

NORTH CAROLINA EMERGENCY OPERATIONS PLAN (NCEOP)  
ANNEX A | APPENDIX 3 | TAB G  
**PUBLIC HEALTH (NCESF-8B)**  
2023

**I. INTRODUCTION**

**A. PURPOSE**

The purpose of this appendix is to coordinate assistance to supplement local resources in response to public health needs following a disaster. Resources will be furnished when local resources are not adequate and local governments request public health assistance.

**B. SCOPE**

Public health involves identifying and meeting the health and environmental needs of a major emergency or disaster. The Department of Health and Human Services (DHHS) directs the provision of public health assistance through all resources within DHHS and supporting departments and agencies available to accomplish assigned missions. Public health activities include assessment of public health needs, human health surveillance, food and drug device safety, public health information, vector control, biological hazards, victim identification, and mortuary service.

**II. SITUATION AND ASSUMPTIONS**

**A. SITUATION**

A significant natural disaster or man-made incident that overwhelms the affected counties would call for state public health assistance. A significant disaster such as an outbreak of tornadoes or a Category 4 or 5 hurricane would result in public health threats such as problems related to indoor environment, food, vectors, and general health conditions. Disasters directly caused by infectious agents such as a pandemic, anthrax, and other biological and chemical terrorist agents will require support to the local public health system by state resources.

**B. ASSUMPTIONS**

1. Damage to chemical and industrial plants, sewer lines, and water distribution systems will result in environmental and public health hazards to the surviving population and response personnel including exposure to hazardous chemicals and contaminated water supplies, crops, livestock, and food products.
2. Assistance will be required to maintain the continuity of public health services.
3. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease.

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**III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

**A. LEAD STATE AGENCY**

**1. NC DEPARTMENT OF PUBLIC SAFETY (NCDPS)**

**NORTH CAROLINA EMERGENCY MANAGEMENT (NCEM)**

- a. Provide assistance as needed through field services personnel.
- b. Coordinate requests for resources from all state agencies.
- c. Request federal assistance as required.

**B. LEAD TECHNICAL AGENCY**

**1. NC DEPARTMENT OF HEALTH AND HUMAN SERVICES (NCDHHS)**

- a. Provide leadership in directing and coordinating state efforts to provide public health assistance to the affected area.
- b. Provide for the epidemiological investigation of a known or suspected threat caused by nuclear, biological, or chemical agents.
- c. Facilitate laboratory testing in support of clinical laboratories on specimen from persons that may have been exposed to a nuclear, biological, or chemical agent.
- d. Provide for the procurement and allocation of immunizing agents and prophylactic antibiotics.
- e. Provide for the distribution of the Strategic National Stockpile.
- f. Coordinate appropriate conditions for quarantine and isolation in order to prevent further transmission of disease.
- g. Issue guidelines for prophylaxis and treatment of exposed and affected persons.
- h. Direct and coordinate the activation and deployment of personnel, supplies, and equipment in response to requests for state assistance.
- i. Establish monitoring systems for the protection of public health.

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- j. Provide guidance and assistance to local public health departments, health care entities and the general public.
- k. Test water supplies in coordination with the SERT Infrastructure Branch.
- l. Investigate disease outbreaks.
- m. Provide support for mass fatality planning with the Office of the Chief Medical Examiner to include transportation and transfer of the decedents to the appropriate entity.
- n. Provide guidance for sheltering models and staffing with Public Health Nurses and coordinate with OEMS for alternate healthcare staffing options.
- o. Provide medical and non-medical administrative assistance as available and necessary to immunization clinics.

**OFFICE OF THE CHIEF MEDICAL EXAMINER**

- a. Investigate and certify deaths.
- b. Assist local medical examiners in mass fatality incidents.
- c. Advise local government of necessity for temporary morgue and body storage (refrigerator trucks) if local facilities are inadequate.
- d. Maintain emergency supply of body bags.
- e. Oversee and provide body-processing services including victim identification (coordinate with State Bureau of Investigation (SBI) and Federal Bureau of Investigation (FBI) and determination of cause of death.
- f. Work with SBI and FBI to ensure collection of evidence from bodies of victims.
- g. Provide Death Certificate, report of investigation, and other reports, including autopsy as required.
- h. Coordinate the release of remains to next of kin with assistance of the NC Funeral Director Association.

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- i. Request assistance from the Disaster Mortuary Response Team (DMORT) if state resources become overwhelmed.

**C. SUPPORTING STATE AGENCIES**

**1. NC DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (NCDA&CS)**

- a. Monitor disaster related health problems relating to animal disease, food or drug contamination, or hazardous exposure to pesticides or fertilizer.
- b. Implement animal disease control procedures.
- c. Provide personnel for a disaster team when requested.
- d. Assist in inspection of restaurants, mass feeding sites, and food distribution centers.

**2. NC DEPARTMENT OF ENVIRONMENTAL QUALITY (NCDEQ)**

- a. Support the Department of Public Health as required.

**3. NC FUNERAL DIRECTORS ASSOCIATION (NCFDA)**

- a. Assist in the notification of next of kin.
- b. Facilitate the coordination, preparation, and transportation of the remains of victims to appropriate destinations.

**IV. CONCEPT OF OPERATIONS**

**A. GENERAL**

The Department of Health and Human Services, Division of Public Health will be responsible for the coordination of services, equipment, supplies, and personnel to meet the public health needs resulting from disasters. Staff and material resources currently existing within the primary and support agencies, private industry, and community volunteer organizations will be employed to meet the public health needs.

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**B. NOTIFICATION**

When a disaster occurs, or when the potential for disaster exists, the lead and supporting agencies will be notified by State EOC staff via telephone or digital pagers. Agencies will be asked to report to the State EOC or to be on standby as the situation dictates.

Each Public Health agency is responsible for insuring that sufficient and qualified program staff are available to support the Public Health Emergency Support Function and to carry out the activities tasked to their agency on a continuous basis. Individuals representing agencies that are part of the staffing of the State EOC will have extensive knowledge of the resources and capabilities of their respective agencies and have access to the appropriate authority for committing such resources during the activation.

**C. RESPONSE ACTIONS**

**1. INITIAL**

- a. Assess public health needs.
- b. Review and prioritize requests for assistance relating to infectious disease outbreaks, medical countermeasures and vector control.
- c. Determine personnel and resource needs.

**2. CONTINUING**

- a. Continue to verify the nature and extent of public health problems.
- b. Establish appropriate monitoring and surveillance procedures.
- c. Activate resources.
- d. Move supplies, equipment and support personnel to staging areas.
- e. Establish communications.
- f. Initiate public information program.

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**D. RECOVERY ACTIONS**

**1. CONTINUING**

- a. Public Health agencies will continue to assess long-term issues and will assist local governments in developing plans of action.

**V. DIRECTION, CONTROL AND COORDINATION**

**1. LOCAL**

The management of public health is primarily the responsibility of local government. When a disaster occurs which overwhelms the resources of local government, additional public health assistance may be requested from the state. In accordance with NIMS, the county EOC will serve as the conduit for requests up to the state and as the coordinator for resources delivered down to the local level.

Local public health agencies are organized to address four broad areas of concern:

- Health Intelligence – local health departments will be alerted to health-threatening disasters and will report public health problems to DHHS DPH, regardless of whether assistance is required.
- General Health and Sanitation – health departments will provide general guidance and direction on public health matters.
- Epidemiology – health departments will take appropriate measures to investigate and control disease outbreaks in order to prevent widespread epidemics.
- Vector Control – health departments will take measures to control animals and/or insects carrying disease-causing bacteria or virus.

**2. STATE**

The Division of Public Health will coordinate all public health activities from the State EOC. Support agencies will provide staff in the State EOC as requested for the duration of the event. Where necessary, DPH will serve to assist local agencies in obtaining services from appropriate state agencies in order to fill their missions. At the state level, this activity is led by DEQ and DPH will assist as needed in coordinating those requests to DEQ.

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SERT Public Health activities will be implemented upon a request from a county for assistance following the occurrence of an emergency or disaster (natural or man-made) and determination has been made that a state response is warranted.

### **3. FEDERAL**

The US Department of Health and Human Services will serve as the lead agency for Federal ESF-8, Health and Medical Services. A Federal Regional ESF 8 representative will be located in the State EOC and will maintain coordination to monitor current public health assistance requests. There will be close coordination between DPH and OEMS on any request for federal assistance. Federal assistance must be requested by and be subordinate to state public health activities.