NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES
EMERGENCY OPERATIONS PLAN (NCOEMS EOP)
BASE PLAN
AUGUST 2024

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Authorities

The North Carolina Division of Emergency Management (NCEM) is delegated the responsibility and authority to coordinate response to emergencies and disasters through the Governor of North Carolina to the Secretary of the Department of Public Safety who delegates that authority to the NCEM Director. Details of this authority can be found in The North Carolina Emergency Management Act found in **Chapter 166A** of the North Carolina General Statutes

In accordance with this statute, the North Carolina Emergency Operations Plan (NCEOP) is to describe a system for effective use of resources to preserve the health, safety, and welfare of those affected during emergencies. The NCEOP establishes responsibilities for state departments, private volunteer organizations, and non-profit organizations. According to the NCEOP, North Carolina Office of Emergency Medical Services (NCOEMS), is responsible for Disaster Medical Services as part of the Emergency Support Function – 8 Health & Medical Services (ESF-8).

Mission

In the State of North Carolina, according to the North Carolina Emergency Management Agency, health and medical services have been further organized under NCESF-8A (Disaster Medical Services) and NCESF-8B (Public Health). Under this organization, NCOEMS acts as the NCESF-8A Lead and has primary responsibility for coordinating statewide support for emergency medical care while the North Carolina Division of Public Health (NCDPH) act as NCESF-8B Lead with primary responsibility over public health services. NCOEMS responsibilities under Disaster Medical Services includes:

- Provide leadership in coordinating and integrating the overall state efforts that provide medical assistance to a disaster-affected area.
- Coordinate and direct the activation and deployment of state resources of medical personnel, supplies, equipment, and pharmaceuticals with Public Health as needed.
- Coordinate information gathering and sharing between federal, state, and local agencies in order to best guide the State Emergency Response Team's (SERT) decision making ability.
- Assist in the development of local capabilities for the on-site coordination of all emergency medical services needed for triage, treatment, transportation, tracking, and evacuation of the affected population with medical needs.
- Establish and maintain the cooperation of the various state medical and related professional organizations in coordinating the shifting of Emergency Medical Services resources from unaffected areas to areas of need.
- Coordinate with the SERT Military Support Branch to arrange for medical support from military installations.
- Coordinate the evacuation of patients from the disaster area when evacuation is deemed necessary.
- Coordinate the catastrophic medical sheltering response by implementing the Medical Support Sheltering Plan.

NCOEMS strives to manage these responsibilities through its Healthcare Preparedness Program (HPP) and provide the capabilities to meet them through State Medical Response System (SMRS) organizations.

Purpose and Scope

This NCOEMS Emergency Operations Plan (NCOEMS-EOP) has been developed as one means for NCOEMS, through its Healthcare Preparedness Program (HPP), to direct and coordinate various State Medical Response System (SMRS) organizations. These organizations can be activated in response to and/or recovery from a disaster or other emergency as part of the State Emergency Response Team (SERT) and enhance its ability to respond to medical emergencies due to all hazards.

This plan details the activation, organization, operation, and demobilization, of the NCOEMS, including the ESF8 Desk and its interactions with the SERT, SMRS organizations, and other ESF8 Health and Medical partners during emergent events and disasters. Although it may not cover all possible situations that may occur after activation, it is meant to provide NCOEMS staff who may be assigned to these areas with information essential for the successful set-up and operation of the positions described.
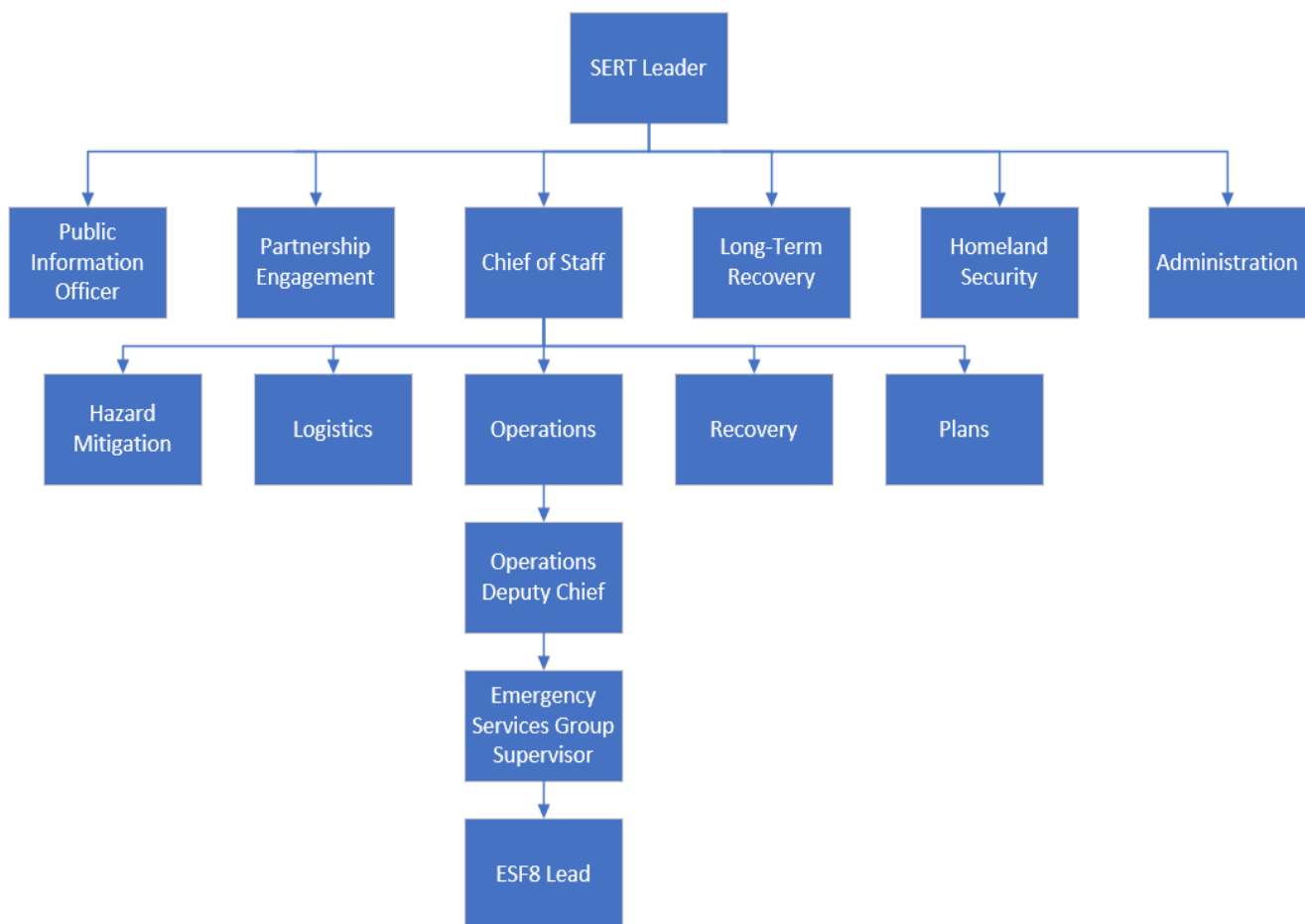
ESF8 Organization

North Carolina Office of Emergency Medical Services: The North Carolina Office of Emergency Medical Services (NCOEMS) sits within the Department of Health and Human Service's Division of Health Service Regulation and has the mission to foster emergency medical systems, trauma systems and credentialed EMS personnel to improve in providing responses to emergencies and disasters which will result in higher quality emergency medical care being delivered to the residents and visitors of North Carolina. According to the North Carolina Emergency Operations Plan, NCOEMS is responsible for Disaster Medical Services as part of the State Emergency Response Team (SERT).
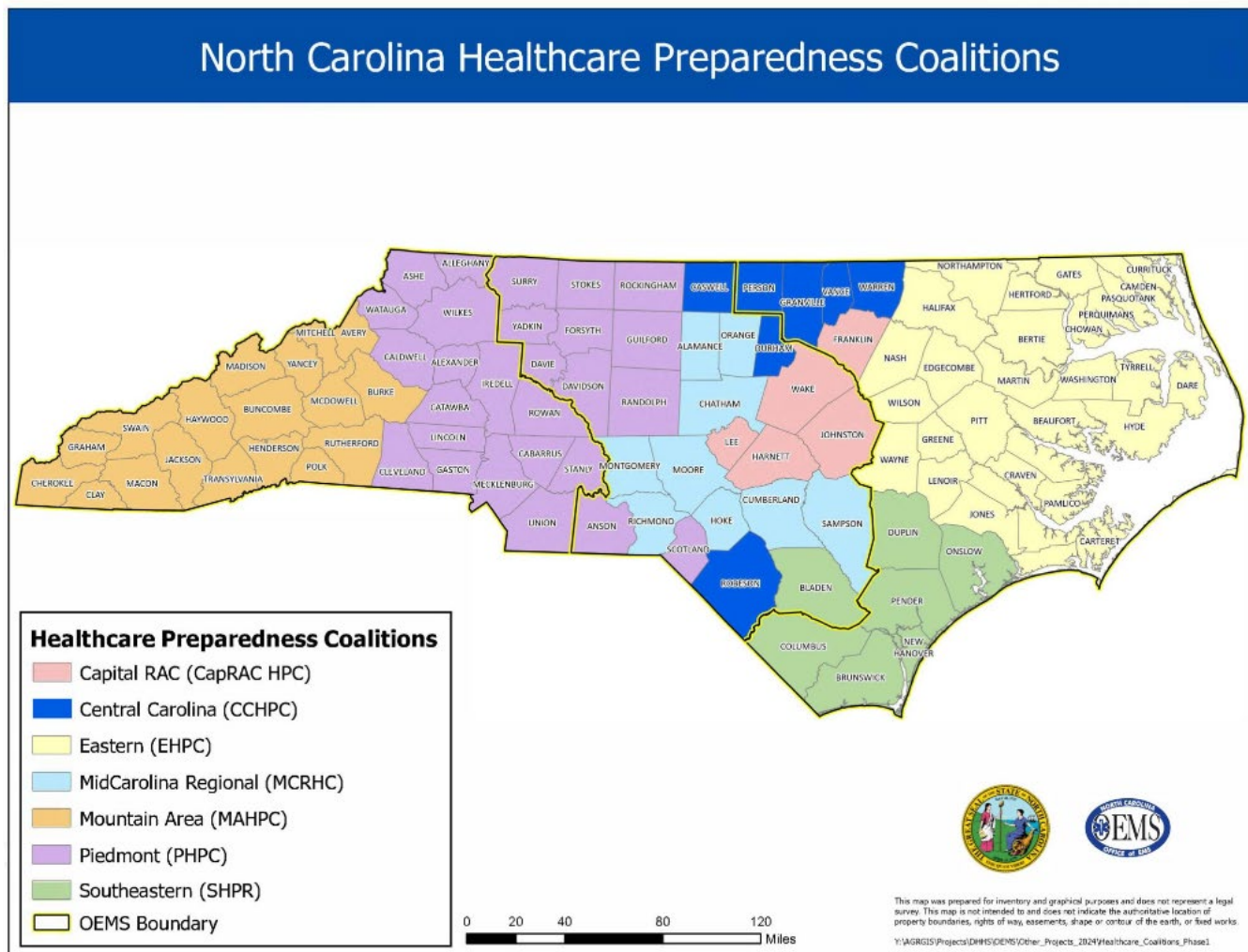
Healthcare Preparedness Program: The North Carolina Healthcare Preparedness Program (HPP) sits within the Division of Health Service Regulation's North Carolina Office of Emergency Medical Services. HPP's mission is "We are a partner to the healthcare community, working to prepare for, respond to, and recover from emergencies and disasters across North Carolina." During emergencies and disasters, the HPP is responsible for managing NCOEMS responsibilities under the NCEOP including providing situational awareness, supporting continuity of operations, augmenting medical surge, coordinating healthcare resource allocation, coordinating statewide patient movement, and providing technical assistance. To fulfill these responsibilities, staff may be deployed to the ESF8 Desk at the State Emergency Operations Center (SEOC), the ESF8 Support Cell, to a state coordinated field operation, to provide support as part of a State Medical Response System (SMRS) organization or working remotely to support operations. As part of the Healthcare Preparedness Program, there are eight regional Healthcare Coalitions (HCCs) across North Carolina that have similar responsibilities during emergencies and disasters.

State Medical Response System: NCOEMS, as a member of the SERT and Lead Agency for ESF8, has facilitated the collaboration of local, regional, and state emergency response agencies in North Carolina to form the State Medical Response System (SMRS). The role of the SMRS is to support healthcare infrastructure when it is overwhelmed by an incident or event and when local and/or mutual aid resources are exhausted or inadequate. The purpose of the State Medical Response System (SMRS) is to provide support to that overwhelmed system by supplying the necessary equipment, assets, and/or personnel needed to provide medical care, and to ensure healthcare infrastructure continuity by facilitating the development of resilient systems through operational planning, training,

and exercises. The SMRS consists of State Medical Assistance Teams II (SMAT II), State Medical Assistance Teams III (SMAT III), Emergency Medical Services (EMS) Resources, the Mobile Disaster Hospital (MDH), Medical Reserve Corps (MRC) and contractual entities. **Refer to Annex H: State Medical Response System for additional information (note this annex is under construction).**

State Emergency Response Team (SERT): The SERT is comprised of senior representatives of state agencies, volunteer and nonprofit organizations, and corporate associates who have knowledge of their organizations' resources. SERT members provide technical expertise and have the authority to commit their organization's resources to support local, regional, and statewide emergency responses. During a response, these representatives may join the SERT Leader at the State EOC or remotely to coordinate relief efforts and provide support. As the situation develops or if additional assistance is required, SERT agency representatives may be deployed as All-Hazard Incident Management Teams (IMT) to affected counties to provide on-scene coordination and assistance.

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                              SERT Leader
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Public     Partnership  Chief of  Long-Term  Homeland   Administration
Information Engagement   Staff     Recovery   Security
Officer                   |
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      Hazard      Logistics  Operations  Recovery    Plans
      Mitigation              |
                          Operations
                          Deputy Chief
                              |
                          Emergency
                          Services Group
                          Supervisor
                              |
                          ESF8 Lead
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North Carolina Healthcare Preparedness Coalitions

Healthcare Preparedness Coalitions
- Capital RAC (CapRAC HPC)
- Central Carolina (CCHPC)
- Eastern (EHPC)
- MidCarolina Regional (MCRHC)
- Mountain Area (MAHPC)
- Piedmont (PHPC)
- Southeastern (SHPR)
- OEMS Boundary

Regional: Within North Carolina there are seven (7) defined Healthcare Coalition regions which are all led by a sponsor hospital. Healthcare Coalitions (HCCs) provide information sharing, healthcare system situational awareness, response coordination, logistical support, and augment medical operations to jurisdictions and healthcare facilities. They are comprised of members from healthcare organizations (e.g., hospitals, EMS agencies, public health, long-term care facilities, dialysis centers etc.) and their public and private sector response partners (e.g., emergency management agencies, volunteer organizations active in disaster etc.). Healthcare Coalition members are activated through region-specific preparedness and response plans developed and maintained in coordination with their Healthcare Preparedness Coordinator (HPC). During the activation of this EOP, NCOEMS has the ultimate authority and oversight of the HCC response as part of the State Medical Response System.

State: When activated for emergency response, NCOEMS provides statewide oversight, coordination, and support to county and regional entities, including the HCCs and their partners, for the sustained delivery of health and medical services in accordance with its obligations under the NCEOP. As the need for health and medical resources exceed the capacity or capability of the resources in any one

region, NCOEMS plans, coordinates and executes the delivery of needed support to those areas from other identified regional, state, or federal resources. Working as part of the SERT, NCOEMS coordinates statewide support through the Emergency Services Group of the State Emergency Response Team (SERT-ESG) at the State Emergency Operations Center (SEOC).

HHS Region IV UPC: The Region IV ESF8 Unified Planning Coalition (UPC) provides support during declared disasters where there is a need to provide or receive health and medical resources across state lines. The organization is comprised of ESF8 leadership from each of the FEMA Region IV states (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) and federal ESF8 representatives. The UPC supports member states by assisting with the coordination of ESF8 planning and logistical/resource support. Prior to and during disaster response, the UPC assists impacted or potentially impacted member states with situational awareness, resource identification and acquisition via the Emergency Management Assistance Compact (EMAC), and coordination between member state and public health and medical (ESF8) systems.

Federal: The Robert T. Stafford Disaster Relief and Emergency Assistance Act provides the authority for the Federal government to respond to disasters and emergencies in order to provide assistance to save lives and protect public health, safety, and property. The U.S. DHHS-Administration for Strategic Preparedness and Response (ASPR) acts as the lead agency for federal ESF-8 Health and Medical assistance however other federal agencies such as the Centers for Disease Control and Prevention (CDC), United State Department of Veterans Affairs (VA) may also provide support. In the event that state health and medical resources are insufficient to maintain ESF-8 response or recovery operations and a State of Emergency has been declared by the governor of North Carolina, federal health and medical resources can be considered. This coordination will be done in conjunction with the ESF8 lead, NCEM ESG and ASPR Regional Emergency Coordinators (RECs) which are available to support the response physically or remotely. All federal response assistance will be based on State-identified priorities and must be approved by the SERT leader.

CONCEPT OF OPERATIONS

Activation: In general, ESF8 may be activated whenever an event (planned) or incident (unplanned) occurs, or is expected to occur, in which local or regional healthcare resources have become exhausted or are anticipated to become exhausted. Activation may be initiated in conjunction with a general activation of the SERT and SEOC or to provide direct support to SMRS organizations that may already be deployed. Depending on the situation, activation requests will usually be initiated by:

- The Emergency Services Group Supervisor of the North Carolina Division of Emergency Management (NCEM)
- The appropriate Healthcare Preparedness Coordinator (HPC) or their designee

The individuals holding the following positions within NCOEMS have the authority to activate this EOP:

1. HPP Program Manager
2. HPP Operations Manager
3. OEMS Chief
4. OEMS Assistant Chief
5. OEMS Regional Manager (East, Central, West)

Once activated, the ESF8 Lead, or their designee, will coordinate internally with appropriate senior staff, externally with NCEM, the NC Division of Public Health (NCDPH), and other NC Department of Health and Human Services (NCDHHS) organizations to inform decisions to activate and the appropriate level of activation. Refer to **EOP Appendix 2: ESF8 SEOC Activation Checklist** for items required as part of activation and **Refer to EOP Appendix 3: ESF8 SEOC/Support Cell Staffing and Sustainment SOG** for additional information covering staffing plans, battle rhythm, and the notification of personnel.

Over the course of an activation, the coordination of resources and support for NCOEMS coordinated field operations will begin at the ESF8 Desk and may expand to include the ESF8 Support Cell and/or other locations before contracting back to the ESF8 Desk. During this time, a portion of the duties and responsibilities held by the ESF8 Desk may be shifted to these other locations.

Activation Levels: NCOEMS activation will depend on the situation and may be independent of the activation level of the SEOC. For NCOEMS, these levels include:

- **Monitoring:** The Shift Duty Officer (SDO) is monitoring emergency communications statewide and engaging in information sharing with the healthcare system and emergency response organizations (Healthcare Coalitions, NCEM, PHP&R, etc.) as necessary. At this level, there is no known threat of impact and the coordination of SMRS assets by NCOEMS is not anticipated. **Refer to EOP Appendix 1: Shift Duty Officer SOG.**

- **Activated:** ESF-8 Lead, and other staff are actively involved in preparedness and response activities in anticipation of or due to the need for a deployment of state resources as part of the SMRS. At this level, the coordination may be conducted remotely or from a specific location (e.g., SEOC, Support Cell, etc.) and may involve one or more assets.

Sustainment of SEOC Operations: If NCOEMS involvement with disaster response and recovery operations extend to a 24-hour schedule, operations must be sustained. The sustainability of these operations is dependent on having adequate personnel, equipment (including communication equipment), facilities, meals, and lodging available as well as adequate support for these factors. **Refer to EOP Appendix 3: ESF8 SEOC/Support Cell Staffing and Sustainment SOG** for additional information addressing these issues.

Organization and Assignment of Responsibilities
General
Once notified, activated staff will support/coordinate ESF8 operations, handle associated requests for health and medical (ESF8) information and resources, represent ESF8 to local, state, and federal partner organizations, and provide reports to the SERT as requested. Key responsibilities and roles are detailed below.

ESF8 Responsibilities
SEOC ESF8 Desk: The ESF8 Desk at the SEOC is typically the initial and primary center for ESF8 coordination of State Medical Response System (SMRS) information and resources, and the authoritative source for response and recovery decisions as they pertain to disaster medical services in North Carolina. The functions of the ESF8 Desk may be conducted remotely depending on the

operational situation or nature of the event. Once activated, personnel assigned to the ESF8 Desk are responsible for coordinating medical resource management and supporting NCOEMS field operations, refer to **EOP Appendix 4: Medical Resource Management SOG**. The desk should coordinate directly with the NCEM Emergency Services Group Supervisor (ESG Supervisor) regarding potential and assigned ESF8 missions. As the response to a disaster expands, the ESF8 Lead may activate the ESF8 Support Cell and shift selected ESF8 Desk responsibilities to the support cell.

ESF8 Support Cell: The ESF8 Support Cell typically serves as a secondary center for the coordination of SMRS information and resources, primarily in support of the ESF8 Desk when it is necessary for operations to expand. However, these functions may also be conducted remotely depending on the operational situation or nature of the event. Once activated, the personnel assigned to these roles are responsible for the duties assigned to them as directed by the ESF8 Desk Manager.

HCC Operations Centers/Support Cells: Each HCC maintains an Operations Center/Support Cell as their initial and primary location for the coordination and support of healthcare facilities or ESF8 operations both within their regions and throughout the state. Once activated, HCC staff assigned to these areas, work as part of ESF8 and assist with the coordination of SMRS information and resources in support of local Emergency Management, their regional response partners, other HCCs, and the ESF8 Desk or ESF8 Support Cell. Like the ESF8 Desk and ESF8 Support Cell, these functions may also be conducted remotely depending on the operational situation or nature of the event.

Regional Coordination Centers (RCCs): RCCs operate under the direction of the NCEM Operations Chief and are directly managed by NCEM Regional Managers. They are activated as staging areas for personnel and equipment (from all Emergency Support Functions) necessary to support disaster response and recovery operations on the local and regional level when necessary. Once an RCC is activated the ESF8 Lead may be tasked with providing representatives to staff the RCC ESF8 Desk. If tasked, the ESF8 Lead, or their designee, will select staff from the NCOEMS Regional Offices (Eastern, Central, Western) to act as ESF8 representatives to the RCCs. NCOEMS Regional Managers and regional staff assigned to the RCCs operate under the ESF8 Desk Manager and are responsible for coordinating disaster information, facilitating ESF8 mission support and medical resource tracking, informing medical resource allocation decisions, and for coordinating and resolving operational issues between ESF8 agencies and government jurisdictions.

ESF8 Roles:
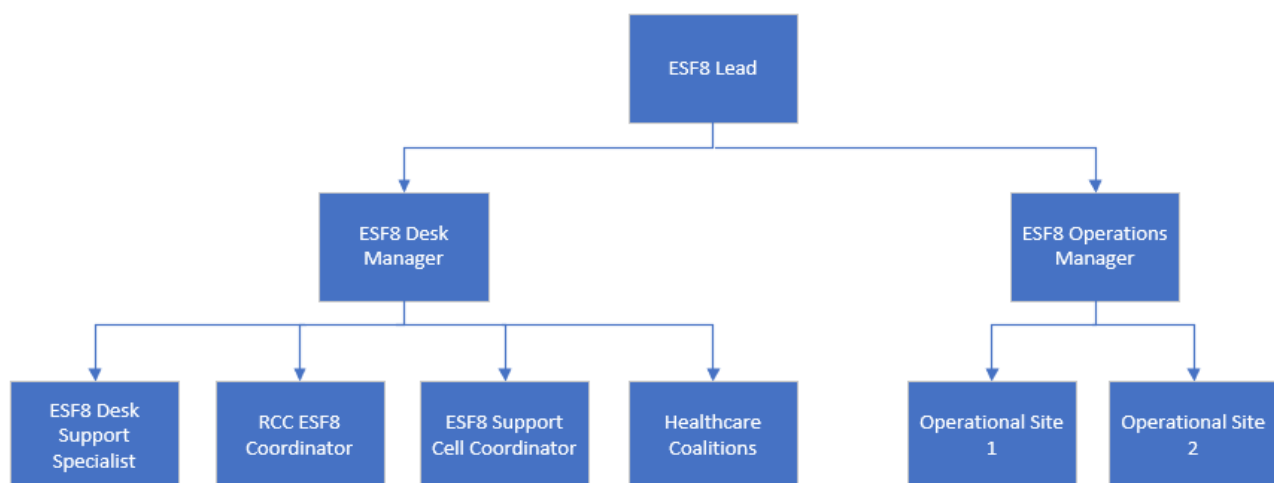
ESF8 Lead: Advises, sets priorities, and provides overall direction for ESF8 response and recovery activities. Represents ESF8 goals, objectives, and activities to local, state, and federal partners as part of the North Carolina SERT and authorizes the activation of state ESF8 resources. Coordinates with DHHS/NCOEMS Leadership, State Medical Response System, and NC SERT partners on the development and implementation of policies necessary to support ESF8 response activities and the release of information to the public.

SEOC ESF8 Desk Manager: Monitors available communication and information technology systems to maintain situational awareness of ESF8 response and recovery activities, refer to **EOP Appendix 5: Communications and Information Systems**. Develops situation reports and leads coordination calls for the purpose of sharing ESF8 situation and mission status information across ESF8 organizations and with local, state, and federal partners, as appropriate. Manages requests for ESF8 resources as necessary and in coordination with the ESF8 Lead, SERT-ESG Supervisor, and HPCs. The SEOC ESF8 Desk Manager works directly with the ESF8 Lead and is activated when assistance is necessary for developing situational awareness, managing resource requests, or coordinating the provision of ESF8 resource support with the Healthcare Coalitions (HCCs) and Regional Coordination Centers (RCCs). This position is usually at the SEOC to coordinate resources needed within an HCC as well as manage any resource requests assigned to the HCCs for support of needs outside their regions. The position coordinates in a similar way with RCC ESF8 Manager and also works to identify ESF8 resources that can be tasked directly to the RCCs for fulfillment of regional health and medical needs.

ESF8 Operations Manager: Ensures pre-deployment readiness and planning for potential ESF8 operational mission requests. Conducts assessments of need with requesting jurisdictions/organizations and advises ESF8 Lead on approval of operational mission requests. Oversees operational site(s) coordination (site assessment, site plans) with response partners. Ensures necessary mission support is coordinated with the ESF8 Desk Manager. Oversees site demobilization when indicated. The ESF8 Operations Manager is activated when there is the potential for the activation and deployment of SMRS operational units (e.g., SMSS, MDH, Patient Transfer Centers, etc.) to meet health and medical resource needs both within and outside of North Carolina. Once activated, this position coordinates all aspects of the deployment of SMRS operational units into the field. The position coordinates directly with the ESF8 Lead and SEOC ESF8 Desk Manager to identify necessary IMT personnel, staffing, and logistics resources. Once SMRS operations have been established, this position provides direct support and leadership to the deployed IMTs and coordinates further support through the ESF8 Lead and SEOC ESF8 Desk Manager.

ESF8 Desk Support Specialist: Assist the ESF8 Desk Manager in maintaining oversight and management of ESF8 responsibilities assigned as part of the SERT.

RCC ESF8 Coordinator: Responsible for coordinating disaster information pertaining to affected health and medical facilities and services and facilitating ESF8 mission support at the RCC level. Provides direction and support to ESF8 resources assigned to the RCC. Conducts medical resource tracking, advises medical resource allocation decisions, and assists with the coordination and resolution of operational issues between ESF8 agencies and government jurisdictions. RCC ESF8 Coordinator may be activated when it is anticipated that an area or areas within an NCEM Region (East, Central, West) may be affected by an emergency or disaster with the potential to overwhelm ESF8 resources there. The positions may be requested by an NCEM Regional Manager and assigned by the ESF8 Lead. Once

activated, RCC ESF8 Leads work closely with the SEOC ESF8 Desk Manager and, in some cases, the ESF8 Support Cell Coordinator to coordinate ESF8 resources in support of health and medical facilities or local ESF8 operations within the RCC.

ESF8 Support Cell Coordinator: Coordinates directly with the ESF8 Desk Manager and ensures all assigned tasks to the support cell are completed. Potential tasks include, maintaining situational awareness, managing resource requests, supporting field operations, coordination of patient transfer operations and the vetting of medical supply requests during medical logistics operations. The ESF8 Support Cell Coordinator is activated when the ESF8 Lead or SEOC ESF8 Desk Manager needs assistance with the support and/or coordination functions that cannot be easily conducted from within the SEOC (e.g., SMSS patient movement coordination, etc.). Once activated, this position works directly with the ESF8 Desk Manager to define the staff and schedule necessary to support the situation. Once established, this position coordinates all aspects of the roles/functions assigned to the ESF8 Support Cell and works directly with the SEOC ESF8 Desk Manager to ensure that the needed support is provided.

Coordination: Personnel filling the roles listed above provide the leadership framework for ESF8 response and recovery actions in North Carolina. Although the situation will dictate the extent in which these positions are activated, the ability of the personnel in these positions to work together in an efficient manner is essential to the success of the ESF8 response. In the initial phases of a response, the ESF8 Lead may fulfill all the roles listed above but, as health and medical needs become better defined, the ESF8 Lead will activate one or more of the other leadership positions until, if necessary, all are active parts of the ESF8 response. These positions may be physically located at the SEOC, the Support Cell, Operational Sites and/or filled in a remote capacity depending on the situation.

Support for NCOEMS Coordinated Operational Sites: All established ESF8 field operations require support to help manage or provide direction for meeting operational and logistical needs that arise during deployment.

- Operational needs may include areas such as staffing, patient care, and the integration of ESF8 field operations with existing local health and medical operations.
- Logistical needs may include areas such as the resupply of medical equipment and supplies, establishment of IT and security support from partner organizations, and the integration of local services such as waste management, material handling, transportation, and janitorial services.

When ESF8 field operations have been established, support for all needs should be entered into WEBEOC by onsite staff and routed to the ESF8 desk for review and assignment. The assigned Incident Management Teams (IMTs) are expected to communicate their operational and logistical needs to the ESF8 Operations Manager.

Chain of Command: A clearly defined chain of command is necessary to ensure continuity of health and medical operations in response and recovery from emergency events and disasters. During these times, it is important that the line of succession be based on the knowledge, skills, and abilities of individuals and the established disaster response structure. For these reasons, once activated the following chain of command will be established:

1. ESF8 Lead
2. ESF8 Operations Lead
3. SEOC ESF8 Desk Manager
4. ESF8 Support Cell Coordinator

As needed ESF8 field operations are stood up, NCOEMS staff may be assigned many different roles within them to meet ESF8 mission requirements as part of the SERT. Each role includes a range of responsibilities necessary to ensure that the organization fulfills its operational or support mission successfully. **Refer to EOP Appendix 6: Organization and Assignment of Responsibilities** which provides additional information covering ESF8 organization by activation level, and responsibilities of staff assigned to the State EOC and Support Cell roles.

Demobilization

As response objectives are achieved and the emergency event or incident comes under control, Incident Command/emergency management leadership, in coordination with ESF8 leadership and representatives, will direct the demobilization of personnel and assets on-scene, at Regional Coordination Centers and the SEOC. **Refer to EOP Appendix 7: Demobilization SOG** for additional information covering the processes and procedures for the demobilization ESF8/SMRS operational and operations support organizations and teams.

Capabilities

Administrative Preparedness: Addresses the ability to conduct and maintain administrative functions necessary for the execution and proper documentation of ESF8 emergency response and recovery operations. Provides guidelines and information including the recording of responder time and activities, emergency purchase processes, and FEMA reimbursement. **Refer to HOLD PLANNED FUTURE ANNEX**

Healthcare System Recovery: Addresses the strategic priorities, organization, and concept of operations for recovery activities supported by the State Medical Response System necessary to provide continued delivery of essential healthcare services after a disaster or emergency. **Refer to ANNEX B: HEALTHCARE SYSTEM RECOVERY for specific plans and information utilized to meet this capability.**

Medical Surge: Addresses the ability to provide adequate medical coverage during incidents that severely challenge or exceed the normal medical infrastructure of an affected community (through numbers *or* types of patients). Covers plans and guidelines for support of the healthcare system during incidents resulting in medical surge conditions. **Refer to ANNEX C: MEDICAL SURGE for specific plans and information utilized to meet this capability.**

Patient Movement: Addresses the ability to triage and place patients in appropriate receiving facilities and develops a structure for the coordination of transportation for patients. Covers plans and processes for state-coordinated patient movement when local jurisdictions require regional, state, or federal assistance to manage patient movement including evacuation of existing healthcare facilities.

Refer to ANNEX D: PATIENT MOVEMENT for specific plans and information utilized to meet this capability.

Healthcare Preparedness Program Continuity of Operations: Addresses the implementation and management for the Healthcare Preparedness Program's Continuity of Operations. This plan outlines the essential functions of the program and plans to ensure their ability to be maintained during various emergencies and disasters. **HOLD PLANNED FUTURE ANNEX**

Situational Awareness & Information Sharing: Addresses the ability to provide and maintain situational awareness and share information regarding ESF8 response/recovery operations during an emergency or disaster. Covers guidelines for the collection and dissemination of information, use of briefings and conference calls, and use of messaging systems. **Refer to ANNEX F: SITUATIONAL AWARENESS & INFORMATION SHARING for specific plans and information utilized to meet this capability.**

Healthcare Services in Shelters: Addresses the ability to maintain continuity of healthcare through the establishment, operation, and/or support for healthcare services in state-run shelters. Covers plans and guidelines for State-Operated Shelters (SOS) and State Medical Support Shelters (SMSS). **Refer to NCOEMS ANNEX G: HEALTHCARE SERVICES IN SHELTERS for specific plans and information utilized to meet this capability.**

State Medical Response System: Addresses the ability of the North Carolina State Medical Response System to support overwhelmed healthcare infrastructure by supplying the necessary equipment, assets, and/or personnel needed to provide medical care during emergencies and disasters. Covers plans and guidelines for the components of the State Medical Response System (SMRS). **HOLD PLANNED FUTURE ANNEX**