster is a result of a crime and if OVA assets can be utilized.
- b. Dispatch a liaison to the DOH DOC to assist with integration of OVA resources into the overall medical response, if justified.
- c. Provide staff such as Victim Assistance Coordinators who are KCIT, CISM, and/or DCORT trained to provide first response to crime victims in coordination with law enforcement if the incident is criminal in nature.

15. Pennsylvania Motor Truck Association

- a. Provide coordination of trucking resources/logistics for distribution of Medical Countermeasures.
- b. Provide a liaison to the DOH DOC to assist with coordination and logistics

16. Hospital and Health Systems Association of Pennsylvania

- a. Advance the health of individuals and communities.
- b. Advocate for and provide services to members who are accountable to the patients and communities they serve.
- c. Assign and/or provide a liaison if requested to the DOH DOC to assist with coordination, planning, and guidance.

17. Medical Reserve Corps

- a. Serve as an emergency healthcare resource to local emergency response systems.

- b. Support and assist local governments and area hospitals with emergency medical operations and vital public and community health activities.

18. Pennsylvania Trauma Systems Foundation

- a. Assist with trauma patient distribution.
- b. Assign and/or provide a liaison if requested to the DOH DOC to assist with coordination, planning, and guidance.

V. Administration and Logistics

A. Administration

1. Cross-leveling of resources within a county or Regional Task Force (RTF) will be done before requesting assistance from Commonwealth-level agencies.
2. The DOH Department's Operation Center (DOC), Logistics Section Chief, will assist local providers in the procurement of specialized or hard-to-find items of medical equipment.
3. Commonwealth agencies tasked to provide allied health care personnel or other resources to support emergency response will coordinate with local EMA, county EMA/officials, or Regional Task Forces (RTFs) to provide logistical support for the transportation, lodging and feeding of those personnel deployed to the local level to assist in on scene investigations, Incident Support, and response, unless other arrangements are made.

B. Logistics

1. The DOH Department's Operations Center (DOC), Logistics Section Chief, will assist local providers in the procurement of specialized or hard-to-find items of medical equipment.
2. Commonwealth agencies tasked to provide allied health care personnel or other resources to support emergency response will coordinate with local EMA, county EMA/officials, or Regional Task Forces (RTFs) to provide logistical support for the transportation, lodging and feeding of those personnel deployed to the local level to assist in on scene investigations, Incident Support, and response, unless other arrangements are made.