

# **A Comparison of U.S. and Canadian Emergency Support Functions**

**Public Health, Medical, and Human Services**



**Public Health  
Agency of Canada**


**Agence de la santé  
publique du Canada**





# Overview

1. Comparison of the structures of health-related Emergency Support Functions (ESFs) in Canada and the U.S.
2. Description of the types of response activities and assets that the two Federal Governments can be offer to support State, Provincial and local governments
3. Five example ESF Comparison



**Emergency Support  
Function (ESF) Structures:  
Concepts of Operations and  
Delivery Arrangements**



# National Response Framework



- Guides an All-Hazards Response
- *NRF* managed by Federal Emergency Management Agency
- Has 15 Emergency Support Functions (ESFs)
- ESFs group Federal resources and capabilities into functional areas that are most frequently needed in a national response
  - e.g. Transportation, Oil and Hazardous Materials
- Two ESFs most directly linked to HHS:
  1. ESF#8: Public Health and Medical Services
  2. ESF#6: Mass Care, Emergency Assistance, Housing, and Human Services



# ESF #8 (U.S.) Functional Areas



- Assessment of Public Health/Medical Needs
- Health Surveillance
- Medical Care Personnel
- Health/Medical/Veterinary Equipment and Supplies
- Patient Evacuation
- Patient Care
- Safety and Security of Drugs, Biologics, and Medical Devices
- Blood and Blood Products
- Food Safety and Security
- Agricultural Safety and Security
- *(Worker Safety and Health)*
- All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support
- Behavioural Health Care
- Public Health and Medical Information
- Vector Control
- Public Health Aspects of Potable Water/Wastewater and Solid Waste Disposal
- Mass Fatality Management, Victim Identification, and Decontaminating Remains
- Veterinary Medical Support
- ESF #8 Support to ESF #6



# Organization for ESF #8



## Secretary of Health and Human Services (HHS) leads ESF #8 response:

- Response co-ordinated by the Assistant Secretary for Preparedness and Response through the HHS Secretary's Operations Center (headquarters)
- Response activated by and reports to the National Response Coordinating Centre (FEMA)
- Collaborates with other ESFs through Regional Response Coordinating Centres and Joint Field Offices
- HHS consults with appropriate ESF #8 supporting organizations to determine the need for assistance according to functional areas



# ESF #6 (U.S.) Functional Areas



- Mass Care
- Emergency Assistance
- Housing
- Human Services

DHS/FEMA coordinates and leads response

## Federal Emergency Response Plan (FERP)

- Guides an all-hazards response in Canada
- FERP is managed by Public Safety Canada; 13 ESFs
- ESFs group Federal resources and capabilities into functional areas frequently used in providing federal support to Provinces/Territories
  - e.g. Agriculture, Environment
- One ESF is directly linked to emergencies affecting health:
  - ESF #5: Public Health and Essential Human Services



## ESF #5 (Canada) Components

### Emergency Health

- Public Health
- Medical Care
- Medical Equipment
- Pharmaceuticals
- Health Care Personnel

### Emergency Social Services (ESS)

- Clothing
- Lodging
- Food
- Registration and Inquiry
- Personal Services
- Reception Centre Management
- Social Services Personnel

**Note:** The Health Portfolio (HP) does not provide these services directly, but would support a P/T, upon request

## Organization for ESF #5

### Provinces/Territories (P/T) ESF #5 role:

- Provide primary medical/social service response to an event
- If the need exceeds P/T resources, they may request support from and collaborate with the Health Portfolio

### The Health Portfolio leads federal ESF #5 response:

- PHAC and Health Canada coordinate response activities through the Health Portfolio Operations Centre
- Part of a Whole of Government response in accordance with Canada's *FERP*, coordinated with other ESFs at the Government Operations Centre (Public Safety Canada)
- Supported through a network of HP Regional Emergency Coordination Centres, and PS Canada Federal Coordination Centres



# Summary of Response Assets

In both countries, ESFs provide structure for coordinating the Federal all-hazards response framework.

Although core functions of ESFs are similar, U.S. and Canada differ in functional grouping of emergency medical and social services.

Important difference in strength and location of ESF assets:

- U.S. Federal Government has enormous amount of response assets
- The Canadian Health Portfolio serves more as a coordinating body
  - Principal assets exist with Provinces and Territories



# **Comparison of Emergency Support Functions**



# Five Example ESF Comparisons

1. Medical Personnel
2. Health Equipment and Supplies
3. Mass Fatality Management, Victim Identification, and Decontaminating Remains
4. Behavioural Health Care
5. Mass Care / ESS



# Medical Personnel



## Medical Personnel

- Assets internal to HHS
  - U.S. Public Health Service Commissioned Corps & NDMS
- Supporting organizations
  - Department of Defense
  - Department of Veterans Affairs
  - Civilian volunteers (e.g. Medical Reserve Corps)

## Medical Personnel

### Surge Response Capabilities

- Primarily P/T governments
  - Extensive existing health care professional capacity
- Supporting organizations provide surge capacity
  - Public Health Agency of Canada
    - Health Emergency Surge Capacity Unit
      - F/P/T MOU on Mutual Aid being operationalized to develop a domestic surge capacity mechanism to facilitate mutual aid.
    - Microbiological Emergency Response Team
      - Mobile labs, support RCMP/DND CBRNERTs
  - Joint RCMP/DND
    - National CBRNE Response Teams
  - Canadian Forces (DND)
  - Contracts with NGOs for Emergency First Aid



## Strategic National Stockpile (SNS)

- HHS asset, managed by CDC
  - Provides durable medical equipment
  - Extensive supplies, including:
    - Medical and diagnostic
    - Radiation-detecting devices (DOD/VA)
    - Pharmaceuticals and biological products in support of immediate medical response operations
    - Restocking health care facilities in an area affected by a major disaster or emergency



## Health Equipment and Supplies

### National Emergency Stockpile System (NESS)

- PHAC asset, managed by CEPR
  - Federal warehouses and pre-positioned sites across Canada that have 24/7 capability.
  - Currently, NESS holdings include:
    - Medical equipment and supplies (e.g. mini-clinics, x-ray machines, ventilators, stretchers, wound dressings);
    - Pandemic supplies (e.g. antivirals and personal protective equipment including masks, gloves and disposable gowns);
    - Pharmaceuticals (e.g. antibiotics, analgesics, anesthetics, and chemical, biological and radio- nuclear countermeasures); and
    - Social service supplies (e.g. reception centre kits, generators, beds, blankets, towels).



# Mass Fatality Management



- HHS assists jurisdictional medico-legal authority and law enforcement agencies with:
  - Reducing the hazard presented by contaminated human remains
  - Establishing temporary morgue facilities
  - Determining cause and manner of death
  - Preparing, processing, and returning human remains and personal effects to the authorized person(s)

## **Support to Families During Victim Identification**

- HHS and other ESF #8 partner organizations

## Mass Fatality Management

- Not a Health Portfolio responsibility
  - Provinces/Territories have existing plans
    - *E.g.* Code Orange plans
  - PHAC can provide surge support to P/T
    - Canadian Field Epidemiology Program (e.g. forensic epidemiology training)
    - NESS assets (body bags)

## **Support to Families During Victim Identification**

- Provinces/Territories



# Behavioural Health Care



- HHS components and other partner organizations to:
  - Assess mental health and substance abuse needs
  - Providing disaster mental health training materials for workers
  - Serve as liaison with activities undertaken by Federal, State, tribal, or local mental health and substance abuse officials

<http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-conops.pdf> (December 2011)

## Behavioural Health Care

- Not specifically described as a HP responsibility in ESF 5
- Behavioural health care (i.e. mental health, substance-abuse, etc.) are services offered regularly through P/T healthcare systems.
- Some Provinces/Territories offer Critical Incident Stress Management services for:
  - First responders, front line health care workers, workplaces, and emergency coordinators
- Health Canada has capacity to provide support primarily for federal employees
  - Psycho-Social Emergency Preparedness and Response Team



# Mass Care

- Each State designates a lead State agency (generally the American Red Cross)
  - Works at the direction of the Governor to ensure mass care services are provided to the affected population
  - Provides shelter, feeding, bulk distribution, emergency first aid, and disaster welfare information
- DHS/FEMA co-ordinates closely with the State
  - Provide Federal mass care resources to support and augment mass care capabilities, when requested

## Emergency Social Services (ESS)

- Primarily Provincial/Territorial responsibility
  - Provides shelter, food, clothing, reception services, victim registration and inquiry, and personal services
  - Exception is First Nations communities where provinces coordinate service delivery, but federal government often finances
- Each P/T has unique relationship with the Canadian Red Cross and other NGOs as to who delivers and coordinates ESS



# Summary

1. Presented how health-related ESFs in Canada and the U.S. are structured
2. Showed how ESF resources are used in Canada and the U.S.
3. Described how ESF resources and assets are provided to locals
4. Outcomes are similar but mechanisms are different between the two countries



# Questions?

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